



# WAPR 2025

XV World Congress of World Association  
For Psychosocial Rehabilitation (WAPR)  
& the Canadian PSR Recovery Conference  
SEPTEMBER 27 - 30, 2025 • VANCOUVER, CANADA

## CONGRESS PROGRAM

-  [psr-rps-canada](#)
-  [psr-rps-canada](#)
-  [PSRRPS\\_Canada](#)
-  [psrrpsca](#)

*Embracing Hope: A Global Perspective on Recovery and Psychosocial Rehabilitation*

[www.conference.psrrpscanada.ca](http://www.conference.psrrpscanada.ca)

# Contents

.....	1
Institutes .....	7
A New Era of Student Support: The World's First Standard for Mental Health and Well-Being for Post-secondary Students.....	7
A Path Forward: An Action Plan On Mental Health and Criminal Justice in Canada .....	8
From Guidelines to Toolkit to Adaptation Guide - The Walk the Talk Journey to Facilitate Equitable Implementation of Mental Health Recovery Guidelines.....	9
Equity-Deserving Groups' Suggested Adaptations to an Implementation Toolkit in Mental Health Recovery: A Qualitative Analysis Using the Frame-Is .....	10
Adaptation Team Workshops as a Method for Developing an Adaptation Guide: Opportunities and Challenges from the Perspectives of Facilitators and Adaptation Team Members .....	11
Towards Recovery: A vision for a renewed mental health and addiction systems for Newfoundland and Labrador .....	12
Are We Really Moving Towards a Post-institutional Model of Mental Health Care?a Worldwide Perspective .....	13
Building Community and Meaningful Supports Through Lived Experience .....	14
Inspiring hope: Lived experience strategic advisors as changemakers for patients, families and staff at BC Mental Health and Substance Use Services.....	15
Culturally Grounded Recovery: Integrating Afrocentric Principles in Mental Health and Substance Use Interventions for Youth of African Descent in Nova Scotia.....	16
Understanding the Mental Health of Peer Support Workers at an Integrated Youth Services Initiative in British Columbia, Canada, through Arts-Based Methods .....	17
Back to Basics: Ensuring co-design, shared governance, and meaningful patient engagement comes first .....	18
The role of therapeutic recreation interventions on the preparedness for and sustainment of employment for individuals with lived experiences of mental health and substance use challenges	19
Developing and Implementing the Living Safety Plan Kingston (Lsp-K), an Intervention for Suicide Prevention.....	20
Digital Tools Such as Artificial Intelligence and Virtual Reality for Vocational Rehabilitation, Employment Support, and Mental Health Recovery .....	21
It Takes a Village: Harnessing the Strength of Recovery Communities in Addiction Treatment.....	22
A Path to Empowering Eating Disorder Recovery: Training Peer Supporters within Stepped Care 2.0.....	23
Family interventions and support in psychosocial rehabilitation.....	24
Recovery-oriented psychiatry: oxymoron or catalyst for change?.....	25
Oral.....	26
Implementing Open Dialogue in Vermont's System of Mental Health Care: Successes, Challenges, and Implications for Paradigm Change .....	26
Suicide Safety Planning: A Systematic Review Supporting OT Research and Practice .....	27
Implementing Best Practices in Schizophrenia Care: A National Demonstration Project to Reduce Care Variability and Enhance Patient Outcomes .....	28
Implementing Evidence-Based Psychiatric Rehabilitation Services in Rural Areas – Development and Testing of a Research Practice Collaboration .....	29
Implementing, sustaining and evaluating an enhanced Individual Placement and Support program for people with persistent and multiple barriers to employment embedded within primary healthcare settings in British Columbia, Canada.....	30

Building a path towards patient-centered program success: Community perspectives on indicators of program success for an Individual Placement and Support program for people with persistent and multiple barriers to employment in British Columbia, Canada .....	31
Positively Happier: Results from a New Psychiatric Rehabilitation & Positive Psychology Intervention .....	32
Using an EDI Questionnaire in a Study Involving Equity-Deserving Groups: Methodological and Practical Considerations .....	33
Co-designing best practice guidelines for the engagement of people with lived experience in mental health and substance use research: A modified Delphi consensus study .....	34
Developing recovery-oriented services for young adults with mental health problems – Integrating supported education in IPS services .....	35
A new organizational user- centered model to prevent and treat the psychiatric disorders in adolescences .....	36
“I feel, I found my identity again, I'm part of society again, I'm working like other people. I feel I have character-no, I have identity”: Experiences of People with Persistent Multiple Barriers in an Individual Placement and Support program embedded within primary care in British Columbia, Canada.....	37
Barriers and Facilitators to Employment in Individuals with Psychosis: A Qualitative Study from a Community Mental Health Programme in Singapore .....	38
Financial wellness and mental health: A scoping review .....	39
Why thinking of job at the time of adolescence: the challenge to support young people with psychopathological disorder finding your way in life.The Individual Placement Support (IPS) for Young People-Experience in Italy .....	40
Building meaning in addiction treatment: The role of values in supporting marginalized individuals experiencing addiction .....	41
Beyond Blame: Exploring Oral Health & Strategies to Improve Oral Health Experiences .....	42
Working With Quick-acting Antidepressants, Psychedlics, and the Weight Loss Drugs being Used for Multiple Indications.....	43
“It Was Really Helpful for Me, and at the Same Time It Was Really Tough”. Evidence From a Qualitative and a Quantitative Study on Peer Refugee Helpers in Greece .....	44
The Psychological Burden of Displacement: Impact of Psychotrauma and PTSD on the Health-Related Quality of Life of Internally Displaced Persons in the Middle-Belt Region of Nigeria .....	45
Children’s Human Rights: Violations and Challenges in Chile.....	46
Mental Health Structural Stigma in Health Care: A Novel eLearning Course .....	47
WAPR: Where We've Been and Where Might We Go? .....	48
A Psychosocial Intervention Using Digital Storytelling for People With Endometriosis: Co-creating Stories Based on Lived Experiences .....	49
Canadian Women Veterans With Experience Of Homelessness: Exploring The Current Issues and How To Address Them .....	50
Best Practices in Trauma Healing Working with Refugees: An Intersectional Approach to Art-Based Therapy, Psychosomatic Movements, and Human Rights-Centered Mental Health Services .....	51
Transforming Trauma to Treatment: Reforming America's Youth Residential Treatment Centers..	52
Independent Rights Advice Service as a Vehicle for Hope in BC’s Involuntary Mental Health System .....	53
Talking About Suicide: Empowering Healthcare Providers, Instilling Hope in Clients .....	54
Patients as Integral Researchers: Transforming Research by Bridging Lived Experience, Advocacy, and Evidence in Psychosocial Rehabilitation.....	55
Lived Experiences as a User of Mental Health Services .....	56

Reimagining the Abnormal Psychology Curriculum from a Social Justice Perspective .....	57
Forensic Nursing Culture and Recovery-Oriented Practice: A Focused Ethnography .....	58
Effectiveness of a Community-Based Rehabilitation Intervention for People With Schizophrenia in China (Crise): 6-Month Follow-up Results of a Cluster-Randomized Controlled Trial.....	59
From Training to Employment: A Peer Support Worker Training Model Integrating Therapeutic Recreation and Psychosocial Rehabilitation .....	60
Development of a Mental Health Rehabilitation Education and Training Package for Staff Commencing in New Mental Health Rehabilitation Services Within South Australia .....	61
Implementing Supported Education in a Swedish Context – Exploring Individual placement and Support (IPS-Y) for young adults .....	62
Family caregivers of schizophrenia patients – selected gender aspects.....	63
Exploring the sustainability determinants of peer support for adults with mental health problems residing in supported housing. ....	64
Peer support for adults with mental health issues: What components were adapted post-implementation?.....	65
Exploring the impact of a supported employment program on mental health and employment/education outcomes among youth in British Columbia, Canada .....	66
Addressing existential challenges during the recovery orientated psycho-social rehabilitation through the search for meaning.....	67
Gardengate Model: Enhancing Mental Health Through Horticulture, Community Engagement and Food Security .....	68
Conquering Waves: A Community-Based Dragon Boat Team Promoting Mental Health and Inclusion.....	70
Bringing recovery to our neighbors: Housing First & psychosocial rehabilitation. ....	71
Innovative AI-Driven Solutions for Reducing Mental Health Stigma and Expanding Psychosocial Rehabilitation in Central and West Africa .....	72
Person-centered mental health services: an overview of care, education, research and administration .....	73
The Myth of Perfect: Transforming Social and Cultural Conditioning for Women in Mental Health .....	74
"The one who sees but is unseen": The Human Resource Crisis in psychiatric rehabilitation service system from the viewpoint of Community Psychiatric Rehabilitation Staff" .....	75
A Life-saving Conversation: A Culturally Sensitive Suicide Prevention Program for Chinese (Remote presentation) .....	76
The "Inside Power" initiative: contextualizing recovery for patients in China (Remote presentation) .....	77
Early Warning Signs, balancing standardization and commercialisation. Evidence from UK, and Canada healthcare supporting system-wide behavior change (Remote presentation) .....	78
A Cultural-sensitive Suicide First-response Program for the University Students in China (Remote presentation).....	79
Functional Recovery in Enhancing Quality of Life for People Living with Early Psychosis and Schizophrenia (Remote presentation) .....	80
Art Therapy Intervention: A Future Wellness Tool for Childhood Cancer .....	81
Implementation Framework Analysis: Intervention Approaches for Integrating Illness Management Recovery into Outpatient Mental Health Care to Enhance Employment Outcomes .....	82
Institute-Based Psycho-Social Rehabilitation Models for Mental Health Recovery: Lens from Psychiatric Social Work .....	83



Healing of the Concealed Wound: Rehabilitation of Victims of Sexual Violence Among Women With Mental Illness in Southwest Nigeria .....	85
Experiences of a Seven-Year-Old Girl and Her Mother in Narrative-Oriented Parent-Child Therapy: A Phenomenological Study .....	86
Posters .....	87
PP01.01 - Housing Supports Accessed by Youth With Health Issues in a Cohort of Canadian Youth Transitioning Away From Homelessness .....	87
PP01.05 - A Preliminary Study on Occupational Balance of Male Inmates in Taiwanese Correctional Institutions .....	88
PP01.07 - The Effects of Structured Floral Horticultural Therapy on Emotions and Quality of Life in Patients with Schizophrenia .....	89
PP01.02 - Implementation of a “Hope” Group for Veterans During an Acute Psychiatric Hospitalization .....	90
PP01.04 - A photovoice study exploring local, culturally-rooted factors affecting mental health among Chinese students .....	91
PP01.03 - Intervention with Augmentative and Alternative Communication Systems in Adults with Autism Spectrum Disorder: An Approach Based on Functional Communication and Executive Functions .....	92
PP01.06 - Exploring Key Participant Profiles and Engagement Factors in the development of a Cannabis Harm Reduction Mobile App for Youth with First-Episode Psychosis: Findings from the CHAMPS Pilot Randomized Controlled Trial .....	93
PP02.01 - Mental Illness Stigma: A Comparison of Attitudes among Occupational Therapy Practitioners in Different Work Areas .....	95
PP03.01 - Peers at the Heart of Recovery College Research - Learning From the Experiences of Recovery College Peer Educators and Program Organizers to Inform the Implementation of a Transformative Model of Mental Health and Substance Use Care at Vancouver Coastal Health.....	96
PP03.02 - Exploring the occupation of peer support on youth peer support workers in an integrated youth services initiative in British Columbia, Canada .....	97
Lights, camera, action! A photovoice study of the impact of co-production in Recovery College settings.....	98
A co-designed research platform on the evaluation of lived experience and family engagement in mental health and substance use contexts .....	99
Balancing power dynamics in lived experience and family engagement: A qualitative study .....	100
A qualitative descriptive study of communication in the engagement of people with lived experience in mental health and substance use health research .....	101
PP04.01 - Design Considerations in Developing a New Mental Health Rehabilitation Unit in South Australia .....	102
PP04.04 - Development and Validation of a Recovery-Oriented Screening Tool for Psychosocial Needs in Inpatient Psychiatric Settings .....	103
PP04.03 - A parenthood program's experience in a public psychosocial rehabilitation service .....	104
PP04.02 - CMHA BC Links to Employment in Treatment & Recovery .....	105
Symposiums .....	106
WAPR Italia Symposium .....	106
The Reform of Forensic Psychiatric Hospitals in Italy .....	106
Quality Rights as a roadmap for paradigm change: Updates and examples from the WAPR Human Rights Committee.....	107
Research Study: 3,025 Users over 36 Years of Evolution Integral Psychosocial Profile, Reduction in Hospital Admissions, and Quality of Community Life in Severe Mental Disorders.....	108

Growing amidst war: Which mental health interventions for the children and youth of Gaza living under prolonged armed conflict and protracted violence? (Remote)..... 110

Insights and Experiences in Implementing Psychiatric Rehabilitation Across New York State..... 111

### A New Era of Student Support: The World's First Standard for Mental Health and Well-Being for Post-secondary Students

Ms. Sandra Koppert<sup>1</sup>

<sup>1</sup>Mental Health Commission of Canada, Ottawa, Canada

In an era of accelerating change and global interconnectedness, the mental health and well-being of post-secondary students is critical for a resilient future. Yet the toll on students' mental health continues to grow, shaped by evolving local and global challenges. In Canada, anxiety among students increased by 29% between 2018 to 2022, while in 2023, one in three students rated their mental health as "poor." With the increasing prevalence of mental health challenges among students, there is an urgent need for systemic, integrated strategies that address both individual and community well-being.

Championed by the Mental Health Commission of Canada (MHCC) and developed by the CSA Group (Canadian Standards Association), The National Standard of Canada for Mental Health and Well-Being for Post-Secondary Students (the Standard) is an evidence-informed set of flexible, voluntary guidelines to help post-secondary institutions support the mental health and well-being of their students. The first of its kind, it offers a systematic approach for institutions to foster a resilient, equitable, and inclusive health-promoting campus.

This presentation will trace the Standard's journey from its inception to present-day implementation, exploring the lessons learned, challenges faced, and successes achieved in fostering campus-wide cultures of wellness. The MHCC will share findings from ongoing sector engagement that highlight key institutional priorities and evolving strategies as post-secondary institutions adapt to the changing needs of students. Participants will learn insights, leading practices, and emerging efforts that support student mental health and well-being based on the guidance of the Standard.

## A Path Forward: An Action Plan On Mental Health and Criminal Justice in Canada

Ms. Sandra Koppert<sup>1</sup>

<sup>1</sup>Mental Health Commission of Canada, Ottawa, Canada

The Mental Health Commission of Canada is leading the development of an action plan to support the mental health of individuals who interact with the criminal justice system in Canada, including justice involved individuals (e.g., individuals who have interacted with police, those who are incarcerated) and individuals who work within the criminal justice system.

This initiative was inspired by continuous calls for action from people with lived and living experience, individuals working in the system, and other experts about the need for actionable recommendations that can produce meaningful change at the individual, institutional, societal, and systemic levels.

The action plan is informed by various research and engagement activities, including two research reports looking at national and international frameworks and strategies, a widely distributed survey, input received from an advisory committee and working groups, and knowledge exchange opportunities capturing diverse perspectives from across the country.

The information collected through these activities is being synthesized to prepare a draft of the action plan, which will then be reviewed by a group of experts and partners, including people with lived experience, to validate and refine the content. The action plan is expected to be released in late 2025.

This presentation will provide a sneak peek into the draft action plan, including a high-level overview of the scope as well as examples of the recommendations and calls to action. There will also be an opportunity for participants to ask questions at the end of the presentation.



## From Guidelines to Toolkit to Adaptation Guide - The Walk the Talk Journey to Facilitate Equitable Implementation of Mental Health Recovery Guidelines

Asst. Prof. Myra Piat<sup>1,7</sup>, Ian D Graham<sup>6</sup>, Eleni Sofouli<sup>1,7</sup>, Megan Wainwright<sup>3</sup>, Marie-Pier Rivest<sup>2</sup>, Hélène Albert<sup>2</sup>, Sevil Amina<sup>7</sup>, Lucy Melville-Richards<sup>4</sup>, Lise Labonté<sup>7</sup>, Anita Makokis<sup>5</sup>, Karen Minde<sup>5</sup>, Charles-Albert Morin<sup>7</sup>, François Hubin<sup>7</sup>

<sup>1</sup>McGill University, Department of Psychiatry, Montreal, Canada, <sup>2</sup>Université de Moncton, Moncton, Canada, <sup>3</sup>Durham University, Durham, UK, <sup>4</sup>Bangor University, Bangor, UK, <sup>5</sup>Samson Community Wellness, Maskwacis, Canada, <sup>6</sup>University of Ottawa, Ottawa, Canada, <sup>7</sup>Douglas Mental Health University Institute, Montreal, Canada

### Background:

The Guidelines for Recovery-Oriented Practice were launched in 2015 with the objective of moving the recovery concept forward into services. However, a process was missing. Over the course of four projects in the past six years we have narrowed the gap by creating the Walk the Talk toolkit – an implementation strategy for implementing guidelines for transforming services and systems.

### Purpose:

Demonstrate the evolution of this novel implementation strategy and report key findings.

### Method:

Using focus groups and semi-structured interviews analysed according to the Consolidated Framework for Implementation Research (CFIR), we studied implementation teams' experiences of the process and perspectives on the facilitation component. We then partnered with six organisations serving homeless women, indigenous communities, victims of violence, and 2SLGBTQ+, immigrant and BIPOC communities, to adapt the toolkit to equity-deserving groups. Focus groups, meeting recordings, and individual interviews were analysed according to the Framework for Reporting Adaptations and Modifications to Evidence-based Implementation Strategies (FRAME-IS)

### Results

Walk the Talk streamlines the process of implementing the guidelines. Activities in the toolkit helped turn abstract implementation science concepts into practical planning tools. Facilitators need to adjust their facilitation to each stage of Walk the Talk, and can harness recovery as a shared language to secure buy-in. There is a need to adapt Walk the Talk to equity-deserving groups in terms of representation, accessibility, approaches, and the recovery concept. A new Adaptation Guide helps do so.

### Conclusion:

Walk the Talk is an example equity-informed knowledge translation and co-production.

## Equity-Deserving Groups' Suggested Adaptations to an Implementation Toolkit in Mental Health Recovery: A Qualitative Analysis Using the Frame-Is

Asst. Prof. Myra Piat<sup>1,2</sup>, Ian D Graham<sup>8</sup>, Eleni Sofouli<sup>1,2</sup>, Megan Wainwright<sup>3</sup>, Sevil Amina<sup>2</sup>, Shannon Wiltsey-Stirman<sup>4</sup>, Marie-Pier Rivest<sup>5</sup>, Hélène Albert<sup>5</sup>, Lucy Melville-Richards<sup>6</sup>, Charles-Albert Morin<sup>2</sup>, Karen Minde<sup>7</sup>, Anita Makokis<sup>7</sup>

<sup>1</sup>McGill University, Department of Psychiatry, Montreal, Canada, <sup>2</sup>Douglas Mental Health University Institute, Montreal, Canada, <sup>3</sup>Durham University, Durham, UK, <sup>4</sup>Stanford University, Stanford, United States, <sup>5</sup>Université de Moncton, Moncton, Canada, <sup>6</sup>Bangor University, Bangor, UK, <sup>7</sup>Samson Community Wellness, Maskwacis, Canada, <sup>8</sup>University of Ottawa, Ottawa, Canada

### Background:

Walk the Talk Toolkit is an implementation strategy for implementing Chapter 6 of the Mental Health Commission of Canada's Guidelines for Recovery-Oriented Practice. The toolkit is used by facilitators to establish an implementation team that chooses one recovery innovation from the guidelines and plans for its implementation. We did not know whether the toolkit was fit for purpose for organizations serving marginalized communities.

### Purpose

To study the adaptations needed to Walk the Talk for it to be used in organizations serving marginalized communities.

### Method

We partnered with six organizations serving homeless women, indigenous communities, victims of violence, and 2SLGBTQ+, immigrant and BIPOC communities in four provinces. We established an Adaptation Team composed of service users, service providers, managers, and family members or significant others at each organization. Researchers facilitated 10 workshops where Adaptation Teams reviewed toolkit materials and suggested changes on paper and in a recorded plenary discussion. A focus group explored adaptations in more depth. Adaptations were analysed using the Framework for Reporting Adaptations and Modifications to Evidence-based Implementation Strategies (FRAME-IS).

### Results

55 individuals participated in workshops. We collected suggested adaptations for 55 documents, videos or activities included in the toolkit. We will present findings according to the FRAME-IS, including the nature, goal and level of the modifications, and whether these adaptations are consistent with the core elements of Walk the Talk.

### Conclusion(s)

This research identifies what matters to equity-deserving communities across Canada in an implementation toolkit.

## Adaptation Team Workshops as a Method for Developing an Adaptation Guide: Opportunities and Challenges from the Perspectives of Facilitators and Adaptation Team Members

Asst. Prof. Myra Piat<sup>1,2</sup>, Ian D Graham<sup>6</sup>, Eleni Sofouli<sup>1,2</sup>, Sevil Amina<sup>2</sup>, Megan Wainwright<sup>3</sup>, Marie-Pier Rivest<sup>4</sup>, H       Albert<sup>4</sup>, Anita Makokis<sup>5</sup>, Karen Minde<sup>5</sup>, Lise Labont  <sup>2</sup>, Charles-Albert Morin<sup>2</sup>, Fran       Aubin<sup>2</sup>

<sup>1</sup>McGill University, Department of Psychiatry, Montreal, Canada, <sup>2</sup>Douglas Mental Health University Institute, Montreal, Canada, <sup>3</sup>Durham University, Durham, UK, <sup>4</sup>Universit   de Moncton, Moncton, Canada, <sup>5</sup>Samson Community Wellness, Maskwacis, Canada, <sup>6</sup>University of Ottawa, Ottawa, Canada

**Background**  
Walk the Talk toolkit is an implementation strategy that combines implementation teams and a facilitated planning process for Chapter 6 of the Guidelines for Recovery-Oriented Practice. To achieve equitable uptake, guidance is needed for facilitators to adapt the toolkit. In implementation science, little is known about how to do this.

### Purpose

To develop and evaluate a method for co-producing suggested adaptations to include in an Adaptation Guide for Walk the Talk Toolkit

### Method

Six organizations serving homeless women, Indigenous communities, victims of violence, and 2SLGBTQ+, immigrant and BIPOC communities participated. We recruited an Adaptation Team to participate in 10 workshops including service users, family members or significant others, managers and service providers. They worked in small groups to discuss changes they would make to 55 documents, activities or videos from the toolkit and documented these in a questionnaire and discussed them in a 20-minute audio-recorded plenary. Focus groups (6 with Adaptation Teams and 1 with facilitators) explored experiences of the process.

### Results

The method resulted in rich suggested adaptations to include in the Adaptation Guide. The process was experienced as complex and overwhelming at first, but they gained confidence as the process and the purpose were clarified. They learned and were proud of the work. Bonding as a team motivated participation. Areas for improvement included time allocated, number of documents and the complexity of the questionnaire.

### Conclusion

Adaptation Team Workshops are a method that facilitates identifying what needs to be adapted in an implementation toolkit.

## Towards Recovery: A vision for a renewed mental health and addiction systems for Newfoundland and Labrador

Maureen Abbott<sup>3</sup>, Brittany Howell<sup>2</sup>, Niki Legge<sup>2</sup>, Dr. Alexia Jaouich<sup>1</sup>, Mr. Brad Glynn

<sup>1</sup>Stepped Care Solutions, Toronto, Canada, <sup>2</sup>Government of Newfoundland and Labrador, , , <sup>3</sup>Mental Health Commission of Canada, , , <sup>4</sup>Lifewise Mental Health Peer Services, ,

### Background:

In 2017, the All-Party Committee on Mental Health and Addictions released Towards Recovery: A Vision for a Renewed Mental Health and Addictions System for Newfoundland and Labrador. The report outlined 54 recommendations to transform the mental health and addictions system to one that is trauma-informed, person-centered and recovery-focused. As part of this effort, the government adopted a Stepped Care approach for the province based on Stepped Care 2.0 (SC2.0), a transformative model that organizes mental health services into a continuum of care with open access to a range of resources. Lifewise, an organization created by and for individuals living with mental health and addictions issues, played an instrumental role in partnering with the government on system redesign.

### Purpose:

Outline how policy development through a provincial strategy can integrate recovery-oriented approaches across the continuum of care. Share complexities related to the implementation and provide examples of current initiatives such as the addition of measurement-based care and communication strategies that address the common challenge related to awareness and access to services - recent efforts of the government.

### Method:

Development of a tailored stepped care model to meet population needs while integrating recovery-oriented approach. Execution of a phased and continuous partnership approach to implementation.

### Results:

Multi-year initiatives starting with increasing access to a range of services, from same-day counselling services through Doorways, to e-mental health services via Bridge the gapp, an online resource.

### Conclusion:

Provincial strategies can be leveraged for a consistent recovery approach to all services, across the continuum.

## Are We Really Moving Towards a Post-institutional Model of Mental Health Care? a Worldwide Perspective

Dr. Angelo Barbato<sup>1</sup>

<sup>1</sup>Department of Health Policy Mario Negri Institute for Pharmacological Research Milano, Italy, Milano, Italy

### Background

WHO and national policies worldwide have recommended for many years the shift of mental health services delivery from large isolated hospital institutions towards community care.

### Purpose

Outline an operational definition of post-institutional care and assess to what extent the move away from mental hospitals is progressing.

### Method

Key elements of the post-institutional model:

- A mental health system with no access to long-term admission to stand alone mental hospitals,
- Strong links with primary care and social services
- Prevention, treatment, care and rehabilitation delivered in collaboration between professionals, users and informal caregivers,
- A network of relatively small, widespread, easily accessible community services providing outpatient, hospital, residential, home care, supported housing, employment and education support to a defined population,
- Evidence-based practices, respect for human rights and ongoing challenge to institutional models in all service components.

To assess the worldwide implementation of this model, an analysis was performed using three indicators from the country profiles of the last WHO Mental Health Atlas: rates of mental hospital beds, general hospitals psychiatric beds and community residential beds. The analysis considered 39 high and upper-middle income countries with a population of over 10 million.

### Results

Despite low-quality of data and inconsistent service definitions, the available information suggests huge cross-country variations in service provision. In many countries mental hospitals remain the prominent locus of care or coexist with other services slowing down the transition towards community care

### Conclusions

More efforts are needed to address the barriers failing implementing widely adopted policy recommendations.

## Building Community and Meaningful Supports Through Lived Experience

Mrs Laurie Edmundson<sup>1</sup>

<sup>1</sup>Super Feeler, BC Mental Health and Substance Use Services, Abbotsford, Canada

### Background

Individuals living with borderline personality disorder (BPD) often face severe stigma, isolation, and lack of support. Through lived experience leadership, a desire to destigmatize, build peer-led supportive communities, and provide hope, The Super Feelers Club was born.

### Purpose

This session explores how lived experience-led projects, like peer support groups and podcasting, can create accessible, impactful spaces for individuals with highly stigmatized challenges. Attendees will gain inspiration to lead their own initiatives and practical guidance on overcoming barriers to lived experience innovation.

### Method

Launched in 2021, The Super Feelers Club is a virtual peer support group led by individuals with lived experience of BPD or “Super Feelers”—a strengths-based term coined for those living with strong emotions. “The Club” was created following the success of a lived experience-led podcast that reached individuals from over 150 countries and showcased a worldwide need for safe, accessible peer-led connection.

### Results

Since its inception, The Super Feelers Club has demonstrated significant positive outcomes, including enhanced emotional well-being, reduced feelings of isolation, and increased self-efficacy among members. A research project led by the presenter, who has BPD, and participant feedback highlight “the Club’s” impact and its ability to challenge misconceptions about peer-led initiatives.

### Conclusion

The Super Feelers Club demonstrates the power of digital platforms to create inclusive, destigmatizing communities that can produce meaningful change. This session will inspire attendees to embrace lived experience leadership, innovate within their own contexts, and contribute to creating inclusive, supportive communities for those often left behind.



## Inspiring hope: Lived experience strategic advisors as changemakers for patients, families and staff at BC Mental Health and Substance Use Services

Mrs Laurie Edmundson<sup>1</sup>, Ms. Victoria Maxwell<sup>1</sup>, Ms. Anita David, Ms. Pam Young<sup>1</sup>, Miss Anja Lanz

<sup>1</sup>BC Mental Health and Substance Use Services, Burnaby, Canada

BC Mental Health and Substance Use Services (BCMHSUS) Patient Experience and Community Engagement created Lived Experience Strategic Advisor (LESA) positions for people with lived and living experience (PWLLE) to move into leadership roles. LESAs co-lead strategic psychosocial initiatives that not only contribute to their wellness but support patients and families within the organization.

LESAs possess expertise and involvement beyond traditional patient and family engagement. Their knowledge and passion guide the transform of services and empower staff, patients, and families to provide and receive care through a compassionate, trauma-informed lens. LESAs work at the “collaborate” and “empower” level of the IAP2’s Spectrum of Public Participation.

BCMHSUS leverages its own Patient and Family Engagement Framework, rooted in decades of evidence and global best practices, to facilitate meaningful collaboration and foster effective partnerships, including LESAs, while recognizing the innate gifts of each PWLLE.

LESAs co-lead anti-stigma efforts, including videos, creativity workshops and chair committees like our Patient and Family Experience Council. LESAs are currently exploring collaborations with correctional health and co-creation of our Recovery College. LESAs report feeling empowered to share ideas that are developed into programs and practices; and agree it has enhanced their recovery due to feeling valued, respected and increasing confidence.

“Nothing about us, without us” ensures those affected by healthcare decisions shape services and drive systemic change. Our vision is to expand the number of LESAs and support their growth as influential leaders by cultivating skills aligned with their personal and professional aspirations, while enhancing their well-being.

## Culturally Grounded Recovery: Integrating Afrocentric Principles in Mental Health and Substance Use Interventions for Youth of African Descent in Nova Scotia

Assoc. Prof. Ifeyinwa Mbakogu<sup>1</sup>

<sup>1</sup>School of Social Work, Dalhousie University, Halifax, Canada

### Background:

Youth of African Descent in Nova Scotia face significant barriers in accessing mental health and substance use services that are culturally relevant and responsive to their lived experiences. The dominance of Eurocentric frameworks in healthcare often fails to address the unique cultural, socio-economic, and educational realities of these youth, as well as the critical role that caregivers and community structures play in their recovery process.

### Purpose:

This presentation explores the integration of Afrocentric principles in mental health and substance use services for youth of African Descent in Nova Scotia. The aim is to foster inclusive, culturally grounded service models that align with the lived experiences of youth, their families, and communities.

### Method:

A mixed-methods approach was used, combining focus group discussions, personal interviews and art-based methods with youth and their caregivers, and surveys with healthcare providers. This approach gathered comprehensive data on the challenges faced by youth in accessing services and the perspectives of caregivers and providers.

### Results:

Findings revealed the importance of family involvement, culturally grounded approaches in service/care delivery, and addressing systemic biases within healthcare institutions. The study highlighted the value of co-production, where youth, caregivers, communities, and providers collaborate to design effective, culturally responsive services.

### Conclusion(s):

Integrating Afrocentric principles into mental health and substance use services for youth can improve engagement and recovery outcomes. This study underscores the potential of co-created, culturally relevant service models to address the unique needs of these youth and calls for scaling these approaches to address systemic barriers in healthcare.

## Understanding the Mental Health of Peer Support Workers at an Integrated Youth Services Initiative in British Columbia, Canada, through Arts-Based Methods

Miss Cassia Warren<sup>1</sup>, Dr. Laura H.V. Wright<sup>2</sup>, Miss Kirsten McCulloch<sup>1</sup>, Lillian Brown<sup>1</sup>, Oksana Soychuke<sup>1</sup>, Dr. Skye Barbic<sup>1,3</sup>

<sup>1</sup>Foundry BC, Vancouver, Canada, <sup>2</sup>University of Edinburgh, Edinburgh, Scotland, <sup>3</sup>University of British Columbia, Vancouver, Canada

### Background:

Peer support workers (PSWs) at Foundry, an integrated youth services (IYS) initiative in British Columbia, Canada, play a crucial role in mental health services, drawing on their lived experiences to promote hope and recovery. While the benefits of peer support programs for service recipients are well documented, understanding the impact on PSWs themselves remains limited.

### Purpose:

The Peer Support Arts-Based Cohort project is exploring the impact of the IYS peer support role on PSWs' mental health and well-being using arts-based research methods.

### Method:

We conducted two workshops with youth (n=4) and family (n=8) PSWs (2 additional workshops will be held in spring 2025). These workshops were held in person and online using Visual Explorer, Object Story, Body Mapping, and River Journey to foster deep self-expression among the participants. Workshops were facilitated and analyzed using reflexive thematic analysis by the project team, which includes PSWs.

### Results:

Early analysis highlights imagery depicting mental health as a storm. PSWs offered their perspective of being in the "eye of the storm" and supporting their clients' storms as heavy, emphasizing the need for PSWs to have access to their own supports. However, participants also said peer support is 'more than just a job'—it builds confidence and life skills that enhance their overall well-being.

### Conclusion(s):

PSWs conceptualize mental health and well-being as complex constructs. The occupation of peer support impacts their well-being in a range of ways, influencing both personal and professional life. Providing additional supports to PSWs is critical for their well-being.

## Back to Basics: Ensuring co-design, shared governance, and meaningful patient engagement comes first

Karina Urdaneta, Ms. Jennifer Jeffery, Miss Hannah Kohler<sup>1</sup>, Ms. Anita David

<sup>1</sup>Mental Health Commission of Canada, Ottawa, Canada

When embarking on a journey of system transformation, health leaders often refer to frameworks which include dimensions such as effectiveness, efficiency, safety, etc. Oftentimes, the considerations of the clients' (patients') perspectives are either not considered or take a backseat. Even when using more inclusive frameworks, are the perspectives and experiences of service users truly included in the intervention(s)?

The Mental Health Commission of Canada undertook a multi-year research project to work with champions in health-care to better understand the necessary components for sustainable stigma reduction within our health-care structures. Structural stigma refers to the inequitable de-prioritization and devaluation of mental health and substance use (MHSU), as compared to physical health, within health-care delivery, governance, and knowledge building. The result of these efforts was a co-designed implementation guide focused on dismantling structural stigma in health care. This guide includes principles that support co-design, shared governance, and patient engagement. These insights, distilled through a highly collaborative process, will provide guidance and inspiration for health leaders, administrators, providers, and policymakers to enhance/improve their patient-engagement strategies. Hear from lived experience experts on how to apply these principles to ensure patient voices are at the centre of any change initiative.

Join this session to:

1. Gain an understanding of MHSU-related structural stigma and how it impacts patients, providers and the health-care system.
2. Explore key principles for meaningful patient engagement to support transformative change in health care.
3. Be inspired to build and promote more equitable, inclusive and person-centred health-care practices.

\*requesting 60-mintues\*

## The role of therapeutic recreation interventions on the preparedness for and sustainment of employment for individuals with lived experiences of mental health and substance use challenges

Mrs Radka Prihodova<sup>1</sup>, Dr. Colleen Reid<sup>2</sup>, Uyen Huynh<sup>2</sup>, Ms. Anna Parrish

<sup>1</sup>Open Door Group, Vancouver, Canada, <sup>2</sup>Douglas College, Coquitlam, Canada

Therapeutic recreation (TR) utilizes evidence-based, strength-based and person-centered approach with interventions that improve individual's overall wellbeing and promote recovery. Guided by Psychosocial Rehabilitation (PSR) principles, TR programming combines leisure and psychosocial education to foster personal growth, confidence and building meaningful community connections. This project brings new evidence highlighting the importance of TR in building essential skills, confidence, and self-advocacy skills that can support individuals' employment search and sustainment.

Employment is one of the main factors promoting one's recovery; however, many individuals with MHSU challenges experience many barriers to employment search and sustainment. The purpose of this project is to generate new evidence about the intersection of TR and employment readiness. This project was divided in two phases. In both phases qualitative research design was used. The main methods used were interviews and focus groups with individuals with lived experience, employment service providers and recreation therapists. All interviews were transcribed, and transcripts were coded by multiple researchers. Thematic analysis was conducted.

This project shed light on the experiences of individuals with MHSU challenges when navigating employment, the impact of workplace culture on sustainment and the important role of supports and skills needed. It brought new evidence about TR interventions supporting the development of employment skills, such as communication, confidence, self-advocacy and ability to set boundaries. Therapeutic Recreation interventions closely align with PSR principles, and this project demonstrates how TR interventions can play important role in equipping individuals with the skills, confidence, and connection needed for successful employment and sustained recovery.

## Developing and Implementing the Living Safety Plan Kingston (Lsp-K), an Intervention for Suicide Prevention

Dr. Oyedeji Ayonrinde<sup>1,2</sup>, Ms. Pavlina Crowley<sup>1</sup>, Dave Carmichael<sup>1</sup>, Karin Carmichael<sup>1</sup>, Terry Landry<sup>1</sup>, Dr. Carrie Anne Marshall<sup>3</sup>, Susanne Murphy<sup>2</sup>, Gord Unsworth<sup>1</sup>, Dr. Katherine Waller<sup>1</sup>, Ms. Kim Schryburt-Brown, Anuson Wijayaratnam<sup>1</sup>

<sup>1</sup>Providence Care Community Programs, Kingston, United States, <sup>2</sup>Queen's University, Kingston, Canada, <sup>3</sup>Western University, London, Canada

### Background:

In Canada, an average of 12 people die by suicide daily. Suicidality and mental health disorders significantly impact cognition and decision-making, underscoring the need for proactive, tangible strategies that guide individuals toward safety when suicidal thoughts arise. Clinicians also often report feeling underprepared to address suicidality and require support. The Living Safety Plan Kingston (LSP-K) is a novel, evidence-informed, person-centered approach to suicide prevention that emphasizes meaningful activities, relationship building, and existential reflection. The collaborative process provides practical tools for both clinicians and clients to support safety and foster recovery. Supported by a recent systematic review (published) and qualitative case study (manuscript in development), the LSP-K also aligns with Accreditation Canada standards.

### Purpose:

To enhance community mental health clinicians' confidence and competence in managing suicide risk through the implementation of the LSP-K.

### Method:

Implementation Science and Quality Improvement methodologies guided the development of a clinical pathway, training modules, and clinical supervision to support LSP-K adoption. Effectiveness is being evaluated through pre- and post-training surveys, chart audits, and fidelity measures.

### Results:

Initial training feedback and chart audits from adult and seniors programs indicate positive clinician reception and integration of the LSP-K into practice. Data suggests increased clinician confidence in managing suicidality.

### Conclusion:

The LSP-K is a teachable, impactful approach to suicide prevention. Ongoing research and iterative improvements based on client and clinician feedback are planned, with goals for broader dissemination and evaluation.



## Digital Tools Such as Artificial Intelligence and Virtual Reality for Vocational Rehabilitation, Employment Support, and Mental Health Recovery

Mr. Eitan Ben Itzhak Klutch<sup>1</sup>

<sup>1</sup>Makshivim Net, Binyamina , Israel

### Background:

Employment is a crucial factor in mental health recovery, yet individuals with mental health challenges face significant barriers to workforce participation. Digital rehabilitation tools, such as artificial intelligence (AI) and virtual reality (VR), offer new opportunities to enhance employment readiness.

### Purpose:

This session will explore how AI-powered vocational assessment and VR-based job interview training can improve employment outcomes and recovery-oriented practices for individuals with mental health conditions. The workshop will provide practical demonstrations of AI-driven analysis and VR simulations.

### Method:

The session is based on an AI-driven vocational rehabilitation model implemented under the Israeli Ministry of Health and the Ministry of Welfare. The model integrates objective and subjective assessments, using AI to evaluate self-efficacy, motivation, and employability skills, while VR simulations prepare participants for job interviews by enhancing communication and confidence.

### Results:

A study with 426 participants demonstrated a 14% improvement in self-efficacy ( $p=0.023$ ), with strong correlations between self-efficacy and motivation ( $r=0.72$ ) and self-efficacy and proactivity ( $r=0.82$ ). Following the intervention, 72% of participants successfully transitioned into supported employment.

### Conclusion:

AI and VR tools significantly improve vocational self-efficacy, motivation, and employment success. This interactive session will showcase real-world applications of AI and VR in mental health rehabilitation, offering insights into their potential to reshape vocational support systems globally.

## It Takes a Village: Harnessing the Strength of Recovery Communities in Addiction Treatment

Dr. Dr. Christina Basedow, Ms. Lindsey Snaychuk<sup>1</sup>

<sup>1</sup>EHN Canada, Toronto, Canada

### Background:

Recovery communities (i.e., therapeutic communities) are a form of long-term residential treatment that take an integrated, holistic approach to care for individuals with addiction. Recovery communities aim to provide a supportive environment that fosters personal growth through peer support, accountability, and structured programming. In addition to bolstering recovery capital, recovery communities also aim to target risk factors for addiction and concurrent mental distress.

### Purpose:

This session will provide an overview on the role of recovery communities in addiction treatment, including clinical relevance, implementation, and measurement-based care. The Red Deer Recovery Community will be introduced, and outcomes from the first ~200 clients will be presented.

### Method:

Participants were individuals admitted for treatment in the Red Deer Recovery Community. All participants completed assessments of addiction and mental health symptoms at the beginning of each phase of treatment.

### Results:

There were clinically meaningful improvements in substance dependence, functional impairment, anxiety, and depressive symptoms over the course of treatment. Conclusions: These findings highlight the effectiveness of recovery communities and underscore their importance in treating addiction and concurrent mental health issues. Future research should explore the specific program components that contribute most to positive outcomes and identify ways to enhance long-term recovery support. Expanding access to recovery communities may help bridge critical gaps in addiction treatment and improve overall well-being for individuals with complex care needs.

## A Path to Empowering Eating Disorder Recovery: Training Peer Supporters within Stepped Care 2.0

Dr. Nadine Dunk<sup>1</sup>, Dr. Janis Dawson<sup>1,2</sup>, Dr. Alexia Jaouich, Ms. Shaleen Jones

<sup>1</sup>Stepped Care Solutions, , Canada, <sup>2</sup>Acadia University, , Canada, <sup>3</sup>Eating Disorder Nova Scotia, , Canada, <sup>4</sup>Body Peace Canada, , Canada

### Context:

Stepped Care 2.0 (SC2.0) is a transformative model that organizes mental health services into a continuum of care with open access to a range of resources. Peer support is a vital part of SC2.0 that can be complementary to other services and resources, and an intervention by itself.

In an SC2.0 system, peer supporters are considered part of an expanded and diverse workforce, and can provide informal and formal programming that facilitates recovery and a sense of empowerment to individuals seeking care. Adequate training and ongoing support for peer supporters is essential for creating sustainable systems that benefit both the supporters and those they serve.

Eating Disorders Nova Scotia (EDNS) has developed intentional Peer Support programs that are consistent with SC2.0. The programs are designed for those with mild to moderate eating disorders, as an adjunct to treatment for those with more intensive needs, and to support those post-treatment.

### Approach:

This presentation will dive into Peer Support workforce development. We will explore EDNS's innovative model of Peer Support as an example of diversifying and developing the workforce to support those living with eating disorders and beyond.

By attending the presentation, participants will learn the following:

- How SC2.0 integrates peer support into a continuum of care for those impacted by eating disorders, addressing individual needs and workforce challenges, and;
- The key components of EDNS's Peer Support model and how it equips Peer Supporters to provide support safely and effectively.

## Family interventions and support in psychosocial rehabilitation

Prof. Mathew Varghese<sup>1</sup>

<sup>1</sup>St John's Medical College, Bangalore, India, Bangalore, India

### Background:

Persons with severe mental disorders from India are largely cared for at home by their family members. Studies have reported consequences on family caregiving and needs of persons and family members. Knowledge about the illness and management are known to impact caregiving. Family intervention programs are developed but not easily available.

### Purpose:

This talk will explore the needs and evaluation of family caregivers in psychosocial rehabilitation. It will discuss assessments and practice guidelines with respect to family interventions.

### Method:

Caregivers of persons with severe mental disorder were assessed for their needs, knowledge about the illness, coping mechanisms and burden. Depending on a comprehensive assessment, different programs are tailored for caregivers from different backgrounds.

### Results:

Caregivers expressed a need to have more information about the illness and help to manage the patient's symptoms and daily routine. Caregivers with better knowledge about the illness had better coping mechanisms and better acceptance. Most family interventions had a component of psychoeducation. Other interventions focused on managing difficult problems faced by the family and communication. Evidence based practice guidelines were reviewed to see the interventions for different stages of the illness. Interventions could be delivered using different modalities like one to one discussions, bibliotherapy, group sessions and online digital interventions.

### Conclusions:

Our experience in working with families suggest that professionals should educate families about different aspects of the illness. Special skills are required in the management of difficult problems and daily activities. Programs should also address ways to deal with caregiver distress.

## Recovery-oriented psychiatry: oxymoron or catalyst for change?

Assoc. Prof. Helene Speyer, Professor David Roe<sup>3</sup>, Professor Mike Slade<sup>4,5</sup>

<sup>1</sup>Copenhagen Research Center for Mental Health – CORE Mental Health Center Copenhagen  
Copenhagen University Hospital, Copenhagen, Denmark, <sup>2</sup>Competence Center for Rehabilitation and Recovery, Copenhagen, Denmark, <sup>3</sup>Department of Community Mental Health, Faculty of Social Welfare and Health Sciences, University of Haifa, Haifa, Israel, <sup>4</sup>School of Health Sciences, Institute of Mental Health, University of Nottingham, Nottingham, UK, <sup>5</sup>School of Health Faculty of Nursing and Health Sciences, Health and Community Participation Division, Nord University, Namsos, Norway

### Background

Psychiatry is a branch of medicine that conceptualizes abnormal mental phenomena through the lens of the medical model. Unlike other medical disciplines, psychiatry has been uniquely influenced by the recovery movement, an ideology that emerged from grassroots social justice activism and challenges traditional paradigms of care.

### Purpose

The aim is to identify and explore the philosophical and normative tensions between psychiatry and recovery-oriented approaches, in order to develop a nuanced conceptual framework that enables the meaningful application of recovery principles, while avoiding superficial or tokenistic implementation.

### Method

To achieve conceptual clarity, we conduct a philosophical analysis focusing on three dimensions: norms (what is preferable?), ontology (what is real?), and epistemology (what is knowledge?). This approach allows us to uncover points of conflict and common ground between the psychiatry and recovery paradigms.

### Results

Our analysis reveals that there are deep and potentially incompatible philosophical assumptions between traditional psychiatric frameworks and recovery-oriented models. Bridging these tensions will require both conceptual and methodological pluralism to ensure that recovery principles are integrated meaningfully within psychiatric practice.

### Conclusion

To support a mental health system in which diverse epistemologies can coexist, it is essential to cultivate epistemic humility. This humility helps counteract power imbalances and forms of epistemic injustice that privilege certain types of knowledge and knowers over others. Promoting epistemic humility among mental health professionals may demand a fundamental reimagining of how practitioners are educated and trained. To prevent the tokenistic application of recovery principles, we propose changes at clinical, systemic, and political levels.

## Implementing Open Dialogue in Vermont's System of Mental Health Care: Successes, Challenges, and Implications for Paradigm Change

Mr. Alexander Smith<sup>1</sup>, Mr. Victor Martini<sup>1</sup>, Ms. Zelda Alpern<sup>1</sup>, Mrs. Lisa Dobkowski

<sup>1</sup>Counseling Service of Addison County, Middlebury, United States

Open Dialogue practices developed in Western Lapland Finland have received growing international attention as a result of their remarkable outcomes with early episode psychosis. In 2021 Open Dialogue was recognized by the World Health Organization as an exemplary Quality Rights practice. There are currently applications of these approaches under way in dozens of countries across Europe, Asia, and in North and South America. Randomized control studies have been completed in the UK, with the ODDESSI Project, and in another study in Germany, with publication of the results pending. 12 years ago 3 community mental health programs in Vermont began work on training and implementation of Open Dialogue and also began leading statewide efforts to broaden availability of these practices across the systems of care. This presentation will describe some of the successes and challenges with operationalizing practices that work from different assumptions from mainstream service models and funding structures. There will be descriptions of applications with different service populations and at all stages of treatment, and a discussion of notable implications regarding the systemic contexts of their practice, including addressing requirements that can be counterproductive, and pursuing the compelling possibility to organize services in ways that prioritize relational connectedness and contextually oriented collaborative and transparent care. The presentation will close with a discussion of the need for related paradigm change in our service models based on our experiences of Open Dialogue, input from service users, and from what has been highlighted with other human rights based practices.



## Suicide Safety Planning: A Systematic Review Supporting OT Research and Practice

Dr. Carrie Anne Marshall<sup>1</sup>, Ms. Pavlina Crowley<sup>2</sup>, Dave Carmichael<sup>2</sup>, Suliman Aryobi<sup>1</sup>, Rebecca Goldszmidt<sup>1</sup>, Roxanne Isard<sup>1</sup>, Corinna Easton<sup>1</sup>, Julia Holmes<sup>1</sup>, Dr. Carrie Anne Marshall, Susanne Murphy<sup>3</sup>

<sup>1</sup>Western University, London, Canada, <sup>2</sup>Providence Care Community Programs, Kingston, Canada,

<sup>3</sup>Queen's University, Kingston, Canada

Background: Suicide is a major global health issue, causing over 700,000 deaths annually. Health professionals play an important role in suicide prevention. This systematic review assesses the effectiveness of suicide safety planning interventions in mental health care.

### Purpose:

To understand the effectiveness of suicide safety planning interventions and their components on reducing suicide risk.

### Method:

We performed a systematic review of effectiveness studies, including quasi-experimental and randomized controlled trials, guided by Joanna Briggs Institute methodology and PRISMA guidelines. Title and abstract screening and full-text reviews were conducted using Covidence software. Included studies were critically appraised using the JBI critical appraisal checklist for randomized control trials and quasi-experimental studies. Findings were synthesized narratively, focusing on outcomes related to suicide ideation, suicide behavior, mental health symptoms, resilience, and service use.

### Results:

From 5897 titles, 22 studies were included. Interventions described in existing studies included standard and enhanced safety planning, electronically delivered interventions, and integrated safety planning with other approaches. The review found moderate to high-quality evidence supporting the effectiveness of safety planning, particularly in reducing suicide ideation and behaviours, with some studies also indicating the effectiveness of suicide safety planning for improving mental health symptoms, resilience, and service use.

### Conclusion:

Evidence suggests that suicide safety planning is effective for mitigating suicide risk, but more research is needed. Interventions incorporating meaningful activity in suicide safety planning processes may further enhance the effectiveness of these interventions and should be developed and evaluated in future research.

## Implementing Best Practices in Schizophrenia Care: A National Demonstration Project to Reduce Care Variability and Enhance Patient Outcomes

Mrs Uyen Ta<sup>1</sup>

<sup>1</sup>Mental Health Commission Of Canada, Ottawa, Canada

Schizophrenia is a chronic mental illness, affecting approximately 1 in 100 people aged 10+ in Canada, with over 147,500 using health services for the condition. Despite clinical advances, it takes 14-17 years for new evidence to influence routine practice.

To address this, the Mental Health Commission of Canada has partnered with Ontario Shores Centre for Mental Health Sciences to implement Ontario Health's Schizophrenia Quality Standards across four healthcare sites nationwide. These evidence-based standards aim to reduce care variability, improve patient outcomes, and integrate evidence-based practices.

Evaluation efforts employed a mixed-methods approach, combining quantitative data on patient participation in primary treatments based on the Standards, validated assessments, and provider experience surveys, and qualitative data on focus groups and patient/family surveys. The RE-AIM model guided the evaluation, focusing on successful implementation factors.

Mid-implementation results show 634 patients benefiting from all interventions, including long-acting injectable antipsychotics (99%), clozapine (96%), cognitive behavioral therapy (82%), and family intervention therapy (67%). All sites have developed measurement-based care processes, with 16 new workflows and four outcome indicators.

At the demonstration's conclusion, a national resource inventory will be available to enhance care delivery to help patients and families advocate for care and provide clear guidance to health care providers on effective treatment. Care plan development will involve individuals with lived experience and increase the number of physicians integrating evidence-based practices. The resource will increase care plan development with patients and integration of evidence-based practices in schizophrenia care, while fostering national awareness to reduce variability of care across Canada.

## Implementing Evidence-Based Psychiatric Rehabilitation Services in Rural Areas – Development and Testing of a Research Practice Collaboration

Assoc. Prof. Magnus Bergmark<sup>1</sup>, Professor Urban Markström<sup>1</sup>, Assoc. Prof. Docent Linda Richter Sundberg<sup>1</sup>, Assoc. Prof. Docent David Rosenberg<sup>1</sup>

<sup>1</sup>Umeå university, Umeå, Sweden

### Background

Rural communities face specific challenges when implementing evidence-based practices (EBPs) due to their size, remoteness from knowledge centers, and broad responsibility for the local population. Studies indicate that these challenges can negatively impact the development of best practice for individuals with serious mental illnesses.

### Purpose

The aim of this study was to investigate the utilization of an RPC (Research Practice Collaboration) initiative as a strategy for translation and implementation of psychiatric rehabilitation methods in rural municipalities.

### Method

With the starting point in form of a seminar where the updated National Psychiatry Guidelines were presented, four rural municipalities from the north of Sweden engaged in an RPC process, focusing on implementing specific recovery-oriented EBPs, including Individual Placement and Support and Shared Decision-Making.

### Results

In addition to confirming challenges in rural areas, the RPC process helped the participants to understand the relevance of these practices to their own conditions and ambitions for individuals experiencing mental health problems. The municipalities were able to build on their already existing strengths and achieve incremental steps towards providing improved services.

### Conclusions

The collaborative nature of the RPC structure, requiring locally relevant, tailored implementation strategies, while considering essential method components in relation to local conditions, led to increased readiness to implement these practices. Research practice collaborations may contribute to the implementation of methods based on best practice in rural areas by increasing their accessibility and relevance in these challenging conditions.

## Implementing, sustaining and evaluating an enhanced Individual Placement and Support program for people with persistent and multiple barriers to employment embedded within primary healthcare settings in British Columbia, Canada

Miss Madelyn Whyte<sup>1</sup>, Padmini Thakore<sup>1</sup>, Amanda Kwan<sup>1</sup>, Jonathan Morris<sup>2</sup>, Skye Barbic<sup>1</sup>, Miss Stephany Berinstein, Mrs. Amanda Kwan

<sup>1</sup>University of British Columbia, Vancouver, Canada, <sup>2</sup>Canadian Mental Health Association, , Canada

### Background:

People with persistent and multiple barriers (PPMB) – such as severe mental illness, substance use challenges, and housing or food insecurity – encounter a disproportionate array of intersectional barriers to employment. To support these individuals with their employment/education goals, an enhanced individual placement and support (IPS) program embedded within primary healthcare settings called Links to Employment (LINKS) was developed and implemented over two phases from 2020-2024 in four communities across British Columbia (BC).

### Purpose

(1) To develop and implement an enhanced IPS program for PPMB.

(2) To evaluate the impact of LINKS on program clients.

### Methods

Phase one involved implementing IPS in two communities and developing the enhanced IPS model through strategic engagement and research with the community. Phase two involved implementing the enhanced IPS model and expanding into two new communities. LINKS has a robust evaluation plan involving longitudinal surveys and qualitative interviews. Statistical analyses and thematic analyses will be conducted.

### Results

Phase one findings across two sites (Vancouver and Nanaimo) demonstrated that 37% of clients obtained an employment outcome within 12 months in the program. Clients experienced decreased levels of depression and anxiety over the year. Preliminary phase two findings will be shared. Study recruitment is ongoing with 61 program clients enrolled.

### Conclusion

People with persistent and multiple barriers to employment experience complex challenges in obtaining and sustaining employment. IPS programs integrated within health services that are tailored to community and individual needs are imperative to address these barriers to support their health and employment goals.

## Building a path towards patient-centered program success: Community perspectives on indicators of program success for an Individual Placement and Support program for people with persistent and multiple barriers to employment in British Columbia, Canada

Miss Padmini Thakore, Miss Madelyn Whyte, Amanda Kwan<sup>1</sup>, Stephany Berinstein<sup>2</sup>, Jonathan Morris<sup>2</sup>, Skye Barbic<sup>1</sup>, Ms. Daisy Salton

<sup>1</sup>The University of British Columbia, Vancouver, Canada, <sup>2</sup>Canadian Mental Health Association, Vancouver, Canada

### Background:

People with persistent multiple barriers (PPMB) face disproportionate barriers to employment. Links to Employment (LINKS), an enhanced individual placement and support program embedded within primary care was developed to provide collaborative care while reconnecting PPMB to employment. Initial study findings suggest outcomes beyond being gainfully employed are important measures of program success.

### Purpose:

To identify the outcomes that are considered important indicators of success by both program participants and service providers in the LINKS program.

### Methods:

A Delphi method of consensus development was used, comprising three surveys. The initial survey comprised an open-ended question followed by two rounds of ranking surveys on a 5-point Likert scale. A series of community discussions were conducted with program participants (n=11) and service providers (n=10) through focused group discussions (n=4). Data was analyzed descriptively and using reflexive thematic analysis.

### Results:

A total of 23 outcomes out of 72 reached consensus that were categorized into four broad categories: Pre-employment, employment, mental health, and quality of life related outcomes. Four themes were identified from the community discussion: 1) Interdependence of employment, mental health, and quality of life related outcomes, 2) "Time isn't funding's friend", 3) Program impact is limited by external systemic, community, and individual barriers, and 4) "More than just an employment outcome".

### Conclusion:

Collaborating with community members to evaluate outcomes beyond employment captured the broader impacts of the LINKS program on participants' lives. Systemic barriers limit the program's impact, addressing these through co-designed solutions alongside program efforts would enable greater support for participants.

## Positively Happier: Results from a New Psychiatric Rehabilitation & Positive Psychology Intervention

Assoc. Prof. Michelle Zechner<sup>1</sup>, Professor Ken Gill<sup>1</sup>

<sup>1</sup>Rutgers University, Piscataway , United States

### Background:

Positive psychology is the study of improving happiness and well-being and has been used extensively in the general population. It has been under-studied among people with mental health conditions, yet offers promise to improve recovery and promote happiness for people with mental health conditions.

### Purpose:

This presentation will describe and provide preliminary findings of a new positive psychology and psychiatric rehabilitation intervention developed at Rutgers University (Positively Happier) that will be publicly available.

### Method:

Outpatient mental health program staff from several mental health agencies in the United States (New Jersey, Pennsylvania and New York) used the 15-session manual as part of treatment as usual within services for people diagnosed with severe mental health conditions in group or individual settings. A pre-test/post-test design explored changes using Measures of happiness, engagement and symptoms Self-report surveys were collected at baseline, following the intervention and at 15 weeks post-intervention to measure changes. Interviews with participants explored perceptions about the intervention.

### Results:

A pilot study is currently collecting data. Preliminary findings will be shared at the conference.

Conclusion(s): Positive psychology interventions combined with psychiatric rehabilitation strategies can increase well-being and happiness for people with mental health conditions.

## Using an EDI Questionnaire in a Study Involving Equity-Deserving Groups: Methodological and Practical Considerations

Asst. Prof. Myra Piat<sup>1,2</sup>, Ian D Graham<sup>6</sup>, Falisha Karpati<sup>7</sup>, Eleni Sofouli<sup>1,2</sup>, Megan Wainwright<sup>3</sup>, Marie-Pier Rivest<sup>4</sup>, Hélène Albert<sup>4</sup>, Sevil Amina<sup>2</sup>, Anita Makokis<sup>5</sup>, Karen Minde<sup>5</sup>

<sup>1</sup>McGill University, Montreal, Canada, <sup>2</sup>Douglas Mental Health University Institute, Montreal, Canada, <sup>3</sup>Durham University, Durham, UK, <sup>4</sup>Université de Moncton, Moncton, Canada, <sup>5</sup>Samson Community Wellness, Maskwacis, Canada, <sup>6</sup>University of Ottawa, Ottawa, Canada, <sup>7</sup>Consultant, Montreal, Canada

### Background

There have been calls to blend equity-oriented approaches and implementation science in efforts to get evidence into practice. One equity-oriented approach we integrated into our implementation science study on adapting a toolkit, was an equity, diversity and inclusion socio-demographic questionnaire (EDI Questionnaire).

### Purpose

Reflect on our experience of developing and using a novel EDI Questionnaire within an implementation study.

### Method

The EDI Questionnaire was developed with input from an EDI consultant and partners from six participating organisations serving marginalized communities ( women experiencing homelessness, Indigenous communities, victims of violence, and 2SLGBTQ+, immigrant and racialized communities). Sixty four participants completed the EDI questionnaire. We analysed rate of completion, and the frequency of selecting “prefer not to answer”, “self-define” or “other”. We explored researchers’ experiences administering it and their perception of participants’ reaction to it, during a focus group.

### Results

Many participants were unfamiliar with some of the options under each question, but they found the “answer” that they identified with. Apparent comfort with completing it varied by site in interesting ways, particularly around gender and sexuality. Putting the “prefer not to answer” option first in the list was important for creating a safer space.

### Conclusion(s)

As researchers, we need to recruit for diversity in our studies, but also to not overlook diversity when it is there. Our usual demographic tools do not reflect the diversity that exists. Our EDI questionnaire helped those who wished to share their intersecting identities to do so.

## Co-designing best practice guidelines for the engagement of people with lived experience in mental health and substance use research: A modified Delphi consensus study

Dr. Lisa Hawke<sup>1</sup>, Ms Hajar Seiyad<sup>1</sup>, Mr. Adam Jordan<sup>1</sup>, Mr. Joshua Orson<sup>1</sup>, Ms. Susan Conway<sup>1</sup>, Ms Wuraola Dada-Phillips

<sup>1</sup>Centre for Addiction and Mental Health, Toronto, Canada

### Background.

People with lived experience and family members (PWLE) are increasingly engaged in the conduct of mental health and substance use research, in roles such as advisors, partners, or co-researchers. By working with these important project partners, researchers can improve the quality and relevance of their work, while also democratizing the research process. However, PWLE engagement can be complex and systematic best practice guidelines must be developed and followed.

### Purpose.

This project aimed to co-develop best practice guidelines to support the meaningful engagement of PWLE in mental health and substance use research.

### Method.

We conducted a three-round modified Delphi consensus study among 61 experts in engagement, i.e., PWLE and researchers conducting engaged mental health and substance use research across Canada. Participants were asked to score 56 best practice statements for importance and clarity. The project was conducted with PWLE engagement at all stages of design and implementation.

### Results.

After three rounds of Delphi consultation, the 56 best practice statements were reduced to a final set of 44 reworded, lay-friendly final guidelines. The guidelines include statements regarding initial reflections and underlying values, planning to engage PWLE, onboarding PWLE, working with PWLE, and evaluating and reporting on PWLE engagement. The final best practice guidelines will be described and provided to attendees.

### Conclusions.

A set of co-designed best practice guidelines can serve to guide researchers and mitigate challenges in conducting PWLE engagement authentically in the mental health and substance use sector.



## Developing recovery-oriented services for young adults with mental health problems – Integrating supported education in IPS services

Assoc. Prof. Helene Hillborg<sup>1,2</sup>, Assoc. prof. Veronica Lövgren<sup>1</sup>, Prof Ulrika Bejerholm<sup>3</sup>, Assoc. Prof. David Rosenberg<sup>1</sup>

<sup>1</sup>Umeå University, Umeå, Sweden, <sup>2</sup>Mid Sweden University, Sundsvall, Sweden, <sup>3</sup>Lund University, Lund, Sweden

### Background

Supported Education (SEd) provides individualized support to young adults with mental health challenges, helping them to achieve their educational goals. The Individual Placement and Support (IPS) model has emerged as an effective framework for delivering SEd. However, the specific components and characteristics of educational support within these employment-oriented services remain underexplored.

### Purpose

Building on prior research, we developed a preliminary SEd model aligned with the IPS framework. This model incorporated the eight foundational principles of IPS, adapted to include educational support components, along with two additional principles identified in earlier research. The study aimed to evaluate the feasibility of applying these adapted principles in established IPS programs that provide both employment and education services.

### Method

The study employed an organizational learning approach, involving five IPS programs supporting young adults with mental health issues in employment and education. Data were gathered through focus groups, interviews, and workshops with 19 IPS specialists.

### Results

Findings indicate that the IPS principles offer a viable and effective framework for developing integrated services. However, adaptations addressing the educational context were deemed beneficial for supporting young adults in achieving their career-related objectives.

### Conclusions

Respondents highlighted that the SEd principles and their emphasis on educational support enhanced their knowledge and strategies. While challenging, integrating SEd into IPS models holds significant promise for helping young adults pursue long-term career goals.

## A new organizational user- centered model to prevent and treat the psychiatric disorders in adolescences

Dr. Paola Carozza<sup>1</sup>

<sup>1</sup>Mental Health Department of Ferrara (Italy), Ferrara, Italy

In the mental health field between the ages of 15 and 25 most mental disorders arise in life. Now the European survey unit shows the difficulties for many young people at the time of the transition from minor to majority. In the 28 European countries, which this survey has carefully evaluated, between 1.5 and 3 percent of children and adolescents are in contact with specific mental health centers (G. De Girolamo, 2018).

Moreover, the studies on early psychosis and the spread of early intervention are undermining the traditional theoretical model and organization of mental health services, more structured on crisis interventions and symptoms' stabilization, less focused to prevent the risk factors and the progression of the illness. The limits of current mental health service system mainly relate to organization services efficacy (the "transition" from Children and Adolescents Mental Health Services and Adult Mental Health Services can be defined as a very problematic process everywhere), to staff professional competence and to the care approach, usually "mono-dimensional" and "disintegrated".

This paper describes how the Mental Health Department of Ferrara has addressed these problems through the adoption of an organizational model that integrates the different component of the Department and the various health and social services involved in the early intervention, called "Integrated Person - Centered Program for Mental Health Disorders in Adolescence". A services system's change has been carried out, adopting an holistic approach, with the purpose to increase the integration and cooperation between different services and agencies.

“I feel, I found my identity again, I'm part of society again, I'm working like other people. I feel I have character-no, I have identity”: Experiences of People with Persistent Multiple Barriers in an Individual Placement and Support program embedded within primary care in British Columbia, Canada

Miss Padmini Thakore<sup>1</sup>, Amanda Kwan<sup>1</sup>, Stephany Berinstein<sup>2</sup>, Mr. David Fleming, Jonathan Morris<sup>2</sup>, Dr. Skye Barbic<sup>1</sup>

<sup>1</sup>The University of British Columbia, Vancouver, Canada, <sup>2</sup>Canadian Mental Health Association, Vancouver, Canada

#### Background:

People with persistent and multiple barriers (PPMB) have a history of health and social challenges and experience inequitable barriers to employment. To support PPMB, Links to Employment program (Links), a novel individual placement and support program embedded within primary care was developed, offering integrated healthcare services while reconnecting PPMB to employment. The long-term experiences of PPMB accessing the Links program have not been studied.

#### Purpose:

To understand the long-term experiences and types of support needed for PPMB accessing the Links program in British Columbia, Canada.

#### Method:

Interviews (n=20) were conducted with Links clients 24 months post program enrollment. Reflexive thematic analysis was performed.

#### Results:

Overall, two themes and two sub-themes within each theme were identified from the interviews: 1) “They’re an advocate, they’re a job counsellor, they’re a therapist, they’re there for me”: An adaptive, person-centered supported employment program; a) Long-term integrated support is critical to sustaining employment amid ever changing barriers; b) Navigating ongoing systemic gender and age discrimination in the workplace and job market; 2) Disability can be isolating but Links provides key connections; a) Links program filling in the gaps of the healthcare system; b) Building meaningful social connections with peers.

#### Conclusion:

Though long-standing systemic barriers to employment persist and frequently fluctuate over time, the Links program’s flexibility and pathways for connectivity have been essential for supporting PPMB in their employment journeys. Systems level change with steady access to the Links program will enable PPMB to attain and sustain their employment while achieving their health-related goals.

## Barriers and Facilitators to Employment in Individuals with Psychosis: A Qualitative Study from a Community Mental Health Programme in Singapore

Ms. Lee Wei Xuan Wei Xuan Lee, Ms Clara Yeo

<sup>1</sup>Singapore Association for Mental Health, , Singapore

### Introduction

Employment is crucial for survival and fulfilling bio-socio-cultural needs. For individuals with psychiatric conditions, employment aids recovery by promoting positive self-concepts and independence. Locally, individuals with psychosis are associated with unemployment and socioeconomic disadvantages.

### Objective

Given Singapore Association for Mental Health (SAMH)'s involvement in vocational rehabilitation, the current study aimed to explore and understand the barriers and facilitators towards employment, as perceived by individuals with psychosis.

### Method

A total of 39 potential participants, diagnosed with psychotic disorders and exhibiting employment concerns, were identified from SAMH's clientele. Twelve participants were randomly selected. A thematic qualitative analysis of their case notes was conducted.

### Results

Four categories emerged to reflect employment barriers: (1) condition factors (e.g., debilitating symptoms, medically deemed unfit for work, medication side effects, and non-compliance to medication), (2) social factors (e.g., societal stigma, societal expectations, and self-stigma), (3) workplace factors (e.g., work-related stress, communication issues, unfair work practices, job demands, and travel distance), and (4) individual factors (e.g., lack of confidence, lack of motivation, lack of finances, and fatigue).

Four categories emerged to reflect employment facilitators: (1) social support (e.g., supportive colleagues, supportive superiors, and informal support), (2) individual factors (e.g., passion for job, motivation, and confidence building), (3) symptom improvement, and (4) formal rehabilitation efforts (e.g., occupational therapy and job coaching).

### Conclusions

The findings are aligned with past literature and offers guidance to community workers in addressing specific barriers and facilitators at pre-employment phase. Addressing these barriers early is crucial, as they may persist during employment if unaddressed.

## Financial wellness and mental health: A scoping review

Dr. Elaine Greidanus<sup>1</sup>, Hosein Sarami<sup>2</sup>, Greg Harris<sup>3</sup>

<sup>1</sup>Concordia University of Edmonton, Edmonton, Canada, <sup>2</sup>Memorial University of Newfoundland, St. John's, Canada, <sup>3</sup>Memorial University of Newfoundland, St. John's, Canada

### Background

Wellness is often conceptualized including a number of dimensions often including mental, physical, spiritual, intellectual, occupational, and social, overlooking the importance of financial wellness in achieving holistic health. Financial wellness is a holistic concept encompassing your relationship with money, encompassing financial literacy, income management, debt reduction, and the ability to meet both short-term and long-term financial goals, ultimately leading to a sense of financial security and stability. People with mental health conditions experience unique challenges with financial wellness that impact their ability to participate fully in society, to reach their optimal level of functioning in the community.

### Purpose

Despite the impact of financial wellness on all aspects of wellness, little is known regarding the role that financial wellness and financial counselling play in psychosocial rehabilitation. This study addresses the question: What links have been found between mental health disorders and financial wellness?

### Method

This study follows the scoping review methodology following Arksey and O'Malley's (2005) five-stage process for a scoping review of the literature.

### Results

This presentation focuses on the results of a scoping review completed in 2025 and summarizes the current literature regarding financial wellness conceptualizations, considerations, and interventions for people with mental health conditions.

### Conclusions

Financial stress and mental health have a complex relationship. While financial stress impacts mental health, the presence of mental health disorder also influences one's ability to maintain financial wellness. Financial wellness is an under considered aspect of mental health treatment and addressing financial wellness is an important aspect of rehabilitation.

## Why thinking of job at the time of adolescence: the challenge to support young people with psychopathological disorder finding your way in life. The Individual Placement Support (IPS) for Young People-Experience in Italy

Dr. Antonella Mastrocola<sup>1</sup>, Dr Stefano Costa<sup>2</sup>, Dr Valentina Roncaglia<sup>3</sup>

<sup>1</sup>Mental Health Department, Ravenna, AUSL Romagna Italy, Ravenna, Italia, <sup>2</sup>Developmental Psychiatry and Psychotherapy Operational Unit, Mental Health Department AUSL Bologna, Bologna, Italy, <sup>3</sup>IPS Young Expert, Ravenna, Bologna, Italia

### 1. Background

Education is the foundation of a career, but many people with mental illness drop out due to the onset of illness in adolescence or early adulthood. Increased educational attainment has been shown to be predictive of future employment and higher income, allowing for greater economic and social participation. At the same time it is well established that adolescence who are not in education, employment and training are at risk of falling in the cycle of disability and psychiatric patient roles that are demeaning and demoralizing. To promote recovery and support adolescence and young people finding their way in life need mental health services whose aim is to provide high-quality treatment to maintain or avoid the loss of functional roles.

### 2. Purpose

IPS is an Evidence Based approach that has a proven track record of efficacy in helping people with mental illness return to employment. The IPS Young is an evolution that combines educational and vocational support. Aim of this presentation is to show the effectiveness of this approach in adolescents aged 14-25 in two Italian services

### 3. Method

We will report the experience and analysis carried out on a group of adolescents enrolled in the IPS Young programme from 2021 to 2023

### 4. Results

We have found results

Quantities : improvement of social functioning

Qualitative: greater awareness of their life project and optimism for their future goals

### 5. Conclusion(s)

The IPS Young methodology is applicable to adolescents and young people with severe mental illness in ordinary practice.

### Building meaning in addiction treatment: The role of values in supporting marginalized individuals experiencing addiction

Dr. Thea Comeau<sup>1</sup>, Ms. Tarleen Dhanoa, Mr. Robert Tate, Dr. Zdravko Marjanovic, Ms. Jessica Nickerson, Mr. Thomas Loreman, Mr. Ajay Mangat

<sup>1</sup>Concordia University of Edmonton, Edmonton, Canada

Addiction is a widespread and complex issue, impacting diverse groups, often achieving sobriety through cycles of recovery and relapse. Marginalized individuals are at increased risk for addiction and overdose, and have reduced access to treatment. Further, marginalized groups may not have equal access to building meaning in life (MIL). Hence, it is important to develop addiction treatments that are both inclusive and effective. One factor that may contribute to effective treatment is the clarification and enactment of personal values. The goal of this study was to understand the role values play in addiction treatment, and to conceptualize how values may contribute to treatment of addictions for marginalized groups. Eight addiction care providers participated in a semi-structured interviews exploring the role of values in addiction treatment. Interviews were transcribed and analyzed by the researchers using Reflexive Thematic Analysis. Seven themes arose from this analysis: both self-enhancement and self-transcendent values are important in supporting recovery; having a values driven purpose supports sobriety; pursuing recovery can change your values; redefining your identity as a whole person is essential to recovery; values are influenced by context; values processes are more important than values content; and values guide recovery. This study suggests that building values-based MIL after addiction, is a key element of achieving recovery. This may highlight one reason why marginalized groups are underserved in addiction treatment, as MIL is less available to marginalized individuals. Future research should incorporate values in addiction treatment to support development of MIL for all individuals seeking recovery.

## Beyond Blame: Exploring Oral Health & Strategies to Improve Oral Health Experiences

Assoc. Prof. Michelle Zechner<sup>1</sup>

<sup>1</sup>Rutgers University, Piscataway, NJ , United States

### Background:

People with mental health conditions often face dental problems, impacting their quality of life and health. They frequently encounter barriers to accessing dental care and dental providers who are underprepared to work with them.

### Purpose:

This presentation aims to describe an inter-professional study to gather peer-informed recommendations for creating positive oral health experiences, as well as to develop Guidelines for Positive Oral Health Experiences. These Guidelines will be used to create materials for peers and a micro-credential for oral health professionals.

### Method:

People with mental health conditions were recruited from across the U.S. to participate in a mixed-methods cross-sectional study. Initially, survey data on demographics and oral health quality of life were collected (n=212). From this group, 24 participants were selected for interviews aimed at identifying recommendations for enhancing positive oral health experiences.

### Results:

Oral health quality of life was predicted by employment status, the number of financial barriers, dry mouth and access to dental services ( $r^2=.23$ ,  $F(2, 187) = 14.54$ ,  $p < .01$ ). Qualitative analysis and guideline development are underway, and findings will be shared. Preliminary findings suggest that communication, relationship-building and understanding the inter-relationship of oral and emotional health are critical to creating positive experiences.

### Conclusion(s):

Oral health quality of life is an important indicator of a person's health and functioning, which is influenced by employment and finances. Peer-informed Guidelines for Positive Oral Health Experiences may help to improve oral health quality of life and oral health experiences, and reduce barriers to care.



## Working With Quick-acting Antidepressants, Psychedelics, and the Weight Loss Drugs being Used for Multiple Indications

### Working With Quick-acting Antidepressants, Psychedelics, and the Weight Loss Drugs being Used for Multiple Indications Zebulon Taintor

<sup>1</sup>NYU School of Medicine, New York, United States

Background: We in mental health have been accustomed drugs that deal with serotonin , dopamine and catecholamines. But now there are medications acting on different receptors that produce markedly different effects:

NMDA blocking: Ketamine, approved for anesthesia in 1970, later used by veterinarians and sensation seekers (the “K-hole”), first blocks NMDA receptors but ultimately leads through various circuits to increased glutamate transmission in other parts of the brain, producing rapid antidepressant effects. Activating the AMPA receptor down the chain of action results in brain-derived neurotrophic factor (BDNF) secretion, promoting synaptic rescue and revival and neurogenesis.

psychedelics: The FDA granted “breakthrough therapy” status to two preparations of psilocybin for depression studies, which have been very positive and will probably result in an approval. The FDA did not approve MDMA (ecstasy) for PTSD, so we are more likely to encounter psychedelic use from our patients getting something on the recreational drug market.

GLP-1 & receptor agonists: tirzapatide, liraglutide and semaglutide (marketed variously as Zepbound, Mounjaro, Ozempic, Wegovy, Reelsus, Victoza, Saxena) for diabetes/obesity treatment are used for coronary artery disease, sleep apnea, high cholesterol, reducing inflammation, and addictions.

Purpose: to help psychiatric rehabilitation workers to deal with the use of these new medications

Method: Oral presentation, handout, general discussion

Results: There are more than 2500 ketamine infusion clinics in the USA. Psychedelic use and research are increasing. The GLP-1 medicine market is valued at USD 49.3 billion in 2024.

Conclusions: Rehabilitation practices will be strongly affected by the use of these game-changing medicines.

## “It Was Really Helpful for Me, and at the Same Time It Was Really Tough”. Evidence From a Qualitative and a Quantitative Study on Peer Refugee Helpers in Greece

Dr. Michalis Lavdas<sup>1</sup>, Prof. Gro Mjeldheim Sandal<sup>1</sup>, Prof. Synnøve Bendixsen<sup>2</sup>, Prof. Tormod Bøe<sup>1</sup>

<sup>1</sup>Department of Psychosocial Science, Faculty of Psychology, University of Bergen, Bergen, Norway,

<sup>2</sup>Department of Social Anthropology, Faculty of Social Sciences, University of Bergen, Bergen, Norway

Peer Refugee Helpers (PRHs) are aid workers, often without specialized training, formally affiliated with humanitarian organizations. They play a vital role in providing mental health and psychosocial support to their peers. However, limited research has focused on the mental health of PRHs themselves. This presentation explores two studies we conducted—one qualitative and one quantitative—examining the PRH role in the humanitarian field and its impact on the PRH mental health.

The first study involved seven focus group interviews with Afghan-origin PRHs (N=18), identifying both benefits and challenges of their role. PRHs reported positive effects reflected in Sense of Coherence dimensions (manageability, comprehensibility, and meaningfulness) and challenging experiences through role overload, role conflict, and role boundaries. Gender differences influenced these experiences significantly.

In the second cross-sectional study (N=248), we compared PRHs and non-helpers among refugees and asylum seekers in Greece, originating from Afghanistan, Iran and Syria. While no significant differences in anxiety and depression levels were found between PRHs and non-helpers, within the PRH group, paid workers with a high Sense of Coherence reported significantly lower anxiety and depression symptoms.

These findings highlight the crucial role of PRHs in humanitarian efforts and underscore the need for appropriate support measures, including training, supervision, and formalization of roles. Providing adequate compensation and implementing scalable psychological interventions may help protect PRHs' mental health and provide structured work experience. It is urgent to further address gender-based violence among women PRHs through policies and practices at organizational and institutional level.

## The Psychological Burden of Displacement: Impact of Psychotrauma and PTSD on the Health-Related Quality of Life of Internally Displaced Persons in the Middle-Belt Region of Nigeria

Mr. Olusola Ayandele<sup>1,2</sup>, Dr Abel Obosi<sup>2</sup>, Mr Lubem Iorker<sup>2,3</sup>

<sup>1</sup>The Polytechnic Ibadan, Ibadan, Nigeria, <sup>2</sup>University of Ibadan, Ibadan, Nigeria, <sup>3</sup>Ecumenical Centre for Justice and Peace, Makurdi, Nigeria

Internally displaced persons (IDPs) often face severe challenges that impact their health-related quality of life (HRQoL).

This study investigates the impact of psychotrauma and symptoms of post-traumatic stress disorder (PTSD) on the HRQoL of IDPs.

A cross-sectional survey design was used to collect data from 387 conveniently selected IDPs in the Abagena IDP camp, Benue State, Nigeria. The sample consisted majorly of married (73.1%), female (52.5%) individuals aged between 19 and 75 ( $x=33.33+10.5$ ) years that had been living in the IDP camp for over 6 years (51.9%). Psychotrauma, traumatic events that could potentially leave the victim psychologically scarred, was measured using the 22 item Global Psychotrauma Screen (GPS), while the 9 item National Stressful Events Survey PTSD Short Scale was used to assess the severity of PTSD symptoms and the 12 item Short-Form Health Survey (SF-12) measured their HRQoL. Pearson Product Moment Correlation and Multiple Regression were the statistical data analyses techniques adopted at  $p \leq 0.05$ .

IDPs who have spent longer years in the camp reported higher levels of psychotrauma and PTSD symptom, and scored relatively poor on HRQoL. This implies that, as duration of stay in IDP camp ( $r=.247$ ), psychotrauma ( $r=-.247$ ) and symptoms of PTSD ( $r=-.194$ ) increase, the HRQoL of the participant decreases, and the reverse is also true. The findings also indicate that psychotrauma and symptoms of PTSD significantly jointly and independently reduce HRQoL among IDPs.

The research highlights the importance of addressing mental health challenges faced by displaced populations and suggests interventions to reduce trauma-related conditions.

## Children's Human Rights: Violations and Challenges in Chile

Mrs Solange De Vidts<sup>1,2,3</sup>

<sup>1</sup>WAPR, Santiago, Chile, <sup>2</sup>Network of Lawyers for Childhood , , Chile, <sup>3</sup>Family Lawyers Association , , Chile

The UN Convention on the Rights of the Child changed the paradigm, making children subjects of the law, instead of objects acted upon the law. This change of paradigm has been a tremendous challenge. Chile has made efforts to meet the standards of the CRC.

Nevertheless, we have a serious problem of child abuse, mostly perpetrated against children by their caregivers.

In 2024, UNICEF pointed out that violence against children and adolescents by their primary caregivers has increased, going from 35% in 2017 to 39% in 2023. There is also a greater increase in psychological violence, going from 28% in 2017 to 35% in 2023.

In 2022, there were 39,933 reports of crimes involving child sexual abuse. Only 0.92% of the reports resulted in convictions. Many victims are retraumatized by the judicial system.

Sadly, the institutions created to provide justice for the victims and mental health care are not complying with the CRC standards.

The strengths and weaknesses of these laws and institutions will be analyzed in detail.

Chile needs to raise investment and implement public policies and substantial legislative changes to protect Children's rights, prevent child abuse and, when it occurs, to provide adequate treatment to reduce the impact of the trauma that abuse causes in children.

The purpose of this presentation is not only to highlight the serious problem of child abuse in Chile, but also to propose the legislative changes necessary to address this problem, which could be a useful contribution to other countries.

## Mental Health Structural Stigma in Health Care: A Novel eLearning Course

Karina Urdaneta, Ms. Jennifer Jeffery, Miss Hannah Kohler<sup>1</sup>, Ms. Anita David

<sup>1</sup>Mental Health Commission of Canada, Ottawa, Canada

Mental health and substance use-related stigma harms patients and impairs equity. Despite some advances in anti-stigma training, existing approaches tend to focus on raising awareness of interpersonal forms of stigma. Shifting the focus of anti-stigma training to target systemic forms of stigma which are structurally embedded and perpetuated through policies and practices within health care may advance anti-stigma training towards sustainable improvements in knowledge, skills, and structural change. The Mental Health Commission of Canada designed, piloted, implemented, and evaluated an eLearning course on dismantling structural stigma.

The Mental Health Structural Stigma eLearning Course was developed based on a literature review, needs assessment, a co-design process involving diverse partners, and a pilot testing phase. The course focuses on knowledge-building and personal reflection using a transformative learning evaluation framework. Learners engage in reflection and evidence-informed approaches to build skills to identify and dismantle structural stigma in health-care contexts.

528 learners completed pre-and post-course evaluations. 98% agreed that the course met the stated learning objectives, 96% agreed that the course was organized in a manner that helped them understand underlying concepts and would recommend the course to their colleagues. 95% felt the course raised their understanding about the topic and gave concrete actions and examples to dismantle structural stigma. 91% felt the course was relevant to their work.

The Mental Health Structural Stigma eLearning course can support transformative change to enable the delivery of more equitable and safe health care for people with lived and living experience of mental health concerns or illnesses.

## WAPR: Where We've Been and Where Might We Go?

Prof. Alberto Fergusson, Dr. Zebulon Taintor<sup>1</sup>

<sup>1</sup>NYU School of Medicine, New York, United States

### Background:

WAPR will celebrate its 40th birthday in 2026. There have been 14 previous World Congresses, many regional meetings and more national meetings, collaborating centers and projects. Although there are many international organizations related to mental health, WAPR focused on psychiatric rehabilitation for people with serious mental illness. WAPR has chosen to be open to individual and national association memberships, users, professionals, etc. Payment of dues is necessary for voting in the Assembly held every three years at a World Congress.

### Purpose:

an open discussion of WAPR's history, present state, and possible future directions

### Method:

Workshop style: general discussion after brief opening statements from the presenters and other WAPR leaders who turn up.

### Results:

to be determined. We hope for new ideas and innovations:

### Conclusions:

## A Psychosocial Intervention Using Digital Storytelling for People With Endometriosis: Co-creating Stories Based on Lived Experiences

Mrs Anna Leonova<sup>1,2</sup>, Dr. Amanda Fuchsia Howard<sup>1,2</sup>, Heather Noga<sup>2</sup>, Kerry Marshall<sup>1</sup>, Sarah Wong<sup>1</sup>, Olivia Gagnon<sup>1</sup>, Parveen Gill<sup>1</sup>, Jessica Sutherland<sup>3</sup>, Erin Fernie<sup>3</sup>, Dr. Natasha Orr<sup>1,2</sup>, Dr. John Oliffe<sup>1</sup>, Holly Yager<sup>2</sup>, Dr. Leanne Currie<sup>1</sup>, Dr. Margaret Carlyle<sup>1</sup>, Dr. Caroline Pukall<sup>4</sup>, Dr. Philippa Bridge-Cook<sup>5</sup>, Dr. Catherine Allaire<sup>1</sup>, Dr. Paul Yong<sup>1,2</sup>

<sup>1</sup>University of British Columbia, , Canada, <sup>2</sup>Women's Heather Research Institute, , Canada, <sup>3</sup>Patient Research Advisory Board, Endometriosis and Pelvic Pain Lab, , Canada, <sup>4</sup>Queen's University, , Canada, <sup>5</sup>The Endometriosis Network Canada, , Canada

### Background

Living with endometriosis – a disease without a cure –often can be socially isolating and acutely distressing. In the absence of a supportive community, many individuals suffer alone and in silence.

### Purpose

To describe the impact of a collaborative online Digital Storytelling (DST) workshop on building a safe and therapeutic environment for people with endometriosis.

### Method

Virtual DST workshops were completed by 40 English-speaking people with endometriosis of diverse backgrounds and experiences across Canada. Throughout the 7-week workshop, participants engaged in group discussions, each co-creating a 2-5-minute video about their endometriosis-associated experiences. Data were collected through 1) researchers' workshop observations, 2) participants' psychosocial pre- and post-workshop questionnaires, 3) participants' reflective journals, and 4) 1:1 semi-structured interviews. We completed quantitative data distributions and thematic qualitative data analyses.

### Results

Participants' commentaries suggested they found the DST workshop therapeutic due to facilitated emotional processing and established supportive social connections. All participants shared how cathartic the experience of being validated and understood by peers was, especially if they did not have other people with endometriosis in their lives. Feeling empowered and connected to others was commonly described by participants of different ages, ethnicities, genders, sexual orientations, and endometriosis stages. Themes of endometriosis-associated identity erosion, intergenerational impact, and interactions with healthcare commonly surfaced in participants' narratives and stories.

### Conclusion

All participants reflected on the DST's therapeutic potential, commonly attributing it to the validation and connectedness they experienced throughout the workshop. These DST benefits may inform future evaluations and clinical interventions for those experiencing endometriosis.

## Canadian Women Veterans With Experience Of Homelessness: Exploring The Current Issues and How To Address Them

Dr. Cheryl Forchuk<sup>1,2</sup>

<sup>1</sup>Lawson Research Institute, London, Canada, <sup>2</sup>Western University, London, Canada

### Background

There is a significant lack of research on Women Canadian Armed Forces and RCMP Veterans experiencing homelessness. Conservative estimates suggest there are 2,400 Canadian Veterans experiencing homelessness with 30% identifying as women. A systematic review revealed only 52 studies on Women Veteran homelessness, but all were conducted in the United States.

### Purpose

This national study is addressing knowledge gaps and developing new service guidelines for Women Veterans in Canada.

### Method

Up to 160 participants are taking part in individual mixed-method interviews. The qualitative component is gathering data regarding lived experiences from Women Veterans currently or previously experiencing homelessness. Quantitative data includes demographics, housing history, quality of life and services accessed.

### Results

Interviews are currently underway. The study has enrolled participants from seven provinces in Canada. Three Veterans have identified as Trans-Women and three have identified as 2SLGBTQIA+. The mean age is 50 years old. Early qualitative analyses have uncovered issues including a lack of awareness of housing services for Veterans, a lack of awareness of how a “Veteran” is defined, and psychological issues including trauma that affect Veterans post-service. Current transitional housing is male dominated which is not always appropriate.

### Conclusion

This study will contribute a significant increase in advocacy for Women Veterans experiencing homelessness in Canada. Gender-specific models will be developed for Women Veterans. Policy at Federal, Provincial and Municipal level will be addressed and updated to facilitate new supports. The analyses and implications generated from this study will help lay the foundations for future Canadian Veteran research.



## Best Practices in Trauma Healing Working with Refugees: An Intersectional Approach to Art-Based Therapy, Psychosomatic Movements, and Human Rights-Centered Mental Health Services

Mr. Basir Bitar<sup>1</sup>

<sup>1</sup>Vancouver Association for Survivors of Torture, Vancouver, Canada

### Background:

Immigrant and refugee populations often experience profound trauma stemming from violence, displacement, and systemic oppression. Conventional therapeutic approaches frequently overlook the unique, intersecting identities of these individuals, including race, gender, culture, and socioeconomic status. To foster effective trauma recovery, mental health services must integrate an intersectionality framework and center human rights while utilizing innovative therapeutic methods.

### Purpose:

This presentation/study explores the implementation of art-based therapy, psychosomatic movement practices, and the lived experiences of immigrant and refugee survivors as transformative tools for mental health services. The purpose is to demonstrate how these approaches promote healing, build resilience, and empower this population while advancing human rights-centered practices in trauma-informed care.

### Method:

Through qualitative analysis of case studies and program outcomes(?) at VAST, this study examines the impact of intersectional art-based therapy, bodily movement interventions, trauma-informed, and culturally-sensitive designs. Participants of study engaged in group and individual sessions incorporating expressive arts, guided psychosomatic movement, and reflective storytelling. Insights were gathered through client feedback, practitioner observations, and participatory evaluation methods.

### Results:

Preliminary findings highlight increased emotional expression, reduced somatic symptoms of trauma, and enhanced trust-building among participants. Integrating lived experiences as a basis for service transformation has improved cultural responsiveness and fostered agency in participants, reinforcing their human rights and dignity.

### Conclusion:

Mental health services for immigrant and refugee populations must prioritize an intersectional, human rights-centered framework. Art-based therapies and psychosomatic practices represent best practices for trauma healing, addressing unique cultural and personal needs while advocating for systemic transformation.

## Transforming Trauma to Treatment: Reforming America's Youth Residential Treatment Centers

Ian Winter

<sup>1</sup>Precipice Peer Services, ,

Since the 1950s the United States Youth Mental Health System has been plagued by providers, politicians, and lobbyists who champion a broken, outdated, and abusive industry. The Trouble Teen Industry takes advantage of desperate families by misrepresenting their ability to treat a variety of mental health struggles that youth face. Charging families tens of thousands of dollars a month to treat conditions such as self harm and suicidal ideation, these facilities are unable to guarantee basic safety. By utilizing large areas of land these institutions create a natural wall that keeps residents and their abusive practices inside their facilities. A SAMHSA workforce report published in 2019 states the need for youth residential treatment centers to add peer specialists to their workforce. In June of 2024 the US Senate Finance Committee released a report detailing the ways these institutions profit while providing residents the bare minimum. It is essential that staff employed in youth residential treatment centers are professionally trained in trauma informed practices, de-escalation techniques, peer support, and mandated reporting. Reforming youth residential treatment centers is imperative to the emotional and physical safety of American and international youth.

## Independent Rights Advice Service as a Vehicle for Hope in BC's Involuntary Mental Health System

Ms. Sarah Irving<sup>1</sup>, Ms. Christina Griffiths, Ms. Rhea Evans

<sup>1</sup>Canadian Mental Health Association BC Division, Vancouver, Canada

Launched in February 2024, the Independent Rights Advice Service (IRAS) provides information and support to people who are detained and experiencing involuntary treatment under BC's Mental Health Act. Rights Advisors have lived and living expertise with mental health, substance use and involuntary care. They also have specialized training and provide access to unbiased information and support from someone who is not involved in decisions about the patient's care or treatment. This new provincial service aims to enhance the protection of patient rights and improve the patient's experience of care within the involuntary mental health system, while incorporating lived expertise in all of our work.

Session objective(s) –

- Explain how lived and living experience is built into the development, oversight and operations of the Independent Rights Advice Service
- Discuss our Lived Experience Leadership Committee and Governance Committee that provide leadership and stewardship to our work
- Present the evidence on the benefits of Rights Advice services in other jurisdictions, which include supporting patient wellbeing, quality of life, and recovery goals; and promoting equity, anti-racism, and quality improvement in health services.
- Review the evaluation of the impacts of the Independent Rights Advice Service to date, with a focus on the experiences of service users and individuals with lived experience of the involuntary mental health system.
- Engage participants on what to expect from the service moving forward as an ongoing vehicle for hope in our involuntary system and how health care providers can connect people to the service for rights-based, dignified care.

## Talking About Suicide: Empowering Healthcare Providers, Instilling Hope in Clients

Ms. Nitika Chunilall<sup>1</sup>, Dr. Yvonne Bergmans<sup>2</sup>, Ms. Anita David<sup>1</sup>, Ms. Jennifer Jeffery, Dr. Manish Toofany<sup>1</sup>

<sup>1</sup>Mental Health Commission of Canada, Ottawa, Canada, <sup>2</sup>University of Toronto, Toronto, Canada

### BACKGROUND

Suicide is a critical global health issue, with more than 720,000 people dying by suicide every year. Healthcare providers are ideally positioned to engage with individuals experiencing thoughts of suicide and to provide, or link them to, potentially life-saving support and resources.

### PURPOSE

Traditional suicide risk assessment models often focus on predictive categorization rather than prioritizing person-centered dialogue. Talking About Suicide is an online self-directed training for healthcare providers, offering practical insights for engaging in open, supportive conversations about suicide.

### METHOD

The training was co-developed by individuals with lived experience and emphasizes:

- Building trust by creating a safe space, demonstrating empathy and compassion, and seeking to understand the client's unique experience.
- Person-centered suicide risk assessment strategies that prioritize a narrative approach and recognize the client's autonomy.
- Directly asking about suicide in a caring and non-judgmental manner.
- Responding appropriately with meaningfully collaborative safety planning that focuses on the client's strengths and personal responsibility.

### RESULTS

The Talking About Suicide training moves beyond checklist-driven risk assessments, focusing instead on creating a culture and language of hope through meaningful client engagement. The WAPR 2025 presentation will explore how the training improves healthcare providers' ability to confidently and compassionately engage in life-saving conversations. It will highlight how Talking About Suicide advances recovery-oriented practice within healthcare systems worldwide.

### CONCLUSION

Talking About Suicide empowers healthcare providers to promote life and foster resilience with clients experiencing thoughts of suicide. It helps people regain confidence in themselves and see hope in a possible future.

## Patients as Integral Researchers: Transforming Research by Bridging Lived Experience, Advocacy, and Evidence in Psychosocial Rehabilitation

Miss Anja Lanz<sup>1</sup>

<sup>1</sup>Global Women in STEM, Vancouver, Canada

### Background:

Traditional research models have historically overlooked the expertise of those with lived experience, yet patients and caregivers are not just participants—they are capable and innovative researchers. This workshop unlocks new perspectives, and challenges outdated assumptions, to co-create solutions in research practices.

### Purpose:

This presentation highlights the vital role of patients as researchers in shaping psychosocial rehabilitation frameworks. It explores how integrating lived experience enhances research quality, fosters patient-centered innovations, and challenges systemic barriers.

### Method:

Drawing on personal experiences as a patient, caregiver, advisor, and researcher, this presentation will demonstrate the expertise and leadership of patients as researchers. It will showcase how patient perspectives are not just included but integral throughout the research process, driving innovation and real-world impact. By exploring how different approaches empower patients to co-create knowledge, challenge existing paradigms, and shape research outcomes.

It will critically examine barriers such as tokenism, power imbalances, and ethical considerations. Through discussion, we will explore strategies to ensure that patient-led research is respected, valued, and embedded within the broader psychosocial rehabilitation landscape.

### Results:

This presentation illustrates how patient perspectives can identify critical gaps, and develop interventions that are truly responsive to patient needs. It will demonstrate how patient-driven research can foster hope, reduce stigma, and promote social inclusion.

### Conclusion:

Integrating patients as researchers enhances psychosocial rehabilitation frameworks by ensuring research reflects authentic recovery narratives and prioritizes inclusive solutions. It is essential for advancing psychosocial rehabilitation.

## Lived Experiences as a User of Mental Health Services

Mrs Solange De Vidts<sup>3</sup>

<sup>1</sup>WAPR, Santiago, Chile, <sup>2</sup>FAMILY LAWYERS ASSOCIATION, SANTIAGO, CHILE, <sup>3</sup>NETWORK OF LAWYERS FOR CHILDHOOD, SANTIAGO, CHILE

I have 36 years of experience as a user of mental health services.

I was first diagnosed with depression after the birth of my daughter Gabriela. I was involuntarily committed. It was an awful experience.

Gabriela died in 1991 at the age of 1 year and 8 months. I suffered from depression for years. I was diagnosed with pathological grief.

In 1995 I had an episode of hypomania, a few days after going into anaphylactic shock. I wrote a book in three weeks. Then I was diagnosed as bipolar.

I was kept with this diagnosis for about 23 years. I had two more involuntary hospitalizations. These were devastating experiences.

I had many depressions. A few hypomania episodes, but always after anaphylactic shocks (14 in total).

I realized that hypomania could be related to the corticosteroids used to treat anaphylactic shocks. Since then, my psychiatrist prescribed an antipsychotic as a preventive measure every time I was given corticosteroids. I never had again a severe hypomanic episode.

In 2019, I had a brutal flashback crisis related to child sexual abuse and mistreatment by my mother, situations that were known to my psychiatrist, but we never delved into the subject. It was after this crisis that I began specialized psychological therapy.

Then I began to heal. My diagnosis is now CPTSD.

I couldn't sue my abuser because of the statute of limitations, which shouldn't exist. Justice can help to heal too.

The support of therapists and my family kept me alive.

## Reimagining the Abnormal Psychology Curriculum from a Social Justice Perspective

Ms. Victoria Huang<sup>1</sup>, Mx. Annie McEvoy<sup>2</sup>, Ms. Danielle Ferreira

<sup>1</sup>Wilfrid Laurier University, Markham, Canada, <sup>2</sup>University of Toronto, Toronto, Canada, <sup>3</sup>Toronto Metropolitan University, Toronto, Canada

Traditional abnormal psychology courses often prioritise the memorisation of diagnostic criteria from the Diagnostic and Statistical Manual of Mental Disorders (DSM), with limited engagement in critical discussions about how diagnoses manifest in everyday life, shape mental health systems, or are experienced by service users. Our project aims to explore ways to improve the teaching of abnormal psychology by incorporating service user perspectives and fostering a more comprehensive understanding of mental health. A comparative analysis of abnormal psychology course syllabi was conducted, focusing on assigned readings, learning objectives, and assessment methods. The analysis revealed a predominant reliance on biomedical frameworks, with minimal inclusion of alternative perspectives such as the biopsychosocial model, critical mental health approaches, or mad studies. This gap in pedagogical design limits students' ability to critically engage with the mental health system and understand the lived realities of those it serves. However, syllabi that entirely omit biomedical frameworks may inadvertently confuse students, depriving them of the knowledge about the dominant paradigms needed to appreciate its critiques. In response to these findings, a sample syllabus was developed to promote critical thinking and a more nuanced understanding of mental health. This model integrates materials from a range of perspectives, including clinical, experiential, and critical viewpoints. This approach has the potential to better prepare future professionals to engage ethically and effectively with diverse individuals and communities in mental health contexts.

## Forensic Nursing Culture and Recovery-Oriented Practice: A Focused Ethnography

Ms. Monica Ginn<sup>1</sup>

<sup>1</sup>Recovery Alberta, Calgary, Canada

Background: Providing recovery-oriented practice in forensic settings is often a contentious and challenging issue.

### Purpose:

Understanding the culture of forensic nursing and how forensic nurses experience and perceive recovery for forensic patients provided insights into how recovery can exist and how forensic nurses use recovery-oriented practices to enhance nursing care in secure settings.

### Method:

Semi-structured interviews were completed with nurses who work with the Not Criminally Responsible patient population in an inpatient setting to discuss and explore how they use recovery-oriented practice.

### Results:

Emerging themes from the data included: 1. Finding a balance, with subthemes of internal processes and managing as a team; 2. Managing risk, with subthemes of how it impacts the nurse-patient relationship and how risk was managed as a systemic process; 3. Moving forward, with subthemes of how the nurses saw moving forward for their patients and the future of the NCR program; 4. Stigma, with subthemes of situational stigma, public perception, and stigma for forensic nurses; 5. The setting/system of practice, with subthemes of the physical space of the practice setting, the forensic system/NCR process, and working with colleagues/interpersonal relationships; and 6. Recovery in forensic settings, with subthemes of beliefs on Recovery, challenges, and the perception of the nurse's role.

### Conclusions:

This research demonstrates that there needs to be more recovery-based training for forensic nurses and how the CHIME Recovery Processes should be experienced by forensic nurses in order to move forward with implementation of Recovery-oriented practice.



## Effectiveness of a Community-Based Rehabilitation Intervention for People With Schizophrenia in China (Crisc): 6-Month Follow-up Results of a Cluster-Randomized Controlled Trial

Prof. Ping He<sup>1</sup>, Prof. Ruoxi Ding<sup>2</sup>

<sup>1</sup>Peking University, Haidian, China, <sup>2</sup>Peking University Six Hospital, Haidian, China

### Background:

International consensus indicates that community-based rehabilitation (CBR) service is an effective way to improve functioning and address the treatment gap for schizophrenia. The aim of this cluster randomized trial was to evaluate the effectiveness of group-based CBR plus facility-based care compared with facility-based care alone at improving a series of health outcomes in people with schizophrenia.

### Methods:

We undertook a cluster-randomized controlled trial in Shandong province, China. 334 People with schizophrenia from the 18 subdistricts aged 18–60 years had a primary diagnosis of schizophrenia were recruited. 18 subdistricts were randomized in a 1:1 ratio, to either receive either CBR plus facility-based care (FBC) or FBC alone. The primary outcome includes a change in symptoms of schizophrenia, personal and social function, quality of life and caregiver burden over 6 months and 12 months, as measured by the positive and negative syndrome scale (PANSS), Personal and Social Performance Scale (PSP), Schizophrenia Quality of Life Scale (SQLS) and Burden Assessment Scale for families of the seriously mentally ill (BAS).

### Results:

We noticed a significant reduction in overall symptoms (PANSS, -4.1, 95%CI :-8.03, -0.07) and caregiver burden (BAS, -6.80, 95%CI: -10.93, -2.69), and significant improvement in social function (PSP, 9.37, 95%CI: 4.17, 14.57) and quality of life (SQLS, -2.82 (95%CI: -5.59, -0.60) in the intervention group in comparison to control group.

### Conclusion:

The CBR could benefit people with schizophrenia in symptoms, function and quality of life in a short run.

## From Training to Employment: A Peer Support Worker Training Model Integrating Therapeutic Recreation and Psychosocial Rehabilitation

Mrs Radka Prihodova<sup>1</sup>

<sup>1</sup>Open Door Group, Vancouver, Canada

Open Door Group's Thrive Program provides therapeutic recreation (TR) and psychosocial education for individuals with mental health conditions and in substance use recovery. To empower peers, Thrive conducted a Peer Support Worker (PSW) Pilot Project offering training, work experience, customized employment support, and therapeutic recreation support. The project aimed to prepare peer support workers for employment by building skills, confidence, and understanding of their strengths needed to succeed in the workplace. This initiative fostered collaboration between peers and staff, empowering peers to share their lived experiences, inspire hope, and provide support through individual interactions and group facilitation.

The project sought to develop a PSW Training Model that ensures peers are well-prepared for peer support and group peer facilitator roles and equipped with skills transferable to other helping professions.

The Project involved two participant cohorts: one cohort completed a 12-week PSW training followed by 10-12 week Work Experience (WE), while the other consisted of already certified PSWs who completed the 10–12-week WE to become employment ready. All participants were supported by recreation therapists and customized employment specialists. As a part of their WE, the trainees facilitated and co-facilitated therapeutic recreation programs and had to develop and facilitate 3-4 session long group workshop.

With 88% of participants securing employment in various mental health support roles shortly after graduation, the success underscores the value of collaborative, strengths-based and person-centered interventions.

This session will highlight the integration of peer support work, psychosocial rehabilitation approaches and TR interventions for successful peer support work skills development.

## Development of a Mental Health Rehabilitation Education and Training Package for Staff Commencing in New Mental Health Rehabilitation Services Within South Australia

Dr. Andrea Baas<sup>1</sup>, Ms Jessica Thompson, Mr Lucas Milne, Ms Lydia Forbes

<sup>1</sup>Southern Adelaide Local Health Network, Adelaide, Australia

### Background:

The South Australian government has committed to the establishment and operation of seventy-two new non-acute mental health inpatient rehabilitation beds increasing the number of rehabilitation units in the State. These are to be established as three 24-bed units at three different metropolitan hospitals, with services expected to commence operation from mid-2025. With the opening of these units there is the opportunity to develop consistency of mental health rehabilitation services across South Australia, driven by consistent staff capabilities and rehabilitation frameworks and underpinned by development of a comprehensive education program as part of staff induction at the point of opening of the units.

### Purpose:

This presentation will explore the process that was undertaken to develop the comprehensive education program for the new mental health rehabilitation units in South Australia focusing on translating contemporary literature and knowledge into a deliverable education program.

### Methods:

Review of existing literature and training resources and consultation with staff and lived experience to develop a mental health rehabilitation education package for training of staff.

### Results:

The proposed education package development has been undertaken in the context of current unmet service need and recognition of the need for contemporary culture, capabilities and evidenced based interventions within the new mental health rehabilitation units. The education program, and services, are being developed based on national and international contemporary best practice models.

### Conclusions:

South Australia is set to deliver significant enhancements in mental health services for people with severe and persistent mental illness with complex care needs within contemporary services.

## Implementing Supported Education in a Swedish Context – Exploring Individual placement and Support (IPS-Y) for young adults

Assoc. Prof. David Rosenberg, Assistant Professor Helene Hillborg, Associate Professor Veronica Lövgren, Assistant Professor Magnus Bergmark, Maria Hillörn

<sup>1</sup>Umeå University, Umeå, Sweden

### Background

While young adults experiencing mental health problems are increasingly in need of supports related to successfully completing their studies, Supported Education services are not as available as Supported Employment services. When attempting to implement rehabilitation services in new practice contexts and with new populations, it becomes necessary to work closely with local practitioners who are aware of the contextual issues that can become obstacles to implementation.

### Purpose

IPS is an evidence-based method for providing supported employment services. The IPS Learning Center has recently developed and released a new fidelity measure, IPS-Y, which is focused on the integrated needs of young adults and includes Supported Education services. The aim of this study was to explore the process of implementing IPS-Y in a Swedish context

### Method

Five sites who were experienced at delivering IPS services and regularly completed fidelity measures, were recruited to work with the research team as they completed the new IPS-Y fidelity scale at two occasions.

### Results

The practitioners were able, with support from both the researchers and the originators of the IPS Fidelity scale, to explore and suggest adaptations that met the intentions of the newly developed scale but were relevant in a Swedish welfare context and in relation to the educational needs of young adults.

### Conclusion(s)

In order to successfully implement innovations in evidence-based services in new contexts and with new populations, it is important to engage in a translation/adaptation process which can increase the chances for a successful and sustainable implementation.

## Family caregivers of schizophrenia patients – selected gender aspects

Prof. Johannes Wancata<sup>1</sup>

<sup>1</sup>Medical University Vienna, Social Psychiatry, Vienna, Austria

### Background

Relatives of patients with schizophrenia suffer from numerous emotional and financial burdens. Studies reported a reduction of social contacts, difficulties at the job and restrictions in everyday life. Others found that a large proportion of family caregivers feel depressed or exhausted. Some studies reported high numbers of unmet needs among schizophrenia caregivers. Unfortunately, most studies about schizophrenia caregivers included only one care-giving relative, usually the patients' mothers.

### Purpose

The purpose of this study was to compare burden, problems, depression and needs of fathers and mothers of schizophrenia patients.

### Method

101 mothers and 101 fathers of the same 101 patients with schizophrenia were included and investigated using the Beck Depression Inventory (BDI), the Involvement Evaluation Questionnaire (IEQ), and the Carers' Needs Assessment (CNA-S).

### Results

The prevalence of depression according to BDI (cut-off 13/14) was 25,7% among mothers and 12,9% among fathers. A significant positive association between patients' negative symptoms and depression severity of fathers and mothers was found. Mothers showed significantly higher IEQ-scores than fathers regarding the sub-scores "Tensions" and "Urging". Mothers reported problems concerning stress due to earlier life events and burn-out significantly more often than fathers. Mothers needed some interventions such as individual psychoeducation or family counselling more than twice as often than fathers. Mothers reported overall higher numbers of problems and needs for intervention than fathers.

### Conclusions

The differences between mothers and fathers indicate the importance of considering the carer's gender in clinical work.

## Exploring the sustainability determinants of peer support for adults with mental health problems residing in supported housing.

Mrs Eleni Sofouli<sup>1,2</sup>, Dr. Myra Piat<sup>1,2</sup>

<sup>1</sup>McGill University, Montreal, Canada, <sup>2</sup>Douglas Mental Health University Institute - Research Center, Montreal, Canada

### 1. Background

The transformation of mental health services to recovery-orientation is a policy priority for countries worldwide. Over the past two decades, there has been a growing research literature on the conceptualization, effectiveness, and operationalization of mental health recovery into services. However, less attention has been given to the sustainability of recovery-oriented interventions and practices including peer support. Unsustainable health programs represent a significant public health concern for diverse reasons including moral, financial, and reasons impeding future health quality improvement endeavours.

### 2. Purpose

To understand what were the sustainability determinants of peer support and how did they influence its sustainability post – implementation.

### 3. Methods

Between 2022 and 2023, 19 people involved in implementing and sustaining peer support in a Canadian university affiliated psychiatric hospital overseeing housing for adults with mental health challenges participated in a mixed methods research project. Qualitative data and analysis pertinent to the sustainment of peer support drew on the Consolidated Framework for Sustainability Constructs in Healthcare.

### 4. Results

Results will report participants' perceptions on what factors contributed to the sustainment of peer support post-implementation.

### 5. Conclusion

Research has not yet explored the concept of sustainability in great depth in health and especially in relation to the mental health recovery -oriented interventions. At its core, understanding the sustainability of peer support, the most prominent recovery-oriented intervention may result in increased social inclusion of people with mental illness, a marginalized group experiencing high poverty rates, homelessness, and low life expectancy.

## Peer support for adults with mental health issues: What components were adapted post-implementation?

Mrs Eleni Sofouli<sup>1,2</sup>, Dr. Myra Piat<sup>1,2</sup>

<sup>1</sup>McGill University, Montreal, Canada, <sup>2</sup>Douglas Mental Health University Institute, Montreal, Canada

### 1. Background

Adaptation is part of the implementation cycle of a healthcare intervention. It refers to the alteration of an intervention's design or delivery to improve its fit or effectiveness based on the local context. The exploration of the adaptation concept in relation to the implementation of mental health recovery-oriented interventions including peer support is nascent despite the proliferation of research on the implementation and evaluation of mental health recovery into services.

### 2. Purpose

To explore what adaptations to peer support occurred post-implementation and how they influenced its sustainment.

### 3. Methods

Following a multi site project on implementing mental health recovery guidelines in Canada, 19 people who were involved in implementing and sustaining peer support in housing services for people with mental health challenges participated in a mixed methods study. Qualitative data collected and analysis on peer support adaptations drew on the Framework for Reporting Adaptations and Modifications-Enhanced (FRAME).

### 4. Results

Results will report on what adaptations were made to peer support services post-implementation using the FRAME conceptual framework.

### 5. Conclusion

Findings from this research contribute to the uptake and sustainment of peer support since, inevitably, interventions are adapted throughout the implementation cycle. If these modifications are not fully recorded and understood, then their successful implementation, effectiveness, evaluation and sustainment will likely be hindered.

## Exploring the impact of a supported employment program on mental health and employment/education outcomes among youth in British Columbia, Canada

Miss Kirsten McCulloch<sup>1</sup>, Cassia Warren<sup>1</sup>, Anna-Joy Ong<sup>1</sup>, Matt Wenger<sup>1</sup>, Dr. Skye Barbic<sup>1,2,3</sup>

<sup>1</sup>Foundry, Providence Health Care, Vancouver, Canada, <sup>2</sup>Department of Occupational Science & Occupational Therapy, University of British Columbia, Vancouver, Canada, <sup>3</sup>Centre for Advancing Health Outcomes, Vancouver, Canada

### Background:

The Foundry Work & Education Program (FWEP) is adapted from the evidence-based Individualized Placement Support model to support youth who are accessing integrated youth services (IYS). Operating across 17 centres and virtually in British Columbia, the FWEP supports youth (ages 12-24) with multiple and/or complex barriers (e.g., mental health concerns) seek employment, education and/or training opportunities. There is a need to explore how individualized employment and education support impacts mental health and employment/education outcomes in youth accessing IYS.

### Purpose:

To 1) understand the extent to which the FWEP supports improved employment/education and health outcomes for youth, and 2) understand the experiences of youth in the FWEP.

### Method:

We used a multi-methods longitudinal prospective cohort study design. Survey data were collected at four timepoints (baseline, 16-, 32- and 52-weeks) from 137 program participants. Survey measures include questions on employment and education, the Personal Health Questionnaire (PHQ-9) and Generalized Anxiety Disorder (GAD-7). We conducted interviews with 12 participants and thematically analyzed the data using an inductive approach.

### Results:

Preliminary quantitative analysis will be completed prior to September 2025 and include employment/education and health outcomes over time. Qualitative data will complement survey data and explore youth experiences. Results will provide insights into the effectiveness of the FWEP in addressing employment and health outcomes for youth.

### Conclusion(s):

This work enhances our understanding of how an IPS model influences youth mental health and employment/education outcomes, providing valuable insights to inform future program development and policy actions.



## Addressing existential challenges during the recovery orientated psycho-social rehabilitation through the search for meaning

Dr. Meba Alphonse Kanda<sup>1</sup>

<sup>1</sup>Weskoppies Psychiatric Hospital, Pretoria, South Africa

1.      Background: The current focus of the healthcare services on the reduction of symptoms and management of diseases, risks, impairment and disabilities prevents the consideration of the existential questions brought by the individual and sociocultural challenges during most chronic illnesses. The failure to address these existential questions prevents the process of recovery and active participation of sufferers in the rehabilitation interventions.
2.      Purpose: This paper presents the importance of existential challenges facing people suffering from chronic conditions, a meaning centered conceptual framework of recovery, and some therapeutic interventions.
3.      Method: This paper presents a case study of an ethnographic research and practice of logotherapy in an African rural setting.
4.      Results: Chronic life-threatening conditions such as HIV/AIDS and mental disorders are lived as experiences of suffering in the context of violence, poverty and displacement. Such experiences in such context lead to socio-cultural disorientation, alienation and isolation with existential questions such as why us? Who are we? The failure to respond to these questions results in existential frustration which complicates the course of the illnesses while preventing the recovery process and active participation in rehabilitation interventions.
5.      Conclusion: The facilitation of the recovery process through different psychosocial rehabilitation interventions needs to address the existential challenges facing people suffering from chronic conditions including mental disorders. This paper presents a conceptual framework of recovery based on logotherapy as a meaning centered existential anthropology and some therapeutic interventions which address existential questions and the existential frustration.

## Gardengate Model: Enhancing Mental Health Through Horticulture, Community Engagement and Food Security

Mr. Robert Wright<sup>1</sup>

<sup>1</sup>Open Door Group: Gardengate Program, Kamloops, Canada

### 1. Background

Gardengate is a vocational rehabilitation program that integrates horticulture and psychosocial rehabilitation (PSR) to support individuals with mental health conditions in developing skills, achieving personal growth, and enhancing community inclusion. Therapeutic horticulture has long played a valuable role in rehabilitation by offering meaningful, nature-based activities shown to improve well-being and reduce stress (Siu, Kam, & Mok, 2020). The benefits of therapeutic horticulture extend beyond general improvements in well-being. Cipriani et al. (2017) identified additional outcomes, including reductions in anxiety and depressive symptoms, enhanced cognitive functioning, increased self-confidence, and improved social engagement. In alignment with these findings, Gardengate has, for over 25 years, provided structured horticultural and therapeutic programming to an average of 60 clients annually, supporting them with skill development, social integration, and overall wellbeing promotion. Alongside its role as a community mental health service, Gardengate distinguishes itself through its unique and significant contribution to improving food security in the Kamloops, BC area. By growing and distributing fresh produce to local organizations and residents, Gardengate offers an effective model for improving access to nutritious food. Each year, the program produces approximately 18,000 pounds of fruits and vegetables, of which 10,000 donations are donated to schools and community groups—directly supporting food security outcomes. Given that British Columbia has one of the highest poverty rates in Canada and ranked third in the number of food bank visits as of March 2024 (Food Bank BC Impact Report 2023-2024), the Gardengate model addresses several key social determinants of health. Its integration of PSR, volunteerism, and educational outreach demonstrates significant impacts on individual well-being, community engagement, and food access, making it a compelling model for replication in other communities.

#### - Purpose

Gardengate model provides a framework for establishing similar programs in diverse communities. It outlines key components, including vocational activities, psychosocial rehabilitation, community engagement and food distribution. The purpose is to highlight the potential of the model for enhancing mental health recovery practices as well as strengthening communities.

#### - Method

The model was developed based on Gardengate activities and best practices. The core components include:

- Vocational activities utilizing horticulture, trade like activities and employment skills development.
- Psychosocial rehabilitation principles
- Community food initiatives to improve local food security and produce distribution
- Volunteer and community engagement
- Guidelines for model implementation

#### - Results

Gardengate success has been demonstrated through 25 years of impact in the community of Kamloops, which includes improved mental health outcomes, increased employment readiness, improved access to food resources, supporting individuals towards independent living.

#### - Conclusion

Many communities face growing challenges related to declining mental health and food insecurity. This model promotes access to mental health supports while providing impact on community level using Vocational rehabilitation and horticulture activities. By integrating vocational and psychosocial rehabilitation activities with therapeutic horticulture, this model offers sustainable and impactful solutions for supporting individuals with mental health conditions while promoting food security and community engagement.

## Conquering Waves: A Community-Based Dragon Boat Team Promoting Mental Health and Inclusion

Mrs Radka Prihodova<sup>1</sup>, Ms. May Chow

<sup>1</sup>Open Door Group, Vancouver, Canada

Participation in community-based physical activity interventions benefits individuals with mental health conditions by fostering social support, encouragement, and reducing barriers like isolation and stigma. Led by Open Door Group Thrive, the Conquering Waves Dragon Boat team integrates psychosocial rehabilitation principles, providing a supportive environment that promotes recovery, skill-building, and social inclusion.

This initiative allows individuals with mental illness join a recreational dragon boat team. Through training and competition, participants build physical skills, confidence, and teamwork, improving mental health. The team challenges public perceptions of mental illness by involving volunteers and community organizations, culminating in participation in Vancouver's largest dragon boating event. This fosters stronger community engagement and shared responsibility for mental health promotion. For 15 years, Thrive's recreation therapists have managed the team, with 50 paddlers annually, practicing weekly for 12 weeks before competing in the Concord Pacific Dragon Boat Festival.

Activities include:

- Weekly 2-hour practices
- Paddling and teamwork skills development
- Mental health training for volunteers and coaches
- Racing in the dragon boat festival

The initiative has a multi-level impact:

- Individual Impact: Improved self-confidence, physical health, social skills, and sense of belonging.
- Community Impact: Increased mental health awareness, social inclusion, and reduced stigma.
- Organizational Impact: Strengthened partnerships between mental health services, recreation organizations, and local businesses, encouraging long-term collaboration.

The Conquering Waves Dragon Boat team demonstrates the power of community-based physical activity in promoting mental health and inclusion, serving as a model for other organizations.

## Bringing recovery to our neighbors: Housing First & psychosocial rehabilitation.

Ms. Ciaran August<sup>1</sup>

<sup>1</sup>Canadian Mental Health Association, Winnipeg, Canada

### Background:

Community integration is central to both the Psychosocial Rehabilitation and Housing First models. One way community integration through Housing First is achieved is by applying the scattered site housing model:

“Housing models that do not stigmatize or isolate participants.

Provide opportunities for social engagement supported through employment and vocational and recreational activities.”

– Tsemberis [Pathways to Housing First]

The Canadian Mental Health Association is leading community integration in Winnipeg by embedding a Housing First team in a provincially subsidized apartment building. We provide opportunities for social engagement through the Employment with Supports Program [EWS]. This program provides employment readiness skills for persons interested in finding meaningful employment opportunities.

### Purpose:

The program provides rapid access to affordable housing for unhoused individuals with an array of in-house wellness supports. Living as neighbors de-stigmatizes the move from homelessness to affordable housing.

### Method:

Through this partnership, CMHA successfully reduced wait lists by allotting twenty-five initial units in the building. The EWS program empowers individuals to obtain life skills for community integration beyond management of mental health challenges.

### Results:

In the first year of the program’s inception, participants report finding friendships with neighbors in the building. This initiative demonstrates an increase engagement informed by participant feedback.

### Conclusion:

We are excited to be a part scaling this initiative throughout provincial housing sites in Manitoba. Longitudinal study will provide data on ways that integrated mental health services impact community wellness by responding to the unique needs of each community.

## Innovative AI-Driven Solutions for Reducing Mental Health Stigma and Expanding Psychosocial Rehabilitation in Central and West Africa

Mr. Salim Kanghamih Mbuih<sup>1</sup>

<sup>1</sup>Mezah Foundation, Washington, United States of America, <sup>2</sup>Intercultural Alliance for Development Center for Research and Innovation, Dschang, Cameroon

### Background:

Mental health disorders impact over 116 million people across Africa, yet mental health services remain severely underfunded, receiving less than 1% of total health budgets in most African countries (WHO, 2021). In Africa, more than 70% of individuals with mental health conditions do not receive care due to stigma, resource shortages, and limited access to trained professionals.

### Purpose:

This study explores how AI-powered tools—Blind Chat App and InspireWebApp—reduce mental health stigma and expand access to psychosocial rehabilitation in Central and West Africa.

### Method:

The Blind Chat App is an AI-driven anonymous chat platform connecting marginalized individuals with mental health professionals, fostering stigma-free support. The InspireWebApp streamlines clinical documentation, outcome tracking, and predictive analytics for mental health providers. From 2022 to 2024, both tools engaged over 7,500 users in Cameroon and Nigeria. Data were collected through user engagement metrics and feedback surveys, with ethical considerations on data privacy and informed consent evaluated.

### Results:

The Blind Chat App facilitated over 30,000 counseling sessions, increasing mental health engagement by 45% among users aged 18–35. The InspireWebApp improved documentation efficiency by 60% and reduced administrative workload by 35%. Additionally, 85% of users reported feeling safer accessing anonymous support. Challenges remain in data security and the absence of clear digital health regulations.

### Conclusion:

AI-driven tools like the Blind Chat App and InspireWebApp demonstrate significant potential to reduce stigma and improve access to mental health care. Addressing ethical and legal challenges is essential for sustainable expansion across Central and West Africa.

## Person-centered mental health services: an overview of care, education, research and administration

Professor Abraham (Rami) Rudnick<sup>1</sup>

<sup>1</sup>Dalhousie University and Nova Scotia Health Authority, , Canada

**Background:** Psychosocial rehabilitation has developed as part of progress in mental health services. Current progress in mental health service involves person-centered mental health services (PCMHS) within and beyond recovery-oriented psychosocial rehabilitation.

**Purpose:** This presentation aims to overview, and discuss challenges and prospects of, PCMHS (including care, education, research and administration).

**Method:**

This presentation will use a selective (white and grey) literature review, critical analysis (of related theory and evidence), and experiential learning (of person-centered care planning).

**Results:**

PCMHS are value-based and evidence-informed, wholistic, inter- and trans-professional, and collaborative. PCMHS involve care (person-driven/centered/sensitive/contextualized), education (mutual learning and more), research (participatory), and administration (cooperative). Sufficient implementation of PCMHS is lacking.

**Conclusion:**

PCMHS are value-based and evidence-informed across mental health care, education, research and administration. Additional research such as implementation science is needed for PCMHS, possibly involving adult education theory and related approaches such as CanMEDS.

## The Myth of Perfect: Transforming Social and Cultural Conditioning for Women in Mental Health

Ms. Yuliya Levina (Burak)<sup>1</sup>

<sup>1</sup>Barrie Anxiety Clinic, Barrie, Canada

### Background:

Women constitute a significant portion of the mental health workforce, yet they face unique challenges shaped by social and cultural conditioning and expectations. This presentation explores the impact of these factors on women's wellbeing within the mental health field.

### Purpose:

The purpose of this presentation is to examine the interplay between social conditioning, expectations, and the experiences and wellbeing of women in the mental health workforce. It aims to identify strategies that can support women's biopsychosocial health and work-life balance, prevent burnout, and empower women to apply these strategies.

### Methods:

This presentation integrates the presenter's extensive front-line experience in clinical and community mental health, lived multicultural psychosocial experiences, and consulting expertise in the wellness of women of caregiving and business professions.

### Results:

Workplace wellness programs, supportive and inclusive work environments, and flexible work policies positively impact job satisfaction and mental wellbeing. However, deeply ingrained social and cultural conditioning, personal narratives, and the myth of perfection continue to hinder progress. Two decades of the presenter's professional experiences and observations confirm that internal factors like social conditioning, self-perception, and lack of cognitive, emotional, and behavioural skills significantly influence women's health and work-life balance.

### Conclusions:

Insightful and empowering culture-sensitive and trauma-informed skill-building education on emotional intelligence, responsibilities and change management, and adaptability will help address the root causes of declining biopsychosocial health among women in the mental health workforce.



"The one who sees but is unseen": The Human Resource Crisis in psychiatric rehabilitation service system from the viewpoint of Community Psychiatric Rehabilitation Staff"

Prof. Max Lachman<sup>1</sup>

<sup>1</sup>ISPRA - israel psychiatric rehabilitation association (r.a.), Jerusalem, Israel

The Psychiatric Rehabilitation Law (2000) implemented in Israel led to a surge in the development of community rehabilitation services and, consequently, brought professional and paraprofessional workers into the expanding circle of service providers. However, the rehabilitation system has struggled to establish organizational and professional processes that strengthen and develop human capital over the years. Today, we are witnessing a severe crisis in human resources within the psychiatric rehabilitation system, which impacts the ability of agencies to provide comprehensive services. This crisis manifests as a shortage of workers, recruitment difficulties, high employee turnover rates, and more. A survey conducted by the Israeli Psychiatric Rehabilitation Association (ISPRA) in 2022 among 552 workers in community rehabilitation teams across various services and roles examined their perspectives on rehabilitation work and their assessments of human resources issues. Its goals are to promote recovery-oriented psychiatric rehabilitation through accessibility and implementation of knowledge, enrichment of the professional field, involvement in professional policy, and diverse collaborations. The findings indicate altruistic motivations among rehabilitation teams alongside an employment reality fraught with barriers. The survey reveals the perspectives of managers, professionals, and paraprofessionals, highlighting significant gaps between inputs and the erosion of their sense of value and reward. The insights gained from the survey necessitate practical attention to cultivate a functioning and developing psychiatric rehabilitation system. This presentation proposes steps to foster positive human resource change within the rehabilitation system and reduce existing gaps.

## A Life-saving Conversation: A Culturally Sensitive Suicide Prevention Program for Chinese (Remote presentation)

Miss Sherry, Xiaochang Shi<sup>1</sup>, Prof Michael Lee<sup>2</sup>

<sup>1</sup>Shan Dong University of Traditional Chinese Medicine, Jinan, China, <sup>2</sup>University of British Columbia, Vancouver, Canada

### Background:

There has been an urgency to address the suicide crisis in China, especially among university students (National Health Commission, 2021). Most of the evidence-based suicide prevention programs are informed by Western culture and have Caucasians as the targeted audience. Hence, there is a need to develop a suicide prevention program that addresses the culture and practices in China.

### Purpose:

Factoring in the local context, we develop and implement a culturally sensitive suicide prevention pilot program targeting student counsellors for a university in the province with a rich Confucian worldview and tradition.

### Method:

This 21-hour program aims to equip participants with knowledge, skills, and attitudes on identifying signs of suicide ideation, engaging in focused conversation with the person in crisis to help explore reasons for living, and developing a safety plan collaboratively.

### Results:

The program has been refined to address the cultural specificities and the context of the higher education system in that province. Easily understandable lay language and culturally relevant case studies are used in the program. The length of the program and the delivery method have been modified to best fit the learning style of the participants.

### Conclusion:

The success of the program indicates the need for inter-department collaborations from the campus community. Though a wider audience group is needed to further test the tool, the pilot serves as a validation in developing a culturally sensitive suicide prevention program.

### Reference:

National Health Commission. (2021). Chinese Health Statistical Yearbook 2021. Beijing: Peking Union Medical College Press.

## The "Inside Power" initiative: contextualizing recovery for patients in China (Remote presentation)

Mr. Zhenyu Cai, Miss Ming Zeng<sup>1</sup>

<sup>1</sup>Xiamen Xianyu Hospital, Xiangue Hospital Affiliated with Xiamen Medical College, Fujian Psychiatric Center, Fujian Clinica, Xiamen, China

### Background:

The Chinese government has been developing a comprehensive mental health service system to address the growing needs of its citizens, including better interventions and rehabilitation. Social integration and improvement of the quality of life of people with mental illness have been its focus. However, limited resources and a history of institutionalization usually results in long-term asylum care, especially for patients without family and community support. This further drains the limited resources, making rehabilitation and recovery difficult to achieve.

### Purpose:

The "Inside Power" initiative is to develop evidence-based and culturally appropriate recovery program for people with chronic mental illness to live a meaningful life despite the limitations.

### Method:

We adopt a "whole person model" as a framework to implement the initiative, contextualize psychosocial rehabilitation and recovery concepts to meet the specific needs of the long-term hospitalized patients with mental illness in China. We mobilize community resources and seize opportunities to address the bio-psychosocial-spiritual needs of our participants to enable them to taste lives outside the hospital and explore meaningful living beyond the institution.

### Results:

With the support from the hospital administrations, we built a system to mobilize and maximize resources for developing a culturally relevant recovery program. Participants in the initiative expressed a desire to have similar programs more often. We also learned the importance of multi-disciplinary collaborations to overcome barriers.

### Conclusion:

The success of our "Inside Power" initiative demonstrates its effectiveness, the feasibility of contextualizing psychosocial rehabilitation and recovery, and the need to implement similar programs throughout the country.

## Early Warning Signs, balancing standardization and commercialisation. Evidence from UK, and Canada healthcare supporting system-wide behavior change (Remote presentation)

Asst. Prof. Zainab Almukhtar<sup>1</sup>, Ms. Tara Marshall<sup>2</sup>, Ms Radhika Nair<sup>1</sup>, Ms Gadha Jyothi<sup>2</sup>

<sup>1</sup>Cape Breton University, Cape Breton, Canada, <sup>2</sup>These Hands Academy, Leicester, UK

The main objective of this project is to investigate the application of telehealth for senior care in UK and Canada. Initially, investigate the application of a pilot program for telehealth in UK. Then we compare the UK experience of using Tele health, with the Canadian experience. In our comparison, we derive pathways for the standardization of telehealth devices for home care in Canada while considering contextual differences and similarities.

A system-wide telehealth programme piloted in the Midlands, UK, explored the impact of integrating telehealth solutions across 20 care homes, amplifying the voices of over 800 residents by bridging care homes with external support networks. Led by These Hands Academy, the pilot demonstrated significant success, prompting an expansion to 100 care homes and positively impacting 3,500 residents. By implementing a proactive telehealth system, the programme generated £600,000 in savings within the first four months, ultimately leading to multi-million-pound system-wide efficiencies.

A key innovation within the programme was the proactive adaptation of the National Early Warning Score (NEWS)—traditionally a reactive tool for identifying and managing patient deterioration. This initiative sought to reverse the conventional approach, using NEWS to predict health outcomes and enable individuals to remain in their preferred place of care for longer.

To further evaluate the scalability and global relevance of this model, we analyze data and explore how standardized clinical language can enhance system-wide thinking. This research investigates how telehealth-driven strategies can strengthen long-term health provision by fostering proactive and sustainable care models, particularly in underprivileged or remote regions.

## A Cultural-sensitive Suicide First-response Program for the University Students in China (Remote presentation)

Miss Sherry, Xiaochang Shi<sup>1</sup>, Prof Michael Lee<sup>2</sup>

<sup>1</sup>Shan Dong University of Traditional Chinese Medicine, Jinan, China, <sup>2</sup>University of British Columbia, Vancouver, Canada

### Background:

There has been an urgency to address youth and young adult mental health, especially suicide among students in China (Zhao et al., 2023). Most of the evidence-based suicide first-response programs are designed with Western culture in mind, which focuses on Individualism. To meet the specific needs of people embracing Collectivism, we developed a culturally sensitive suicide first-response program.

### Purpose:

This study is to identify the effectiveness of a locally developed university student suicide first-response program, which addresses the cultural specificity of the audience, including faculty members and staff.

### Method:

A 4-hour psycho-educational program was developed and field-tested with faculty members and staff as audiences from two universities in China. To evaluate the effectiveness of the program, we identified knowledge, skills and attitudinal changes through surveys and focus groups.

### Results:

Based on the initial findings, we developed multiple versions of the program to meet the specific needs of different audience groups, for example, new faculty members vs experienced staff. While in-depth analysis is in progress, preliminary findings indicate participants gaining new insights and changes in attitude toward ways of supporting students with suicidal thoughts.

### Conclusion:

The findings support the need and feasibility of developing a culturally sensitive suicide first-response program through a Collectivist lens to address the suicide situation among university students in China.

Zhao, M., Li, L., Rao, Z. Z., Schwebel, D. C., Ning, P. S. & Hu, G. Q. (2023). Suicide Mortality by Place, Gender, and Age Group: China, 2010–2021. *China CDC Weekly*, 5(25), 559-564. doi: 10.46234/ccdcw2023.109

## Functional Recovery in Enhancing Quality of Life for People Living with Early Psychosis and Schizophrenia (Remote presentation)

Dr. Chris Summerville<sup>1</sup>

<sup>1</sup>Schizophrenia Society of Canada, Steinbach, Canada

Title:

“Functional Recovery in Enhancing Quality of Life for People Living with Early Psychosis and Schizophrenia”

Author:

Dr. Chris Summerville, B.A., M.Div., M.Miss., D.Min., and honorary doctorate  
CEO, Schizophrenia Society of Canada

### Main body

Goal or objective: To highlight “functional recovery” as a primary and realistic goal in the treatment of early psychosis and schizophrenia.

Background: This goal is important as patients and families have indicated “functional recovery” as their desired hope. Often, this runs contrary to the goals of mental health services providers.

Methods and approaches: Our current knowledge of early psychosis and schizophrenia has evolved significantly in the last 25 years. The author’s 30-plus years of experience in working with thousands of people (patients, families, service providers, policy makers) as a family member, practitioner, leader, advocate, and activist within the schizophrenia-recovery movement in Canada will be the background for principles articulated in this presentation.

Results and discussion: The traditional biomedical model is greatly enhanced by a recovery-oriented philosophy that moves beyond symptom reduction to “functional recovery.”

Conclusion: The “takeaway” is that the value of lived/living experience of individuals and family members supports “functional recovery” is a goal of treatment.

Potential conflicts of interest

None.

## Art Therapy Intervention: A Future Wellness Tool for Childhood Cancer

Dr. Manale Elewah<sup>1</sup>

<sup>1</sup>Art2Care, Alexandria, Egypt

### Background

In the low and middle-income countries, childhood cancer treatment focuses on the treatment modalities and phases, medications and basic services within the healthcare needs. The awareness and the ability to address the support services is limited. The Art Therapy is the future magic healing to focus on interventions to re-address the psychological and psychosocial dimensions of childhood cancer aiming for better cure rates, and improving entire family quality of life.

### Purpose

Identifying psychological and psychosocial challenges across the treatment path.

Understanding the comfort zone.

Art making as an integral part of support services.

Introducing the psychodynamic art intervention models.

Integrating issues of diversity in supervisory practice.

### Method

As part of the various mixed-methods and interventions used in the weekly art therapy workshops, 12 different interventions shall be presented, explained and narrated in depth.

### Results

The aim of this poster to determine the point of prevalence and cumulative prevalence of anxiety and depression in pediatric cancer patients and types of art therapy interventions that could ease the pain. The secondary aim is to evaluate the sociodemographic and clinical factors associated with anxiety and depression from diagnosis then remission and then end of treatment.

### Conclusions

Four recommendations are offered for advancing the support services using art therapy interventions conduct research to better understand the psychological and psychosocial dimensions of pediatric cancer patients and their families in low, and middle income countries, expand the number of national pediatric cancer control plans that address pediatric cancer support services.

## Implementation Framework Analysis: Intervention Approaches for Integrating Illness Management Recovery into Outpatient Mental Health Care to Enhance Employment Outcomes

Dr. Patricia Huber<sup>1</sup>

<sup>1</sup>Saratoga County Mental Health and Addiction, Saratoga Springs, United States

### Background:

Severe mental illness (SMI), including schizophrenia, bipolar disorder, and severe depression, often results in significant impairments and low employment rates (10-20%) despite 60% of affected individuals expressing a desire to work. Barriers such as cognitive challenges, stigma, and limited workplace accommodations hinder employment opportunities. Evidence-based interventions like Individual Placement and Support (IPS) promote job placement, while Illness Management and Recovery (IMR) builds essential self-management skills to address clinical and psychosocial barriers to employment.

### Purpose:

This study explores integrating IMR principles into organizational practices to enhance recovery-oriented care and employment outcomes for individuals with SMI at The Saratoga County Mental Health and Addiction Center. The project aims to address staff knowledge gaps, foster recovery-oriented practices, and promote tools for sustainable employment.

### Method:

A mixed-methods design incorporates educational sessions, multimedia tools, and digital adaptations of IMR principles, such as the Health Storylines app. Surveys at baseline and post-intervention measure changes in staff knowledge, perceptions, and engagement with recovery-oriented practices.

### Results:

Preliminary findings focus on evaluating implementation strategies, the effectiveness of which has yet to be determined. Early insights suggest increased awareness of recovery-oriented principles and the potential for positive engagement with digital self-management tools.

### Conclusion:

Though preliminary, this study indicates that integrating self-management skills and emphasizing employment could transform traditionally medical-model settings. The final results will have broader implications for implementing recovery-oriented care and addressing employment disparities for individuals with SMI.



## Institute-Based Psycho-Social Rehabilitation Models for Mental Health Recovery: Lens from Psychiatric Social Work

Dr. Aarti Jagannathan<sup>1</sup>

<sup>1</sup>National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru, India

Institute Based Psycho-Social Rehabilitation models for Mental Health Recovery:

Lens from Psychiatric Social Work

Dr Aarti Jagannathan

1 Additional Professor, Department of Psychiatric Social Work, NIMHANS, Bengaluru. Email: jaganaarti@gmail.com

### Background:

The goals of psychosocial rehabilitation are to help persons with mental health disabilities to develop skills to live, learn and earn in the community, to help foster inclusivity and facilitate independence. According to the World Health Organization, it implies both improving individuals' competency and inducing relevant environment change. This presentation will detail 5 independent studies implemented by psychiatric social workers at NIMHANS

### Methodology:

- Study 1: To develop and test the feasibility of a Supported Education Programme (SEP) for persons with Severe mental Disorders. It was conducted using a mixed method design with Phase 1 being an explorative study to develop the SEP and Phase 2 of the study having a pre-post experimental study where SEP was provided to 14 individuals and 1 year follow-up (case work) was conducted for outcomes such as academic reintegration, self-esteem.
- Study 2: To develop and test the feasibility of a Supported Employment Programme for persons with Severe mental Disorders. It was conducted using a mixed method design with Phase 1 being an explorative study to the Vocational Potential Assessment tool and Counselling Module and Phase 2 of the study having a pre-post experimental study where clients were assessed for their vocational potential, provided counselling, employers were contacted, job matching done and clients were placed in competitive jobs. All clients were provided casework follow-up for a period of 1 year. A total of 62 individuals over a period of 2 years were enrolled in the study and assessed on outcomes such as disability, socio-occupational functioning.
- Study 3: To develop and test the feasibility of a Supported Housing model for women with Severe mental Disorders. The first phase of the study was development of the model using the Theory of change framework of implementation science and the Phase 2 was to provide supported housing services to 20 women who were homeless and abandoned by their families. The women were helped to transit from a tertiary care mental health institution to a half way home to independent living over a period of 6 months using the casework approach
- Study 4: To test the feasibility of family centric rehabilitation services, rehabilitation interventions were provided to the entire family to help them lead a functional life. The families were assessed qualitatively over a period of 6 month about their ability to be economically independent and for the family system to function normally.
- Study 5: To understand the experiences of persons with mental health disabilities undergoing an Art based intervention a qualitative study was conducted. 50 clients who could paint on canvas were selected from around India and were provided training and space to produce 2 canvas paintings. Their experiences were qualitatively recorded pre and post the intervention.

### Results:

1. Supported Education Model: Clients who went through the SEP had more supporting factors and lesser hindering factor to academic reintegration. Success case studies of the model would be presented.
2. Supported Employment Model: Around 40 employers were liaised with and almost 50% of the clients were able to be competitive placed in employment and continuum of care for 1 year helped in

providing reasonable accommodation at workplace and sustaining at work. Success case studies of the model would be presented.

3. Supported Housing Model: Out of the 20 women who had been institutionalized for an average of 10 years, 11 were either successfully reintegrated into their family or were provided vocational skills training to help them earn independent and stay independently. Success case studies of the model would be presented.

4. Family centric Rehabilitation model: This model helped families who had multiple family members with mental illness to get support economically, health-wise, vocationally and psychologically. Case studies of the model would be presented.

5. Therapeutic (Art-based) Model: Around 50 persons with mental health disorders came out with 108 canvas painting which were sold in exhibitions. Qualitative accounts of the clients reported a sense of accomplishment, oneness in the community and they felt supported by their family and their peers.

#### Conclusion:

These models mentioned have been scientifically tested with research evidences and found to be feasible. The next step would be to test their effectiveness in larger multicentre trials.

## Healing of the Concealed Wound: Rehabilitation of Victims of Sexual Violence Among Women With Mental Illness in Southwest Nigeria

Dr. Oyeyemi Samuel<sup>1</sup>, Dr Atinuke Olowe, Dr Munirat Olayinka Oladokun, Prof Adekemi Olowookere, Prof Oluyinka Adejumo

<sup>1</sup>CARTA, , Kenya, <sup>2</sup>Obafemi Awolowo University, Ile-Ife, Nigeria, , Nigeria

**Background and justification:** Sexual violence as an issue of global public health concern has Nigeria ranked third in sexual violence statistics in Africa. It is mostly targeted towards women and children especially when in a defenseless state which arises from being alone in a secluded area and or psychosocial illnesses like mental illness. There is a dearth of studies on the psychosocial rehabilitation of victims of sexual abuse in Nigeria, hence this study.

**Objectives and methods:** This study supports the recovery of victims of sexual violence among women with mental illness through psycho-social rehabilitation. This study adopted a sequential mixed-method approach, survey and individual interviews. The survey was to identify victims of sexual violence among individuals with mental illness. The interview was to explore the experiences of the victims of sexual violence. Out of 400 participants who consented to the Survey, 65 responded yes to being a victim of sexual violence. A practice guide for rehabilitation was used for psychosocial therapies.

**Findings and conclusion:** Some of the participants who were victims of sexual violence were subjected to the experience by the provision of incentives and being alone which affected mental and emotional stability. On the other hand, some participants were diagnosed as victims because of experiences of confusion from the psychological disturbance associated with the mental illness. The study concluded that hearing the voice of individuals who are victims of sexual violence and empowerment should be made a management and research priority.

## Experiences of a Seven-Year-Old Girl and Her Mother in Narrative-Oriented Parent-Child Therapy: A Phenomenological Study

先生。 Wen-sheng Liu<sup>1</sup>

<sup>1</sup>Jianan Psychiatric Center, Tainan, Taiwan

### Background:

Parent-child relationships are crucial for children's development, influencing their sense of security, personality development, and social adjustment. Narrative therapy, a postmodern approach, emphasizes collaborative problem understanding and the construction of personal narratives. This study explores the impact of narrative-oriented parent-child therapy intervention on a seven-year-old girl and her mother.

### Purpose:

This study aimed to investigate the experiences of a seven-year-old girl and her mother participating in narrative-oriented parent-child therapy. It sought to understand how this intervention influenced their emotional awareness, communication skills, and mutual understanding and cooperation.

### Method:

This qualitative study employed a phenomenological approach. Data were collected through semi-structured interviews with the girl and her mother, focusing on their motivations, experiences during the intervention, perceived changes in their relationship, and overall evaluation of the therapy. Data were analyzed using Giorgi and Colaizzi's phenomenological data analysis method.

### Results:

Findings revealed significant impacts on the mother, including increased emotional awareness, improved communication skills, and a shift towards collaborative parent-child interactions. She gained new perspectives on parenting and actively applied learned strategies. However, the child's changes were limited, possibly due to her age and cognitive development. She demonstrated a superficial understanding of the intervention and reported minimal changes in parent-child interactions.

### Conclusion(s):

The study highlights the potential benefits of narrative-oriented parent-child therapy for parents, while suggesting the need for age-appropriate interventions and consideration of individual and family dynamics when working with children. Further research with larger samples and diverse age groups is recommended.

### PP01.01 - Housing Supports Accessed by Youth With Health Issues in a Cohort of Canadian Youth Transitioning Away From Homelessness

Miss Sarah Adair<sup>1,2</sup>, Dr Skye Barbic<sup>1,2</sup>, Dr Tyler Frederick<sup>3</sup>, Dr Marianne Quirouette<sup>4</sup>, Dr Jeff Karabanow<sup>5</sup>

<sup>1</sup>University Of British Columbia, Vancouver, Canada, <sup>2</sup>Foundry, Vancouver, Canada, <sup>3</sup>Ontario Tech University, Oshawa, Canada, <sup>4</sup>Universite de Montreal, Montreal, Canada, <sup>5</sup>Dalhousie University, Halifax, Canada

#### BACKGROUND:

As of 2024, 235,000 people across Canada were experiencing unsheltered homelessness. Of those, 20% were youth aged 13-24, and 30% had a mental illness. Limited research is available about the needs and service utilization of youth transitioning out of homelessness.

#### PURPOSE:

To elucidate the short, mid, and long terms supports that youth access as they transition from homelessness to stable housing.

#### METHODS:

This longitudinal mixed methods study took place in four urban centres in Canada. Eligible participants (n=85) included those aged 16-26, and had experienced at least 3 months of homelessness. We conducted interviews and surveys every 4 months for three years. A chi-square test was conducted to examine the association between the presence of health issues and prior utilization of housing supports/initiatives, including Housing First, supportive housing, integrated care services, and peer support programs. Additionally, a deductive content analysis was performed to identify potential service gaps.

#### RESULTS:

In this cohort, 40% (n=34) of youth had accessed supportive housing and 17.6% (n=15) had accessed peer support services. We found a significant correlation between those with diagnosed mental and/or physical health issues and accessing supportive housing ( $\chi^2=8.60$   $p<0.05$ ); and peer supports ( $\chi^2=6.36$ ,  $p<0.05$ ). The qualitative data emphasized the need for low-cost, flexible mental health care, and food stability programs to support youth.

#### CONCLUSION:

Housing first and integrated peer supports can bolster housing stability, which plays a key part in wellness and health outcomes over time. Once housed, youth need continued support for their mental health and food security.

## PP01.05 - A Preliminary Study on Occupational Balance of Male Inmates in Taiwanese Correctional Institutions

Mr Wen-sheng Liu<sup>1,2</sup>, Mrs Han-Yi Hsiao<sup>1,2</sup>, Mrs Yu-Chen Huang<sup>1,2</sup>, Miss Ying-Chun Chien<sup>1,2</sup>, Mr. Zhen-Wen Lin<sup>1,2</sup>, 先生。 Wen-sheng Liu

<sup>1</sup>Jianan Psychiatric Center, Ministry of Health and Welfare, Tainan, Taiwan, <sup>2</sup>Southern District Integrated Drug Addiction Medical Demonstration Center, Tainan, Taiwan

### Background

Occupational balance, the ability to engage in meaningful activities, is crucial for well-being, particularly for inmate populations where it can facilitate rehabilitation and reintegration into society. However, there are few research on occupational balance among inmates in Taiwanese correctional facilities.

### Purpose

To explore the current status of occupational balance among inmates in Taiwanese correctional facilities.

### Method

Due to accessibility constraints, this study focused on male inmates participating in specific promotional activities. Data were collected anonymously, using the Occupational Balance Questionnaire 11- Chinese Version (OBQ11-C). This study explored participants' perceived occupational balance by examining their agreement or disagreement with each item.

### Result

200 valid questionnaires were collected. Results revealed that most inmates reported satisfaction with engaging in desired activities (91.8%), balancing between things they do for themselves and others (90.9%), and having enough things to do in a week (90.0%). However, notable proportions indicated dissatisfaction with balancing activity types (17.2%), satisfaction with the number of activities (15.5%), and overall life balance (15.5%).

### Conclusion

This study provides preliminary insights into the occupational balance of male inmates in Taiwanese correctional facilities, highlighting both strengths and areas for improvement. While the findings suggest positive perceptions in certain areas, challenges remain in achieving balance across different activity types and overall life management. Future research should address the limitations of this study by including female inmates to enable a more comprehensive understanding of occupational balance across genders and to develop gender-responsive interventions, which will promote holistic well-being and successful reintegration for all inmates.

## PP01.07 - The Effects of Structured Floral Horticultural Therapy on Emotions and Quality of Life in Patients with Schizophrenia

Ms. Ching-yun Tsao<sup>1</sup>, Ms. Shu-Jen Lu<sup>1</sup>, Dr. Yi-Chyan Chen<sup>1</sup>, Ms. Ya-Jou Yu<sup>1</sup>, Ms. Te-Hsin Chen<sup>1</sup>

<sup>1</sup>Taipei Tzu Chi Hospital, Buddhist Tzu Chi Medical Foundation, New Taipei City, Taiwan

### Background

Patients with Schizophrenia Spectrum Disorder (SSD) frequently experience negative emotions that affect their quality of life (QoL) and hinder recovery. While psychological interventions such as cognitive behavioral therapy (CBT) are effective, they may be inaccessible to some patients due to cognitive impairment. Horticultural therapy (HT) requires relatively low cognitive demand and has also proven effective in reducing negative emotions and enhancing QoL across various populations. However, the specific impact of floral horticulture, which engages the senses through colors, fragrances, and plant care, remains underexplored. Floral horticulture may uniquely foster a sense of accomplishment and emotional connection, offering potential psychological benefits for SSD patients.

### Purpose

This study aims to evaluate the effectiveness of flower-themed horticultural therapy in alleviating negative emotions and improving QoL among patients with schizophrenia.

### Methods

A pre- and post-test quantitative study was conducted in a psychiatric day care center at a general hospital. Twenty SSD patients were randomly assigned to an experimental group (n=10) or a control group (n=10). Over 12 weeks, the experimental group participated in weekly one-hour floral horticultural therapy sessions, while the control group maintained routine activities. Emotional responses were measured using the Depression Anxiety Stress Scales (DASS-21), and QoL was assessed with the Schizophrenia Quality of Life Scale (SQLS-R4).

### Results

Data collection is ongoing. Analysis will evaluate changes in emotional responses and QoL after the intervention.

### Conclusion

The findings are anticipated to provide evidence supporting the efficacy of floral horticultural therapy in enhancing QoL and reducing negative emotions in patients with SSD.

## PP01.02 - Implementation of a “Hope” Group for Veterans During an Acute Psychiatric Hospitalization

Dr. Jenna Damico<sup>1</sup>, Dr. Danielle Schade

<sup>1</sup>Coatesville Veterans Affairs Medical Center, , United States

Hope is an important factor in improving treatment adherence and preventing symptom relapse for individuals receiving inpatient care (Kisaoglu & Tel, 2024; Saber et al., 2022). However, there is a lack of evidence-based interventions designed to increase hope specifically, let alone in a hospitalized psychiatric setting. Thus, efforts to foster hope in treatment focus on implementing and adopting strategies from scientifically supported therapies (Hernandez & Overholser, 2020; Schrank et al., 2012; Weis & Speridakos, 2011). In line with this recommendation, a single session, group intervention was developed at a United States (U.S.) Veterans Affairs Medical Center with the aim of increasing Veterans’ hope about their recovery during an acute psychiatric hospitalization. Content of this intervention included topics from acceptance and commitment therapy, problem solving-therapy, and mindfulness based approaches. U.S. Veterans (N=39) who attended the group between September 2024 and January 2025 completed an adapted version of the “Herth Hope Index” immediately preceding and following the intervention (Herth, 2000). A one-tailed, paired-samples t-test was performed to determine if self-reported hope scores increased after the group. Results supported this hypothesis,  $t(31-1) = -3.67$ ,  $p < .01$ , with Veterans reporting greater levels of hope after the treatment intervention ( $M=10.29$ ,  $SD=2.65$ ) than before ( $M=9.35$ ,  $SD=3.19$ ). Quantitative and qualitative feedback solicited from Veterans ( $n=33$ ) also support the group’s effectiveness, as participants generally agreed with statements that the group was helpful, useful, and worth recommending. Findings from this study have several implications (e.g., participants’ functioning level) and limitations (e.g., sample size) that will be further discussed.



#### PP01.04 - A photovoice study exploring local, culturally-rooted factors affecting mental health among Chinese students

Ms. Victoria Huang<sup>1</sup>, Ms. Xiaoxu Zhang<sup>2</sup>

<sup>1</sup>Wilfrid Laurier University, Kitchener, Canada, <sup>2</sup>Shenzhen International Foundation College, Shenzhen, Canada

A photovoice study was conducted at a secondary school in Shenzhen, China, with the aim of exploring students' perceptions of mental health and the factors that influence their psychological wellbeing. Participants were invited to capture images related to mental health themes and subsequently discuss the significance of these photographs in individual interviews. Thematic analysis of the interview data yielded three principal themes: Personal Motivation and Social Cohesion emerged as salient determinants of mental wellbeing, while Optimism was consistently identified as a coping mechanism utilised by all participants. Although exploratory in scope, the findings contribute to a growing body of knowledge on adolescent mental health in non-Western contexts and hold potential to inform culturally sensitive psychoeducational initiatives and mental health interventions. Furthermore, the study offers a conceptual foundation for future empirical inquiry into indigenous mental health concepts.

### PP01.03 - Intervention with Augmentative and Alternative Communication Systems in Adults with Autism Spectrum Disorder: An Approach Based on Functional Communication and Executive Functions

Señorita Delioma Hernandez de la Guardia<sup>1</sup>

<sup>1</sup>Hospital San Juan de Dios, Tenerife, Santa Cruz de Tenerife, España

#### Background

Adults with Level 2 Autism Spectrum Disorder (ASD) often face challenges in functional communication (García-Villamizar & Dattilo, 2010). Augmentative and Alternative Communication (AAC) tools support the expression of thoughts, emotions, and needs, promoting autonomy and social interaction (Beukelman & Mirenda, 2013; Schlosser & Wendt, 2008). Their effective use relies on executive functions such as planning and information organization (Diamond, 2013; Barkley, 2012).

#### Objective

To improve the communicative competencies of adults with ASD through the integration of AAC systems, strengthening executive functioning and promoting social inclusion and enhanced quality of life.

#### Method

A 14-month quasi-experimental study will be conducted with adults with Level 2 ASD, divided into experimental and control groups. The intervention, led by a multidisciplinary team (neuropsychologists, psychologists, speech therapists, social educators, and families), will include manipulative games, visual panels, and the digital platform NeuronUp. Pre- and post-intervention assessments will measure executive functions (Tower of London and ecologically valid assessments), communication skills (SCERTS), maladaptive behaviors (frequency records), and quality of life (San Martín Scale).

#### Expected Results

Improvements are expected in executive functions and communication skills, a reduction in maladaptive behaviors, and increased social participation. AAC systems help structure thought (Cress & Hegde, 2013) and enhance communication effectiveness (Beukelman & Mirenda, 2013).

#### Conclusion

By enhancing autonomy, social engagement, and functional communication, this approach supports emotional well-being and better adaptation to the environment. Combining technological tools, visual aids, and interdisciplinary support allows for a meaningful intervention with the potential to produce sustainable changes that transfer effectively to real-world settings.

## PP01.06 - Exploring Key Participant Profiles and Engagement Factors in the development of a Cannabis Harm Reduction Mobile App for Youth with First-Episode Psychosis: Findings from the CHAMPS Pilot Randomized Controlled Trial

Miss Amani Mahroug<sup>1,2</sup>, PhD Pamela Lachance-Touchette<sup>1</sup>, PhD Stephanie Coronado-Montoya<sup>3</sup>, MSc, MD Amal Abdel-Baki<sup>1,2,3</sup>, MSc Paule Bodson-Clermont<sup>2</sup>, MSc David Boucher-Roy<sup>2</sup>, PhD Côté José<sup>2,5</sup>, PhD Candice Crocker<sup>6</sup>, MD Crockford David<sup>7,8</sup>, MD Jean-Gabriel Daneault<sup>9</sup>, MD Simon Dubreucq<sup>1,2</sup>, MD Dussault-Laurendeau Maxime<sup>10</sup>, PhD Fischer Benedikt<sup>11,12,13,14,15</sup>, PhD Lecomte Tania<sup>17</sup>, MD L'Heureux Sophie<sup>18,19</sup>, MSc, MD Clairelaine Ouellet-Plamondon<sup>1,4</sup>, MSc, MD Marc-André Roy<sup>19,23</sup>, MD, PhD Ovidiu Tatar<sup>20,21</sup>, MD Phillip G. Tibbo<sup>6</sup>, MD Marie Villeneuve<sup>1</sup>, Anne Wittevrongel<sup>2</sup>, MSc, MD Didier Jutras-Aswad<sup>1,2,4,24</sup>

<sup>1</sup>Department of Psychiatry and Addiction, Montreal, Canada, <sup>2</sup>Research Center of Centre Hospitalier de l'Université de Montréal, Montreal, Canada, <sup>3</sup>McCain Centre for Child, Youth and Family Mental health, Toronto, Canada, <sup>4</sup>Centre Hospitalier de l'Université de Montréal, Montreal, Canada, <sup>5</sup>Faculty of Nursing, Montreal, Canada, <sup>6</sup>Department of Psychiatry, Halifax, Canada, <sup>7</sup>University of Calgary, Calgary, Canada, <sup>8</sup>Hotchkiss Brain Institute, Calgary, Canada, <sup>9</sup>Hôpital en santé mentale Albert-Prévost, Montreal, Canada, <sup>10</sup>Hôpital Charles Lemoyne, Greenfield Park, Canada, <sup>11</sup>Centre for Applied Research in Addiction and Mental Health, Vancouver, Canada, <sup>12</sup>University of the Fraser Valley, Abbotsford, Canada, <sup>13</sup>University of Toronto, Toronto, Canada, <sup>14</sup>University of Auckland, Auckland, New Zealand, <sup>15</sup>Federal University of Sao Paulo, Sao Paulo, Brazil, <sup>16</sup>University of Montreal, Montreal, Canada, <sup>17</sup>Centre de Recherche de l'Institut Universitaire en Santé Mentale de Montréal, Montreal, Canada, <sup>18</sup>Clinique Notre-Dame des Victoires, , Canada, <sup>19</sup>Laval University, Laval, Canada, <sup>20</sup>Douglas Hospital Research Center, Montreal, Canada, <sup>21</sup>McGill University, Laval, Canada, <sup>22</sup>Centre de Recherche de l'Institut Universitaire en Santé Mentale de Québec, Montreal, Canada, <sup>23</sup>Centre de Recherche CERVO, Quebec, Canada, <sup>24</sup>University Institute on Addictions, Montreal, Canada

### Background.

Digital harm reduction interventions like CHAMPS (Cannabis Harm-reducing mobile App to Manage Practices Safely) could offer an alternative to abstinence-based approaches for youth experiencing a first episode of psychosis (FEP) who do not aim to cease cannabis consumption. However, individual characteristics and engagement (modules completion) may influence intervention outcomes.

### Purpose.

This study examined sociodemographic, clinical and engagement factors associated with improved outcomes using CHAMPS, to guide future implementation.

Methods. Data from a pilot RCT (N=96), comparing CHAMPS+EIS (n=46, intervention) to EIS-only (n=50, control) were analyzed under modified intention-to-treat. Outcomes included Marijuana Problems Scale (MPS), Protective Behavioural Strategies for Marijuana (PBSM) scores, and days of cannabis use, assessed at baseline, week 6 (primary endpoint), week 12, and week 18. Associations between engagement and baseline variables were assessed using  $\chi^2$  or Fisher's exact tests.

Generalized linear mixed models estimated group by time effects. Moderation analyses explored whether baseline sociodemographic and clinical characteristics (e.g., psychotic symptoms, cannabis use disorder) influenced outcomes. In CHAMPS+EIS, linear regressions tested whether module completion ( $\geq 1/6$  to  $\geq 6/6$ ) predicted week 6 outcomes.

### Results.

Higher baseline social support ( $\chi^2 (2) = 8.1$ ,  $p = 0.02$ ) and education (Fischer's exact,  $p < 0.01$ ) were associated with greater engagement. Social support (SPS-10) moderated PBSM increase at week 6 ( $\beta = 1.47 \pm 0.24$ ,  $p < 0.05$ ). Completion of  $\geq 5$  modules showed a non-significant positive trend with week-6 outcomes.

### Conclusion.

Baseline social support was associated with engagement. Enhancing social support through professionals or peers may optimize CHAMPS's implementation. Future trial should evaluate this approach.

## PP02.01 - Mental Illness Stigma: A Comparison of Attitudes among Occupational Therapy Practitioners in Different Work Areas

Mr Wen-sheng Liu<sup>1,2</sup>, Mrs. Hui-Ing Ma<sup>2</sup>, 先生。 Wen-sheng Liu

<sup>1</sup>Jiannan Psychiatric Center, Ministry of Health and Welfare, Tainan, Taiwan, <sup>2</sup>National Cheng Kung University, Tainan, Taiwan

### Background

Mental health professionals, while striving to eliminate mental illness stigma, may unknowingly hold stigmatizing attitudes. Understanding attitudes among psychiatric occupational therapy (OT) practitioners is crucial for developing effective destigmatization strategies.

### Purpose

This study investigated differences in stigmatizing attitudes among psychiatric OT practitioners working in different areas.

### Method

Licensed OT practitioners working in community or inpatient psychiatric areas completed an online questionnaire, including demographics and the Opening Minds Stigma Scale for Health Care Providers (OMS-HC). OMS-HC comprises three subscales: Negative attitudes, Disclosure and help-seeking, and Social distance, with higher scores indicating greater stigmatizing attitudes. ANOVA and Bonferroni correction were used to analyze data.

### Result

150 psychiatric OT practitioners participated. Of the participants, 67 (44.7%) worked primarily in inpatient areas, 49 (32.7%) in community areas, and 34 (22.6%) worked in both. ANOVA revealed significant differences in scores on the OMS-HC total scale ( $F [2, 147] = 3.72, p = .027, \eta^2 = .052$ ) and Attitudes subscale ( $F [2, 147] = 4.06, p = .019, \eta^2 = .048$ ). Post-hoc tests indicated that OT practitioners working in community areas had significantly lower scores on both the OMS-HC total scale ( $p = .023, d = 0.50$ ) and Attitudes subscale ( $p = .016, d = 0.52$ ) than those working in inpatient areas, suggesting lower stigmatization.

### Conclusion

OT practitioners working in community areas demonstrated significantly lower negative attitudes than those in inpatient areas. Further research should explore contributing factors to these differences and develop training programs to promote destigmatization and enhance mental health services.

## PP03.01 - Peers at the Heart of Recovery College Research - Learning From the Experiences of Recovery College Peer Educators and Program Organizers to Inform the Implementation of a Transformative Model of Mental Health and Substance Use Care at Vancouver Coastal Health

Ms. Sue H. Macdonald<sup>1</sup>, Ms. Betsabeh Parsa<sup>2</sup>, Ms Donna Dykeman<sup>3</sup>, Ms Marilyn Galati<sup>3</sup>, Ms Mailis Valenius<sup>3</sup>, Ms Andrea Winterbottom<sup>3</sup>, Mr Soroush Zonozi<sup>3</sup>

<sup>1</sup>Vancouver Coastal Health Authority, Vancouver, Canada, <sup>2</sup>University of British Columbia, Vancouver, Canada, <sup>3</sup>Peer Advisory Committee, Vancouver, Canada

### Background

Recovery College, a worldwide movement promoting recovery, learning, peers' co-production and co-creation has rapidly expanded across Canada. As part of establishing a Vancouver-based college we conducted research to inform our development.

### Purpose

In 2022, recognizing a gap in the literature on peer educators' experiences in Recovery College, we identified an opportunity to advance this conversation. Our study aimed to uncover barriers and facilitators affecting peer educators' roles and develop supportive practices to inform our college.

### Method

Using a Participatory Action Research approach, we designed a mixed methods study involving peer educators at in all aspects. Data collection included an on-line survey and virtual interviews.

### Results

We contacted over 29 Recovery Colleges in Canada and received responses from 30 participants (19 surveys and 11 interviews). Findings were categorized into three areas of interest (recruitment, training, workplace support) with five emergent themes: Inclusivity, Connectedness, Adaptability, Empowerment, and Implementation Factors. As part of our knowledge translation, we created a practical toolkit to guide program organizers in supporting peer educators.

### Conclusion

Recovery Colleges would not exist without peer educators; their work is instrumental to co-creation, co-delivery, and co-production. A key strength of our research was its participatory nature. Peer educators exemplified a collaborative approach rooted in recovery and strength-based principles, symbolized as a tree: deeply rooted in recovery, nurtured by communication, commitment, and compassion, and bearing fruit as practical strategies for peer support. Continuing to uplift the peer educators' experiences is essential to uphold Recovery Colleges' values and foster inclusive, meaningful learning environments.

### PP03.02 - Exploring the occupation of peer support on youth peer support workers in an integrated youth services initiative in British Columbia, Canada

Miss Madelyn Whyte<sup>1</sup>, Bridgette Ferrara<sup>1</sup>, Kaylie Flett<sup>1</sup>, Cassia Warren<sup>2</sup>, Kirsten McCulloch<sup>2</sup>, Matt Wenger<sup>2</sup>, Amy Schactman<sup>2</sup>, Dr. Skye Barbic<sup>1,2</sup>

<sup>1</sup>Department of Occupational Science and Occupational Therapy, University of British Columbia, Vancouver, Canada, <sup>2</sup>Foundry, Vancouver, Canada

**Background:** Youth peer support at Foundry, an integrated youth services (IYS) initiative in British Columbia, provides services to youth experiencing a wide range of concerns, including but not limited to mental health and substance use challenges. While the impact of peer support on those accessing the service is becoming better understood, there is a lack of knowledge on the impact on the YPSWs themselves.

**Purpose:** To 1) understand the impact of being a YPSW on personal well-being, 2) explore the experience and meaning of the role, and 3) identify barriers and facilitators.

**Method:** An interview guide was co-designed with YPSWs. Eighteen YPSWs from 10 Foundry communities participated in semi-structured Zoom interviews in Fall 2023. Interviews were transcribed and thematically analyzed using an inductive approach.

**Results:** First, participants viewed their role as “more than just a job”, seeing it as a source of personal growth, purpose, and skill development. They also highlighted the centrality of lived experience in their work, noting the need for self-care, boundaries, and balance to maintain well-being. Additionally, YPSWs valued low-barrier employment and emphasized the importance of trust and connection through shared experiences. However, they faced challenges like limited resources and policies, which pointed to the need for better supports and positive work environments to sustain their well-being.

**Conclusion(s):** Being a YPSW encourages personal growth and empowerment within the providers’ well-being and recovery journeys. Prioritizing the development of policies and standards is essential to define and grow the YPSW profession.

## Lights, camera, action! A photovoice study of the impact of co-production in Recovery College settings

Dr. Lisa Hawke<sup>1</sup>, Ms Shelby McKee<sup>1</sup>, Ms Holly Harris<sup>1</sup>, Ms Amy Hsieh<sup>1</sup>, Ms Maral Sahaguian, Ms Gail Bellissimo<sup>1</sup>, Jordana Rovet<sup>1</sup>, Mr Kayle Donner<sup>1</sup>, Ms Kelly Lawless<sup>1</sup>, Mr. James Svoboda<sup>1</sup>, Ms. Melissa Hiebert<sup>1</sup>, Dr Sophie Soklaridis<sup>1</sup>

<sup>1</sup>Centre for Addiction and Mental Health, Toronto, Canada

### Background:

Recovery Colleges are co-produced education-based programs that support people with lived experience of mental health and/or substance use challenges (PWLE). While the literature alludes to the positive effects of co-production in Recovery Colleges, there is a lack of research demonstrating what the impacts are.

### Purpose:

This photovoice project explored the impacts of co-production on individuals involved in the process or who access co-produced programming in the Recovery College context.

### Method:

Photovoice offers a meaningful tool for self-expression where all skill levels are welcome. The process involved seven photography workshops, weekly photo submissions, ongoing discussions, and final photo submissions exploring the impact of co-production. It concluded with focus groups where participants reflected on how co-production influenced their daily lives through photographic self-expression. All aspects of the study were co-produced.

### Results:

The study will conclude with a printed photo book, a web page, and a virtual gala open to researchers, members of the Canadian Recovery College community, and the general public. The results of this project will be used to inform the creation of a psychometric tool to assess and evaluate the impacts of co-production in broader health contexts.

### Conclusion:

This study demonstrates the value of co-production by illustrating its impact on the people involved through a creative community-based research methodology. Co-production with PWLE is a transformative means of developing health services programming with a range of positive impacts on those involved.



## A co-designed research platform on the evaluation of lived experience and family engagement in mental health and substance use contexts

Dr. Lisa Hawke<sup>1</sup>, Holly Harris, Amy Hsieh, Maral Sahaguan, Gail Bellissimo, Kelly Lawless, James Svoboda, Claudia Sendanyoye, Shoshana Hauer, Charlotte Munro, Shelby McKee, Melissa Hiebert, Kayle Donner, Jordana Rovet, Dr Sophie Soklaridis

<sup>1</sup>Centre for Addiction and Mental Health, Toronto, Canada

### Background.

People with lived experience of a health condition and family members (PWLE/F) are increasingly engaged in the development of health services, programming, and research. However, the science of engagement currently lacks evaluations of the impacts of PWLE/F engagement.

### Purpose.

This presentation will describe a PWLE/F-engaged research portfolio focused on evaluating the impacts of engagement. Method. This research portfolio involves a Recovery College research subcommittee that co-produced a strategic research agenda that included the topics of co-production and measurement science. As part of enacting this research agenda, the committee conducted a photovoice study that identified how engagement in co-production impacts the individuals involved. The results are being used to develop a psychometric assessment tool that measures the impact of co-production on those involved. An associated psychometric validation study is currently in the initiation and planning phases. In parallel with this work, a research and PWLE/F team conducted a qualitative descriptive study to understand the impact that PWLE/F engagement has on the research itself. This study has led to the development of a psychometric assessment tool that measures the impact of PWLE/F engagement on the research itself. A grant application has been submitted to establish the psychometric properties of the tool.

### Conclusions.

Attendees will gain an understanding of the state of measurement science in co-production and how this research platform will advance the science of lived experience engagement.

## Balancing power dynamics in lived experience and family engagement: A qualitative study

Dr. Lisa Hawke<sup>1</sup>, Joshua Dunphy<sup>1</sup>, Wuraola Dada-Phillips<sup>1</sup>, Claudia Sendanyoye<sup>1</sup>, Charlotte Munro<sup>1</sup>, Shoshana Hauer<sup>1</sup>

<sup>1</sup>Centre for Addiction and Mental Health, Toronto, Canada

### Background.

The engagement of people with lived experience of mental health and substance use challenges, and family members, in research design and implementation can improve many aspects of the research, while democratizing the research process. However, inherent to the engagement process is a power differential that can cause challenges for research teams and people with lived experience alike. This qualitative study aimed to unpack issues related to power dynamics in lived experience engagement contexts.

### Method.

Eighteen participants took part in one of four focus group discussions. Participants were people with lived experience and family members who had been engaged in mental health and substance use research as partners, co-researchers, or advisors. Data were analyzed using codebook thematic analysis. A lived experience advisory group supported the study. Results. Three primary themes were generated from the data: 1) Power is about who is in charge, because leadership, knowledge, and expertise generate power. 2) Power dynamics should be acknowledged and balanced to improve research quality. 3) Power can be shared through authentic engagement practices; these include opportunities to contribute meaningfully, respect, strong communication and supportive environments.

### Conclusions.

While knowledge and expertise generate power, researchers are not alone in holding knowledge and expertise. This requires that power be shared. Research teams can address and balance power by implementing the best practices for authentic engagement as a whole.

## A qualitative descriptive study of communication in the engagement of people with lived experience in mental health and substance use health research

Dr. Lisa Hawke<sup>1</sup>, Wuraola Dada-Phillips<sup>1</sup>, Charlotte Munro<sup>1</sup>, Claudia Sendanyoye<sup>1</sup>, Shoshana Hauer<sup>1</sup>

<sup>1</sup>Centre for Addiction and Mental Health, Toronto, Canada

### Background.

The relevance and quality of research can be improved by engaging people with lived experience and family members in its design and implementation. However, engaging them effectively can sometimes be challenging for researchers. One area for development in the science of engagement is clarifying the best means of communicating in engagement contexts. This qualitative descriptive study explores the communication preferences of people with lived experience and family members in mental health and substance use research engagement settings.

### Method.

A sample of 18 participants between the ages of 19 and 79 joined one of four co-facilitated focus groups. We analyzed the transcripts using codebook thematic analysis. This study was guided by a lived experience and family advisory group. Results. Analyses led to the generation of four themes: 1) Communicate in trusting and respectful ways, 2) Use an accessible communication style, 3) Employ effective communication approaches before, during, and after meetings, and 4) Use technology effectively to support engagement.

### Conclusions.

People with lived experience and family members describe that clear communication can support the engagement experience, particularly ensuring that everyone has the opportunity to contribute in a meaningful way throughout the research lifecycle. The type of accessible communication style that is preferred may depart from typical scientific communication. Attending to clear communication throughout the research project can help achieve authentic, meaningful engagement for all those involved.

## PP04.01 - Design Considerations in Developing a New Mental Health Rehabilitation Unit in South Australia

Dr. Andrea Baas<sup>1</sup>, Ms Lydia Forbes

<sup>1</sup>Southern Adelaide Local Health Network, Adelaide, Australia

### Background:

The South Australian government has committed to the establishment and operation of seventy-two new non-acute mental health inpatient rehabilitation beds increasing the number of rehabilitation units in the State. These are to be established as three 24-bed units at three different metropolitan hospitals, with services expected to commence operation from mid-2025. Design of the unit at one of these sites, Noarlunga, was undertaken with consideration of contemporary evidence for needs of people undertaking rehabilitation for complex psychosis as well as with people with lived experience.

### Purpose:

Design and construction of a purpose build mental health rehabilitation unit that reflected contemporary thinking about the needs for people undertaking rehabilitation, and indigenous clients.

### Methods:

Review of existing literature, discussion with subject matter experts in mental health rehabilitation, consultation with residents of the existing local rehabilitation service and aboriginal liaison group.

### Results:

Evidenced and lived experience informed perspectives enhanced the perspectives and depth of understanding to develop a contemporary rehabilitation unit.

### Conclusions:

Engaging in this process allows consideration of a unit within its local area and of approaches intended to enhance delivery of rehabilitation within the service.

#### PP04.04 - Development and Validation of a Recovery-Oriented Screening Tool for Psychosocial Needs in Inpatient Psychiatric Settings

Ms. Kaylyn Brown<sup>1</sup>, Ms. Olivia Dixon, Ms. Amy Doka-Moore<sup>1</sup>, Ms. Jena Whiteside<sup>1</sup>, Ms. Selina Fan<sup>1</sup>, Dr. Shu-Ping Chen<sup>1</sup>

<sup>1</sup>University of Alberta, Edmonton, Canada

##### Background:

Discharge planning in inpatient psychiatric settings often lacks a comprehensive psychosocial assessment, primarily focusing on medical stabilization rather than addressing key determinants for successful community living and sustained recovery. Time constraints and high workloads in acute care environments further challenge the feasibility of thorough psychosocial assessments, underscoring the need for a more practical and recovery-oriented screening tool. Purpose: This study aims to develop a screening tool that evaluates key determinants such as socioeconomic, cultural, and spiritual needs, as well as post-discharge living arrangements and required support levels.

##### Methods:

(1) The screening tool was developed by synthesizing recovery frameworks, reviewing the literature on inpatient psychosocial care, and analyzing existing tools relevant to discharge planning in psychiatric settings (2) Validation and pilot testing: Feedback from inpatient providers informs the tool's refinement, followed by pilot testing in inpatient units in British Columbia, Canada. Results: The project yields a recovery-oriented model and screening tool for inpatient psychiatric settings. Example items include the assessment of housing status, social networks, employment status, and a sense of connectedness, hope, identity, meaning, and empowerment. This tool is designed to enhance discharge planning, reduce rehospitalization risks, and support long-term recovery while remaining feasible for use in fast-paced clinical environments.

##### Conclusion:

This study addresses the urgent need for mental health service transformation by integrating recovery-oriented practices into inpatient discharge planning. This ensures continuity in patients' recovery journey by identifying their psychosocial needs and facilitating connections to appropriate community supports post-discharge.

### PP04.03 - A parenthood program's experience in a public psychosocial rehabilitation service

Mr. Xavi Castellano<sup>1</sup>

<sup>1</sup>Consorci Sanitari de Terrassa, Rubí, Spain

Background:

Catalan Mental Health and Addictions Plan provides for actions to improve care for the population with a severe mental disorders.

The Rubí's Community Rehabilitation Service Center has detected the need to create a specific transversal intervention program in the area of parenting management for patients linked to the Center. It is a program initiated to work on the development of emotional, educational and parental skills. The users of the service who are parents, as the main actors in the education and training process of their children, are integrated into this program where importance is given to their role as educational and relational models. Interventions are carried out to address the difficulties and limitations that patients encounter in their daily lives as parents.

Purpose:

- Contribute to improving communication processes between parents and children
- Work on the parent-child connection using art as the main tool

Method:

Individual format: visits with the center's therapists (psychologist, occupational therapist and social worker)

Group format: weekly group activities with different intervention modalities as parenthood skills group or art therapy group

Family format: family groups and visits

Results:

- Trend towards an increase in positive scores in self-perception of parental skills
- Increased sense of self-efficacy, qualitative improvements in time spent with children, improvement in problem resolution and emotional relief

Conclusions:

- A need for intervention is detected that has not been previously addressed in a structured manner at the center.
- Positive patient evaluation of creating a support network and peer support

## PP04.02 - CMHA BC Links to Employment in Treatment & Recovery

Miss Stephany Berinstein<sup>1</sup>, Miss Lisa Demers<sup>1</sup>, Mr. Chris Steller, Mr. Francisco Luco

<sup>1</sup>CMHA BC Division, , Canada

Title: The Missing Link: Integrating Supported Employment into Bed-Based Treatment in BC

### Background

Employment is a predictor of positive outcomes for individuals in recovery from substance use, including lower recurrence rates and improved quality of life. Individuals engaged in employment activities are also more likely to complete treatment and successfully reintegrate into the community. Despite these benefits, many bed-based treatment centers lack dedicated employment supports for clients.

### Purpose

The Links to Employment program, a supported employment program drawing on the model of Individual Placement and Support, was adapted and embedded within five bed-based treatment and recovery centres in BC.

### Method

An evaluation of the program was conducted which included surveys and focus groups with clients, interviews with program staff and quantitative data on employment, education, volunteering and recovery indicators.

### Results

178 clients enrolled in the program and 104 clients were discharged. 50% of discharged clients were employed at time of discharge, 41% engaged in education or training and 25% in a volunteer opportunity. Clients also reported gaining skills and benefiting from the program, including feeling supported to work towards their vocational goals, improved sense of well-being and establishing greater stability in their lives.

### Conclusion(s)

The program addressed a service gap and supported clients to gain job skills and experiences that supported their recovery. Key lessons from the five centres included the importance of a flexible program model, integrating vocational staff into recovery culture, balancing employment and recovery needs, and adopting a broad definition of success for clients.

### WAPR Italia Symposium

#### The Reform of Forensic Psychiatric Hospitals in Italy

Dr. Gabriele Rocca<sup>1</sup>, Germana Agnetti, Dr. Paola Carozza, Dr. Antonella Mastrocola

<sup>1</sup>WAPR, , Italy

The 2012 Act and the new organisation of forensic psychiatry

Gabriele Rocca

WAPR President

In 2011, the Italian Parliamentary Committee of Enquiry into Forensic Psychiatric Hospitals published a report concerning the living conditions and quality of care inside what were then the country's six Forensic Psychiatric Hospitals, which revealed serious structural problems; unacceptable health and hygiene conditions; insufficient staff; and inadequate procedures governing the use of physical restraint. The subsequent Law 9 of 2012 radically changed the management of offenders with mental disorders by replacing the forensic hospitals with what are known as High-Security Residential Facilities (REMS), which are allowed to receive no more than 20 people, have to provide psychiatric care in a rehabilitative setting, and are staffed by members of the National Health Service (security services operate outside the perimeter of the REMS). This presentation describes the innovative aspects of the reform and the critical issues involved in its implementation.



## Quality Rights as a roadmap for paradigm change: Updates and examples from the WAPR Human Rights Committee

Mr. Alexander Smith<sup>1</sup>, Mrs. Guadalupe Morales Cano, Prof. Murali Thyloth

<sup>1</sup>Counseling Service of Addison County, Middlebury, United States

In June 2021 the World Health Organization introduced the “Quality Rights” (QR) initiative aligning human rights-based approaches with recovery principles with examples of approaches from around the globe (WHO, 2021). The WHO called for “fundamental changes to the way services conceptualize and provide care...operationalizing a person-centred, recovery and human rights-based approach, and developing and providing services that people want to use, rather than being coerced to do so” to “promote autonomy, encourage healing, and create a relationship of trust between the person providing and the person receiving the service. “

This Institute will feature a presentation by past WAPR President Dr. Murali Thyloth regarding human rights-based practices in India, including work with the e-learning modules from the WHO. He will also discuss diversity in different regional and cultural contexts regarding the concept of Human Rights. International advocate for service users, Guadalupe Morales of Spain, will describe how, with regional government support, Spain was the first Spanish speaking country in which QR training took place. She will also describe collaboration with the World Psychiatric Association in embracing key elements of the QR framework. Alexander Smith of Vermont, USA will describe applications of human rights-based practices at a community mental health program, including a crisis alternative program that brings together peer support, open dialogue, and the living room model, and other projects promoting low barrier access to care and community interconnectedness.

There will also be discussion strategies to support progress in the context of systemic resistance to the QR paradigm

**Research Study: 3,025 Users over 36 Years of Evolution Integral Psychosocial Profile, Reduction in Hospital Admissions, and Quality of Community Life in Severe Mental Disorders**  
 Dr. Ramon Blasi<sup>1</sup>, Alejandro Vilella<sup>1</sup>, Marta González<sup>1</sup>, Mr. Jordi Hernández, Mirentxe Saiz<sup>1</sup>, Mrs. Paula Tobaja Rubí, Mr. Alex Torres, Ms. Roser Vega, Mrs. Andrea Graells

<sup>1</sup>ARAPDIS, Barcelona, Spain

Cross-sectional, descriptive, retrospective, and evolutionary research study of clinical and care evaluation developed within a community experience within a tertiary care model of COMPREHENSIVE PSYCHOSOCIAL REHABILITATION IN AND WITH THE COMMUNITY in SEVERE MENTAL DISORDERS.

Objectives:

- PSYCHOSOCIAL PROFILE
- INCOME DECREASE
- QUALITY OF LIFE

Developed in 4 stages during 3 years, a sample of 3,025 users assisted over 36 years (1989-2025), with 5 distinct subsamples and results and conclusions to evaluate, conclude, and compare with 6 previous studies, especially one presented in 2003 in WARP World Congress, New York.

Methodology and Instruments:

- Team: 20 Professionals
- 3,025 users, 4,000 at the start
- Medical Records
- Computerized Interview Questionnaire: 150 items, 11 sections
- Interviews with Users, Referees, and Family Members

The study will close in June 2025, with final results and conclusions in line with the six previous studies:

- 41-year-old male, single, without children: 67% men, 33% women, 85% single.
- Education: 54% secondary school, 88% no training.
- Employment: 80% have never worked, 40% without assistance.
- Home: 50% family, 36% residential.
- Referral: 44% primary, 21% hospitalized.
- Diagnosis: 92% psychosis, 93% medicated.
- Onset: 21 years.

- Outcome: 94% >5 years, 40% >20 years.
- Admissions: 50% 2–5 years, 88% hospitalized.
- Revenue Time: 35% in 1 year, 30% in 1–5 years.
- Evolution Time: 20 years.

The reduction in revenues is significant, 7-fold in number and 20-fold in days for users linked to resources, from 91% to 97% without revenue.

## Growing amidst war: Which mental health interventions for the children and youth of Gaza living under prolonged armed conflict and protracted violence? (Remote)

Dr. Audrey MacMahon

<sup>1</sup>International Committee of Red Cross in Gaza, Gaza, Palestine, State of

For the past two years, the children of Gaza and their families have been experiencing an unprecedented humanitarian crisis marked by intense conflict, widespread destruction and severe deprivation. The hostilities have resulted in a harrowing number of casualties, with women and children estimated to comprise 70% of fatalities. Around 17,000 children would be unaccompanied or separated from their parents; 87.4% of schools are reported to have been damaged; and the UN reports that Gaza's children now hold the tragic distinction of having the highest number of child amputees per capita in the world. When it comes to a context like Gaza, the social determinants of mental health are not only many but deeply affecting the mental health of children. Protracted armed conflict, extending over decades and generations, leave unique psychological scars, altering the social fabrics of a people and reshaping children's very sense of self, safety and trust into the world. In the context of enduring hostilities, interrupted education, repeated forced displacement, protracted traumatic losses and circles of grief, compounded by a lack of view on any promising future, what type of interventions and approaches should be considered to support the mental health and wellbeing of Gazan children and youth during ongoing hostilities? Are current guidelines and knowledge enough and appropriate, or is a distinctive phenomenology for understanding expression of distress necessary? Which cultural and developmental adaptations should be considered? These are some of the questions that this talk will humbly try to address.

## Insights and Experiences in Implementing Psychiatric Rehabilitation Across New York State

Ms. Daniella Labate Covelli<sup>1</sup>, Mrs. Debbie Mcdermitt, Ms. Taryn Judah, Prof. Marianne Farkas

<sup>1</sup>The Alliance for Rights and Recovery, Albany, United States, <sup>2</sup>Boston University Center for Psychiatric Rehabilitation, Boston, United States, <sup>3</sup>AllWel, New York, United States

New York State was an early adopter of Psychiatric Rehabilitation in the 1980s, developing 100 Intensive Psychiatric Rehabilitation Treatment Programs to help individuals choose, get, and keep valued roles. Over time, shifts in funding, priorities, and staff turnover left behind only the language of "role functioning," "choice," and "skills and supports," while the practices themselves diminished. In response, the New York State Office of Mental Health launched a comprehensive statewide initiative to train providers and integrate Psychiatric Rehabilitation into current service models.

The Office of Mental Health awarded a three-year training grant to The Alliance for Rights and Recovery, in partnership with Boston University, to develop and implement a Psychiatric Rehabilitation training initiative. To date, over 600 participants have been trained in key techniques, equipping them to incorporate these practices into diverse service models.

Utilizing a hybrid approach, the program provides flexibility and accessibility for a post-COVID workforce. It blends knowledge dissemination, self-paced modules, hands-on practice, remote training support, and supervisory guidance. Two training cohorts have worked toward earning Certified Psychiatric Rehabilitation Practitioner (CPRP) credentials.

Beyond individual training, several agencies are embedding Psychiatric Rehabilitation and Recovery Principles at an organizational level with expert guidance, driving systemic improvements in service outcomes.

This session will share insights from the initiative, highlighting lessons learned across cohorts. Attendees will explore how data-driven decisions enhanced training design, participation, and engagement, advancing Psychiatric Rehabilitation across New York State.

## A

Abbott, Maureen	128	Alpern, Zelda	21
Abdel-Baki, Amal	145	Amina, Sevil	42, 43, 72
Adair, Sarah	35	Amina, Sevil	41
Adejumo ,	68	Aryobi, Suliman	26
Oluyinka			
Agnetti, Germana	127	Aubin, François	43
Albert, Hélène	41, 42, 43, 72	August, Ciaran	118
Allaire, Catherine	15	Ayandele, Olusola	94
Almukhtar,	112	Ayonrinde ,	27
Zainab		Oyedeji	

## B

Baas, Andrea	31, 32	Bergmark,	38, 39
		Magnus	
Barbato, Angelo	99	Berinstein,	57, 62, 91, 124
		Stephany	
Barbic, Skye	87, 57, 62, 91, 92, 35, 79	Bitá, Basir	58
Basedow, Dr.	105		
Christina		Blasi, Ramon	111
Bejerholm, Ulrika	86		
		Bodson-	145
Bellissimo, Gail	82, 83	Clermont, Paule	
Ben Itzhak Klutch,	74	Bøe, Tormod	17
Eitan		Boucher-Roy,	145
Bendixsen,	17	David	
Synnøve		Bridge-Cook,	15
Benedikt, Fischer	145	Philippa	
Bergmans,	97	Brown, Kaylyn	34
Yvonne		Brown, Lillian	87

## C

Cai, Zhenyu	52	Chow, May	104
Carlyle, Margaret	15	Chunilall, Nitika	97
Carmichael, Dave	27, 26	Comeau, Thea	110
Carmichael, Karin	27	Conway, Susan	81
Carozza, Paola	88, 127	Coronado-	145
		Montoya,	
Castellano, Xavi	107	Stephanie	
Chen, Shu-Ping	34	Costa, Stefano	109
Chen, Te-Hsin	77	Crocker, Candice	145
Chen, Yi-Chyan	77	Crowley, Pavlina	27, 26
Chien, Ying-Chun	73	Currie, Leanne	15

## D

Dada-Phillips,	81, 84, 85	Ding, Ruoxi	6
Wuraola			
Damico, Jenna	89	Dixon, Olivia	34
Daneault, Jean-	145	Dobkowski, Lisa	21
Gabriel			
David, Anita	28, 120, 121, 97	Doka-Moore,	34
		Amy	
David, Crockford	145	Donner, Kayle	82, 83

Dawson, Janis	36
De Vidts, Solange	100, 116
Demers, Lisa	124
Dhanoa, Tarleen	110

## E

Easton, Corinna	26
Edmundson, Laurie	12, 28

## F

Fan, Selina	34
Farkas, Marianne	75
Fergusson, Alberto	143
Fernie, Erin	15
Ferrara, Bridgette	79
Ferreira, Danielle	130

## G

Gagnon, Olivia	15
Galati, Marilyn	29
Gill, Ken	66
Gill, Parveen	15
Ginn, Monica	4
Glynn, Brad	128

## H

Harris, Greg	101
Harris, Holly	82, 83
Hauer, Shoshana	83, 85
Hauer, Shoshana	84
Hawke, Lisa	81, 82, 83, 84, 85
He, Ping	6
Hernández, Jordi	111
Hernandez de la Guardia, Delioma	137
Hiebert, Melissa	82, 83
Hillborg, Helene	86
Hillborg, Helene	39

## I

Iorker, Lubem	94
Irving, Sarah	90

## J

Jagannathan, Aarti	141
Jaouich, Alexia	128, 36
Jeffery, Jennifer	120, 121, 97
Jones, Shaleen	36
Jordan, Adam	81

Dubreucq, Simon	145
Dunk, Nadine	36
Dunphy, Joshua	84
Dykeman, Donna	29

Elewah, Manale	24
Evans, Rhea	90

Fleming, David	91
Flett, Kaylie	79
Forbes, Lydia	31

Forbes, Lydia	32
Forchuk, Cheryl	16
Frederick, Tyler	35

Goldszmidt, Rebecca	26
González, Marta	111
Graells, Andrea	111
Graham, Ian D	41, 42, 43, 72
Greidanus, Elaine	101
Griffiths, Christina	90

Hillörn, Maria	39
Holmes, Julia	26
Howard, Amanda Fuchsia	15
Howell, Brittany	128
Hsiao, Han-Yi	73
Hsieh, Amy	82, 83
Huang, Victoria	130, 129
Huang, Yu-Chen	73

Huber, Patricia	64
Hubin, François	41
Huynh, Uyen	10

Isard, Roxanne	26
----------------	----

José, Côté	145
------------	-----

Judah, Taryn	75
Jutras-Aswad, Didier	145
Jyothi, Gadha	112

## K

Kanda, Meba Alphonse	98
Karabanow, Jeff	35
Karpati, Falisha	72

## L

Labate Covelli, Daniella	75
Labonté, Lise	41, 43
Lachance- Touchette, Pamela	145
Lachman, Max	106
Landry, Terry	27
Lanz, Anja	28, 103
Lavdas, Michalis	17
Lawless, Kelly	82, 83
Lee, Michael	44, 45
Lee, Wei Xuan	96

## M

Ma, Hui-Ing	25
Macdonald, Sue H.	29
MacMahon, Audrey	138
Mahroug, Amani	145
Makokis, Anita	41, 42, 43, 72
Mangat, Ajay	110
Marjanovic, Zdravko	110
Markström, Urban	38
Marshall, Carrie Anne	27, 26
Marshall, Kerry	15
Marshall, Tara	112
Martini, Victor	21
Mastrocola, Antonella	109, 127
Maxime, Dussault- Laurendeau	145
Maxwell, Victoria	28

## N

Nair, Radhika	112
Nickerson, Jessica	110

## O

Kohler, Hannah	120, 121
Koppert, Sandra	19, 20
Kwan, Amanda	57, 62, 91

Legge, Niki	128
-------------	-----

Leonova, Anna	15
Levina (Burak), Yuliya	69

Lin, Zhen-Wen	73
Liu, Wen-sheng	9, 73, 25
Loreman, Thomas	110
Lövgren, Veronica	39
Lövgren, Veronica	86
Lu, Shu-Jen	77
Luco, Francisco	124

Mbakogu, Ifeyinwa	63
Mbuih, Salim Kanghamih	65
McCulloch, Kirsten	87, 92, 79
Mcdermitt, Debbie	75
McEvoy, Annie	130
McKee, Shelby	82, 83
Melville-Richards, Lucy	41, 42
Milne, Lucas	31

Minde, Karen	41, 43, 72
--------------	------------

Minde, Karen	42
Morales Cano, Guadalupe	76
Morin, Charles- Albert	41, 42, 43
Morris, Jonathan	57, 62, 91

Munro, Charlotte	83, 84, 85
------------------	------------

Murphy, Susanne	27, 26
-----------------	--------

Noga, Heather	15
---------------	----



Obosi, Abel	94
Oladokun,	68
Munirat Olayinka	
Oliffe, John	15
Olowe, Atinuke	68

Olowookere , Adekemi	68
-------------------------	----

## P

Parrish, Anna	10
Parsa, Betsabeh	29
Piat, Myra	41, 42, 43, 72, 48, 49

## Q

Quirouette, Marianne	35
-------------------------	----

## R

Reid, Colleen	10
Richter Sundberg, Linda	38
Rivest, Marie-Pier	41, 42, 43, 72
Rocca, Gabriele	127
Roe, David	131

## S

Sahaguian, Maral	82, 83
Saiz, Mirentxe	111
Salton, Daisy	62
Samuel, Oyeyemi	68
Sandal, Gro	17
Mjeldheim	
Sarami, Hosein	101
Schactman, Amy	79
Schade, Danielle	89
Schryburt-Brown, Kim	27
Seiyad, Hajar	81
Sendanyoye, Claudia	83, 84, 85
Shi, Sherry,	44, 45
Xiaochang	
Slade, Mike	131

## T

Ta, Uyen	30
Taintor, Zebulon	144, 143
Tania, Lecomte	145
Tatar, Ovidiu	145

Ong, Anna-Joy	92
Orr, Natasha	15

Orson, Joshua	81
Ouellet- Plamondon, Clairelaine	145

Prihodova, Radka	10, 11, 104
Pukall, Caroline	15

Roncaglia, Valentina	109
Rosenberg, David	38, 86, 39

Rovet, Jordana	82, 83
Roy, Marc-André	145
Rudnick,	5
Abraham (Rami)	

Smith, Alexander	21, 76
Snaychuk, Lindsey	105
Sofouli, Eleni	41, 43, 72, 48, 49
Sofouli, Eleni	42
Soklaridis, Sophie	82

Soklaridis , Sophie	83
Sophie, L'Heureux	145
Soychuke, Oksana	87
Speyer, Helene	131

Steller, Chris	124
Summerville, Chris	78
Sutherland, Jessica	15
Svoboda, James	82, 83

Thyloth, Murali	76
Tibbo, Phillip G.	145
Tobaja Rubí, Paula	111
Toofany, Manish	97

Tate, Robert	110
Thakore, Padmini	57, 62, 91
Thompson, Jessica	31

Torres, Alex	111
Tsao, Ching-yun	77

## U

Unsworth, Gord	27
----------------	----

Urdaneta, Karina	120, 121
------------------	----------

## V

Valenius, Mailis	29
Varghewse, Mathew	123
Vega, Roser	111

Vilella, Alejandro	111
Villeneuve, Marie	145

## W

Wainwright, Megan	41, 42, 43, 72
Waller, Katherine	27
Wancata, Johannes	40
Warren, Cassia	87, 92, 79
Wenger, Matt	92, 79
Whiteside, Jena	34
Whyte, Madelyn	57, 62, 79
Wijayaratanam, Anuson	27

Wiltsey-Stirman, Shannon	42
Winter, Ian	71
Winterbottom, Andrea	29
Wittevrongel, Anne	145
Wong, Sarah	15
Wright, Laura H.V.	87
Wright, Robert	102

## Y

Yager, Holly	15
Yeo, Clara	96
Yong, Paul	15

Young, Pam	28
Yu, Ya-Jou	77

## Z

Zechner, Michelle	66, 139
Zeng, Ming	52

Zhang, Xiaoxu	129
Zonozi, Soroush	29