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MENTAL HEALTH AT WORK* RECIPIENT



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

The 7th Annual E-Mental Health Conference

Coming Into Focus: The Role of Technology in Mental Health

February 2-3, 2018
Simon Fraser University
Morris J. Wosk Centre for Dialogue
Vancouver, British Columbia, Canada

mentalhealthcommission.ca



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Conference Overview

What is the role of technology in mental health? Who has taken innovative approaches – and are they working? How can e-mental health enhance mental health systems already in place? And where should researchers, clinicians and those with lived experience go from here?

Stakeholders from across Canada, and from countries as far away as Australia and Germany, gathered to exchange ideas, share experiences, and express hope that e-mental health – the delivery of services and information through existing technology – will reach greater numbers of people who need help.

Conference Objectives

Previous conferences have reinforced the Mental Health Commission of Canada's e-mental health goals, which include shortening wait times, reaching into remote areas, taking advantage of Canadians' technological habits and needs, and delivering cost-effective services.

The objectives of this year's conference were to:

- Increase awareness about the successes, opportunities and challenges of e-mental health, both within Canada and abroad;
- Share implementation approaches to e-mental health in Canada;
- Understand the importance and opportunities to include People with Lived Experience in the design, implementation and evaluation of e-mental health programs and services; and
- Examine the role of technology in emerging public health crises, including the opioid crisis, mass traumatization, suicide prevention, and post-traumatic stress disorder.

Conference Co-Hosts

Mental Health Commission of Canada

The Mental Health Commission of Canada (MHCC) leads the development and dissemination of innovative programs and tools to support the mental health and wellness of Canadians. Through its unique mandate from the Government of Canada, the MHCC supports federal, provincial, and territorial governments as well as organizations in the implementation of sound public policy.

The University of British Columbia

UBC's Addictions and Concurrent Disorders Research Group, based at the Faculty of Medicine's Department of Psychiatry, has long been a proponent of a mental health care system that combines existing face-to-face healthcare with integrated web solutions and virtual clinics to empower the patient – both at the university and in the larger world. Among other research, the group – led by Prof. Michael Krausz – has developed the web portal walkalong.ca.

Conference Proceedings

Day 1: Friday, February 2, 2018

Opening, welcome and keynote

First Nations Elder Woody Morrison, a Haida Storyteller, welcomed guests to the traditional, unceded territory of the Squamish, Musqueam and Coast Salish peoples. He addressed the significance of his ancestors riding in canoes – namely, everyone is facing and paddling in the same direction, which could well serve as a lesson for those who hope to do the same when it comes to future mental health care.

The messages behind the canoe – which included coming in peace and respect – were delivered again in song and dance by the Spakwus Slulum Eagle Song Dancers.

Minister Judy Darcy, Minister of Mental Health and Addictions, British Columbia Ministry of Health

Seven months ago, the new B.C. government appointed Ms. Darcy as the province's first-ever Minister of Mental Health and Addictions. The time was right: B.C. finds itself in an opioid crisis which claimed 1,400 lives in 2017. "The numbers are staggering," she said. "The human toll is unspeakable."

Her government, Ms. Darcy said, has committed more than \$300 million to combat the crisis, including the launch of an anti-stigma campaign. The government has also put 18 community action teams on the ground, in areas where the crisis is worst. There are also numerous online resources, such as Bounce Back, which helps young people use skills to overcome early symptoms of depression and anxiety; and MindHealthBC, a screening quiz that can help the user uncover his or her mental health challenges.

Ms. Darcy heralded visionary work, like the BCIT students building an app to connect those who have kits for Naloxone – the opioid-counteracting medicine – with users through GPS. Still, "Our system is fragmented and confusing. Often people don't know where to go for the kind of help they need."

Mr. Sanjeev Gill, National Industry Executive for Research, IBM Canada

Mr. Gill presented the impressive and highly scientific work that IBM has fronted, and how it may benefit mental health care in the future. In particular, he described Watson, a computer system that answers questions posed in natural language by combining "augmented" or "assisted" intelligence and its own analytical abilities, and how Watson could one day speed up mental health care delivery.

Mr. Gill, who's driven by his own lived experience, spoke about how the most important elements to an improved system lie in data. IBM refers to data's critical four "V's" – volume, veracity, velocity and variety. Watson has been involved in Parkinson's research, where it reads massive amounts of data, in a way no human could, and can use "predictive analytics" to, perhaps, accelerate the use of new drugs and further scientific research. So where does Watson apply here? One example: a team of IBM employees who've created an application called #Here4U, a mental health care-focused "assistant" that can do things like interpret text messages – what people are really thinking and feeling as they're tapping away. And IBM, in its annual analysis of coming innovations, predicts that "patterns in our speech and writing analyzed by new cognitive systems will provide tell-tale signs of early-stage developmental disorders, mental illness and degenerative neurological diseases that can help doctors and patients better predict, monitor and track these conditions."

Day 2: Saturday February 3, 2018

Welcome and keynote speakers

[Louise Bradley, President & CEO, Mental Health Commission of Canada](#)

Ms. Bradley offered an overview of the national landscape, highlighting the “crying need for access to services in Canada, and the critical way in which e-mental health can help bridge that gap.” Mental health issues cost Canada more than \$50 billion a year, which includes everything from absenteeism to health care and social services. Ms. Bradley pointed out that about 4,000 Canadians die by suicide annually. The issue is being tackled: the MHCC has partnered with the government of Newfoundland and Labrador on the National Suicide Prevention Project, launching a comprehensive program called Roots of Hope. It is the first of several provinces Ms. Bradley expects to have as partners in the project.

Ms. Bradley spoke of other MHCC-supported ventures that are working, like at Newfoundland’s Memorial University – an e-mental health approach blended with more traditional infrastructure that’s proven so successful with post-secondary students that it’s being integrated into 15 communities for public use; the National Eating Disorder Information Centre pushes to many intriguing resources, such as Looking Glass, a peer support network for those suffering from anorexia, bulimia and other eating disorders; and the Rise Up + Recover app that focuses on monitoring and managing those disorders.

Ms. Bradley did issue a challenge: the need for infrastructure to ensure that internet service is available everywhere. “Technology is a veritable lifeline for some people,” she said. “There are opportunities to reach people who might otherwise slip through the large holes in our society’s safety net.”

[Dr. Ian Hickie, Professor of Psychiatry Central Clinical School Sydney Medical School; Co-Director, Health and Policy, Brain and Mind Centre; NHMRC Senior Principal Research Fellow](#)

Dr. Hickie focused on the disruption of traditional health care systems – and leadership. “It is dysfunctional, because the way we’ve established those systems, clinics, histories and traditions does not meet the needs of the communities in which we live, in the rich countries, in the developing world, and the way they would choose to use services. Are we going to be part of it, or will it happen despite us? There is great demand for change. There’s no more need for awareness campaigns.”

Dr. Hickie’s current project, supported by the Australian government, is called Project Synergy. It’s a platform that brings together various health resources, such as apps, data sharing and access to both online and in-clinic health services – and shifts the centre of care to those who seek care. But, Dr. Hickie said, its development can’t happen in isolation. The process must involve sitting down with the different stakeholders and communities. You can’t just hand people a software package; that won’t work. You have to take applications into trials, get feedback, and ultimately improve.

So much can come out of Project Synergy, including real-time tracking and developing shared-care plans where treatment, whether it’s online or in person, can be figured out – and figured out much more efficiently, in a responsive way.

[Dr. Shane Cross, Clinical and Service Implementation Director, Project Synergy at Brain and Mind Centre, University of Sydney](#)

Dr. Cross discussed the 10 years he’s been involved in Headspace, a Sydney-based mental health organization focused on young people’s well-being. It has served more than 250,000 people through, among other services, centres all over Australia, a website and an online counselling service that serves users 16 hours a day, seven days a week.

Dr. Cross spoke about how traditional service models work for “the forest, rather than individual trees.” Everyone has unique circumstances. And there’s a strong need to detect deterioration early through data, and figure out whether intervention is working thanks to that data. They’re trying to get clinicians away from focusing on diagnosis, therapy and medication, instead focusing on actual needs and how they’re best delivered. “How patients respond early,” he said, “is the best predictor of later outcome.”

While Headspace still needs to reach more young people, Dr. Cross said, he lauded its co-design elements and cited positive feedback one patient gave after completing an online assessment. The fact that that person spent a lot of time really thinking about his or her issues led to a much more effective first face-to-face appointment. “I had already started the journey of change for myself,” the patient acknowledged. “I didn’t feel like I needed the therapies and the other things you might have suggested otherwise.” Dr. Cross also pointed out that completing that online survey early – often late at night for young people, “on their terms” – allows for early, almost real-time response, and suicide risk being identified on average 15 days earlier than if the technology wasn’t being used. Time normally spent doing face-to-face assessment is instead spent in intervention.

[Frank Iorfino, PhD Candidate, Sydney Medical School, The University of Sydney](#)

Mr. Iorfino addressed the long-term outcomes of young people in Sydney engaged in early-intervention youth mental health services. Specifically, the use of new and emerging technologies to identify and respond to individual needs. He spoke about an ongoing study, dating back more than a decade, which has involved around 3,000 young people, mostly female, with an average age of 18. Data is collected across a pre-determined time spectrum, from three months after entry into care up to 10 years later. That ongoing collection of information includes everything from general physical health to the onset of alcohol and drug abuse, the extent of self-harm, hospitalizations and medication use. It gives them the opportunity to look at the longer-term “suicidality” outcomes of young people who have sought help engaged in early-intervention services.

The research shows there are no guarantees. Some young people who enter the program, often with mild symptoms, improve significantly. Others, “an alarming group who come in very impaired,” get worse over time. However, data collection and analysis is helpful in terms of response. And the results do suggest that there is a need for active suicide prevention strategies. He described a suicide escalation protocol in the study where an algorithm helps identify those risks; if there’s a moderate risk a pop-up will appear, pointing the user to services that can help immediately; in the case of high risk, the data is ushered to a clinical team for action.

Panel #1

Theme: E-Mental Health Implementation Approaches

Mental health-care providers are increasingly looking to use technology-based systems to widen access, improve quality and increase service efficiency. Enthusiasm for innovation around e-health among policy-makers and health officials has, however, not always been matched by uptake and utilization. Professional resistance to new technologies is cited as a major barrier to progress, although evidence for this claim is weak. This panel explored implementation barriers and facilitators, as well as lessons learned through their own programs and services. Further, this panel addressed the program design and implementation approaches, as well as their effectiveness and outcomes to date.

Dr. David Daniel Ebert, President-Elect, ISRII, PhD, Friedrich-Alexander-Universität - Skype

Dr. Ebert, whose team has developed many apps focused on mental health, focused on internet- and mobile-based prevention of major depressive disorders, and how new approaches are needed if we hope to reduce the burden of depression. Like so many involved with the conference, Dr. Ebert is concerned about individuals who might not make use of traditional psychotherapy.

Dr. Ebert spoke about his GET.ON Mood Enhancer, a guided self-help, internet-based intervention. His trials suggested that the tool – which consisted of six lessons with modules, ranging from mood and activity diaries to reflection on behaviour that might have influenced the mood – was successful in the self-reporting of depressive symptoms, quality of life and wellbeing.

The data Dr. Ebert and his team collected was used to measure everything from depressive symptoms to problem-solving skills, and participants' expectation for improvement. And what they found, with "no gatekeepers," is evidence that such internet-based interventions are in fact needed, not just for initial assessment but in providing treatment as well and, in fact, "the prevention of depression." And it can be done, he suggested, at a much lower cost than just sticking with traditional treatment methods.

Dr. Patricia Lingley-Pottie, Assistant Professor of Psychology, University of Dalhousie, President & CEO of the Strongest Families Institute

Dr. Lingley-Pottie spoke about the design and scaling of the Strongest Families Institute (SFI), which provides distance mental-health services to children and families, using personalized phone and internet approaches and para-professional coaching. It's an innovative system that's nearly 20 years old. SFI was designed as a new system of care that would bridge the access gap. The goal was to design a cost-effective system using "highly trained, highly skilled, and monitored telephone coaches who weren't health professionals." Various psychologically informed programs based on the best science were developed and tested in clinical trials. This included the development of written material, skill demonstration media (videos and audios), coaching scripts, policies and procedures as well as the design of a sophisticated e-health information system now known as IRIS (Intelligent Research and Intervention Software). Various stakeholders' opinions were engaged throughout all stages using an Integrated Knowledge Translation approach to insure the system was designed to meet the needs of the users– an approach that has never stopped. SFI's success has been measured by user-informed data, quality assurance and outcomes.

Three interconnected challenges for Dr. Lingley-Pottie: keeping up with changing technology and the costs, successful implementation from research to practice and the fact that technology, development and trials take time. Those issues have certainly affected the uptake and adoption of the Institute's e-health services and IRIS, a web-based, customizable e-information platform that is now very versatile and robust. From unsustainable costs to concerns about the need to recreate software for new projects that became costly when using contracted programmer services, these issues motivated SFI to create a cost effective, generalizable system based on smart technology, reducing the need for recreation. IRIS, as part of the SFI charity, is cost-effective, adaptable for various purposes and can be integrated. SFI continues to innovate IRIS to drive down organizational waste and increase user engagement. Over the past several years the Institute's e-mental health efforts have drastically reduced waiting lists. SFI continues to expand nationally and internationally.

Dr. David Wiljer, Associate Professor of Psychology, University of Toronto

Dr. Jenny Carver, Executive Director, Stella's Place

Carver spoke about being a disruptor and, at Stella's Place, an innovative young adult blended-care health centre, being unwilling to wait for the system to change. Stella's Place, she said, has been co-designed with young people and hosts an online community, integrated peer support and clinical services and multiple access points. Model development was influenced by Headspace, Australia and Jigsaw, Ireland but in collaboration with young adults has further integrated peer and clinical services and a range of self-management and wellness supporting services. Its two online platforms are BeanBagChat, that connects the user to resources, peer

support and counselling chat services and Connected Wellness, an adaptation of NexJ Health's solution, which focuses on engaging and educating young adult users to support the recovery and self-management.

Carver demonstrated elements of the two platforms, both of which are built to be scalable, and were co-designed or adapted with young adults who have had lived experience of mental health challenges. Carver highlighted strategies and features of the two platforms that have addressed barriers to uptake of online services by mental health service providers. In BeanbagChat, users access low barrier chat services with a peer or counsellor. Young, trained, online peer supporters resource the site, with backup from a clinician. Connected Wellness is geared toward those who've already connected at Stella's Place, and features everything from goal-setting to behaviour trackers – while always offering the option of deeper services, dependent on needs. Both platforms address safety, security and privacy requirements of both users and providers whose perspectives are different, but whose goals are aligned: increased access to engaging and safe support spaces and evidence-based services.

Beanbag Chat appeals to young people because of its look, and how it responds to their needs, and in Carver's opinion, few applications do that. They need different access points and options that work for them, when they want them, and the ability to make choices if they require more intensive services. Young adults want to engage online, learn skills, and practice self-management; are providers ready for that?

"We really have to challenge ourselves if we want to get on board with that," said Carver. "That's what we should be working towards."

Panel #2

Theme: Peer support and beyond

Meaningful engagement of people with lived experience of mental health conditions has proven to be effective in strengthening the overall experience of accessing services, decreasing healthcare costs and improving outcomes. This panel brought together three people with lived experience of and explored ways in which technology has supported them in their journey of recovery and positive mental health.

Cam Adair, Person with Lived Experience, Founder of Game Quitters

Mr. Adair became a video game addict in Grade 8. Bullying led to social withdrawal, and dropping out of high school. He spent upwards of 16 hours a day gaming – depressed and anxious, even writing a suicide note. So, he wrote about his feelings. A blog post, first. A TEDx talk. Addicts came out of the woodwork.

That's where Game Quitters, an online support system for addicts and their parents, came in. There's a public forum. Podcasts. Two hundred videos that answer questions such as "How do you make new friends?" or "What else can I do with my time?" And Reclaim – a parent's guide to reclaiming their teen. "I give people a place where they can connect," said Mr. Adair. Fifty thousand have, from 84 countries.

One thing that bothers Mr. Adair: an ongoing perception that video game addiction isn't a mental-health issue. "There are literally tens of thousands of people raising their hands saying, 'I want help. I need help,'" he said. Research has been done, including at the University of Adelaide, where one study found that subjects who quit gaming for 90 days had a substantial improvement to their overall well-being.

Fumilade Adeniyi-Taiwo, Person with Lived Experience, Online Peer Supporter, Stella's Place

Mr. Adeniyi-Taiwo is a Nigerian-Canadian who works as an online peer supporter with Stella's Place in Toronto. His focus: how tech can be used to create reflective, and culturally sensitive mental health care. His own lived experience: body image and disordered eating issues.

Mr. Adeniyi-Taiwo is also the creator of PsyndUp, a website that connects Nigerians with mental health professionals, and with each other on an anonymous social platform – a "stigma-free platform" inspired by such applications as 7 Cups, iPrevail and BetterHelp. He has realized, both in Nigeria and Canada, that cultural issues stop people from reaching out. It's that culturally competent care that Mr. Adeniyi-Taiwo reflects on. How can you equip and empower ordinary individuals from various backgrounds and communities, to deliver low-barrier care to others in their communities, and figure out "generalized interventions vs. culturally nuanced interventions?"

Finally, Mr. Adeniyi-Taiwo touched on NexJ Health, a project in which young adults associated with Stella's Place are using an online platform for self-management of mental health care, including virtual care, online support, podcasts, playlists, mood and meal trackers, goal-setting and peer engagement.

Alicia Raimundo, Mental Health Super Hero, Stella's Place

Ms. Raimundo has been driven by her own lived experience – she tried to commit suicide at the age of 13. But finally telling her story – at the United Nations, at TEDx Talks and in government meetings – led her to realize that there are so many others like her out there. "So many people wanted services that were reactive, that met them where they were," she recalled. "They wanted to build trust in a way that was the least investment for them, and that way was the internet."

Ms. Raimundo met Stella's Place executive director Jenny Carver, and they discussed building an app called BeanBagChat (described in Dr. Carver's talk, above). It was a true co-design project, as nine young adults came together with Stella's Place to build it over two years. Ms. Raimundo spoke about how BeanBagChat is not only great for the user, but has technology that could be shared with other organizations. After all, the cost of developing and designing apps can be huge and time-consuming.

"We need to build tech, and in-person, and you don't need to choose one or the other," Ms. Raimundo said. "These things are tools that are inherently good, but the tool isn't responsible for the good parts or the bad parts."

Panel #3

Theme: Emerging Public Health Crises & New Frontiers

Technology can provide mental health professionals, communities and individuals with a wide range of tools to address mental health more efficiently and quickly in a more connected way. As technology continues to advance, its role in emerging public health (and their crises) will also change. This panel explored public health crises, and how e-mental health is changing and improving access.

Dr. Stéphane Bouchard, Tier 1 Canada Research Chair in Clinical Cyberpsychology, Professor at University of Quebec in Outaouais

Dr. Bouchard spoke about using virtual reality to treat people suffering from post-traumatic stress disorder. It's a slow, progressive procedure, as the clinician helps the patient recollect his or her fears without an actual threat – teaching the brain that the danger that was once there no longer exists. Research has shown that virtual reality “may not be more effective” than going to the scene, Dr. Bouchard said, “but it's often more practical and as effective.”

Dr. Bouchard pointed to many virtual reality studies, including those conducted on Vietnam veterans, those who witnessed the 9/11 attacks in the U.S. and a study done regarding the violent Mexican border city Ciudad Juarez, where it's estimated 75 per cent of the population suffers from PTSD. And he described SimSensei, a virtual human therapist used in PTSD's treatment and diagnosis. It has both eye-tracking and voice-recognition; SimSensei can even detect, through speech patterns, whether someone might be lying. The infrared camera even monitors things such as “body activity” and “gaze attention.”

In short, Dr. Bouchard said virtual reality can be used effectively in the cognitive behaviour therapy of PTSD. “Virtual reality is just a tool,” he said. “If you're a competent therapist you would know how to pull the strings and use VR to become more effective.”

Dr. Simon Hatcher, Vice-Chair of Research, Department of Psychiatry, University of Ottawa

Dr. Hatcher spoke about the role of technology in suicide prevention and research that is currently being done. Like in France, where patients who've presented themselves at hospital following suicide attempts receive text messages. The purpose: to reach out, and to see if reaching out helps decrease the number of future self-harm attempts. “Some people really like getting contact with you,” he said. “It's so valuable to them, because almost no one else does.”

Due to long waiting lists, Dr. Hatcher's group offered guided web-based therapies and hoped that those people would end up not needing to see a clinician. Their trial included 100 people on the waiting list. Some just received information and resources, while others received a personalized program. People in the intervention group were less suicidal after six weeks and had better quality of life after 12 weeks but there was no difference in service use.

Currently consuming Dr. Hatcher: a “blended therapy” trial – face-to-face supplemented by an app – for men who have attempted suicide. With one GPS-aided function, the user can input what he considers high-risk locations, and the app will warn the user if he approaches those locations. Goals can be set; a clinician can see whether patients are achieving those goals. There's even a beacon button, which the patient can press when they're in distress. Any number of things can then happen, including being able to access a personalized playlist, relaxation tapes and other features – all of which the clinician can see. “What the system does is it seems to increase a sense of connection to the therapist,” said Dr. Hatcher.

Dr. Fiona Choi, HSBC Fellowship in Addiction Research, PhD in Neuroscience, UBC

Dr. Choi spoke about e-mental health solutions for mass trauma victims. Her focus: refugee mental health, which recognizes that there is a global crisis of displacement – 65 million people, from such countries as Syria, Myanmar and Sudan – with high levels of trauma and unmet mental health needs. These people have witnessed unspeakable violence and been forced from their homes, undertaking daunting migration with constant, repeated housing and food insecurity, no sense of place and little education – and ultimately an inability to move on psychologically.

Dr. Choi described studies that have shown that refugees are like most other people, in that their mobile phones are their main form of communication. But the chief problem with most of the approximately 100,000 health-related apps, she said, are that they are English language-based and not built for other populations even if they can be translated. Most trauma-related solutions are “static,” where information is presented but there's no interaction or intervention offered; there are very few solutions, in Dr. Choi's opinion, that are “engaging and truly interactive.” And the PTSD-focused apps are generally focused on veterans.

So, what's next? Building international partnerships with refugee focused-organizations is one solution – and through that empowering survivors and supporting recovery. She suggested online trauma care that would include a culturally appropriate assessment, as well as peer counselling from those with lived experience and the same cultural backgrounds as the refugees.

[Dr. Mohammadali Nikoo, PhD candidate in Experimental Medicine, UBC](#)

Dr. Nikoo highlighted e-mental health solutions that could address the overdose crisis, which has taken so many lives that it is chiefly responsible for reversing life expectancy in the U.S. for two consecutive years – something that hasn't happened in more than a half-century. And in B.C., 20 people per 100,000 died last year due to opioid overdose – nearly two-and-a-half times the national rate.

Local studies have shown that people who inject drugs often fail to access traditional treatment when they need it. But, Dr. Nikoo said, the power of e-mental health is accessibility, with upwards of 90 per cent of people with substance use disorder having access to smart technology in some previous reports. And studies show that internet innovations have led to decreased substance use among various target populations. But Dr. Nikoo said there are few existing e-mental health solutions particularly targeting the current overdose crisis. He outlined ORION, an innovative tool in Europe targeting overdose which is used to help patients make informed decisions and clinicians determine those who are at greatest risk of incident overdose. It is interactive, asking users a number of questions, including whether they are using drugs alone – a risk factor for fatal overdose.

Dr. Nikoo said that's imperative that a platform be built to address the crisis, and that engagement with different communities is critical. Its key functions: education; assessment, as substantial evidence suggests online works better than face-to-face; treatment options, including tele-medicine; navigation, including accessing other options beyond e-mental health; and monitoring and research. But if there's one starting point, it should be risk assessment building on the ORION experience. Dr. Nikoo's group is already engaging with Vancouver-based Coast Mental Health on a plan.

Conference Close & Wrap Up

Ed Mantler, the Mental Health Commission of Canada's vice-president of prevention and promotion initiatives, spoke about "feeling overwhelmed by what I've learned ... and the realm of possibilities going around in my head."

Mr. Mantler spoke about his own early forays into e-mental health, including as a psychiatric nurse, when he was part of a team that created a provincial tele-psychiatry program. Naysayers doubted its effectiveness, but users loved the system and the clinical evaluations were positive. He suggested that there continue to be naysayers, which is why it is critical to collect, analyze and evaluate data. And that it's important to remember that e-mental health is not just about replicating therapy services, but enhancing them in ways that could not have been conceived 25 years ago.

Dr. Krausz wrapped up the conference by reminding everyone that "to change the health care system, you need to include different perspectives. We need to open up and learn and respect those perspectives. It's about improvement of health care, not tech and gadgets. We need to use what we know to improve the health system. We need to support compassion, and work for those who are most vulnerable."

Appendix A: Conference Bios

Keynote speakers

Sanjeev Gill is IBM Canada's national industry leader for research. He supports innovation initiatives that have strategic and sustainable societal and economic benefits. Mr. Gill works with researchers nationwide to ensure IBM contributes by way of technology enablement and research expertise.

Shane Cross is at the University of Sydney's Brain and Mind Centre, where he is the clinical and service implementation director of Project Synergy, a series of trials that focus on developing co-designed integrated technology platforms for mental health services, enabling those who seek care to benefit.

Ian Hickie is the co-director of Sydney's Brain and Mind Centre and a professor of psychiatry at the university's Central Clinical School. Dr. Hickie, a National Mental Health Commissioner, has led the charge to have mental health and suicide prevention integrated with other aspects of health care.

Frank Iorfino, a PhD candidate at the University of Sydney, focuses on the use of new and emerging technologies to deliver personalized mental health care through enhanced clinical assessment and feedback.

Welcome speakers

Judy Darcy was appointed British Columbia's first and Canada's only Minister of Mental Health and Addictions in 2017. An MLA since 2013, Ms. Darcy has increased the number of overdose protection and supervised consumption sites and access to naloxone, and expanded treatment and recovery options.

Louise Bradley is the president and CEO of the Mental Health Commission of Canada (MHCC). Ms. Bradley, whose own lived experience has influenced her career, uses her platform to urge increased mental health spending and work inclusively to address the mental health needs of at-risk populations.

Conference speakers

Cam Adair is the founder of Game Quitters, the world's largest online support community for video game addiction. Inspired by his own lived experience as a video game addict, Mr. Adair has been named one of Canada's top 150 leaders by the Toronto-based Centre for Addiction and Mental Health.

Funmilade Adeniyi-Taiwo is an online peer supporter at Toronto's Stella's Place. He is also the founder of PsyndUp, a blog and mental-health peer support network in his native Nigeria. At Stella's Place Mr. Adeniyi-Taiwo is working to develop online platforms for young people to manage their recovery.

Stephane Bouchard is a professor in the department of psychoeducation and psychology at the University of Quebec in Outaouais. Dr. Bouchard's research involves conducting clinical applications of cyberpsychology and applying rigorous science to treat anxiety and other mental disorders.

Jenny Carver is the executive director of Toronto's Stella's Place, an online and street-front organization that provides comprehensive services for young adults with mental health needs. Stella's Place includes peer support, clinical, wellness, employment, studio and recovery programs to empower young people.

Fiona Choi is a postdoctoral research fellow at the Institute of Mental Health at UBC's department of psychiatry. Dr. Choi's work involves substance use disorders, trauma and psychopathology. She's also involved in the development of an integrated mental health web platform for vulnerable youth.

David Daniel Ebert is president-elect of the International Society for Research on Internet Interventions; his work at Germany's Friedrich-Alexander-Universität focuses on the development and evaluation of internet and mobile-based interventions for the prevention and treatment of mental health disorders.

Simon Hatcher is the vice-chair of research and professor at the University of Ottawa's department of psychiatry. Dr. Hatcher is currently the chief investigator on a randomized trial of blended therapy for suicidal men in Ontario, and he works at homeless shelters in downtown Ottawa.

Patricia Lingley-Pottie is an assistant professor of psychology at Dalhousie University and the co-founder and CEO of the Strongest Families Institute, which provides services to children and families seeking help for mental health. The Institute employs family-centred care as well as a distant coaching approach.

[Mohammadali Nikoo](#) has a medical degree and is a PhD candidate in experimental medicine at the Institute of Mental Health at UBC's department of psychiatry. Dr. Nikoo studies the role of innovative methods and new technology in the continuum of care for substance use disorder.

[Alicia Raimundo](#) works at Toronto's Stella's Place, and her lived experience has led her to empower young people to overcome mental health stigma and to create treatments that are accessible and fun. Ms. Raimundo helped create Stella's BeanBagChat and is co-chair of ACCESS Open Minds' youth council.

Conference emcees and hosts

[Michael Krausz](#) is a professor in the department of psychiatry at UBC, a founding fellow of the UBC Institute of Mental Health and a scientist with the Centre for Health Evaluation and Outcome Sciences. Dr. Krausz is a founding member of the International Society of Addiction Medicine.

[Ed Mantler](#) is the MHCC's vice-president of programs and priorities. A former psychiatric nurse, Mr. Mantler is dedicated to promoting mental health and changing the attitudes of Canadians toward mental health problems and illnesses.

[MaryAnn Notarianni](#) was the MHCC's manager of E-Mental Health at the time of the conference. Ms. Notarianni, who is now with the Ontario Centre of Excellence for Child and Youth Mental Health, focused on the advancement of e-mental health, including knowledge exchange and implementation initiatives.



THE UNIVERSITY
OF BRITISH COLUMBIA



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

Conference Agenda

7th Annual E-Mental Health Conference

Coming Into Focus: The Role of Technology in Mental Health

February 2-3, 2018

Morris J. Wosk Centre for Dialogue, 580 W Hastings St, Vancouver, BC

Friday, February 2, 2018 Conference Welcome, Keynote and Reception		
4:30 pm	Registration - Samuel & Frances Belzberg Atrium, Morris J. Wosk Centre	
5:00 pm – 8:00 pm	Opening & Welcome	Elder Woody Morrison , First Nations Elder Dr. Michael Krausz , Professor of Psychiatry, UBC-Providence Leadership Chair for Addiction Research
	Welcome from the Minister of Mental Health & Addictions	Minister Judy Darcy , Minister of Mental Health and Addictions, BC Government
	First Nations Dance Performance	Spakwus Slulum : Eagle Song Dancers
	Keynote: Perspective from Industry	Dr. Sanjeev Gill , the Director of Research and Innovation, IBM
	Networking & Reception	Hors d'oeuvres and cash bar
Close at 8:00 pm		

Saturday, February 3, 2018 Presentations, Poster Presentations & Networking			
	8:00 am – 8:45 am	Registration & Breakfast	Samuel & Frances Belzberg Atrium, Morris J. Wosk Centre
	8:45 am – 9:10 am	Welcome	Louise Bradley , President & CEO, Mental Health Commission of Canada
Keynote & International Perspectives	9:10 am – 10:30 am	Keynote: E-mental health as mental health reform - An International Perspective	Dr. Ian Hickie , Professor of Psychiatry Central Clinical School Sydney Medical School, Co-Director, Health and Policy, Brain and Mind Centre NHMRC Senior Principal Research Fellow Dr. Shane Cross , Clinical and Service Implementation Director, Project Synergy at Brain and Mind Centre, University of Sydney
	10:30 am – 10:45 am	Break	
Implementation of e-mental health	10:45 – 12:15	Implementation Approaches: National & International Perspectives	Dr. David Daniel Ebert , President Elect, ISRII, PhD, Friedrich-Alexander-Universität - Skype Dr. David Wiljer , Associate Professor of Psychology, University of Toronto, Co-design implementation in Ontario & Dr. Jenny Carver , Executive Director, Stella's Place Dr. Patricia Lingley-Pottie , Assistant Professor of Psychology, University of Dalhousie, Strongest Families
	12:00 pm – 1:00 pm	Lunch & Poster Presentations	
User Perspectives	1:00 pm – 2:30 pm	User Discussion Panel: Peer support and beyond	Cam Adair , Person with Lived Experience, Founder of Game Quitters Alicia Raimundo , Mental Health Super Hero, Stella's Place Funmilade Adeniyi-Taiwo , Person with Lived Experience, Stella's Place
	2:30 pm – 2:45 pm	Break	
New Frontiers & Emerging Public Health Crises	2:45 – 4:20 pm	Using Virtual Reality with People Suffering from Post-Traumatic Stress Disorder	Dr. Stéphane Bouchard , Tier 1 Canada Research Chair in Clinical Cyberpsychology, Professor at University of Quebec in Outaouais
		Suicide Prevention & the Role of Technology	Dr. Simon Hatcher , Vice Chair of Research, Department of Psychiatry, University of Ottawa
		Mass Traumatization &	Dr. Fiona Choi , HSBC Fellowship in Addiction Research, UBC PhD in Neuroscience, University of British Columbia

		The Role of Technology	
		The Opioid Crisis & Role of Technology	Dr. Mohammed Nikoo , MD, PhD Candidate in Experimental Medicine, University of British Columbia
	4:20 pm – 4:30 pm	Wrap-up Discussion and Close	Dr. Michael Krausz , Professor of Psychiatry, UBC-Providence Leadership Chair for Addiction Research Ed Mantler , Vice President, Prevention & Promotion Initiatives, Mental Health Commission of Canada
Close at 4:30 pm			



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