



# Psychologists in Hospital and Health Care Centers Newsletter

| Fall 2018 |

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JUNE 26-30  
29<sup>th</sup> International Congress  
of Applied Psychology  
MONTREAL

2018 ICAP/  
CPA

## Conference Highlights

The summer of 2018 brought the heat, the rain and an international perspective to Montreal for the Annual Convention. The PHHC section had a quieter presence than in previous years, attributed in part to the broader topic areas encompassed by the massive event, and in part due to increasingly limited resources experienced by psychologists who work in publicly funded hospitals and health care centres. This latter point was a major topic of deliberation during our Annual Business Meeting as psychologists across Canada discussed how changes in leadership structure in hospitals, combined with increased clinical demands make it difficult to attend conferences. The question posed to the membership was: *how can we work to keep this section relevant?* Feedback consisted of great ideas related to increasing communication and consultation among leaders of psychology across Canada through listservs and social media. Partnering with other CPA sections on important initiatives - such as a resource for Evidence-Based Practice with the Clinical section (see article in this issue) - was also a popular suggestion. While this was a lively discussion, we want to hear more from psychologists who were not at the Convention. So please contact us with your ideas, suggestions, and issues to tackle. How can PHHC re-ignite the flame that set this section into motion in 2013?

Join us online for information and resources!

<http://www.cpa.ca/aboutcpa/cpasections/Hospitals/>

Follow us on Twitter @cpa\_phhc



## Your PHHC Executive...

Chair - Dr. Simone Kortstee

Past Chair - Dr. Vicky Veitch Wolfe

Secretary/Treasurer - Dr. Amanda Pontefract

Member-At-Large - Dr. Marcie Balch

Member-At-Large - Dr. Deanne Simms

Student Representative - Julia Grummisch

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**MIND YOUR MENTAL HEALTH**

mymh.ca

# Taking a step back: Mental healthcare for healthcare workers in hospitals

*By Keera Fishman*

In any given week, 500 000 Canadians will miss work due to mental health difficulties<sup>1</sup>. Specifically, healthcare workers are 1.5 times more likely to miss work due to an illness or disability than workers in other sectors. Healthcare professionals with varying levels of patient contact, including medical technicians, administrative staff, physicians, psychologists, and nurses, report an array of health conditions related to work-related stress, including anxiety, depression, substance use, and suicidal ideation<sup>2,3</sup>.

**What are the implications?** In a landscape shaped by technological advancement and globalization, healthcare professionals are under increased pressure to be more productive, and often with fewer resources. Time constraints, low social support at work, high workload, cutbacks/turnover, and uncertainty concerning patient treatment are common sources of stress and burnout reported by healthcare professionals<sup>4,5</sup>. Stress can compromise workplace effectiveness and quality of care provided to patients. The detrimental personal and societal implications reinforce the importance of implementing workplace policies that promote psychological safety and wellness.

**What is “The Standard”?** The National Standard of Canada for Psychological Health and Safety in the Workplace was released in 2013<sup>6</sup>. Championed by the Mental Health Commission of Canada and in collaboration with the Canadian Standards Association and the Bureau de normalisation du Québec, the Standard describes a set of voluntary guidelines and resources for promoting psychological health and preventing psychological harm in the workplace. The Standard focuses on promoting civility and respect, supporting and valuing employees, providing opportunities for growth, autonomy, and decision-making, communicating clear expectations, promoting work-life balance, and facilitating psychological services/supports for employees with mental health issues<sup>6</sup>.

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**Where are the gaps in the healthcare sector?** In a 2016 Case Study Research Project (CSRP)<sup>7</sup> evaluating 41 Canadian organizations that adopted the Standard, a number of notable differences emerged when comparing healthcare sector organizations to non-healthcare organizations. Importantly, healthcare organizations demonstrated greater advancement in developing critical incident response protocols and adopting a psychological safety lens for decision-making. However, despite describing a high commitment to protecting psychological health and safety, workers from healthcare sector organizations demonstrated lower knowledge, awareness, and confidence regarding organizational policies and programs related to Standard implementation. Healthcare organizations were also less likely to focus on enhancing employee self-care, providing peer support for distressed workers, and promoting work-life balance, than non-health organizations<sup>7</sup>. Healthcare organizations also offered less training to managers for recognizing psychological distress than non-health organizations.

**What's next?** Healthcare organizations have an opportunity and a responsibility to lead on psychological health at work. These findings elucidate important areas for improving Standard implementation within healthcare organizations. Due to the high prevalence of workplace stress and burnout across healthcare professions, it is imperative that implementation, worker education, and promotion of the Standard continue to be monitored in healthcare organizations to continue their ongoing commitment to fostering psychologically healthier workplace environments.

#### References

<sup>1</sup>Institute of Health Economics (2007). *Mental health economics statistics in your pocket*. Edmonton: IHE. Number of absent workers calculated using Statistics Canada work absence rates. Retrieved from <http://www.statcan.gc.ca/pub/71-211-x/71-211-x2011000-eng.pdf>

<sup>2</sup>Koinis, A., Giannou, V., Drantaki, V., Angelaina, S., Stratou, E., & Saridi, M. (2015). The impact of healthcare workers job environment on their mental-emotional health. Coping strategies: the case of a local general hospital. *Health Psychology Research*, 3(1). doi: 10.4081/hpr.2015.1984

<sup>3</sup>Canadian Medical Association (2017). Physician Health. Retrieved from <http://policybase.cma.ca/dbtw-wpd/policypdf/BACKGROUND%20TO%20CMA%20POLICY%20ON%20Physician%20Health.pdf>

<sup>4</sup>Duxbury, L., & Higgins, C. (2012). Revisiting work-life issues in Canada: The 2012 national study on balancing work and caregiving in Canada. *Ottawa, Canada: Carleton University*.

<sup>5</sup>Picard, A. (2010, January 19). Health-care staff close to burnout, study finds. *The Globe and Mail*. Retrieved from <https://www.theglobeandmail.com/life/health-and-fitness/health-care-staff-close-to-burnout-study-finds/article4389652/>

<sup>6</sup>The Mental Health Commission of Canada (2013). The National Standard of Canada for Psychological Health and Safety in the Workplace. Retrieved from <http://www.mentalhealthcommission.ca/English/issues/workplace/national-standard>

<sup>7</sup>Gilbert, M. & Blisker, D. (2016, April 20). Implementing the National Standard in the Canadian Health Sector: A Cross-Case Analysis. Mental Health Commission of Canada. Retrieved from [https://www.mentalhealthcommission.ca/sites/default/files/2017-01/A\\_Cross\\_Case\\_Analysis\\_eng.pdf](https://www.mentalhealthcommission.ca/sites/default/files/2017-01/A_Cross_Case_Analysis_eng.pdf)

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## Evidence-Based Practice:

### A New Resource for Canadian Psychologists

*By Maxine Holmqvist & Martin Drapeau*

7.5 million people, or 1 in 5 Canadians, live with a mental health problem or illness, with an estimated cost to the Canadian economy of over \$50 billion annually (Mental Health Commission of Canada, 2017). Effective treatments for mental illness are being developed, tested and improved at an exponential rate; however, a front-line clinician would need to read 249 journal articles a day simply to review the highest-quality research in the field (Badenoch & Tomlin, 2015). So how can we ensure that Canadians are getting the best possible psychological care? The Canadian Psychological Association's Task force on Evidence-Based Practice (EBP; Dozois et al, 2014) provides a framework for clinicians to integrate scientific advances with their own clinical data and other considerations (e.g., the specific characteristics, cultural background and preferences of individuals seeking services); however, research has shown that the majority of practicing clinicians in Canada do not truly understand or implement EBP routinely, leading to inefficiencies in care and potential for harm. We believe that wide-spread uptake of EBP has the potential to improve the quality and safety of services provided, to lower costs to individuals and institutions, to reduce provider burnout and turnover and to foster strong, collaborative working relationships with individuals, families and communities. Several initiatives to increase the uptake of EBP have been launched since 2014; however, there is currently no single location for clinicians to access tools and resources to support EBP. **Our team of researchers, clinicians and students representing a broad cross-section of the Canadian psychological community, is working on a project to develop a free comprehensive website that will serve as the go-to online EBP resource for Canadian practitioners who deliver psychological services.** Our work will address key gaps in existing initiatives and will build on what has

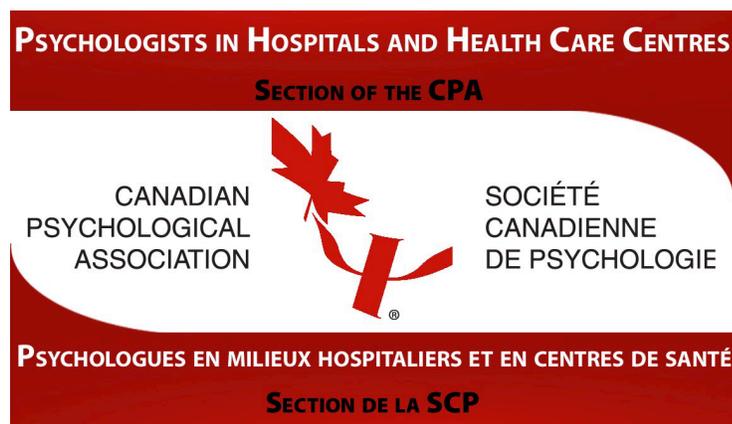


been done previously by integrating clinician, learner and service user perspectives; using interactive and engaging formats to deliver content; and partnering with provincial and national organizations to pilot content and ensure broad dissemination of the site. The site will be divided into 5 domains: 1) defining EBP, including its importance, examples of implementation; 2) Clinical Practice Guidelines (CPGs), including their use, resources to find guidelines, and assessment of guideline quality; 3) Progress Monitoring, including its relationship to clinical outcomes, and clinician advice and experience using progress monitoring tools; 4) Practice-Research Networks, including benefits of these, how to access or start a PRN; and 5) Tools, focusing on measures that can be easily integrated into routine practice. Our project has its roots in work previously done by the clinical section of CPA, and has received support from several CPA sections and from the organization as a whole. We look forward to continuing to work with CPA and its sections to develop and maintain this resource. Watch this space for updates! For more information, contact Dr. Martin Drapeau at [martin.drapeau@mcgill.ca](mailto:martin.drapeau@mcgill.ca) or Dr. Maxine Holmqvist at [maxine.holmqvist@umanitoba.ca](mailto:maxine.holmqvist@umanitoba.ca).

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Badenoch D, Tomlin A. (2015) Keeping up to date with reliable mental health research: National Elf Service white paper (PDF). Minervation Ltd, Oxford. DOI: 10.13140/RG.2.1.4404.2328

Mental Health Commission of Canada (2017). Strengthening the Case for Investing in Canada's Mental Health System: Economic Considerations. Accessed at: [https://www.mentalhealthcommission.ca/sites/default/files/2017-03/case\\_for\\_investment\\_eng.pdf](https://www.mentalhealthcommission.ca/sites/default/files/2017-03/case_for_investment_eng.pdf)



# PHHC 2018 Best Presentation Award Goes to...

## Kimberly Carrière and Mallory Frayn!

Tell us who you are: Mallory and Kimm are PhD Candidates in Clinical Psychology at McGill University. Their work in Bärbel Knäuper's Health Psychology lab focuses on eating and weight, specifically

developing psychological interventions to improve weight loss and health outcomes for various populations.

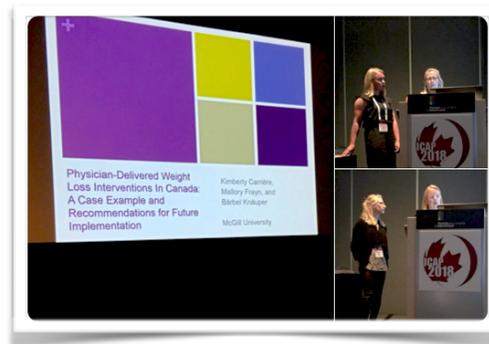


Tell us about your research: Mallory's research is centred around emotional eating and improving health outcomes for those who engage in this behaviour. She has developed Acceptance and Commitment Therapy (ACT) interventions to target emotional eating. Kimm's research focuses on mindful eating. She has developed a brief mindful eating intervention to help improve dietary habits that

support weight loss and its management over the long-term. Both Mallory and Kimm's research program involves bridging the gap between research and the community as a means to increase the reach and impact of ACT and mindfulness-based programs on weight-related outcomes.

How have you been involved in the PHHC section? Mallory and Kimm presented at the PHHC Graduate Student Symposium in June 2018 at the 79th annual CPA convention in Montreal. They presented an oral presentation outlining the lack of feasibility for a physician-delivered weight loss intervention for emotional eaters, alongside Zhen Xu who presented a challenging case from her clinical work in in-patient psychiatry. The symposium was organized by student representative Julia Grummisch.

What did you win? Mallory and Kimm were honoured to receive the PHHC section's Student Best Presentation Award for their presentation, "Physician-Delivered Weight Loss Interventions In Canada: A Case Example and Recommendations for Future Implementation" following the CPA convention.



# Update from the PHHC Section Student Committee

By: *Julia Grummisch*

Hello student members!

I am the Student Representative for the Psychologists in Hospitals and Health Centres (PHHC) Section. This is my second year in the role and I am always interested in hearing from and working with our student members! Please feel free to contact me at any time with any questions, concerns, or ideas – student member input is always welcomed and valued!

Below are some updates from the PHHC Section Student Committee:

- We are happy to host the PHHC Graduate Student Symposium at the CPA Annual Convention again this year! The convention will be held in Halifax, Nova Scotia, from May 31 to June 2, 2019. We thank everyone for their submissions and we look forward to showcasing the research being conducted by student members of our section! Further information and details to come!
- This year's PHHC Graduate Student Symposium Best Student Presentation Award (worth \$250) went to presenters Kimberly Carriere and Mallory Frayn. Congratulations! Their presentation was titled "Physician-delivered weight loss interventions in Canada: A case example and recommendations for future implementation". Kimberly and Mallory are completing their doctoral degrees in Clinical Psychology at McGill University. Check out what they are doing now in the spotlight article of this newsletter!
- The PHHC Section student committee is working on creating helpful resources for student members of the section. Resources related to the APPIC internship application process are currently available. Tips about navigating internship applications and other relevant information are available for free to current student members and accessible through the CPA online portal! Check them out!
- The PHHC Section is very active on Twitter! Updated frequently by one of the student members, we tweet about news related to the section, updates about hospital and health centre psychology in terms of research, policies, newsheadlines, and just anything else we find interesting! Be sure to follow us on Twitter at @CPA\_PHHC!

# Get to know the 2018-2019 CPA PHHC Section Student Committee!



**Julia Grummisch**

Email: [jgrummisch@uregina.ca](mailto:jgrummisch@uregina.ca)

**Role:** PHHC Section Student Representative

**Position:** PhD Student in Clinical Psychology (second year) at the University of Regina, supervised by Dr. Jennifer Gordon.

**Research:** The relationship between female reproductive hormones, mood, and cognitive performance in the menopause transition.

**Clinical interests:** Clinical psychology (treatment of mood, anxiety, and psychotic-spectrum disorders) and

clinical neuropsychology (assessment of cognitive functioning in first episode psychosis, schizophrenia, TBI, geriatrics; cognitive remediation and rehabilitation).

**Rebecca Vendittelli**

**Role:** PHHC Section Student Committee Member

**Position:** PhD Student in Clinical Psychology (second year) at the University of Victoria, supervised by Dr. Andrea Piccinin.

**Research:** Cognitive decline and aging, specifically the relationship between stress, physical activity, and cognitive outcomes over time and at the individual level; integrating technology into primary care settings for client-specific interventions.

**Clinical interests:** Clinical psychology (treatment of mood and anxiety disorders) with a CBT and mindfulness orientation, and clinical neuropsychology (assessment of children and adolescents with cognitive, learning, behavioural, and emotional challenges).





**Julia Marinos**

**Role:** PHHC Section Student Committee Member

**Position:** PhD Student in Clinical Psychology (fifth year) at the University of Ottawa, supervised by Dr. Andrea Ashbaugh.

**Research:** Understanding the mechanisms involved in updating long-term memory, specifically examining the process of reconsolidation. This research has implications for cognitive-behavioural treatments for anxiety disorders.

**Clinical interests:** Treatment of anxiety disorders, trauma, and schizophrenia and psychotic-spectrum disorders.

**Keera Fishman**

**Role:** PHHC Section Student Committee Member

**Position:** PhD Student in Clinical Psychology (fourth year) at the University of Ottawa, supervised by Dr. Andrea Ashbaugh.

**Research:** The impact of apathy on memory and executive function in cerebrovascular disease, beyond the role of depression.

**Clinical interests:** Clinical neuropsychology (assessment and treatment of cognitive, emotional, and behavioural challenges), Rehabilitation neuropsychology (cognitive intervention for mild cognitive impairment and non-progressive memory disorders), and clinical psychology (treatment of mood and anxiety disorders).



**Vincent Santiago**

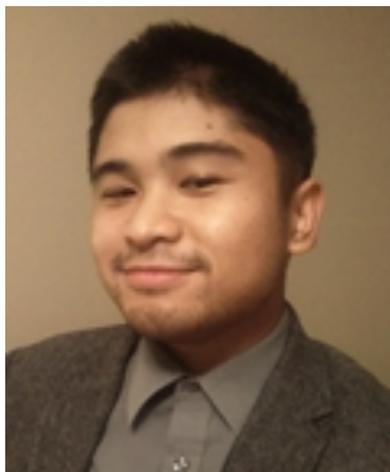
**Role:** PHHC Section Student Committee Member

**Position:** PhD Student in Clinical Psychology (first year) at Ryerson University, supervised by Dr. Stephanie Cassin.

**Research:** Eating behaviours across the weight spectrum, with a particular interest in the area of bariatric (weight-loss) surgery and the psychosocial factors related to outcomes following surgery.

**Clinical:** Treatment of mood, anxiety, and eating disorders, with a primarily CBT orientation. Current clinical work in CBT for various issues following bariatric surgery and intensive

treatment for obsessive-compulsive and related disorders.



## Newsletter Contributions Welcome – Instructions to Authors

<http://www.cpa.ca/aboutcpa/cpasections/Hospitals/>

We welcome submissions from section members to our newsletter. We are interested in hearing from our members to share knowledge, successes and challenges of the hospital based psychologist.

We have developed some recurring columns, but are open to other ideas. The following columns are available for contributions:

- 1) Open submissions: 500-1000 word column outlining a specific issue; historical review of a department; or any other topic of interest to the section.
- 2) Leading Practices: 500-1500 words Reports of psychological services that are considered leading practices, either as a result of recognition by accrediting bodies such as the Canadian Council on Health Services Accreditation (CCHSA: “Accreditation Canada”) or similar organizations, or through outcome data that demonstrate the effectiveness of an innovation or an exemplary service model.

3) Recommended reading: 100-150 word summary of any article, book, website, journal, etc that would be of interest to the section.

4) Cross country check up: 500-750 word article outlining an issue or experience that may apply across the country .

5) Student focus: 250-1000 word submission from a student member.

6) Short snappers: 150-175 words describing a new initiative, a promising practice, a summary of a research study, etc.

7) Member profile: 250 word biography including picture of a member.

8) Other areas: announcements, job postings, clinical practice guidelines, management structure.

Please send submissions to:

Dr. Marcie Balch [Marcie.Balch@iwk.nshealth.ca](mailto:Marcie.Balch@iwk.nshealth.ca)

**Please Note:** The opinions expressed in this newsletter are strictly those of the authors and do not necessarily re-reflect the opinions of the Canadian Psychological Association, its officers, directors, or employees. This publication abides by the CPA’s social media disclaimer.

INTERESTED IN ASSISTING WITH THE NEWSLETTER? The Communication Sub-Committee is always looking for passionate members to become involved, especially if you have familiarity with Publisher or Adobe InDesign. Please email the committee’s chair, Dr. Marcie Balch, with your interest.