



Approaches to caring for anxious patients

PANELISTS

Dr. Sharon Bal • Dr. Mel Borins • Dr. Mehry Kianfar

WITH

Dr. Stephanie Zhou • Dr. Nikki Bozinoff



Ontario College of
Family Physicians

**Practising
Well**
Share.
Inspire.
Connect.



Family & Community Medicine
UNIVERSITY OF TORONTO

March 27, 2024

Practising Well: Your Community of Practice

Please introduce yourself in the chat!

Your name,
Your community,
Your twitter handle



@OntarioCollege
#PractisingWell

Your Panelists: Disclosures

Dr. Sharon Bal

Relationships with financial sponsors (including honoraria):

- OCFP – Practising Well CoP Speakers
- OMA – Board Member
- CEP – Clinical Lead Honoraria

Dr. Mel Borins

Relationships with financial sponsors (including honoraria):

- OCFP – Practising Well CoP Speakers

Dr. Mehry Kianfar

Relationships with financial sponsors (including honoraria):

- OCFP – Practising Well CoP Speakers
- McMaster University – Assistant Clinical Professor
- Central West OHT – Physician Advisor

Disclosures

Dr. Stephanie Zhou @stephanieyzhou

Relationships with financial sponsors (including honoraria):

- Ontario College of Family Physicians – Practising Well Implementation Group Member, CoP Speaker
- Canadian Medical Association – Honoraria for practice management lectures
- Habitat for Humanity GTA – Board of Directors member
- Toronto Public Health – Board of Directors member

Dr. Nikki Bozinoff @NikkiBozinoff

Relationships with financial sponsors (including honoraria):

- Ontario College of Family Physicians – Practising Well Implementation Group Member, CoP Speaker
- CAMH
- Department of Family and Community Medicine (University of Toronto)
- National Institute on Drug Abuse
- Womenmind
- CIHR
- Academic Health Sciences Alternate Payment Plan

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Potential for conflict(s) of interest:

N/A

Mitigating Potential Bias

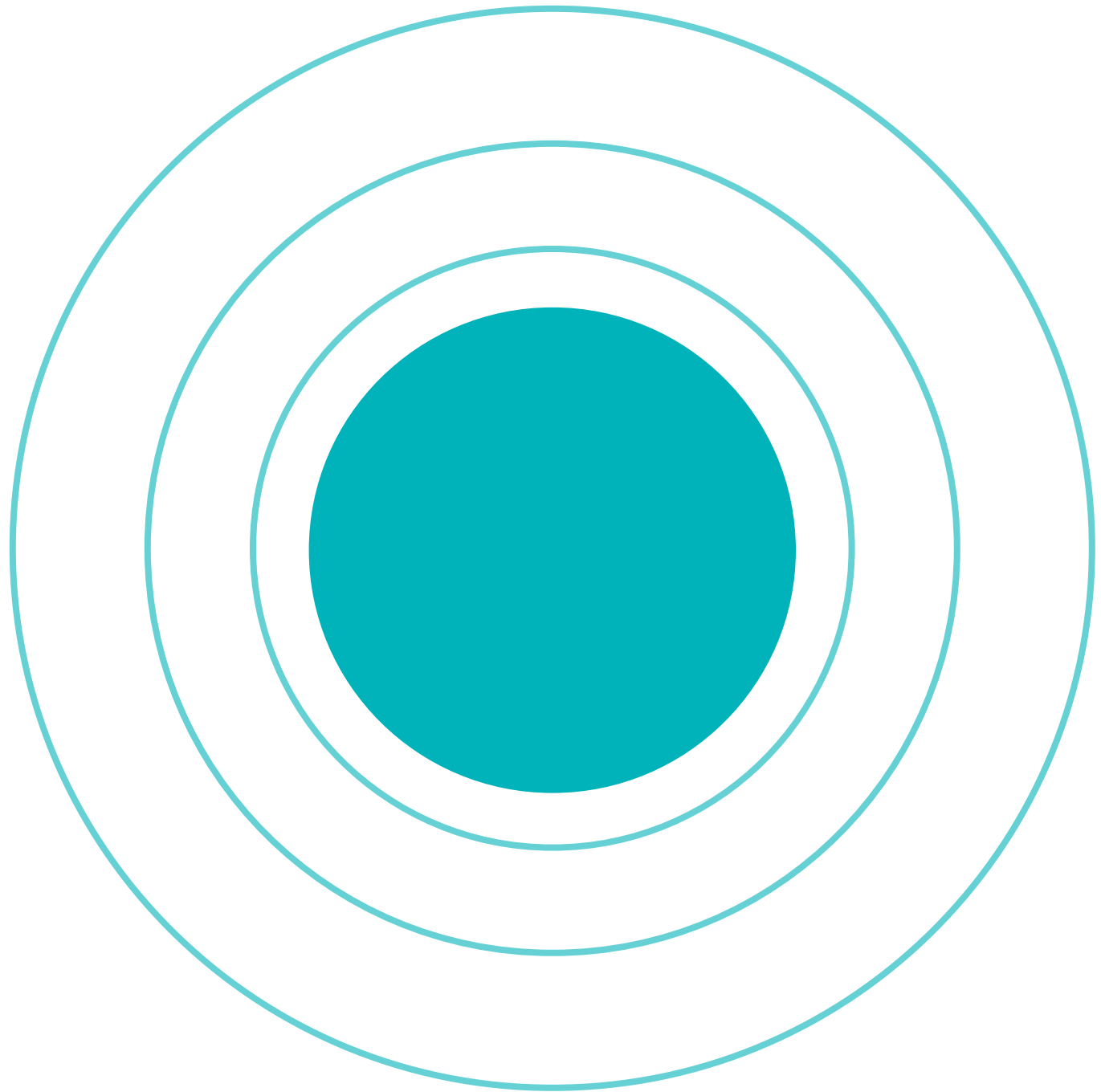
- The Scientific Planning Committee (SPC) has control over the choice of topics and speakers.
- Content has been developed according to the standards and expectations of the Mainpro+ certification program.
- The program content was reviewed by the SPC.

Land Acknowledgement

We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognizes that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP and DFCM respects that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.



Approaches to caring for anxious patients

You raised important questions we'll try to work through together today:

1. Can you share any supports specific to teens/children/youth?
2. Is there a role for medication in managing significant health anxiety? Any differences from other forms of anxiety disorder?
3. Can you share any free online resources that might be available in multiple languages?
4. Approaches to caring for anxious patients who seek appointments for minor issues? While remaining compassionate and understanding of patient concerns?
5. Can you share counselling strategies?

And other questions you add in the Q&A box...





Approaches to caring for anxious patients

Your Panelists

Dr. Sharon Bal

Cambridge, ON

Dr. Mehry Kianfar

Brampton, ON

Dr. Mel Borins

Toronto, ON

Anxiety: Tools & Supports for the Busy Physician

OCFP - Community of Practice

Wed, March 27th, 2024

Sharon Bal, MD CCFP FCFP

Source: <https://www.shutterstock.com/search/stressed-doctor-cartoon>



Current State

- Complexity in the office
- Increased MHA COVID, recovery
- Access to specialists, system pressures
- Access to non-MD supports
- Physician burnout



Source of graphic: <https://www.uhsma.com/3-signs-of-having-a-generalized-anxiety-disorder/>



“How does my morning look?”

Solutions for the Busy Doctor

Know our patients in FM (PMH, Rx, FHx, Labs etc.)
Not everything has to be done in 1 visit (safety risk)

Are there tools which are/will...

- POC?
- Improve workflow
- Support documentation, measurement and EBM
- Resource (to us, to patients)?

Easy-to-use Tools & Supports

Comprehensive suite of digital and clinical tools and implementation supports for anxiety disorders and depression in adults:

- ✓ Integrate the up-to-date evidence and quality standards
- ✓ Guide clinicians in identification and comprehensive assessment of anxiety disorders and depression
- ✓ Enable a stepped approach with identification of first-line therapies
- ✓ Streamline navigation of available services and supports

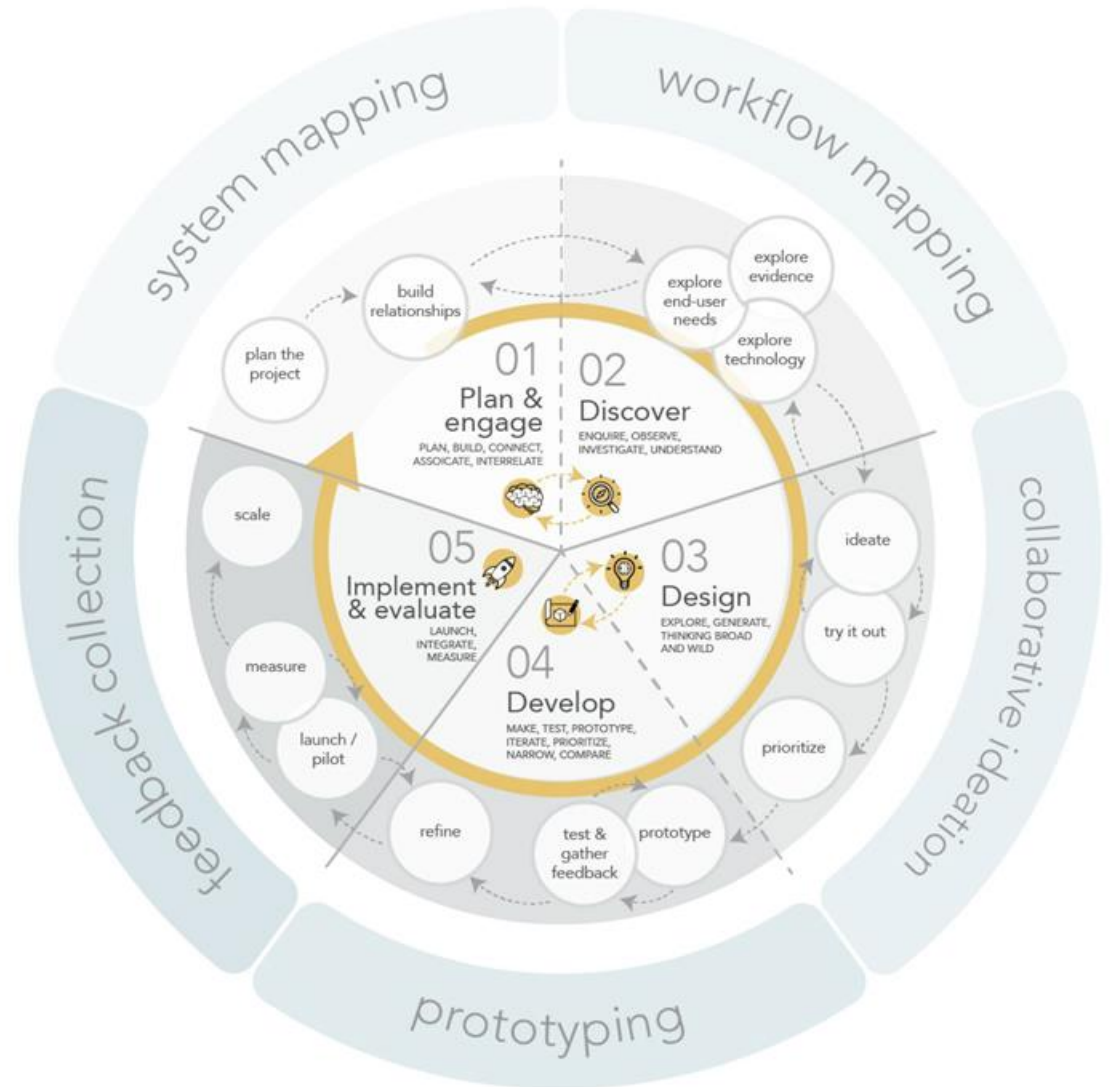
Topic Expert Group

Depression and Anxiety, E2P WG

- Katie Anderson, MD, FRCPC
- Sharon Bal, MD CCFP FCFP
- Kim Corace, Ph.D., C.Psych
- Christina Gilman, Lived Experience Advisor
- David Kocerzingski, MD FRCPC
- Randi E. McCabe, Ph.D., C.Psych
- Upendar Mehan, MD, CCFP, FCFP
- Dielle Miranda, MA (Clin Psy), MHSc
- Paul Preston, MD CCFP CCPE CHE
- Cindy Pritchard, RN(EC), BScN, NP-PHC
- Rachel Shour, BSc. MD. CCFP
- Olivia Soulliere, Lived Experience Advisor

Development process

The CEP uses its rigorous process to translate best practice into actionable tools and supports



Tools

Supports primary care clinicians by giving them easier access to the information they need

1. EMR tool (E2P)

- Available in TELUS PS Suite, OSCAR Pro and Accuro QHR
- For use at the point of care
- Documentation and decision support

2. Educational tool (html)

- Available online from cep.health
- To bring clinicians up-to-date on best evidence and practice
- Supports decision making

EMR Tool screenshot

E2P - MH - Anxiety Disorders and Depression Tool Screening PSS

File

Depression and Anxiety Disorders - Screening V 1.1

Full Visit Tool

When speaking to patients use understandable language and avoid stigmatizing labels, maintaining a focus on your patient's strengths

Refresh

Screening tools

Disorder type	Screening tool	Latest score	Last done	Diagnosis	
				Sus pected	Confirmed
Depression	PHQ-9	22	Feb 15, 2024	<input type="checkbox"/> mmm d, yyyy	<input checked="" type="checkbox"/>
Anxiety / General Anxiety Disorder	GAD-7	15	Jan 23, 2024	<input type="checkbox"/> mmm d, yyyy	<input checked="" type="checkbox"/>
Social Anxiety Disorder	Spin scale	never done		<input type="checkbox"/> mmm d, yyyy	<input type="checkbox"/>
Panic Disorder	Panic disorder severity	11	Jan 16, 2024	<input type="checkbox"/> mmm d, yyyy	<input type="checkbox"/>
Specific phobia or agoraphobia	Severity measure for specific phobi	19	Nov 21, 2023	<input type="checkbox"/> mmm d, yyyy	<input type="checkbox"/>

Latest PHQ notes risk of self harm or suicidal ideation

Labs

Lab name	Latest result	Last done
Hb	15	Aug 24, 2023
HbA1C	0.15	Aug 24, 2023
TSH	2.2	Aug 24, 2023
Ferritin	125	Aug 24, 2023
B-12	never done	

Additional notes

insert from previous: Feb 6, 2024 clear

Generate Lab Req
Filter Labs
Launch Ocean
Full Visit Tool

Usage analytics | Feedback | New version available

eHealth Tool developed by the eHealth Centre of Excellence, in support of Evidence2Practice Ontario

Discard Add to Notes

Educational tool screenshot

Anxiety and Depression

🕒 Last Updated: April 4, 2023

Search Content 🔍

This clinical tool helps family physicians and primary care nurse practitioners identify and manage anxiety and depression in adult patients. The tool was developed to help guide conversations with patients and families over a series of visits, as needed.

Expand All

Screening and assessment



Management



Follow-up/monitoring



Appendix: alternative therapies and natural health products



References



Educational tool screenshot

Expand All

Screening and assessment +

Management -

Jump to:

- [Psychological treatment options](#)
- [Non-pharmacological complementary treatment options](#)
- [Pharmacological treatment options](#)
- [Side effect management](#)
- [Special populations: peri/postnatal patients](#)
- [Special populations: older adults](#)

Use your clinical judgement to move patients through the stepped-care approach. For the psychological and pharmacological management of anxiety and depression. Individualize therapy based on a patient's symptom severity, concerns and preferences. This may involve skipping steps to achieve appropriate treatment for an individual patient. Routinely follow-up and monitor changes in the patient's symptoms and quality of life. Empower patients to make decisions with you about their treatment plan.²



Talking tips

Click to view

Guiding principles for the management of anxiety and depression:

- Understand the patient's context and life circumstances, such as:⁶
 - Coverage options (e.g., access to extended health coverage, [Non-insured health benefits program mental health counselling benefit](#), and Employee Assistance Plans)
 - Potential barriers to treatment (e.g., disability, language or communication)
- Cost considerations
 - Reach out to drug companies to inquire about their compassionate use programs

Resources for patients and caregivers⁹

Encourage patients to consider other options for care and support while they wait for a referral, such as internet-based CBT. Instead of waiting for a referral, patients can also find a psychologist through the [Ontario Psychological Association](#), a counsellor or psychotherapist through the [Canadian Counselling and Psychotherapy Association](#) or [College of Registered Psychotherapists of Ontario](#).

Free resources available for patients and their caregivers are listed below:

Community and social

[Canadian Mental Health Association](#): 30 branches that provide community mental health services across Ontario.

[ConnexOntario](#): Mental health system navigation and information. Mental health: 1-800-531-2600 | Addictions: 1-800-565-8603

[eMentalHealth.ca](#): Directory of publicly-funded regional service coordination and case management services.

[Hope for Wellness](#): Mental health counselling and community-based cultural and emotional support for Indigenous people. 1-855-242-3310

[Ontario Caregiver Organization](#): Support for caregivers to improve their caregiving experience.

[Talk4Healing](#): 24/7 talk, text, and chat to support Indigenous women by Indigenous women. 1-888-200-9997

[thehealthline.ca](#): Regional mental health organizations, clinics, workshops, conferences and support groups.

[Wellness Together Canada](#): Resources for mental health and substance use support.

Educational supports for patients and caregivers

[Ontario Health Anxiety Disorders Patient Guide](#)

[Ontario Health Depression Patient Guide](#)

Online app and resources

[Anxiety Canada mindfulness exercises](#): Non-facilitated self-help virtual resources on mindfulness and relaxation.

[Be Safe](#): Safety plan app. Available on [App Store](#) and [Google Play](#).

[BounceBack Ontario](#): Available through the OSP Program. Guided self-led resources to support adults and youth manage low mood, mild to moderate **depression and anxiety**, stress or worry. Delivered by phone with a coach and

Implementation supports

Full implementation support is available that can be tailored based on clinician needs

Change management

Enables smooth adoption and effective utilization of the EMR tool including:

- Facilitated installation and technical set-up
- Optimize integration into existing workflow

Academic detailing

Clinical discussion with a pharmacist on:

- Who and how to screen
- Individualizing therapy using a shared decision-making approach
- Connecting patients to accessible and affordable local resources



Mainpro+/Learning Plan credit certified

Thank You

Academic Detailing

<https://cep.health/academic-detailing/>

Educational Tool (html)

<https://cep.health/clinical-products/managing-patients/>



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Introducing Health Anxiety

Without Patients Getting Angry!

Mehry Kianfar, MD, CCFP

Case: Recurring Patient

Palpitations

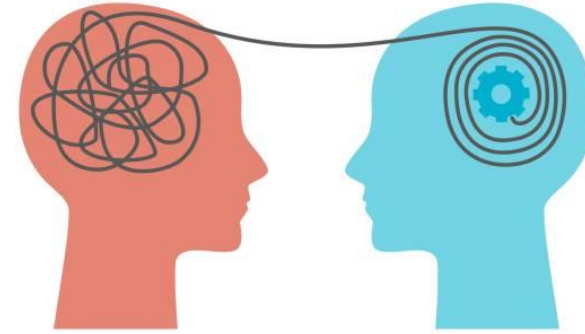
- 35 y.o female; Intermittent palpitations; Has come in on multiple occasions; Complete cardiac workup normal x 2.
- You are thinking health anxiety may be underlying her symptoms and that she would benefit from counselling.
- How do you bring it up?



Conveying Empathy

Goals

1. Patient feels heard and that their concerns are acknowledged
2. Patient feels you will continue to support them through this health concern



How?

- Elicit patient's perspective
- Explain the physiology behind patient's symptoms
- Schedule continued follow up

Patient's Perspective



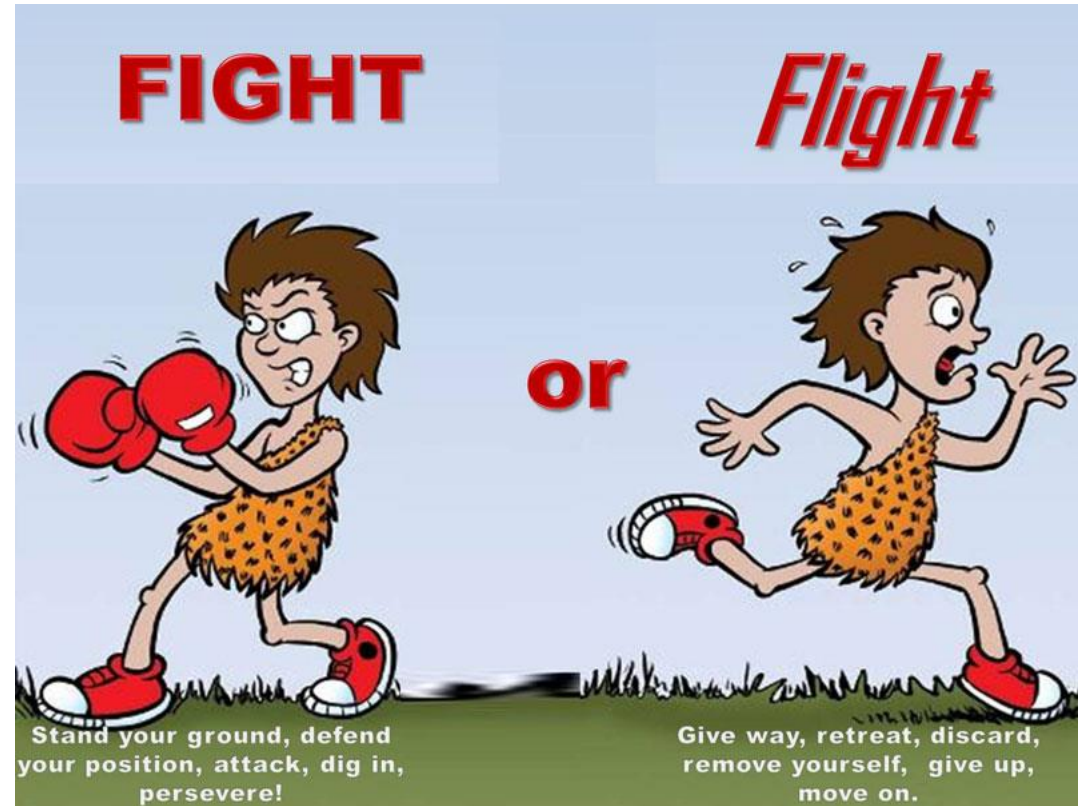
What is your understanding of what is happening right now?

What are your fears and worries?

Function of Anxiety

When we feel threatened, neurotransmitters are released that...

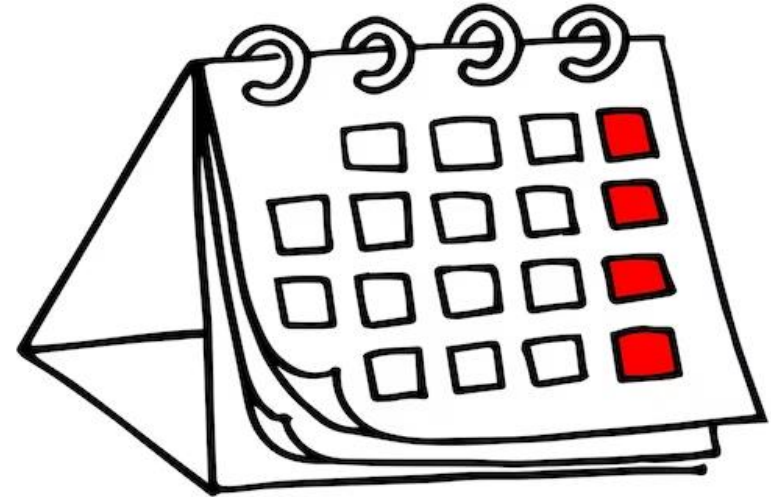
- Accelerate heart rate
- Increase breathing rate
- Tense our muscles
- Slow digestion
- Alter our perception of pain



To mobilize us to fight or flight!

Logistics...

- Longer appointment
- End of morning or end of day
- Mutually agreed upon scheduled follow up visits
- Have processes to identify frequent visitors



**Will need to put more time up front
to save time down the road.**



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ANXIETY DISORDERS

DR. MEL BORINS

- Associate Professor
- Faculty of Medicine
- University of Toronto
- www.melborins.com
- active staff
- St. Joseph's Health Center

PSYCHOTHERAPY

- is "any form of treatment for mental illness, behavioural maladaptions, and/or other problems that are assumed to be of an emotional nature, in which a physician deliberately establishes a professional relationship with a patient for the purposes of removing, modifying, or retarding existing symptoms, or attenuating or reversing disturbed patterns of behaviour, and of promoting positive personality growth and development

RELAXATION EXERCISE

1. Breathing awareness
2. Progressive muscle relaxation
3. Visualization or guided imagery of a comfortable relaxing scene from the past involving visual, auditory and kinesthetic input
 - desensitization for phobias, ego strengthening to build self-esteem or age regression to reframe serious traumas of the past

RELAXATION EXERCISE

- <https://melborins.bandcamp.com/album/relaxation-exercise>
- Press play and practice at home

REFLECTIVE CREATIVE LISTENING

- Sometimes just talking to an objective listener can help someone over a crisis or a situational anxiety or no-win situation
- Validation, ego strengthening, dealing with negative self esteem
- reframing and normalizing

REFLECTIVE LISTENING

- Reflect back what the essence of what the patient is saying
- They get the experience of being HEARD and UNDERSTOOD

MIRROR NOT A PARROT

BIG EAR

NON-JUDGEMENTAL

- **PLAYBACK AND ASK FOR VALIDATION**

REFLECTIVE LISTENING

1. STEM
2. PLAYBACK
3. VALIDATION

1. READ THE CHART BEFOREHAND
2. GREET
3. ELIMINATE BARRIERS
4. TALK PERSONAL
5. OPEN ENDED QUESTIONS
6. 2-3 MINUTES NO INTERRUPTIONS
7. ESTABLISH AGENDA
8. REFLECTIVE LISTENING
9. EMPATHETIC STATEMENTS

OHIP BILLING FOR PSYCHOTHERAPY AND COUNSELING

- K005
- K007
- K013
- K033

RULE OUT PHYSICAL CAUSES

- perform a complete physical exam, as well as appropriate blood tests to rule out pheochromocytoma, hypoglycemia, Addison's disease, hyperthyroidism, caffeine and drug abuse, drug withdrawal states, as well as side effects to medical drugs.
- CBC, TSH, GLUCOSE, VIT B12 & VIT D, electrolytes, ECG

TAKE A HISTORY

- detailed psychiatric history should be taken including details of physical and sexual abuse, abandonment, family disruptions, loss of loved ones, accidents and operations, mental health problems in family members and other relevant psychosocial, family and personal history.

DSM-5

- anxiety disorders include disorders that share features of excessive fear and anxiety and related behavioral disturbances.
- These disorders include separation anxiety disorder, selective mutism, specific phobia, social anxiety disorder (social phobia), panic disorder, agoraphobia, generalized anxiety disorder, substance/medication-induced anxiety disorder, and anxiety disorder due to another medical condition.
- Obsessive-compulsive disorder (included in the obsessive-compulsive and related disorders), acute stress disorder, and posttraumatic stress disorder (included in the trauma and stress-related disorders) are no longer considered anxiety disorders as they were in the previous version of the *DSM*. However, these disorders are closely related to anxiety disorders and the sequential order of these chapters in the *DSM-5* reflects this close relationship.

ANXIETY SECOND HAND EMOTION

- FEELINGS-FEAR is thinking negatively about the future
 - SADNESS-LOSS
 - ANGER-EXPECTATIONS
 - GUILT-SELF PUNISHMENT
-
- Explore the underlying feelings to decrease anxiety

PATHOPHYSIOLOGY

"fight or flight response"

- Explain what happens in the body when there are stresses, life event changes, social readjustment rating scale
- Review the sympathetic and parasympathetic, biochemical, hormonal, neurotransmitters,
- Dark alley and mugger with a knife
- **ALWAYS ON GUARD**

NEGATIVE THINKING

- Catastrophizing learned from a parent, coping style, anticipating the negative
- Internalized self-deprecating, critical judge
- Dragging negative past into the present and then creating a negative future
- Thought stopping, The Secret
- What's the worse?

BRING ANXIETY INTO THE ROOM

- THEN RELIEVE IT
- AGE REGRESSION AND CHANGING PERSONAL HISTORY

HERE AND NOW

- NOW I AM AWARE
- 5 senses
- In the now- creative, spontaneous, excitement, senses are open

CBT

- MIND OVER MOOD
- Core beliefs-Automatic thoughts-Feelings-Behaviour
- Thought records
- Cognitive distortions
- Avoidance is the enemy, doing affects being

DIET AND EXERCISE

- The elimination of alcohol, coffee, chocolates, colas and sugar as well as regular spaced meals can sometimes improve symptoms.
- An exercise program involving brisk walking, cycling, swimming, dancing, aerobics, or racket sports gets the patient out of the house, and helps release internalized frustrations

FURTHER TRAINING

- Join MDPAC www.mdpac.ca
- MDPAC ANNUAL CONVENTION **June 21-23**
- CBT Hinks Treatment Center - [Cognitive behaviour therapy \(CBT\) for anxiety - The Garry Hurvitz Centre for Community Mental Health at SickKids \(sickkidscmh.ca\)](#)
- COUNSELLING AND PSYCHOTHERAPY -A FIVE WEEKEND LEARNING PROGRAM SEPT 2025 DFCM UNIVERSITY OF TORONTO

Resources

Tools



Links to resources shared today will be sent to participants following the session.

Tools and Resources

Resource	Type	Link
Anxiety Disorders	Ontario Health Quality Standards	Anxiety Disorders - Health Quality Ontario (HOO) (hqontario.ca)
Academic Detailing (CEP)	Resource	https://cep.health/academic-detailing/
Managing Patients with Anxiety Disorders and Depression (CEP)	Resource	CEP Centre for Effective Practice
Illness Anxiety Disorder (National Library of Medicine)	Resource	Illness Anxiety Disorder - StatPearls - NCBI Bookshelf (nih.gov)
Anxiety Canada	Organization	Anxiety Canada Self-help Resources, Programs & Services

Resources

Education



Links to resources shared today will be sent to participants following the session.

Practising Well CoP – Self Learning Program

The Practising Well CoP is now certified for self learning credits!

Earn **1-credit-per-hour** for reviewing the recording and resources from **past CoP sessions**. The self learning program is certified for up to 38 Mainpro+ credits.

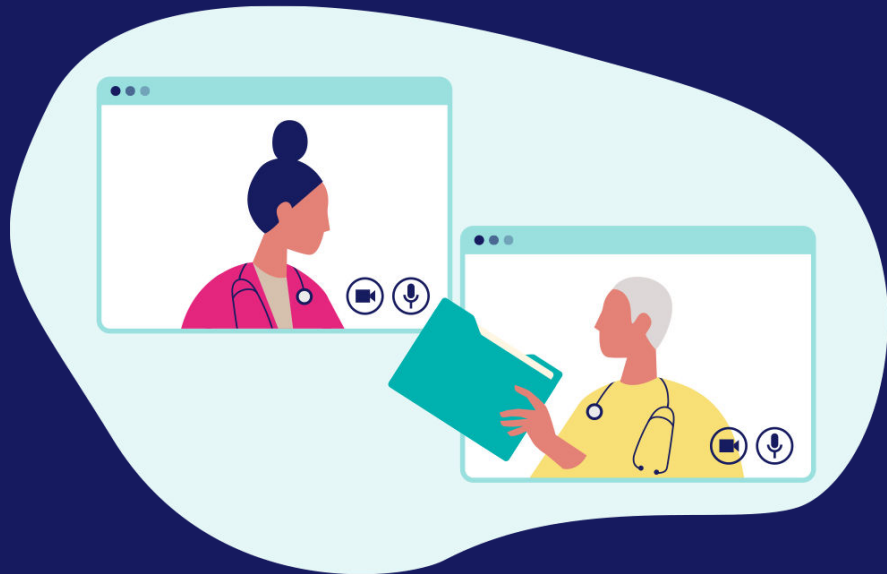


**Learn More and
Participate**

Peer Connect

Have questions about caring for patients with mental health concerns?

Connect with a Peer Guide for more individualized educational support.



Dr. Jon Davine

[Connect Now!](#)



Dr. Nermine Gorguy

[Connect Now!](#)



Dr. Marina Abdel Malak

[Connect Now!](#)



Dr. Chase McMurren

[Connect Now!](#)



Peer Connect Small Group Learning

Join a series of **small group learning sessions** where you're encouraged to celebrate successes and explore the challenges you experience practicing family medicine. Four groups are available:

- Female Family Physicians in the First Ten Years of Practice
- Ontario Family Physicians from All Stages and Practice Models
- Family Physicians in their First Five to Ten Years of Practice
- Support for Physicians Living with Chronic Illness and/or Disability

The deadline to register is April 12, 2024.

[Learn More and Register](#)



Resources

Supports



Links to resources shared today will be sent to participants following the session.

Writing Sick Notes

To help educate employers on changing their policies, the OCFP has created this resource for use in your EMRs and clinic workflows for sick notes.

Did you know that most employers in Ontario have eliminated the requirement for sick notes for short illnesses?

While the *Employment Standards Act* permits employers to ask employees for medical notes when taking sick leave, **it is not a requirement of the Act for employers to ask their employees to provide a medical note.** In fact, other provinces have amended their legislation to prohibit employers from doing so.

HERE'S WHY YOUR ORGANIZATION SHOULD RECONSIDER REQUIRING SICK NOTES:



Sick notes impact employee and economic productivity. Many employees would rather go to work ill than spend the time and money getting a sick note, leading to illness spreading in the workplace.



Sick notes strain healthcare resources and take time from patients who need urgent care. Patients should see a doctor only if they require medical care—most common illnesses can be managed at home.



Sick employees should stay home. Travelling to a doctor's appointment or emergency department for a sick note hinders recovery and **needlessly exposes vulnerable patients and healthcare providers to illness.**



Doctors rely on patient's self-reporting of their illness and may not be able to verify it from a medical standpoint.



Many patients are **charged a fee** for sick notes because OHIP does not compensate doctors for providing this non-medical service.



Some patients can't access a doctor during their illness. There is a shortage of family doctors in Ontario. As a result, some patients are unable to get a timely appointment. Over 2 million Ontarians don't have a family doctor at all, and must seek care (and sick notes) through walk-in clinics and emergency departments.



Resources to support your practice

Changes to the CPSO *Continuity of Care: Advice to the Profession*

These updates provide greater clarity around administrative responsibilities for specialists and emphasize clear communication between consultants and family physicians.

What you need to know:

What you need to know:


CHANGES TO THE CPSO ADVICE TO THE PROFESSION: CONTINUITY OF CARE

REFERRALS

- It is important for family physicians to consider whether a patient's condition is within the specialist's **scope of practice**, whether the specialist is **accepting patients** and whether the specialist's practice is **accessible to the patient**.
- Family physicians must include all the information necessary for the specialist to understand the patient's condition and address the questions or concerns they are being asked to consider.
- Specialists can support family physicians by **accepting consultation requests**, where possible, **even if there are minor issues** with the requests (e.g., incorrect or outdated referral forms).
- Specialists can decline referrals that do not provide sufficient information, but they must **communicate their reasons** to the family physician. **Rather than requiring a new referral**, there may be **opportunities** for the specialist to work with the family physician to **clarify any outstanding questions**.
- Acknowledging a referral simply means informing the family physician whether the referral will be accepted**. If it is accepted, specialists can indicate the estimated or actual appointment date. **There is no requirement to see the patient within 14 days**, just a requirement to **review the referral and close the loop**.
- Specialists may have more information about their colleagues than family physicians do. If they are able to **assist in re-directing the referral**, it would be helpful to do so, especially where the referral is for urgent or unique issues.


While the type of information that could be included in a referral request is outlined in the **Transitions in Care Policy**, the updated advice notes that it is **up to family physicians to determine what is appropriate** in the circumstances.

The CPSO encourages specialists to be flexible and collaborative with referrals to facilitate smoother coordination and continuity of care, noting that **family physicians and specialists share responsibility for ensuring patients can access the care they need**.

 **Referrals Checklist (OMA) Continuity of Care: Guide for Patients and Caregivers (CPSO)**

The updated advice explicitly reminds specialists of the **requirement for timely acknowledgement of referrals within 14 days** to ensure patient care is not delayed.

While specialists have no obligation to suggest another provider if they're unable to accept the referral, the CPSO encourages doing so to help ensure timely patient care.

Ontario College of Family Physicians  02

Letter Templates

1. REFERRALS
2. ORDERING TESTS
3. REVIEWING TESTS
4. REFERRAL TO SUB-SPECIALISTS
5. CONSULT NOTES & DISCHARGE SUMMARIES

02 Ordering Tests

Insert practice name & information

Dear Dr. (insert name),

Re: (patient identifier)

Thank you for your thorough and helpful consultation note on the above-mentioned patient. Although I am always eager to collaborate with you in the care of our mutual patients, I will leave the ordering of investigations you recommended in your consult to you.

Include the relevant tests and imaging, where applicable

You'll note that the recently updated advice from [CPSO on Continuity of Care](#) explicitly clarified that: "Any physician who determines a test is needed is responsible for ordering that test, including tracking the results and managing any follow up that stems from that test. By ordering tests that they themselves have deemed necessary, physicians ensure that patient care is not unnecessarily delayed, and that their colleagues are not required to receive results or manage care that falls outside their scope of practice."

Include the following, if desired: I appreciate being copied to receive test results; however, as per the CPSO "it should be clear that I have no additional responsibilities in regard to the tests or results."

Your expertise in this specialized area is greatly appreciated. Please contact me if you would like to discuss this further.

Sincerely,

Dr. (insert name)

Resources

Supports



OMA Physician Health Program

<https://php.oma.org>

Centre for Addiction and Mental Health
Health Care Provider (HCP) Resource
Site

<http://www.camh.ca/covid19hcw>

CMA Wellness Hub

<https://www.cma.ca/physician-wellness-hub>



- PARO 24/7 Helpline for Residents, Family Members, Medical Students
- 1-866-HELP-DOC



- <https://www.ontario.ca/#support-health-care-worker>
 - Self-led / With peers / Talk to a clinician
- [Ontario Shores Centre for Mental Health Sciences, Whitby](#)
- [St. Joseph's Healthcare, Hamilton](#)
- [The Royal Ottawa Mental Health Centre, Ottawa](#)
- [Waypoint Centre for Mental Health Care, Penetanguishene](#)
- [Centre for Addictions and Mental Health \(CAMH\), Toronto](#)



- ECHO Coping with COVID
 - for health providers (educational credits)
 - Fridays 2-3pm EST
- <https://camh.echoontario.ca/echo-coping-with-covid/>

Support for you and those you care about.

Upcoming Community of Practice

**Managing alcohol use: Understanding updated recommendations
with Dr. Jennifer Wyman and Dr. Alexander Caudarella**

**April 17, 2024
8:00am – 9:00am**

Register Now

practisingwell@ocfp.on.ca



This one-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 1 Mainpro+ credit. The Practising Well Community of Practice includes a series of planned live, interactive sessions. Each session is worth 1 Mainpro+ credits, for up to a total of 12 credits.