Mental Health Partners Research Committee Inaugural In-Person Retreat

Final Report

July 2024

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Executive Summary

The inaugural Mental Health Partners (MHP) Research Retreat took place on Friday, May 31, 2024 in person at CAMH. Under the leadership of Dr. Bernard Le Foll, Vice President, Research and Academics/Chief Scientific Officer at Waypoint Centre for Mental Health Care and Chair, Mental Health Partners Research Committee ("Research Committee"), the day brought together nine of the specialty psychiatric hospitals, government and community partners at CAMH to identify research priorities across MHP organizations to drive collective impact. Close to 50 participants were in attendance, with some meeting in person for the first time.

The Research Committee **(Appendix A)** was established to support and advance research, innovation and care across and between MHP organizations and position MHP's collective research capacity to support the Government of Ontario, Ontario Health (OH) and the OH Mental Health and Addictions Centre of Excellence in building a comprehensive mental health and substance use system of care for people across the province. The Research Committee aims to collaborate, share resources and exchange expertise and information amongst the MHP sites and with other partners across the system to advance mental health and addictions research.

To open up and level set subsequent conversations, content experts briefly presented on a specific topic area highlighting current and emerging opportunities while generating food for thought for upcoming retreat activities. Dr. Christopher Canning, Director, Research and Academics, Waypoint Centre for Mental Health Care, first discussed the importance of patient-centred research in forensic settings.

Our content experts were:

- Dr. Phil Klassen, Vice President, Medical Affairs and Research, Ontario Shores Centre for Mental Health Sciences (Restraint/Seclusion)
- Dr. Randi McCabe, Interim Vice President, Mental Health and Addictions and Dr. Maiko Schneider, Head of Service, St. Joseph's Healthcare Hamilton (Suicide Reduction/Prevention)
- Dr. Bernard Le Foll, Vice President, Research and Academics/Chief Scientific Officer at Waypoint Centre for Mental Health Care (Harm Reduction)
- Dr. David Rudoler, Research Chair, Population Health and Innovation in Mental Health, Ontario Shores Centre for Mental Health Sciences (Housing/Homelessness)

Next, the World Café method was used to facilitate collaborative discussions on the following four theme areas that were identified as priority system issues and ones that could potentially benefit from a provincial collaborative effort. A World Café is a simple methodology for hosting conversations that link and build on each other as people move between groups and discover new insights into questions or issues being discussed. The discussions within the World Cafés offered unique insights into where MHP should focus its collective efforts for each of the four priority areas:

- Restraint/Seclusion
- Suicide Reduction/Prevention

- Harm Reduction
- Housing/Homelessness

The morning discussions and afternoon World Café session produced a rich base of ideas and opportunities for potential collaboration. This input will be collated and used to inform an action plan moving forward. The goal of the World Café activity was also to identify one area of priority focus to test the concept of this research collaboration. Following the World Café session, the majority of attendees selected Suicide Reduction/Prevention as an initial research priority for MHP. The MHP Research Committee will be convening a working group over the coming months to define a research question for this topic, to look at the other inputs received across all four topics and to plan for activation across the MHP organizations.

Participants from across the MHP organizations, government and community attend the inaugural MHP Research Committee Retreat on May 31, 2024.

Background

Mental Health Partners (MHP) Mission and Vision

MHP are a collective of Ontario's specialized hospital providers of mental health and substance use care. Together, MHP are providing leadership in building a system that is integrated, evidence based and accountable. They do this by mobilizing their collective strengths in innovation, infrastructure, clinical interventions, research and education so Ontarians with the most complex mental health and substance use conditions can have better outcomes.

MHP's vision is to enable the creation of a comprehensive, connected mental health system so that every Ontarian has equitable access to evidence-based, high-quality mental health care.

Together, MHP support Ontarians with the most severe and persistent mental illnesses and/or substance use disorders by:

- Providing highly specialized clinical care
- Integrating at a local level to deliver and support patient care at all levels of need
- Providing a platform of education, knowledge exchange, research and innovation in mental health and substance use care that enables the pursuit of a coordinated system of evidence-informed care

An Executive Committee comprised of the CEOs of the nine partner organizations governs MHP. It is supported by a Secretariat headed by an Executive Director, Erin Boudreau, who is accountable to the Committee and two sub-committees, one of which is the Research Committee.

MHP have identified research as a strategic priority as part of its three-year strategic plan; specifically, the priority will be to leverage the work of the Research Committee via a cross-sector collaboration while solving complex problems and driving collective impact.

The mandate of the Research Committee is to:

- Champion MHP organizations' research endeavors for collective impact, notably by discussing research questions/projects that could be launched across MHP sites
- Organize annual research events to showcase mental health innovations (e.g., conference abstracts, presentations)
- Proactively support the Mental Health and Addictions Centre of Excellence in its research endeavours and inform what measures are relevant and important
- Provide a forum for discussions on evolving needs and priorities related to mental health and wellness
- Explore opportunities to extend relationships between the Partners or involving other parties with similar goals

Planning

At its meeting in February 2024, the Research Committee agreed to organize an in-person retreat in late spring to set research priorities and plan to link the MHP facilities together to increase the visibility of their research initiatives.

It was suggested that the World Café method be used to facilitate collaborative discussions on each of the four theme areas that were identified as priority system issues and ones that could potentially benefit from a provincial collaborative effort:

- Restraint/Seclusion
- Suicide Reduction/Prevention
- Harm Reduction
- Housing/Homelessness

Tim Pauley, Director, Research and Academics, Ontario Shores Centre for Mental Health Sciences, helped structure the World Café, including developing the focused questions and securing the facilitators for the Café tables.

In order to facilitate a productive discussion, committee members were asked to invite the following leads from their organizations:

- Clinical/Medical
- Scientific/Research
- Operations/Administrative

A coordinated and connected mental health system is only possible through meaningful relationships with hospital, community and government partners. To this end, other community, government partners and advocacy organizations were also invited **(Appendix B)**.

The event, hosted by CAMH on May 31, 2024, took place in the Arrell Family Foundation Auditorium. The day consisted of a morning session and an afternoon session. The morning session included four content-expert presentations to provide a broad overview of the current knowledge state and potential opportunities for collaboration across the MHP organizations in each of the research areas. The presentations were meant to pose questions for consideration during the World Café. Our content experts were:

- Dr. Phil Klassen, Vice President, Medical Affairs and Research, Ontario Shores Centre for Mental Health Sciences (Restraint/Seclusion)
- Dr. Randi McCabe, Interim Vice President, Mental Health and Addictions and Dr. Maiko Schneider, Head of Service, St. Joseph's Healthcare Hamilton (Suicide Reduction/Prevention)
- Dr. Bernard Le Foll, Vice President, Research and Academics/Chief Scientific Officer at Waypoint Centre for Mental Health Care (Harm Reduction)
- Dr. David Rudoler, Research Chair, Population Health and Innovation in Mental Health, Ontario Shores Centre for Mental Health Sciences (Housing/Homelessness)

Dr. Christopher Canning, Director, Research and Academics, Waypoint Centre for Mental Health Care, discussed the importance of engaging forensic patients in health research and shared common principles for the day's discussions.

The afternoon session included a World Café workshop to facilitate participatory discussions on each of the theme areas. The facilitators for each Café "room" were:

- Dr. Simone Arbour, Research Scientist, Ontario Shores Centre for Mental Health Sciences (Restraint/Seclusion)
- Dr. Christy Costanian, Evaluation Researcher, Ontario Shores Centre for Mental Health Sciences (Suicide Reduction/Prevention)
- Dr. Olivia Giovannetti, Scientific Writer, Ontario Shores Centre for Mental Health Sciences (Harm Reduction)
- Andrea Docherty, Vice President, Clinical and Community Health, St. Joseph's Care Group (Housing/Homelessness)

Emma Markoff, Acting Manager of Research and Academics, Ontario Shores Centre for Mental Health Sciences, provided an overview of the World Café method and guidelines. Staff from CAMH supported the facilitators with notetaking and provided on-site logistics support.

For each of the theme areas, specific questions were developed to keep conversations focused during the World Café session. Research Committee members were asked to rank the questions within each category with one being their most preferred to ensure that key questions could be addressed at the retreat **(Appendix C)**.

Outcome

Following the World Café session, research committee members "dot voted" on a research area. The majority of participants selected Suicide Reduction/Prevention as an initial research priority for MHP with Housing/Homelessness, Restraint/Seclusion and Harm Reduction placing second, third and fourth, respectively.

As an immediate next step, participants were asked to complete an anonymous feedback survey to get feedback on the event and collect insights about the biggest-impact opportunities for research collaboration in the area of Suicide Reduction/Prevention **(Appendix D)**. The results will inform the next steps for the MHP Research Committee. The survey also served to gauge participants' interest in participating in a working group to drive the project forward. The key findings are presented below.

Only 10% of participants completed the survey with 60% of respondents indicating the event as "Extremely organized" and 40% indicating the event as "Very organized". 80% supported the retreat becoming an annual event. With respect to what participants liked most about the event, respondents provided the following comments:

- "Very well organized, great networking, conversations were rich"
- "World Café discussions to learn about similarities and differences within topic areas amongst the partners"
- "Engagement and opportunity to hear from other institutions on challenges and best practices on each of the identified themes"

Respondents provided the following comments on how the event could be improved upon:

- "More focus on potential follow up action items"
- "…explaining why the topics that were chosen were chosen"
- "More focus on research (e.g., topic area/approach that will work for all partners given differences, funding, resource allocation, etc.)"
- "More time for discussion across facilities as…there are some initiatives that different facilities are engaged in that are innovative"

Respondents were asked to rank the biggest-impact opportunities identified in the area of Suicide Reduction/Prevention in order of preference, with one being their most preferred. The results are as follows:

1. Use of artificial intelligence (AI) to predict – risk stratification/algorithm
2. Tracking better data surveillance of suicide & technologies (e.g., generative AI) to access remote areas for patients who are at high risk (tied)
3. Better screening for suicide risk, especially in marginalized populations
4. Patient experience, preferences and impact
5. Sociodemographic data
6. Organizational structures and policies

7. Developing a reporting system between MHP organizations to capture data on suicide attempts. Homogenizing data across sites.
8. Creating an oversight model on suicide
9. Creating a universal screening program

One respondent noted another big-impact opportunity that is not listed could be "transitional discharge plans when patients are discharged from hospital with stronger linkages to community for follow up".

Respondents indicated that the following criteria should be considered when honing our focus in this space:

- "Funding and human resources as a 'backbone' team; small project scaling to larger project; opportunities to support trainees; impact and connection to site strategic plans/QIPs"
- "Feasibility – and, will clinical staff have a role to play and will they play the role?"
- "Applicability across MHP sites, integrated knowledge translation, resourcing and funding"
- "Inclusion in QIP, high impact"

80% of survey respondents indicated their interest in participating in a working group. It was suggested the following groups should also be included:

- Lived-experience researchers
- Quality and data measurement

The MHP Research Committee is convening a working group, with an initial meeting to occur this summer. The working group will:

1. Define a research question for Suicide Reduction/Prevention
2. Look at the other inputs received across all four priority topics (Restraint/Seclusion, Suicide Reduction/Prevention, Harm Reduction and Housing/Homelessness)
3. Develop a plan for activation across the MHP organizations

The working group will be supported by the MHP Secretariat. A Terms of Reference will be co-developed by working group members to articulate the working group's scope of work, inform the work plan and set a meeting cadence.

The Café discussions were intended to encourage generative, participatory dialogue. Ideas and comments shared by the participants were recorded by the facilitators and scribes and have been grouped by theme under each of the four research priorities as follows:

Restraint and Seclusion

Standardization across facilities

The conversation focused on how there is no standard definition of "seclusion" and "thresholds" across sites and that there's no provincial standard. As a result, there is mixed tracking with "spotty" patient de-briefings, and hospital policies on seclusion are often shared between sites.

Some hospitals track within 48 hours. Some staff may require more time to debrief – ideally, with both the patient and staff. Some sites utilize an incident de-brief checklist, which includes:

- Physician order
- Connected with rights advisers – part of patient's aftercare
- Clearly defined roles and responsibilities for staff

Another point raised included:

- Changes in organizational culture need to coincide with changes in policy

Using a trauma-informed lens as a research priority

The Café table discussed understanding the impact of trauma on the management of patients, e.g., duration, outcomes; also, trauma-informed screening as part of patient intake. Participants also discussed considering patients' comorbidities (e.g., PTSD and psychosis) when determining whether to use restraints. Other potential research priorities include:

- Post vs preventative use
- Sociodemographic factors
- Whether the practice begets more restraint and seclusion use
- Experience of neurodivergent persons
- Patient preferences

Suicide Reduction/Prevention

Lack of universal screening

Participants discussed how there is a lack of universal screening across institutions; that there's no internal oversight or knowledge on how reporting is done, and that screening is only as good as the relationships built with patients. Further, with respect to near miss-suicides, there is currently no registry to collect information on patient attempts/incidents to make safety recommendations (e.g., link between poor withdrawal management and suicide risk) and transitions between hospital and home. We have best practice guidelines for depression, anxiety, etc. but not for suicide. We need to standardize what's being collected across the MHP partner sites – and the coroner's office.

Early intervention and prevention

Though suicide is a relatively rare event (challenge), it was agreed that more preventative and interventive measures are needed such as:

- Suicide emergency departments (ED), mental health EDs and measuring their effectiveness
- Social worker intervention for people who are unhoused
- Family caregiving and changes to specific policies (e.g., *Mental Health Act*)
- Understanding the risk factors for suicide
- Service mapping to better allocate resources

Research Priorities

The Café table also identified the following potential research priorities (in no particular order):

- Use of artificial intelligence (AI) to predict – risk stratification/algorithm
- Better screening for suicide risk, especially in marginalized populations
- Tracking better data surveillance of suicide
- Creating an oversight model on suicide
- Creating a universal screening program
- Organizational structures and policies
- Patient experience, preferences and impact
- Sociodemographic data
- Developing a reporting system between MHP organizations to capture data on suicide attempts. Homogenizing data across sites.
- Technologies (e.g., generative AI) to access remote areas for patients who are at high risk

De-stigmatization and a universal, not targeted approach, is needed for mental health care

The Café table felt de-stigmatization efforts are still needed in organizations for staff and patients, especially in urgent care. Participants discussed how there's a need to better educate other system partners on how to be "better". Pharmacists, police, members of the public, and community organizations are among the stakeholders who need to be made more aware of the signs.

Destigmatizing suicide has encouraged (more) people to get the help they need. The group discussed the number of hospitals that are engaged in postvention – engaging families – as the risk continues for a full year post treatment.

Harm Reduction

Inconsistent approaches to harm reduction

The table discussed some of the barriers to harm reduction, specifically, how some hospitals struggle with the concept; that there are inconsistent approaches (e.g., between corrections and forensic settings; inpatients (more restrictive) vs. outpatients) and ethical, moral and legal dilemmas. Also, there's no unified approach to safer supply policies and there's a lack of communication between hospital, policymakers and community organizations. Some noted how safe supply can actually be harmful and work against physicians' treatment of others. We need better data to know exactly what substances patients are using and in what amounts.

It was also suggested to survey the MHP organizations about their harm reduction practices, beyond concurrent disorders, for other patient populations.

What's working in harm reduction

The group also discussed some of the better strategies for harm reduction, including:

- Ongoing community support
- Access to safe equipment
- Better support for frontline staff
- Utilizing peer support workers
- Research to improve data quality
- Better management of trauma in addictions for forensic patients

Research Priorities

The following topics were identified as potential research priorities in this area:

- Harm reduction in certain populations with concurrent disorders
- Success of harm reduction among forensic patients to better understand harm reduction for people living with schizophrenia

Housing/Homelessness

Barriers to housing

Despite the importance of supportive housing for mental health recovery and well-being, there is a profound shortage of supportive housing and high-support housing across the province.

The Café table started their discussion by identifying some of the major barriers to accessing housing, including (but not limited to):

- Privacy, information and their impact on data
- Infrastructure
- Lack of housing for persons with a dual diagnosis

- Lack of locked facilities for forensic patients
- Lack of coordination across government ministries
- Stigma/NIMBY-ism, especially for forensic patients, people with challenging behaviours
- Funding model – LTC vs. hospitals (particularly for dual diagnoses and locked facilities)
- Rigidity of admission criteria for housing programs

Research Priorities

The table identified the following topics as potential research priorities to improve access to housing:

- Anti-stigma – advocacy and education to address stigma and the impact of reducing stigma
- Highlighting successful partnerships
- Minimizing the number of ALC days
- Building more evidence for housing as a social determinant of health
- Cost effectiveness of housing vs. hospital, shelter stays

Participants agreed that the research needs to resonate; that the language needs to be made more accessible.

Appendix A – MHP Research Committee Members

The Research Committee has nine members, including the Chair. The composition of the committee includes:

- Chair
- Nine Vice Presidents of Research from each MHP facility
- MHP Secretariat Staff

Current members are:

- Dr. Bernard Le Foll, Vice President, Research and Academics/Chief Scientific Officer, Waypoint Centre for Mental Health Care and Chair, MHP Research Committee
- Dr. Aristotle Voineskos, Vice President, Research; Director, Campbell Family Mental Health Research Institute, CAMH
- Dr. Valerie Primeau, Medical Director, Psychiatry, North Bay Regional Health Centre
- Dr. Phil Klassen, Vice President, Medical Affairs and Research, Ontario Shores Centre for Mental Health Sciences
- Dr. Roumen Milev, Vice President, Medical and Academic Affairs; Chair, Medical Advisory, Providence Care
- Andrea Docherty, Vice President, Clinical and Community Health, St. Joseph's Care Group
- Dr. Lisa Porter, Vice President, Research and Scientific Director, St. Joseph's Health Care London
- Dr. Randi McCabe, Interim Vice President, Mental Health and Addictions, St. Joseph's Healthcare Hamilton
- Dr. Florence Dzierszinski, Vice President, Research, The Royal; President, Institute of Mental Health Research (University of Ottawa)

Appendix B – Retreat Participants

Organization	Name
CAMH	Dr. Aristotle Voineskos
CAMH	Dr. George Foussias
CAMH	Dr. Ishrat Husain
CAMH	Dr. Lina Chiuccariello
CAMH	Dr. Treena Wilkie
CAMH	Roslyn Shields
CAMH	Lauren Clegg
CAMH	Lindsay Turner
CAMH	Hinna Hafeez
Canadian Mental Health Association, Ontario	Michelle Squires
Drenth Consultants Inc.	Bernita Drenth
Forensic Directors Group	Dr. Sumeeta Chatterjee
Mental Health and Addictions Centre of Excellence	Graham Woodward
Mental Health Partners	Erin Boudreau
Ministry of Health	Oana Decuseara
Ministry of Health	Nigel Lake
Ministry of the Solicitor General	Linda Ogilvie
Ministry of the Solicitor General	Brad Tamcsu
North Bay Regional Health Centre	Dr. Valerie Primeau
North Bay Regional Health Centre	Andrea Lucas
Ontario Hospital Association	Eimear Murphy
Ontario Shores Centre for Mental Health Sciences	Cathy Duivesteyn
Ontario Shores Centre for Mental Health Sciences	Dr. Christy Costanian
Ontario Shores Centre for Mental Health Sciences	Emma Markoff
Ontario Shores Centre for Mental Health Sciences	Dr. Phil Klassen
Ontario Shores Centre for Mental Health Sciences	Dr. David Rudoler
Ontario Shores Centre for Mental Health Sciences	Dr. Olivia Giovannetti
Ontario Shores Centre for Mental Health Sciences	Dr. Simone Arbour
Providence Care	Dr. Chetan Phadke
St. Joseph's Care Group	Andrea Docherty
St. Joseph's Care Group	Dr. Tegan Sacevich
St. Joseph's Care Group	Cathy Clara
St. Joseph's Health Care London	Dr. Cheryl Forchuk
St. Joseph's Health Care London	Kent Lewis
St. Joseph's Health Care London	Mary Ann Linley
St. Joseph's Health Care London	Deb Gibson
St. Joseph's Healthcare Hamilton	Dr. Lehana Thabane
St. Joseph's Healthcare Hamilton	Dr. Randi McCabe
St. Joseph's Healthcare Hamilton	Dr. Maiko Schneider

St. Joseph's Healthcare Hamilton	Brooke Cowell
The Royal	Tammy Beaudoin
The Royal	Shruti Patel
The Royal	Natania Abebe
The Royal	Dr. David Attwood
The Royal	Dr. Sanjiv Gulati
University of Toronto	Erina Moon
Waypoint Centre for Mental Health Care	Dr. Bernard Le Foll
Waypoint Centre for Mental Health Care	Dr. Christopher Canning
Waypoint Centre for Mental Health Care	Dr. Zoe Hilton

mental health
partners

Appendix C – World Café Questions (Rank Ordered)

Restraint & Seclusion (R&S)

1. How is R&S measured at the MH Partner sites? What data is routinely captured? EMR integration?
2. What does R&S "look" like across the MH Partner sites? E.g., policy and operational considerations that are similar/different across the MH Partners.
3. What are the priorities for scholarly research?
4. What are the provincial government policies that impact R&S?
5. How can researchers inform hospital leadership in influencing government policy?
6. Who are the key stakeholders that need to be engaged?

Suicide Reduction and Prevention

1. What does suicide reduction/prevention "look" like across the MH Partners? E.g., policy and operational considerations that are similar/different across the MH Partners.
2. How is suicide reduction/prevention measured at the MH Partner sites? What data is routinely captured? EMR integration?
3. What are the most immediate needs for the reduction/prevention of suicide?
4. What are the standard components of a suicide risk assessment?
5. What are the priorities for scholarly research?
6. What services are available in the community (e.g., Distress and Crisis Ontario)? Who are the key external stakeholders/decision-makers that need to be engaged in priority settings for impactful research?

Harm Reduction

1. What does harm reduction "look" like across the MH Partners? E.g., policy and operational considerations that are similar/different across the MH Partners.
2. What are common harm reduction strategies?
3. What are the priorities for scholarly research?

4. How is harm reduction measured at the MH Partner sites? What data is routinely captured? EMR integration?
5. Who are the key stakeholders that need to be engaged?
6. How can researchers inform hospital leadership in influencing government policy?

Housing and Homelessness

1. What are the major challenges/barriers to facilitating housing for patients with mental health challenges?
2. What are the priorities for scholarly research?
3. What are the most urgent needs for housing patients with mental health challenges?
4. What are the municipal/regional/provincial government policies that impact housing?
5. Who are the key external stakeholders/decision-makers that need to be engaged?
6. How can researchers inform hospital leadership in influencing government policy?

Appendix D – Mental Health Partners Research Retreat Feedback Survey

Thank you for attending the inaugural Mental Health Partners (MHP) Research Retreat on May 31. The day brought together hospital, government and community partners to identify a research focus for the MHP organizations and to ultimately, turn insights into impact!

The World Café method was used to facilitate collaborative discussions on each of the theme areas: Restraint/Seclusion, Suicide Reduction/Prevention, Harm Reduction and Housing/Homelessness.

Following the World Café session, the majority of attendees selected Suicide Reduction/Prevention as an initial research priority for MHP. We'd love to hear your thoughts about the biggest-impact opportunities for research collaboration in this area.

Please take 5-10 minutes to complete this anonymous survey by **Friday, June 14**. The results will inform the next steps for the MHP Research Committee, which will include convening a working group to define a research question and plan across the MHP facilities over the coming months.

Thank you,

MHP Research Committee

1) **What did you like most about the event?**

2) **What is one thing we can improve upon for future events?**

3) **How organized was the event?**

   - ○ Extremely organized
   - ○ Very organized
   - ○ Somewhat organized
   - ○ Not so organized
   - ○ Not at all organized

4) **Should this be an annual event?**

   - ○ Yes
   - ○ No

5) **Following the World Café session, the majority of attendees selected Suicide Reduction/Prevention as an initial research priority for MHP. Please rank the biggest-impact opportunities in order of preference with 1 being your most preferred.**

- Use of artificial intelligence (AI) to predict – risk stratification/algorithm
- Better screening for suicide risk, especially in marginalized populations
- Tracking better data surveillance of suicide
- Creating an oversight model on suicide
- Creating a universal screening program
- Organizational structures and policies
- Patient experience, preferences and impact
- Sociodemographic data
- Developing a reporting system between MHP organizations to capture data on suicide attempts. Homogenizing data across sites.
- Technologies (e.g., generative AI) to access remote areas for patients who are at high risk

6) **What other biggest-impact opportunities are there that are not listed above?**

7) **What criteria should be considered when honing our focus in this space; for example, feasibility, applicability across the MHP sites, high impact, inclusion in QIP plans, etc.?**

8) **The Research Committee will be convening a working group to drive the project forward. A separate email will be sent in the coming weeks to all retreat participants. In the meantime, we'd like to gauge your interest. Would you be interested in participating in a working group?**

   o Yes
   o No

9) **Who else should be involved?**

10) **Is there anything else you would like to share about the event and research focus?**