

# Declaration of Interest

## A. General Information

Full Name: Braden O’Neill

Date (MM/DD/YYYY): 10/29/2021

What is the nature of your role in the Mental Health Working Group: Member

## B. Declaration of Interest

Please fill out the following table by indicating whether you or your institution have received compensation, regardless of the amount, in the form of payment or services, from entities in the health care, public health, or other related arenas that could be perceived to influence your participation in the Mental Health Working Group, or related aspects. Please report all compensation that has been received in the last 3 years prior to your participation in the Mental Health Working Group.

If you have selected ‘Yes’ for any of the categories below, please indicate whether the compensation is related to COVID-19 or not, the name of the entity providing the compensation, and an explanation. If you have more than one relationship for each Category, please ensure to include all of them by selecting the ‘+’ sign at the end of each row.

Category	No	Yes, paid to you	Yes, paid to your institution	Related to COVID-19?		Entity	Explanation
				No	Yes		
Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Canadian Institutes of Health Research	Evaluating the impact of COVID-19 pandemic on primary care using real world data: focus on mental health. CIHR Operating Grant: COVID-19 Mental Health and Substance Use Service Needs and Delivery (Co-I)
Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	St. Michael’s Hospital Foundation	At-risk and vulnerable individuals To Infection with COVID- 19 and ProActive inTervention with intEgrated health and social care (ANTICIPATE): a pragmatic cluster randomized controlled trial (Co-I)
Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	North York General Hospital Foundation	Understanding Patient Experience of a Follow-Up Clinic for High-Risk Patients with COVID (Co-I)

Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medical Psychiatry Alliance	Cancer screening among people with schizophrenia (PI)
Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	North York General Hospital Foundation	Health system utilization while waiting for psychiatric referral and its impacts (Co-PI)
Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Foundation for Advancing Family Medicine	Cardiovascular disease risk assessment among people with schizophrenia: primary care electronic medical record study (PI)
Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Canadian Institutes of Health Research	SPIDER-NET, A Structured Process Informed by Data, Evidence and Research-Network: An approach to support primary care practices in optimizing the management of patients with complex needs (Co-I)
Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Canadian Institutes of Health Research	Understanding how vulnerable older adults (are new immigrants, Indigenous, have mild-to-moderate dementia or identify as LGBTQ) experience social isolation and loneliness (Co-PI)
Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	North York General Hospital Foundation	Understanding the lived experience of older women with social frailty (Co-PI)
Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Diabetes Action Canada	Diabetes care among people with schizophrenia (PI)
Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cancer Care Ontario	Establishing the infrastructure to study cancer screening and cancer patients with primary care using family physician EMRs in UTOPIAN (Co-I)
Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	North York General Hospital Foundation	Persistent opioid use among opioid-naïve patients: a cohort study (PI)
Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mount Sinai Hospital AFP Innovation Fund	The development and testing of a scaling strategy for a Community Based Primary Care

							Antimicrobial Stewardship Program utilizing an innovative University of Toronto primary care testing platform: the UTOPIAN practice based research network. (Co-I)
Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Canadian Institutes of Health Research	The BedMed Initiative - Making better use of existing therapeutics (Co-I)
Consulting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Resident Board Review	Developing an exam preparation course
Board membership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Employment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Department of Family and Community Medicine, University of Toronto	Salary support
Employment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Departments of Family and Community Medicine, North York General and St. Michael's Hospitals	Salary support
Employment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Li Ka Shing Knowledge Institute, St. Michael's Hospital	Salary support
Employment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medical Psychiatry Alliance	Research Fellowship
Employment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Canadian Medical Association Journal	Associate Editor
Payment for lectures including service on speaker bureaus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Department of Family and Community Medicine, University of Toronto	Lectures for Toronto International Program to Strengthen Family
Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Patents	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Payment for development of educational presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Payment for writing or reviewing any reports or publications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Provision of writing assistance, equipment,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.

software, or administrative support							
Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
Support for travel/accommodations/meeting expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.

### C. Other Relationships

Are there any other relationships or activities that could be perceived to influence your participation in the Mental Health Working Group (COVID-19 related or not)? Please select one of the following:

- No, there are no other relationships/conditions/circumstances that present, or may be perceived to present, a potential conflict of interest.
- Yes, there are relationships/conditions/circumstances that present, or may be perceived to present, a potential conflict of interest.

If you have selected 'Yes', use the following table to indicate whether the relationship is related to COVID-19 or not, provide the name of the entity (if applicable), and an explanation describing the nature of the relationship. If you have more than one relationship, please ensure to include all of them by selecting the '+' sign at the end of each row.

Category	Related to COVID-19?		Entity	Explanation
	No	Yes		
Relationship	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.

### D. Acknowledgement

I certify that the above information contained in this Declaration of Interest is true and correct to the best of my knowledge. If any matter that gives rise to, or may be perceived to give rise to, a conflict of interest during my participation in the Mental Health Working Group, I will promptly notify the Co-Chairs and Secretariat of the Mental Health Working Group, and provide an updated Declaration of Interest.

Full Name: Braden O'Neill

Date (MM/DD/YYYY): 10/29/2021