Department of Psychiatry

ANNUAL REPORT

July 1, 2008 – June 30, 2009
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In recent years, the Department of Psychiatry in the Schulich School of Medicine & Dentistry at Western has established a standard of excellence in its academic endeavours that has grown out of the development of strong divisions with committed leaders. Through a period of growth, where our postgraduate training program has tripled in size and our full-time faculty doubled in number, we have built seven divisions which incorporate our education and research activities.

For the first time, our annual report will clearly highlight the activities of these divisions which include General Adult Psychiatry, Social and Rural Psychiatry, Child and Adolescent Psychiatry, Geriatric Psychiatry, Developmental Disabilities, Neuropsychiatry and Forensic Psychiatry. While we have overlap and collaboration across our divisions, thus ensuring a strong centralized academic department, the divisions also provide the opportunity for individuals with specific interest and expertise to thrive academically.

Each of our academic divisions has a strong link, through their membership, with clinical programs in our affiliated teaching and research institutions. In this way, each of our divisions provide the academic substrate for teaching and training, research and clinical service. These linkages are fostered by a shared administrative leadership model that replicates, at all levels, the partnership between the Vice-President Mental Health Services and the Chair/Chief/Senior Medical Director for Psychiatry. Our affiliated teaching institutions include London Health Sciences Centre, St. Joseph’s Health Care, CPRI and Madame Vanier Children’s Centre and our research affiliations are with Lawson Health Research Institute and the Robarts Research Institute.

Another important ingredient contributing to our success is our cross fertilization with academic departments at The University of Western Ontario (both within the Schulich School of Medicine & Dentistry [SSM&D]) and the Faculty of Social Sciences. These cross collaborations, which include the Departments of Anatomy and Cell Biology,
Epidemiology and Biostatistics, Psychology and Philosophy create a pathway for the translation of research findings into clinical care.

We value the relationship that the Department of Psychiatry has through the Leadership (Development) Council with the London Health Sciences Foundation and the St. Joseph’s Mental Health Foundation. The annual Breakfast of Champions continues, after three years, to be a sold out event and an opportunity to recognize the passionate champions of mental health in our community. We value the support of the foundations for clinical research and care innovations and our donors who have promoted these activities and programs.

We are blessed with committed and enthusiastic educational leadership at all levels in the Department of Psychiatry including undergraduate, postgraduate and continuing education as well as an emphasis on interprofessional education which resonates with our model of care delivery in mental health. To this end, there are separate reports for each aspect of education in this annual report and a clearly articulated strategic direction to enhance educational scholarship in the Department of Psychiatry. An important enabler of teaching and scholarship in education for our department has been the Alternative Funding Plan and, in particular, Phase 3 of the plan with the clear articulation of educational deliverables linked to this funding. The department looks forward to collaboration with the newly established Centre for Educational Research & Innovation at SSM&D as it moves forward with a culture that values educational scholarship.

As chair for the Department of Psychiatry, I have been committed to the development and mentoring of our next generation of academic psychiatrists. As a department, we have witnessed not only the quantitative growth of our residency program but also a change in quality. We have been well positioned for our trainees to take advantage of the more prescriptive Royal College training guidelines for July 2009. In addition, we have been delighted to have a number of our trainees join the department as junior faculty, and we have achieved, gradually, over the past several years a balance of gender and diversity among our junior and mid-level faculty. In a study that we conducted this past academic year (that included all clinical departments at Schulich), important themes emerged that will inform recruitment and retention of junior faculty in the Department of Psychiatry. These themes include an awareness of cross generational differences, the need to work differently and the value of faculty mentoring and role modeling. It is my intention as department chair to take these themes seriously.

In a changing and ever evolving world of service delivery for our teaching hospitals generally, and mental health specifically, we will be faced with both challenges and opportunities over the next five years as the recommendations of restructuring and mental health reform come to fruition in the face of ever increasing need for accessible and effective, efficient mental health services. Milestone 2 Phase 2 will be completed with the full transfer and consolidation of adult and children and adolescent mental health at Victoria Hospital by the late winter of 2011; Milestone 2 Phase 3 will follow within a year or two of this with relocation of neuropsychiatry and consultation liaison from the 10th floor to the 3rd floor of University Hospital; and finally, the new facilities for tertiary specialized mental health at the Parkwood site on Commissioners Road and forensics in St. Thomas, will be completed. To support these changes, the development of adequate ambulatory care services for both LHSC and Regional Mental Health Care and the facility to stabilize, treat and discharge patients where appropriate, from the
centralized mental health emergency service at Victoria Hospital, will be key ingredients to a successful transformation. At the same time, we need to pay careful attention to our academic mission and in particular ensure adequate space for our education and research mission. We continue to work with our hospital partners to ensure that these important Department of Psychiatry strategic initiatives are successful.

As I look forward to the next 18 months to the conclusion of my second term as Chair/Chief for Psychiatry, and back over the past 8-1/2 years through two terms, in spite of the trials and tribulations that are an inevitable part of the role as department chair, the Department of Psychiatry at Schulich has become an exciting place to be. With the recruitment of many strong academic faculty and the development of our medical leaders in psychiatry, we can look to the future with pride and confidence in our ability to deliver on our clinical and academic mandate.

Sandra N. Fisman, MBB, Ch, FRCP(C)
Professor & Chair, Department of Psychiatry
Schulich School of Medicine & Dentistry
The University of Western Ontario
The Administrative Team in the Department of Psychiatry

The engine of our department is our strong administrative team! In August 2008, we were fortunate to have Susan Habib join us as Administrative Officer. Susan, in turn, was fortunate to inherit a strong and committed team with tremendous experience and expertise in their individual portfolios. Under Susan’s strong and collaborative leadership, our administrative team has blossomed as a cohesive whole, whose sum is greater than its parts. Susan Habib was our unanimous choice (by the Psychiatry Administrative Group and the Department Executive) as a nominee for the Dean’s Award of Excellence – Staff.

The growth of our administrative team has paralleled the growth of our department: over the past 8 years, we have doubled our number of full-time clinical academics (31 to 62), almost tripled the size of our residency program (11 to 30) and have been part of the undergraduate expansion and the growth of the Distributed Medical Education Program (Windsor and Rural – Regional). The financial complexity of the department budget has significantly increased with the AFP and other funds, coupled with budgetary cutbacks, and different physician reimbursement models between LHSC and RMHC.

Without the support of our administrative team, we could not have done this. Thank you to each and every one of you.

_Sandra Fisman_

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**Psychiatry Administrative Group 2008 – 2009**

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<td>Susan Habib</td>
<td>Administrative Officer</td>
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<td>Irene May</td>
<td>Administrative Assistant Chair/Chief</td>
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<td>Bonnie Ideson</td>
<td>Human Resource Consultant</td>
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<td>Bernice James</td>
<td>Finance</td>
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<td>Heather Deisley</td>
<td>Administrative Assistant, Undergraduate Education</td>
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<td>Eva Adams</td>
<td>Administrative Assistant, Postgraduate Education</td>
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<td>Glenda Shilleto</td>
<td>Administrative Assistant, CME/CPD (and Research)</td>
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<td>Debra Martin</td>
<td>Administrative Assistant, Child &amp; Adolescent and Geriatric Psychiatry Divisions</td>
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<td>Hanna Siemiarczuk</td>
<td>Administrator, ECP, SWOMEN, Division of Social &amp; Rural Psychiatry</td>
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<td>Anna Domingues</td>
<td>Administrative Assistant, ECP, SWOMEN, Division of Social &amp; Rural Psychiatry</td>
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<td>Maria Gitta</td>
<td>Administrator, Developmental Disabilities Division</td>
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<td>Colleen Chryssoulakis</td>
<td>Administrative Assistant, Developmental Disabilities Division</td>
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<tr>
<td>Suzena Mendes</td>
<td>Administrative Assistant, AFP, Forensic Psychiatry Division and general department support</td>
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<td>Jacqueline DiMattia</td>
<td>Administrative Assistant, Research</td>
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<tr>
<td>Cathy Kramer</td>
<td>Administrative Assistant, Chair/Chief, General Adult Psychiatry</td>
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<tr>
<td>Tracey Jansen</td>
<td>Administrative Assistant, Site Chief, RMHC</td>
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<tr>
<td>Lesley Craigan</td>
<td>Administrative Assistant, Chair/Chief, Child and Adolescent Psychiatry</td>
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The Division of Child and Adolescent Psychiatry has continued to grow over the past year. It is an exciting time for child and adolescent psychiatry as we will soon be granted subspecialty status at the Royal College of Physicians and Surgeons of Canada.

Our division continues to be extremely strong. Dr. Ajit Ninan has been a natural leader in education and leads the coordination of the clinical clerk exposure to child and adolescent psychiatry, in addition to medical student electives. Feedback from our “consumers,” the medical students, has been excellent. One of the strategic priorities of the Schulich School of Medicine & Dentistry is increasing interprofessional education and our program has been actively involved with interprofessional education for many years, with notable teaching by other health professionals. Dr. Ninan is currently leading a small working group to standardize the clerkship experience, with a planned retreat for all clerkship supervisors to review the clerkship educational experience, in light of the work of this group. Windsor continues to provide a very comprehensive child and adolescent psychiatry experience for the clerks. Dr. Sanaa Helmi is a significant contributor to undergraduate medical education. She has been the captain for the child and adolescent psychiatry week of the Medicine 5207 course and she also coordinates the Clinical Methods program for the Department of Psychiatry. Dr. Sohail Makhdoom and Dr. Rob Nicolson are passionate about teaching development disabilities to the clinical clerks, which is unique. No other program in Canada provides every student with a designated clinical teaching experience in developmental disabilities.

In response to more prescriptive Royal College Training Guidelines, a small working group, which included Dr. Tam Doey, Dr. Ajit Ninan, Dr. Sanaa Helmi, Dr. Joel Shapiro, Dr. Julie Richard and Dr. Margaret Steele, revamped the core curriculum for the general psychiatry residents. Starting in 2010, the PGY3 residents will complete 13 blocks in child and adolescent psychiatry. The residents will spend either half of the blocks in inpatients/residential units and half of the blocks in outpatients, or all 13 blocks in a rotation if the rotation can offer inpatients/residential units and outpatients simultaneously. Within the 13 blocks, the residents will also spend 2 weeks in developmental disabilities. With the change in the curriculum, all PGY3 residents must
complete their core child and adolescent psychiatry rotation in their PGY3 year. In addition, the core child psychiatry lectures have been revised and will occur every year instead of every other year. Additional lectures in child and adolescent psychiatry have been added to the PGY1 curriculum. Dr. Sanaa Helmi has facilitated the Child and Adolescent Psychiatry Teaching Rounds and Dr. Sohail Makhdoom has coordinated the psychiatry rotation for pediatric residents. Dr. Joel Shapiro has done a terrific job as the division resident representative. Joel organized an excellent resident retreat on June 19, 2009 at Windermere Manor. Speakers included Dr. Beth Osuch, Dr. Ajit Ninan, Dr. Margaret Steele, Dr. Yousha Mirza, and Dr. Sandra Fisman. All residents and faculty were invited.

Congratulations to Dr. Simran Ahluwalia, Dr. Heidi Haensel, Dr. Patty Hall, Dr. Leanna Isserlin, and Dr. Aleksandra Nowicki who have all successfully passed their Royal College examinations and will pursue their careers as child and adolescent psychiatrists.

A long awaited and significant event in Canadian child and adolescent psychiatry history occurred on April 27, 2009. The Committee on Specialties of the Royal College of Physicians and Surgeons of Canada supported the application for child and adolescent psychiatry as a recognized subspecialty. This still needs final approval by the Royal College Education Committee, Executive and Council. There was active participation by Dr. Julie Richard and Dr. Ajit Ninan, who were members of the Education Working Group of the Canadian Academy of Child and Adolescent Psychiatry, in completing the part II subspecialty application which led to this successful outcome. Implementation of subspecialization for child and adolescent psychiatry will change the status of the profession in the future and place Canadians on an equal footing with their American counterparts. The Canadian Academy of Child and Adolescent Psychiatry will likely play a major role in the transition to full subspecialty status at the Royal College.

The Child and Adolescent Division continues to play a major role in continuing medical education. The annual Department of Psychiatry Continuing Medical Education half day on June 11, 2009 focused on social anxiety with Dr. Naveed Rizvi as the moderator; Dr. Heidi Haensel doing the resident presentation; and Dr. Kerry Collins discussing the LHSC day treatment program. Dr. Jane Garland, from the University of British Columbia, well known for her psychopharmacology expertise with childhood anxiety disorders, was the keynote speaker. There was a very successful annual conference on April 24, 2009 with Dr. Ashok Malla, Dr. Rahul Manchanda, Dr. Rob Nicolson and Dr. Tam Doey on “First Episode Psychosis: from Childhood to Adulthood.” Many thanks to Linda Yeoman, Lorrie Vandersluis, Stephanie Rabenstein, Deborah Broadbent, Judy Short and Rita VanMeyel who helped make this conference a success. Dr. Naveed Rizvi will be the Continuing Medical Education Director for the Division of Child and Adolescent Psychiatry.

Turning to research, Dr. Jeff Carter has revised the research guidelines for the diploma in Child and Adolescent Psychiatry and will be presenting this to the Resident Training Committee in the fall of 2009 for approval. Dr. Carter continues to coordinate the Journal Club and welcomes all members, including residents, to participate. Dr. Carter is also the Division of Child and Adolescent Psychiatry representative to the Research Ethics Committee at The University of Western Ontario. Many members, faculty and students of the division continue to be involved in a variety of research activities which are reflected in the division publication record.
Dr. Nevena Dourova was welcomed to the division this year as the Physician Lead for the adolescent girls unit at CPRI. Dr. Dourova is an avid teacher and has been involved in undergraduate and postgraduate training. Dr. Kamran Kizilbash, who had been working in Prince Edward Island, was also welcomed heartily as the Physician Lead for the child and adolescent inpatient unit at London Health Sciences Centre.

Dr. Krystyna Wojakowski retired from the Child and Adolescent Mental Health Care Program at London Health Sciences Centre after twenty-seven years of clinical service and many contributions to child and adolescent psychiatry education. Dr. Wojakowski has been passionate about her career in child and adolescent psychiatry. She has been strongly committed to the children and youth and their families that she has seen over the years. Dr. Wojakowski has also been actively involved in the education of medical students, psychiatric residents, pediatric residents, and family medicine residents. Dr. Wojakowski has continued to be a sought after teacher by the psychiatric residents. She will continue to work at the London and District Children’s Aid Society, seeing our most vulnerable children and youth. Dr. Wojakowski has been a wonderful colleague and will be missed. She is appreciated for her many years of dedication, hard work and friendship to so many. Best wishes to her as she starts another interesting phase of her life.

The interdisciplinary model of the Child and Adolescent Division extends to its administrative structure. The Advisory Committee includes Dr. Jeff Carter, Dr. Bruce Connell, Dr. Tam Doey, Dr. Ajit Ninan, Ms. Susan Ralyea, Dr. Joel Shapiro and Dr. Tom Boniferro as the Thames Valley District School Board representative. The time commitment of the Advisory Committee and others who contribute in so many ways to the enhancement of child and adolescent psychiatry at The University of Western Ontario is greatly appreciated. This includes faculty members, affiliate members, residents, medical students and administrative staff. Special thanks to Debra Martin who does an excellent job ensuring the Division of Child and Adolescent Psychiatry runs smoothly.

Margaret Steele, MD, FRCP(C), M.Ed.
Professor & Chair, Division of Child & Adolescent Psychiatry
Assistant Dean Strategic Initiatives
Schulich School of Medicine & Dentistry
The University of Western Ontario
“It continues to be an exciting time in the field of developmental disabilities.”

Rob Nicolson

The Division of Developmental Disabilities (“DDD”) was established in The University of Western Ontario’s (UWO) Department of Psychiatry in 2003, with primary goals of attracting academic leadership in developmental or intellectual disabilities, providing a “home” in order to develop and maintain a critical mass of individuals working within the field, and facilitating the continued development of education, research, and service in developmental disabilities under a single umbrella.

The 2008-2009 academic year was the division’s sixth full year. We have continued to enhance the educational opportunities for physicians and allied health professionals in developmental disabilities. The division’s three directors, Dr. Rob Nicolson, Dr. Jay Rao, and Dr. Greg Gillis, have given a number of presentations to undergraduate medical students and residents in psychiatry, pediatrics, and family medicine. They have also provided supervision to medical students and residents during rotations of direct relevance to developmental disabilities. Drs. Nicolson and Sohail Makhdoom continue to provide a half-day of teaching and clinical experience in developmental disabilities for third year clinical clerks, an experience which has received positive feedback and which appears to be quite unique in North America in terms of teaching in developmental disabilities.

The number of residents who have requested rotations in developmental disabilities continues to increase, which is a strong indicator of the quality of the teaching provided and the increasing recognition of the importance of developmental disabilities to psychiatric practice. In addition, the directors of the division were all involved in providing presentations to professional and advocacy groups, with the total audience for these presentations being well over 1,000 people. The division continues to clearly meet the goal of increased education in developmental disabilities for professionals and advocates, and this strength has been recognized by individuals and organizations outside of the university.

The Division of Developmental Disabilities and the Autism Centre of Excellence (ACE)
“hosted” CME rounds for the Department of Psychiatry in September of 2008, when the
guest speaker, Dr. Louise LaRose, Psychologist, Co-Director, ACE, provided an
excellent presentation for Dr. Johnny Matson on “Trends in Assessments and
Treatments of Challenging Behaviors in Persons with Intellectual Disabilities and With
Autism Spectrum Disorders.” Additionally, the annual CME Refresher Day in
Developmental Disabilities for psychiatrists, paediatricians, and family doctors was held
in March 2009, with local experts presenting: Dr. Chitra Prasad, Genetics, Metabolism
and Paediatrics, on “Causes and Management of Common Metabolic Disorders in
People with Mental Retardation,” e.g., PKU; urea cycle disorders; storage disorders such
as mucopolysaccharidosis, using case based scenarios; Dr. Louise LaRose on “Early
Identification of Intellectual and Developmental Disabilities (IDD)” and Mary Jenkins,
Clinical Neurological Sciences, on “Movement Disorders.” This event was a resounding
teaching success.

Dr. Greg Gillis and Maria Gitta, Coordinator of the DDD, continue to be involved in the
Training Program of the 2006 Canadian Consensus Guidelines for the Primary Health
Care of Adults with Developmental Disabilities (which are being updated for the winter
edition of Canadian Family Physician). The guidelines involve a four-module online and
teleconferenced course, and are for physicians, dual diagnosis nurses and other health
professionals. There is also a collection of the most recent and relevant DD tools for
assessment and related. Dr. Gillis and Ms. Gitta will continue work on expanding the
educational component of the guidelines to a province-wide teaching goal for health
practitioners in the field and for those who have an interest in the field.

As education, research, and clinical service in developmental disabilities are all integrally
related, with each informing the other, a strong academic and research focus for the
DDD is essential. In order to provide a regular opportunity for researchers in
developmental disabilities at UWO to meet and discuss their work, as well as to
potentially stimulate further research and collaboration, the division began its 5th year of
holding bimonthly meetings of division members. The division has a broad,
multidisciplinary nature, with members being drawn from fields as diverse as medicine
(including psychiatry, neurology, and pediatrics), psychology, education, nursing,
dentistry, and communication disorders. Topics of the presentations have included
cognitive abnormalities in autism, language disorders, brain imaging in Tourette
syndrome, executive functioning; medical students’ views on training in intellectual
disabilities; evaluation of treatment services; and adapting a psychotherapeutic
intervention for use with people with developmental disabilities.

The division’s Clinical Bulletins continue to provide articles on timely topics, such as:
Dual Diagnosis Survey of Ontario’s Assertive Community Treatment Teams: Client
Prevalence Estimates and Staff Member Training Needs, Philip Burge, MSW, PhD.
(2009). Vol 20(Nos. 3&4); The Academic Health Sciences Centers Task Force on
Intellectual & Developmental Disabilities February 2009 Report on Health Education,

Bulletins are posted to the division website at: http://www.ddd.uwo.ca/bulletins.html

The division and its staff continue membership on several vital provincial and local
groups, such as: the Ontario Chapter of NADD, the Academic Health Sciences Centers’
Task Force on Intellectual & Developmental Disabilities Health Education, Training & Services, the local dual diagnosis advisory group and many others.

Rob Nicolson, MD
Associate Professor & Chair, Division of Developmental Disabilities,
Department of Psychiatry
Chair, Autism Center of Excellence
Schulich School of Medicine & Dentistry
The University of Western Ontario
“Forensic psychiatry is not only interdisciplinary but truly transdisciplinary bringing together expertise across a very broad range of care providers and experts who share the common concern of combined legal and mental health issues.”

Jose Mejia

The Division of Forensic Psychiatry consists of a group of interested professionals from diverse fields of expertise who are interconnected by the manifestations of mental health disorders that manifest as legal transgressions. Our division is unique in that it covers the entire lifespan and is very broad in scope given the many services and areas of expertise of its members. More specifically, at the divisional table are representatives from law, social work, occupational and recreational therapy, psychology, forensic psychiatry and neurology. Within these roles, they cover fields of expertise that include education, research (clinical, basic, social sciences), quality control, epidemiology, and others.

The division has achieved success in attracting students from medicine, nursing, social work, law, forensic sciences, psychology and criminology who have had exposure to the clinical interactions and educational opportunities presented by division members. There is emerging interest in educational opportunities from potential fellowship candidates and residents from other psychiatry programs. The division will continue to reach out to various disciplines, including nursing at the college level, consolidating its mandate and raising interest and educational opportunities in forensic psychiatry. Collaboration with the Ontario Provincial Police College is also in process; beginning with consultation; this has now evolved with plans for implementation of programs aimed at sensitizing and training police officers in the management of mentally ill individuals in crisis situations. The division is actively participating in internet forums as an active voice in providing advice and opinions about police treatment of mentally ill individuals.

Also in collaboration with police (London Police Department), there have been contributions in the form of volunteer involvement in crisis situations where mentally ill individuals get involved in situations that demand the deployment of the police tactical team. Psychiatrists contribute their expertise, assisting the negotiators with clinical advice about their interventions while the negotiations take place.

There is emerging interest in forensic research and particularly the discovery of cognitive and imaging patterns of activity in the brains of those affected by antisocial behaviours. This work has been undertaken in collaboration with Drs. Elizabeth Finger in the Neuropsychiatry Division and Derek Mitchell in the Department of Clinical Neurological
 Sciences. Many other collaborations have generated networks of interest in the Forensic Division that have broadened membership and have lead to new ideas currently in progress.

Some initial collaborations have been in health services research for forensic populations, as well as understanding psychosocial drivers of antisocial behaviours in children and adolescents. These include the participation in a team effort to request funds to CIHR to implement technological advances in the provision of psychiatric follow up and monitoring of mentally ill individuals in the community. Other efforts have included grant requests for schizophrenia, a multicentre study on NCR patients and their progress in the adult forensic services.

Other granting efforts have involved an interdisciplinary group pursuing quality control studies for therapeutic mental health courts. Members of the division participate actively in supporting clinically both youth and adult therapeutic courts in London. In addition, an interdisciplinary interest has emerged to formulate ways of assessing the quality and outcome of such diversion measures in the recovery of mentally ill individuals who experience trouble with the law.

Fulfilling the needs of those individuals, that without entering the forensic system, are usually neglected in their mental health needs, our division has undertaken the development of an acute care forensic clinic at London Health Sciences Centre. This clinic is devoted to provide services to individuals that have committed criminal offenses and find themselves in need of psychiatric attention while serving their sentences or undergoing judicial processes in the community. The clinic has been in existence for close to two years and has also served the purpose of supplementing training for resident electives in forensic psychiatry.

Invited lectures and other presentations relating to forensic psychiatry have been presented in various forums. For example, the course “Forensic Issues in Mental Health” has been attended by more than 120 participants over three years and has covered the main aspects of forensic practice from both psychiatric and legal perspectives. Amongst those attending the course, there have been nurses, police officers, parole officers, social workers, recreational therapists, occupational therapists and other disciplines.

Participation in a forensic psychiatric forum on forensic psychiatric services that took place in Kitchener, Ontario in September of this year, attracted several individuals from different disciplines including community service providers, psychiatric residents and court related professionals and was very well received.

Attendance, advocacy and lecturing have been central activities of the Division of Forensic Psychiatry at various forums in which the Human Justice Co-ordination Committee meet. The committee includes representatives from the Ministry of Health, Children and Youth Services and the Office of the Attorney General. The direct result of these encounters has an increased awareness of the need for forensic services across the life span, including the adolescent and geriatric populations.

A chapter has been authored by members of the division related to the application of psychosocial rehabilitation to forensic services in a book to be published in 2010 titled...
“Serious Mental Illness: Patient Centered Approaches” edited by Rudnick, A. and Roe, D.

In order to facilitate the development of this relatively young division, an Interdisciplinary Advisory Committee has been developed which will be meeting on a regular basis. This, together with more visibility on the Department of Psychiatry website and creation of opportunities for web-based exchange of ideas, will begin to position the division for the pending affirmation of subspecialty status by the Royal College of Physicians & Surgeons of Canada. This status has been approved in principle by the college and active planning will be required to ensure that the educational objectives and parallel training will be in place to operationalize subspecialty training. Our division will play an important role at Western as we position ourselves to be able to provide the required education and clinical experiences to meet the future training requirements.

Jose Mejia, MD, PhD.
Assistant Professor & Chair, Forensic Psychiatry Division
Department of Psychiatry
Schulich School of Medicine & Dentistry
The University of Western Ontario
Division of General Adult Psychiatry

“Regardless of whether the desired outcome is meeting societal needs, providing robust core training for our medical students and residents, establishing a solid platform onto which further subspecialization can be built, or fostering the mindset of psychiatric scientific inquiry, a strong General Adult Psychiatry Program is essential, and what can be expected from UWO.”

Jeff Reiss

Overview

The Division of General Adult Psychiatry (DGAP) is somewhat paradoxically, one of the department’s newest, yet also one of its largest divisions. This can be reconciled by the fact that while there have always been a variety of clinical services provided, general education delivered, and varied streams of research performed, until this academic year the divisional infrastructure to coordinate and harmonize these activities has not existed.

Primarily based out of the London Health Sciences Centre, our division is the academic home of acute care psychiatry, spanning the continuum of mental healthcare described further later in this report.

Entrusted to the division is the responsibility to provide the core educational experiences required by medical students, psychiatry residents, as well as those from family medicine and other specialties, in addition to trainees in related health disciplines. As such, the division’s influence extends beyond just producing competent psychiatric generalists, notwithstanding the importance of the latter. Moreover, it is becoming increasingly recognized that the healthcare needs of Canadian society are best met with the accessibility to highly trained and well-rounded general specialists who can deliver care in a holistic manner. Additionally, few would argue with the premise that even the most subspecialized physician would not serve their patients well if they didn’t draw upon their generalist knowledge and training. Indeed, over the last decade or so, the Royal College of Physicians and Surgeons of Canada has repeatedly emphasized: “A greater emphasis on generic competencies in residency education addresses the perceived need for all specialists to have a strong general foundation upon which specialty knowledge, skills, and attitudes rest.

A base of general knowledge, skills, and attitudes is essential for all specialists to be taught and reinforced throughout the entire residency and also maintained throughout the entire career, by continuing education, in order to facilitate the modification and
change in specialist practice which will inevitably evolve over the next decades."\(^1\)
And, “All primary specialties must include a period of core training in order to develop a
base of generalist competencies. This will facilitate flexibility in training and emphasize
the progression from generalism to specialization.”\(^2\)

Finally, “Generalism is an enhanced skill set that builds on a foundational specialty or a
defined set of competencies that is fundamentally required at the outset of further
specialization.”\(^3\)

The division has had a very productive academic year. The nationally acclaimed UWO
Psychiatry Exam Preparation Course, organized by our Dr. Praful Chandarana, and
taught in large part by a number of divisional members, continues to grow in popularity
on an annual basis. DGAP educators are the recipients of many teaching awards, both
internal and outside of the department, as can be seen later in the report. In particular,
two of our programs, PEPP and FEMAP (see below), continue to exemplify the provision
of superb interdisciplinary-based clinical services simultaneously with concomitant
acclaimed research in the areas of clinical outcomes and brain imaging.

We look forward to new challenges and goals in the upcoming academic year. Chief
among them is the totally revamped PGY-2 year. In the new design, residents can look
forward to a consolidated academic year of generalist training, split between inpatient
and ambulatory components, in an enriched interdisciplinary setting. Longitudinal
supervision is maintained to ensure progressive skill development in clinical interviewing,
diagnostic and formulative skills, and in treatment modalities, while at the same time
providing a variety of supervisors to each resident. Complementing core competency
development in psychopharmacology, training in supportive and psychodynamic
psychotherapies, as well as selective opportunities in individual/group CBT, IPT, and
DBT will be available.

With the anticipated success of the new PGY-2 curriculum in London, the DGAP,
working with local lead physician Dr. Tam Doey, hopes to broaden available training
sites to the Windsor extended campus location.

Active plans are being made for Milestone 2, which involves the winding down of our site
at South Street Hospital with relocation to the Victoria Hospital Campus. This move, by
far, affects the Division of General Adult Psychiatry to a greater extent than any of the
other divisions.

\(^1\) The Royal College of Physicians and Surgeons of Canada. Final Report of the Task Force to Review

\(^2\) Royal College of Physicians and Surgeons of Canada. COS Principles of Decision Making. Ottawa: The
College; 2004.

\(^3\) Conjoint Meeting of the RCPSC and the Standing Committee on PGME, 17 November 2006, as discussed in
The Royal College of Physicians and Surgeons of Canada. Directions for Residency Education,
We look forward to the greater geographic connectivity with our medical colleagues, as well as the enhanced clinical and academic opportunities that will arise by having the vast majority of our personnel and services concentrated at one site.

Building on existing research strengths in clinical outcomes, program evaluation, and neuroimaging, DGAP will endeavour to develop new research programs in psychopharmacology, the epidemiology of mental disorders, and in educational/pedagogic research.

The following is an overview of the division’s varied programs along with individual goals for the next academic year:

**London Health Sciences Centre - Based Services**

**Inpatient Services**
Crisis and short-term inpatient treatment for adults is the focus of this service of 68 beds presently located on two units at our South Street Hospital Site. The inpatient service provides care to adults who present with mental health difficulties that embrace the entire spectrum of mental illness such as mood disorders, suicidal behaviour, anxiety disorders, schizophrenia and other psychotic disorders, mental disorders of aging, concurrent substance abuse problems, and acute symptoms of distress related to family or personal crisis. It is also the site where much of our department's educational and training activities take place. Under the medical leadership of Dr. Siva Devarajan, one of the major upcoming goals of the service is to implement the "Collaboration to Recovery" new model of care on our inpatient units. We look forward to the greater efficiencies of care, and more importantly, the greater continuity of care for patients once the model predicated on team-based, patient-centered care commences.

**Centralized Emergency Psychiatry Service (CEPS)**
Emergency assessments are conducted in the emergency room by a team consisting of psychiatrists, residents, and students, with nurse case managers. We work in collaboration with community partners, including mental health agencies and family physicians in an effort to best serve our patients. Service Leader Dr. Dan Lefoce states, "The CEPS will continue in the next year to provide timely efficient emergency assessments, with a goal of reducing wait times both for consultation completion and arrival at inpatient destinations. We also will continue to expand learning and research opportunities for undergraduate/postgraduate students. We continue to move forward in the plan for 24/7 CEPS nurse case manager presence in the ER (currently 24/5)."

**Consultation-Liaison Service**
Consultation-liaison is a specialized service that deals with the overlap of physical health and mental health care issues. The primary mandate is to provide timely psychiatric consultation to adult patients on medical/surgical units at University Hospital and Victoria Hospital sites. According to Dr. Jennifer Barr, the Acting Physician Leader, the consultation liaison psychiatry service goals for the upcoming year include focus on program development and education. There are plans to further develop and expand the new outpatient C-L service, further our involvement in the ICU setting with weekly interdisciplinary rounding, work to develop protocols to facilitate transfers of patients from medical to psychiatric care. Importantly, we are in the process of developing an outpatient C-L cancer clinic within the London Regional Cancer Program, capitalizing on
the return of Dr. Carla Garcia from a year of advanced training in psycho-oncology at Sloan Kettering in New York City. With respect to education, the service has developed and is implementing a didactic curriculum for C-L residents and clinical clerks, a CME module, case-based formulation lab, and further developing our existing journal club.

Prevention & Early Intervention in Psychosis (PEPP)
PEPP provides early detection, assessment and integrated medical and psychosocial treatment to individuals 16-50 years of age, who have experienced a psychotic disorder for the first time. A modified assertive case management model is used for delivery of care, and assessment and treatment are provided by an interdisciplinary team in the least restrictive environment possible, preferably of the client's choice.

In terms of upcoming goals, Dr. Rahul Manchanda, PEPP’s leader states, “We’ll continue to provide optimum, safe and integrated medical and psychosocial treatment to individuals with a first episode psychosis, tailored to the needs of the individual and the family. Our initiatives for the next year consist of a peer support initiative to prepare resource material for clients and to have clients work as recovery support workers. As well, we are going to assist clients with specialized training to help them with employment. Plans are underway to have focus groups to understand family member’s experience of stigma and its impact on their lives. Pending funding, we aim to initiate a home assessment treatment program for patients with first episode psychosis.”

First Episode Mood and Anxiety Program (FEMAP)
In addition to PEPP, our second and most recent early intervention program, FEMAP provides both clinical treatment and clinical research for youth between the ages of 16 and 30 afflicted with the recent onset of dysfunction or distress due to depression and/or anxiety. According to its leader, Dr. Beth Osuch, the overall goal of FEMAP is to create mental health care services and research for a population where the stakes are extremely high, to get youth back to optimal functioning while ensuring that they live as symptom free as possible.

Goals for the next year include incorporating psychiatrist Dr. Kathryn Macdonald into FEMAP and, thereby, expanding both the clinical and clinical research components of the program. Plans are afoot to submit a substantial operating grant application for our research during the spring or fall of 2010. Additionally, there are several ongoing grants with associated work that will move forward during the next year, including moving a number to publication.

Urgent Consultation Service (UCS)
The mandate of the UCS is to provide a timely response to patients in need of urgent ambulatory mental health assessment whether referred by family physicians, the Emergency Departments at LHSC, and SJHC Urgent Care Clinic. Service Leader Dr. Dan Lefcoe, along with Dr. Charlie Chamberlaine work together with nurse case managers and trainees, seeing all new referrals within 72 hours of notification. Goals for the upcoming academic year include being able to accommodate the multitude of undergraduate and postgraduate trainees from medical school, as well as from Psychiatry and Family Medicine residency programs, hoping to work with the UCS.
General Adult Ambulatory Mental Health Services (GAAMHS)
The largest ambulatory service in the division, GAAMHS provides a variety of outpatient and day hospital based services for patients and their families in the London-Middlesex County area, including limited follow-up care from our inpatient service, as well as visits originating from community referrals. In addition to individual assessments, psychotherapies, and pharmacological treatment, group psychotherapy streams exist for IPT, CBT, and DBT. Under the new medical leadership of Dr. Richard Owen, GAAMHS will endeavor to expand its services in needed clinical areas, while seeking to create better linkages with other mental health services in the London area. Further efforts are also underway to enhance the educational experience of residents training in general psychiatry, as well as expansion into the undergraduate training area.

Traumatic Stress Service
For patients who have experienced acts of violence, emotional, physical and/or sexual abuse, severe neglect, catastrophic events such as motor vehicle accidents, natural disasters, or war-related trauma, a phase-oriented approach utilizing individual and group therapies, along with tailored pharmacotherapy is offered. A second area of service is our assessment and treatment unit affiliated with clients referred from the Workplace Safety and Insurance Board (WSIB). Strong links exist between the service and our neuroimaging research program in trauma. A major goal for the upcoming year involves the recruitment of a clinical physician leader to the service.

St. Joseph’s Health Care - Based Services

Mental Health Consultation and Evaluation in Primary-care (MHCEP)
MHCEP is a joint initiative, co-located at family practice sites, which provides collaborative primary-based care to clients in Middlesex County who are at risk of becoming increasingly ill. The MHCEP team responds to referrals from the sites’ primary care physicians for consultation, education or training. The preventative and on-site treatment interventions of MHCEP should avert clients’ need to access crisis, urgent, emergent or hospital admission, thereby building system capacity. The emphasis is on short-term care with individuals and families to promote accessibility and minimal wait time for the service.

Under the stewardship of Dr. David Haslam, goals for the upcoming year include further research into efficiently and effectively identifying the best available empirical evidence for the treatment of primary care practice clients with mental illness and creating better linkages with the acute care hospital system.

Operational Stress Injury (OSI) Clinic
Located at the Parkwood Hospital site, the OSI Clinic is an outpatient facility where veterans and armed forces personnel with mental health conditions, and their families, can find comprehensive clinical assessment and treatment services under one roof. Funded by Veterans Affairs Canada, these clinics are staffed with fully trained teams of mental health care professionals who work closely together to provide specialized care. Psychiatrists involved in the clinic include Dr. Don Richardson and Dr. Dave Wright. Future goals include developing a senior resident rotation and enhanced collaborative research with other OSI clinics throughout the country.
New Appointments

**Dr. Jennifer Barr** - We have welcomed the arrival of Dr. Barr as a full time clinical academic at the rank of Assistant Professor. Her main clinical work in the department is in Consultation-Liaison Psychiatry at LHSC, though she works as a psychiatric consultant as well, to the Sleep Medicine Clinic. A recent graduate of the residency program at the University of British Columbia, Vancouver, she had previously completed her undergraduate degree in Pharmacy and the MD program as well, at UBC. Administratively, she was quite active during her residency and completed her training receiving a number of awards including the Dr. Robert Ketcher Memorial Award for Excellence in Consultation-Liaison Psychiatry. In addition to taking on major departmental educational roles, her areas of special interest include delirium and psychopharmacology.

**Dr. Volker Hocke** – We were successful in recruiting Dr. Volker Hocke from Germany. Dr. Hocke has joined GAAMHS where he is working in the Day Treatment Service, as well as providing general outpatient clinics. Additionally, he is looking after four inpatient beds, in part to provide more continuous longitudinal patient care, which is the model that we are continuing to strive for in the division. Dr. Hocke is a full time clinical academic with the rank of Associate Professor. Just prior to coming to London, he was at the Saxonian Hospital Grossschweidnitz, where he held the position of Chief of Psychiatry, as well as the Head of the Outpatient Clinic and the Day Care Clinic Program. His academic areas of interest include the psychotherapy of personality disorders and suicidal behaviour.

**Dr. Jeff Reiss** – I was the last of our new staff to sign on for this academic year. Externally recruited as well, my previous role was at the University of Manitoba where I was a Professor and in charge of the General Psychiatry Program, as well as the Director of the Psychiatric Neuroimaging Program, amongst other responsibilities. In addition to my role at Western in developing and chairing the new academic Division of General Adult Psychiatry, I also am the Site Chief of the Adult Mental Health Care Program at the London Health Science Centre Hospitals. As a full time clinical academic at the rank of Professor, I’m actively involved in providing outpatient care and in particular having general outpatient teaching clinics for our medical trainees. My areas of research interest continue to be in the various fields of: imaging, cognition, service delivery and clinical outcomes, schizophrenia, PTSD, and psychopharmacology.

Promotions

The division is proud to report the academic promotions of the following individuals:

Dr. Dan Lefcoe, to Associate Professor
Dr. Doraiswamy Sanjeev, to Associate Professor

Jeff Reiss, MD, MSc, FRCPC, DABPN, FCPA, DFAPA  
Professor & Chair, Division of General Adult Psychiatry  
Department of Psychiatry  
Schulich School of Medicine & Dentistry  
The University of Western Ontario
The average life span has increased from 47 years in 1900 to more than 74 years in 2000. Almost 20 percent of older adults experience specific mental disorders that are not part of “normal” aging. Severe and often persistent geriatric mental disorders include mood disorders, psychotic disorders (such as late-life schizophrenia), complications of dementia (such as behavioral disturbances or aggression), anxiety and alcohol/drug-related disorders. Unrecognized or untreated mental disorders in the elderly carry very high rates of morbidity and mortality.

Geriatric psychiatry is that area of psychiatry which focuses on the prevention, diagnosis, evaluation, and treatment of mental disorders and disturbances, which affect older adults.

The division contributes, through partnering, outreach, and education, to the development of geriatric psychiatry services across the Southwestern region, functioning in an advocacy role for the needs of older individuals with mental health problems, and supporting research, focusing on early detection, prevention of disability and diseases that lead to mental health problems in the elderly.

Established in 2002, the Division of Geriatric Psychiatry has grown exponentially over the last several years. Dr. Lisa Van Bussel has undertaken the role of Division Chair and, with its division members, established the strategic priorities and directions for the future. The division is committed to excellence in academic pursuits, including research and educational initiatives, as well as providing excellence in clinical care through consultation, treatment and program evaluation.

On October 10, the Division of Geriatric Psychiatry held a retreat at the Lamplighter Inn. The intent of the day was to focus on our vision and mandate and to set priorities for the future direction of the division. Twenty division members were in attendance, and everyone was very much engaged and enthusiastic, providing volumes of insightful
comments and suggestions. It was a positive and energizing launch for the next phase of the division's growth.

Growth within the last three years has included the addition of two new faculty and the training of numerous residents and medical students. Dr. Helen Park joined RMHC-London in the summer of 2008 and is active in inpatient and outreach with the Regional Psychogeriatric Program. Joining the Division on July 1 is Dr. Jennifer Oates, who will take up duties with the LHSC Geriatric Mental Health Program. Dr. Lisa Van Bussel was the successful candidate for the Chair of the academic Division of Geriatric Psychiatry and assumed this position on June 1, 2008.

The Royal College of Physicians and Surgeons of Canada confirmed that Geriatric Psychiatry's application has succeeded and can proceed to develop as a formal subspecialty. This will ensure that the medical subspecialty area of geriatric psychiatry will continue to grow and evolve its role and functions.

Celebrations and Congratulations
This summer we bid a fond farewell to our longest serving member, and stalwart champion, Dr. David Harris. After 29 years with the psychogeriatric program, Dr. Harris signed off at the hospital on June 30 but will continue to see patients in his private practice. During his long and illustrious career, he has provided compassionate care to his elder adult patients and their families. He has tirelessly advocated for recognition of geriatric psychiatry as a subspecialty. Patients and staff alike will miss him. We extend our heartfelt thanks to Dr. Harris for his dedication and commitment and wish him all the best as he enters this next phase of an eventful life. Congratulations to Dr. Harris on being conferred Professor Emeritus designation from the Schulich School of Medicine & Dentistry, UWO, on May 15, 2009.

Congratulations to Dr. Amer Burhan on his recent certification in behavioral neurology/neuropsychiatry from the United Council for Neurological Subspecialties in the United States. This is an important milestone for Dr. Burhan in his career in the area of geriatric neuropsychiatry. Dr. Burhan received certification in transcranial magnetic stimulation from the Center of Non-Invasive Brain Stimulation at Beth Israel Deaconess Medical Center, Harvard Medical School in March 2009.

Dr. Maggie Gibson has accepted an invitation to join the Alzheimer Society of Canada “Guidelines for Care Working Group” that is addressing care of people with dementia living in nursing home facilities.

Awards & Honours
Congratulations to the division-affiliated Regional Mental Health Care, Geriatric Outreach Team (Lyndsey Wintle, Susan Macdonald, Kelly Vienneau) on receiving the St. Joseph’s Health Care, Nursing Excellence in Innovation and Evidence Based Practice Award.

Congratulations to Dr. Lisa Van Bussel for recently receiving an Ontario PsychoGeriatric Association (OPGA) Recognition Award. The OPGA Recognition Award embodies the organization's vision of being the leading voice for those serving elderly persons with mental health needs across Ontario.
Bonnie Kotnik, Director of RMHC – Geriatric Psychiatry Program, received the very first President’s Senior Leadership Award, a new recognition by St. Joseph’s Health Care, in June 2009.

This year’s Department of Psychiatry Awards, presented on June 16, 2009, featured a number of division members:
Star of the Year – Dr. Lisa Van Bussel
Junior Faculty Award – Dr. Michele Doering
Administrative Staff Award - Debra Martin
The David Harris Award for Excellence in Residency Training (new division award) – Inaugural plaque presented to Dr. David Harris

Clinical Service Development
After a successful capital funds application by Bonnie Kotnik and Dr. Amer M. Burhan, RMHC-London has acquired a Transcranial Magnetic Stimulation machine, which will be piloted by the Geriatric Psychiatry Program and then will expand to other services. This will involve treating patients with depression and other neuropsychiatric disorders. The TMS machine will be used as well in research in cognitive enhancing properties of this technology, which Dr. Burhan is exploring as part of his neuropsychiatry work. Added to the RMHC-London Geriatric Psychiatry Program was a second Clinical Nurse Specialist, active division member Jennifer Doherty.

Education
We are proud to be among the first to offer a one year clinical fellowship in geriatric psychiatry through the Schulich School of Medicine & Dentistry at The University of Western Ontario. A combined two-year clinical/ research fellowship can be arranged, based on the fellow’s clearly articulated research interest. The fellowship offers a plethora of clinical experience ranging from consultation to acute sites, to tertiary care level management in all settings including inpatient, ambulatory, consult-liaison and long-term care. Our sites are part of an active academic centre with many opportunities to participate in undergraduate and postgraduate medical education and in clinical research.

Thanks to Dr. Michele Doering for the leadership and direction of residency training for the geriatric psychiatry rotation. Twenty-three residents successfully completed a geriatric psychiatry rotation between June 2007 and June 2009. Family Medicine Resident Dr. Kamila Bekasiak, is also currently completing a rotation with us.

This August 2009 will be the final rotation for clinical clerks in an eldercare rotation being led by Drs. L. Diachun and L. Van Bussel. The rotation started in 2003 and has trained five years worth of clinical clerks in the area of eldercare.

Dr. Abdulelah Al-Shaikh successfully completed his fellowship in geriatric neuropsychiatry as the first clinical fellow in the Division of Geriatric Psychiatry and Geriatric Psychiatry Program at SJHC. Dr. Al-Shaikh finished his residency in psychiatry from our program and started his fellowship June 2008. He was under the supervision of Dr. Amer M. Burhan at RMHC-London, Coordinator of the newly established fellowship in Geriatric Psychiatry. The fellowship will be open to future candidates, which is timely since the RCPSC has recently accepted the Geriatric Psychiatry Phase I application for subspecialty status.
At the April division meeting, it was decided to start a Division of Geriatric Psychiatry journal club as an informal, networking opportunity, with the location alternating through members’ homes. Since that time, Dr. Amer Burhan spoke on “ECT in Older Patients with Physical Illness,” Dr. Iris Gutmanis presented “Critical Appraisal;” and Dr. David Harris presented “Historical Aspects of Geriatric Psychiatry - From a Service Perspective.”

SJHC – RMHC-L Geriatric Psychiatry Program and LHSC Geriatric Mental Health Program hosted the 2009 Psychogeriatric Team Exchange on June 3-5, 2009. This successful educational and networking event brought together over one hundred participants, from across the province, that specialize in the assessment and treatment of late life mental health disorders. The event highlighted the expertise of many active division members including Dr. Amer Burhan and Mr. Tony O'Regan (CNS).

The sixth annual symposium was held on November 5, 2008 at the Lamplighter and was another great success. There were over 150 in attendance, representing medicine, psychology, nursing, social work, and occupational therapy. In addition to those who registered in advance, we had a large number who registered on the morning of the symposium. We had attendees from across Ontario as well as from BC and PEI, a good indicator of the wide-reaching appeal of the program and speakers. The keynote speaker was Dr. Benoit Mulsant, who spoke on “Pharmacotherapy of Late-Life Depression.” In addition, nine posters were submitted to our second annual poster session, with entries in research and program evaluation categories. The symposium continues to grow and improve each year. The date for this year’s event is November 4, 2009.

PhD Candidate Briana Zur (CIHR-Veterans Care Program Fellow, Occupational Sciences PhD candidate) successfully defended her thesis proposal on Tuesday, March 3.

Krista Bray-Jenkyn (Project Principal Investigator; PhD Candidate, Department of Epidemiology and Biostatistics, Schulich School of Medicine & Dentistry, UWO; Scientist, Research and Evaluation, SGS, SJHC London) and Briana Zur, (Project Co-Investigator; CIHR-Veterans Care Program Fellow; Occupational Sciences PhD Candidate, UWO) were successful in obtaining an Ontario Research Coalition Early Researcher Award. Working with Dr. Gutmanis and Dr. Gibson, these two PhD candidates developed a proposal titled “An Exploration of the Aging at Home Discourse and Existing Aging at Home Strategies.”

The Veterans Care Program and the ARGC Care of Older Adults team welcome two residents from the London Clinical Psychology Internship Consortium. James Hutchinson and Michelle Langill will be working one day a week with Dr. Maggie Gibson for the next six months as they complete the residency requirements for their PhD degrees.

Lisa Van Bussel, MD, FRCPC
Professor & Chair, Division of Geriatric Psychiatry
Schulich School of Medicine & Dentistry
The University of Western Ontario
The Division of Neuropsychiatry was created in 2001 to provide academic leadership in neuroscience research within the Department of Psychiatry. It provides a home for basic science researchers within the department and facilitates more effective collaboration with clinical research groups. It enhances collaboration between imaging researchers at the Robarts Research Institute, the Lawson Health Research Institute and these clinical research groups. Finally, it allows the development of advanced training opportunities within the department at a fellowship, MSc, PhD and postdoctoral level through collaboration with the Department of Medical Biophysics, Anatomy and Cell Biology, and the Neuroscience Graduate Program. The division also contributes to clinical service provision through a consultation role with the Department of Clinical Neurological Sciences and with the Acquired Brain Injury program at Parkwood Hospital.

**Research Accomplishments**

The Neuropsychiatry Division pursues work in the pathophysiology of schizophrenia, mood and anxiety disorders, posttraumatic stress disorders and autism from a clinical, neuropsychological, basic science and neuroimaging perspective.

**Schizophrenia**

The Schizophrenia Group lead by Dr. Peter Williamson, Tanna Schulich Chair in Neuroscience and Mental Health, has been pursuing magnetic resonance spectroscopy and functional magnetic resonance imaging studies in schizophrenia. This work has been done in collaboration with Dr. Rahul Manchanda and the PEPP program, Dr. Dick Drost and Dr. Jean Théberge. The group has received a substantial five year grant this year from the Canadian Institutes of Health Research to extend the study to a five year follow-up. Dr. Théberge has also received a three year New Investigator Fellowship from the Ontario Mental Health Foundation to develop new magnetic resonance spectroscopy techniques for schizophrenia research.
This longitudinal study assessed never-treated, first episode schizophrenic patients with magnetic resonance spectroscopy, a brain imaging technique which measures neurotransmitters and membrane phospholipids. Our results were published in the British Journal of Psychiatry and showed that these patients demonstrated progressive changes in glutamatergic metabolites and membrane phospholipid metabolites in the first three years of illness which would be compatible with a neurodegenerative process. One of the interesting things in this study was that these metabolic changes correlated highly with gray matter losses in these patients (see beside). The study received some media attention, and Dr. Williamson presented some of these findings at an invited lecture at Harvard University this past year. Our observations raised the possibility of new types of treatment which may reverse or arrest deterioration in these patients. The Canadian Institutes of Health Research grant will allow us to determine the optimum time to intervene.

Mood and Anxiety Disorders
Preliminary investigations have begun with bipolar disorder patients with similar magnetic resonance spectroscopy techniques with Dr. Beth Osuch, the Rea Chair in Mood and Anxiety Disorders. It is curious that these patients demonstrate a different pattern of metabolic changes affecting neural circuits which would be expected to be involved in mood regulation. Our grant from the Canadian Institutes of Health Research will allow us to examine longitudinal changes in these patients in the first years of illness in collaboration with Dr. Osuch. Dr. Osuch is also pursuing innovative functional MRI paradigms related to emotional and cognitive processing in association with Dr. Derek Mitchell, a psychologist trained at the National Institute of Mental Health, who joined the group recently. Dr. Osuch has recently received a two year grant from the Ontario Mental Health Foundation to pursue this work. Dr. Mitchell has already been successful in obtaining a five year Natural Sciences and Engineering Research Council award and a three year Ontario Mental Health Fellowship award.
Posttraumatic Stress Disorders
The Posttraumatic Stress Disorders Group is led by Dr. Ruth Lanius who holds the Harris-Woodman Chair in Psyche and Soma. The Posttraumatic Stress Disorders Group is investigating the neuronal circuitry of this disorder. Dr. Lanius has become internationally recognized for her work in this area and has given numerous invited lectures including talks in Chicago and Baltimore in recent years. Her work is funded by an operating grant and substantial multi-centre grant from the Canadian Institutes of Health Research. Dr. Lanius has recently received the Morton Prince Award in Research in the Field of Dissociation by the International Society for the Study of Trauma and Dissociation in Philadelphia. Dr. Paul Frewen joined the Posttraumatic Stress Disorders Group in September 2008 and has already distinguished himself with an Ontario Mental Health Foundation Young Investigator Award.

Autism
Dr. Rob Nicolson, who holds the Endowed Chair in Autism Studies, has been putting together the Centre of Excellence in Autism Treatment and Research with a substantial grant from the Government of Ontario, Ministry of Training and Education. The centre will bring together investigators from many different disciplines to study autism. It will also offer training opportunities in behavioural treatments of the disorder. Dr. Nicolson has had a very productive year with a new three year grant from the Canadian Institutes of Health Research and publications in Biological Psychiatry and other high impact journals on volumetric and magnetic resonance spectroscopy findings in autism published in collaboration with Dr. Paul Thompson at the University of California at Los Angeles.

Basic Science
Basic science investigations including genomic and proteomic studies of antipsychotic medications led by Dr. Walter Rushlow and an animal model of schizophrenia led by Dr. Raj Rajakumar are supported by the Ontario Mental Health Foundation and the National Science & Engineering Research Council. Dr. Rushlow’s novel ideas about second messenger effects of antipsychotic medications have been published in the Journal of Neurochemistry. Dr. Rajakumar’s model, recently published in Schizophrenia Bulletin, explores the effects of subplate lesions in rats. While the rats were normal during early development, they subsequently developed abnormalities in prepulse inhibition and dopaminergic hyperresponsivity typical of patients with schizophrenia. This is a very powerful model which is consistent with the brain imaging findings with magnetic resonance spectroscopy. Both Dr. Rushlow and Dr. Rajakumar who are cross appointed in Anatomy and Cell Biology have received tenure at Western.

Conceptual Contributions
It is unlikely that major psychiatric disorders like schizophrenia and bipolar disorder are caused by a major genetic abnormality. More likely, a number of genetic and environmental factors interact to affect specific neural circuits in the brain. Dr. Williamson’s book, Mind, Brain, and Schizophrenia, published by Oxford University Press has examined some of the possible final common pathways for schizophrenia and other disorders. The book has continued to receive excellent reviews. The New England Journal of Medicine went as far as to say that this book should be “compulsory reading for clinicians." Dr. Williamson is currently writing a second book for Oxford University Press titled Human Illness: Neuropsychiatric Disorders and the Nature of the Human
Brain with John Allman, an evolutionary biologist at the California Institute of Technology. The idea behind this book is that disorders like schizophrenia, bipolar disorders and autism are uniquely human disorders. Understanding the pathophysiology of these disorders may tell us a lot about what makes us human.

Imaging Innovation

The Neuropsychiatry Group is playing a leading role in the development of new brain imaging techniques with the remarkable imaging facilities at Western. Of particular note was the development of a new brain imaging technique to look at functional brain circuits. The approach is based on low frequency fluctuations in the same BOLD signal which is used for standard functional imaging during tasks. However, this technique allows us to look at the resting or ‘default’ network which is associated with self-reflection. Dr. Williamson edited a theme issue in Schizophrenia Bulletin reporting the first evidence that the default network is abnormal in schizophrenic patients with Robyn Bluhm, a postdoctoral student working with the group. Several similar studies have now been completed in bipolar and posttraumatic stress disorder patients. Preliminary work suggests that these networks may distinguish different disorders well enough to be used in diagnosis. Our group has been asked to formally collaborate with the groups at the Washington University School of Medicine in St. Louis, the leader in this field, and the Institute of Psychiatry at the Maudsley, King’s College London, UK. Dr. Williamson has also been asked to speak at and is on the scientific committee of the first international meeting on the default network in Barcelona in 2010.

Another imaging technique which shows some promise is Lorentz effect imaging which allows direct assessment of neuronal activity rather than indirect assessment through cerebral blood flow on which all current functional techniques are based. With the acquisition of a 7 Tesla MR system at Robarts Research Institute, it is now feasible to implement this approach. Dr. Jean Théberge has received a prestigious two year Young Investigator Award from the National Alliance for Research In Schizophrenia and Depression in the United States to develop this technique here at Western.

Clinical Accomplishments

The Neuropsychiatry Division has continued to offer clinical support at the University Campus – LHSC. In addition to providing consultation/liaison to the inpatient services of the Department of Neurology, consultation and treatment is provided to the large outpatient population of the movement disorders clinic. Dr. Carla Garcia and Dr. Jennifer Barr have further developed a consultation/liaison role with the Epilepsy Program at University Campus - LHSC over the last year which has markedly improved educational and service delivery to this program.

Educational Accomplishments

The neuropsychiatry seminars continue to be well attended. These seminars allow both senior and junior investigators and students to approach clinical disorders from a number of different perspectives. Seminars have included presentations on animal models of autism by Dr. Raj Rajakumar, on early recovery from motor vehicle collisions by Dr. Beth Osuch and on emotional imagery in posttraumatic stress disorders by Dr. Paul Frewen. Dr. Ruth Lanius, Dr. Sandra Fisman, and Ms. Judith Harris organized an international conference on posttraumatic stress disorders in London in the fall of 2008.
attended by over three hundred participants from around North America and Europe. The conference featured a special lecture by Dr. Marion Woodman, a world renowned Jungian therapist. The conference achieved its goal of incorporating Jungian ideas into established neuroscience research.

There are currently three PhD and one MSc graduate students working on neuropsychiatry related projects in the Department of Medical Biophysics. Three MSc and three PhD students are supervised by Dr. Rajakumar and Dr. Rushlow in the Department of Anatomy and Cell Biology. Dr. Robyn Bluhm has completed a postdoctoral experience in neuropsychiatry supervised by Dr. Williamson and has accepted a tenure-track position in the United States.

Program Development

Research programs in schizophrenia, posttraumatic stress disorders and childhood disorders, and mood and anxiety disorders are now well established. Collaboration has grown with the Department of Anatomy and Cell Biology and the Neuroscience Program through participation in a Canadian Foundation for Innovation application. A priority for the coming year will be to facilitate collaborative opportunities through linkages within the division, the university and international community.

Another area of development will be in advanced imaging techniques. With four endowed chairs and the only 7 Tesla MR system in Canada, we are in a unique position to make a fundamental contribution to the field. Already leading groups in United States and UK have approached us to collaborate on the development of brain imaging techniques. The focus for this year will be on the low frequency BOLD techniques and advanced 7T chemical imaging.

Peter Williamson, MD., FRCP(C)
Professor & Chair, Division of Neuropsychiatry
Department of Psychiatry
Tanna Schulich Chair,
Neurosciences & Mental Health
Schulich School of Medicine & Dentistry
The University of Western Ontario
The Division of Social and Rural Psychiatry provides an academic home for specialized tertiary mental health, for psychiatric bioethics, for the extended UWO psychiatry campus in South Western and Northern Ontario and for rural and regional psychiatry. We have been a leader in North America with the establishment of a division with a service and academic mandate for underserviced geographical regions and underserviced populations with serious and persistent mental illness.

With the establishment of the Division of Social and Rural Psychiatry in May 2008, Dr. Abraham Rudnick became its first Chair. His background in philosophy and bioethics, together with his certification in Psychosocial Rehabilitation (PSR) and his passion for a recovery oriented approach, encouraging people to achieve their optimal potential, have made him an ideal leader for this division.

An advisory board for the division with interdisciplinary representation meets regularly to advise the chair and includes membership from the Department of Psychiatry, other departments at the Schulich School of Medicine & Dentistry and other faculties at Western – the Faculty of Health Sciences, the Faculty of Social Sciences and the Faculty of Art and Humanities.

The division has an important academic (both teaching and research) mission. Dr. Sarah Jarmain, Education Coordinator for the division, is leading the development and implementation of the tertiary Mental Health Care training experiences for residents, as required by the new Royal College training guidelines. Dr. Diane Eastwood, a passionate advocate for the recovery oriented approach regarding people with schizophrenia, is coordinating the experience for the trainees. The division has established a visiting professorship with the inaugural visit in September 2009 of the internationally recognized Social Psychiatrist, Dr. Julian Leff, who is nominated to be Honorary Professor in the Division and the Department. Other educational events include regular participation for psychiatrists and other health care professionals, as well as undergraduate and postgraduate trainees in the Department of Psychiatry, in
continuing professional development events. Videoconferencing connection for these events is accessed from Sudbury Regional Hospital, Northeast Mental Health Centre – North Campus, Lakehead Psychiatric Hospital in Thunder Bay, St. Joseph’s Health Centre-Thunder Bay, Thunder Bay Regional Health Sciences Centre, Sault Area Hospitals in Sault Ste. Marie, London Health Sciences Centre and Regional Mental Health Care in London and St Thomas.

Promotion of the education mandate for the Division of Social and Rural Psychiatry was reinforced by the agenda of the divisional retreat held in February 2009. Representatives from Northern Ontario attended the retreat with clerical teachers from the South Western Ontario Medical Education Network (SWOMEN). During the retreat, Dr. Michele Doering, Residency Director for Psychiatry at The University of Western Ontario, reviewed the changed Royal College training requirements for residents as implemented starting July 2009. She discussed the implications and the opportunities that these changes bring for psychiatric postgraduate education. Dr. Tamison Doey, who is representing postgraduate education for the Extended Campus Program and SWOMEN at the Ontario Psychiatric Outreach Program (OPOP) - a provincial organization for promotion of Rural and Regional Psychiatry, presented the CANMEDS roles for postgraduate psychiatric training. She emphasized the need to prepare trainees for practice outside of large urban centres. Dr. Robert Fairbairn presented a comparative analysis of the current strategic plan of the South Western Ontario Medical Education Network (SWOMEN) and the vision, mission and values of the Schulich School of School Medicine & Dentistry.

The Extended Campus Program (ECP)

The Extended Campus Program (ECP), a well established outreach initiative of the Department of Psychiatry at UWO, was incorporated into the Social and Rural Psychiatry Division in May 2008. The responsibilities of the program director for the Extended Campus were transferred from Dr. Sandra Fisman to Dr. Abraham Rudnick. In the fall of 2008, Dr. Rudnick consulted with the site leaders for the ECP in Sudbury, North Bay and Thunder Bay to discuss working relationships and enhanced activities for the program. The overriding thrust of their discussions was to ensure the continued mission of the ECP, to main collaborative ties with other OPOP partners and to facilitate growth through education and research initiatives, while supporting quality psychiatric care in underserviced communities. In summer 2009, discussion was also conducted with Sault Saint Marie to continue and enhance their role in the ECP, following a change of clinical academic leadership there.

The ECP has continued administrative and academic support to a group of 14 UWO faculty members who provide full time clinical and academic services in Thunder Bay, North Bay, Sudbury and Sault Saint Marie.

The North of Superior Program (NOSP), another component of the ECP which provided psychiatric service and education outreach to remote communities in Northwestern Ontario, continues to be active, sustaining consultation visits to these remote communities, including Nipigon, Schreiber, Marathon, Manitouwadge, Geraldton and Longlac. In addition to the site visits, a system of consultations via videoconferencing to the North of Superior Program sites has been implemented. This capacity is especially
valuable when access to clinical services is limited by scarce visiting psychiatry resources or by difficult weather conditions.

Consultations to Thunder Bay and Owen Sound through videoconferencing from Regional Mental Health Care London have also grown in frequency, consisting of 107 consultation hours to Thunder Bay and 85 hours to Owen Sound this past year.

**The Southwestern Ontario Medical Education Network (SWOMEN)**

SWOMEN–Windsor has been particularly active with the opening of the Schulich satellite medical campus in the fall of 2008. Dr. Corina Velehorschi and Dr. Tamison Doey have respectively taken responsibility for the academic director positions for undergraduate and postgraduate psychiatric education in Windsor. Dr. Doey is presently working with the Department of Psychiatry Residency Training Committee to facilitate the development of a core adult psychiatry training experience in Windsor for the PGY 2 year. Windsor is well positioned to deliver a core child psychiatry rotation. Dr. Yousha Mirza, a child and adolescent psychiatrist with a background in clinical work, teaching, and research at Wayne State University, has been appointed as the head of the Division of Child and Adolescent Psychiatry in Windsor. Dr. Farzana Tak, a local child and adolescent psychiatrist, and head of the inpatient child and adolescent unit, has also been recruited to Windsor. Dr. Tak comes to SWOMEN–Windsor from New Brunswick where she has many years of experience in inpatient and outpatient psychiatry, telepsychiatry and teaching. Dr. Jennifer Out, a clinical psychologist working both for the school board and in private practice, and Len Granneman, a senior therapist specializing in supportive and eclectic therapy for adults and youth, have also joined the program. SWOMEN–Rural under the academic directorship of Dr. Ranjith Chandrasena continues to provide well regarded rotations for psychiatry residents and for clinical clerks at multiple sites, including Regional Mental Health Care St. Thomas, Chatham–Kent Health Alliances, Stratford General Hospital and Blue Water Health, Sarnia.

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Abraham Rudnick, MD., PhD., FRCP(C)  
Associate Professor & Chair, Division of  
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Department of Psychiatry  
Schulich School of Medicine & Dentistry  
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Department of Psychiatry Annual Report 2008-2009
Education in the Department of Psychiatry

Educating and Training our Future Psychiatrists

With an established interdisciplinary model of care and a cadre of outstanding educators, the Department of Psychiatry is a leader in the field of interdisciplinary education.

Delivering a high quality educational program for our undergraduate medical students and students from allied health disciplines, as well as our postgraduate trainees, has been a central direction in the strategic plan of the Department of Psychiatry. In addition, we have strongly invested in our program of Continuing Professional Development, recognizing the importance of life long learning opportunities.

Over the past year, an educational task group has worked on a clear definition of educational deliverables for teaching faculty, ensuring that we deliver on all aspects of the educational mandate.

The success of our education enterprise is in large measure a tribute to our educational leaders and to the outstanding administrative support that they receive from Eva Adams, Heather Deisley and Glenda Shilleto in the Department of Psychiatry. This group is a key educational resource, and together they ensure that all educational activities run smoothly.

Psychiatry has long thrived with the delivery of care by several allied health disciplines. In order to practice this way, it is essential that we prepare our students through interdisciplinary educational approaches. We are excited as interdisciplinary education becomes the standard in other areas of medicine, and as we train physicians for future practice.

Postgraduate Education

We were pleased to welcome our PGY 1s into the program in July 2008.

Vadim Beletsky
Rachana Bodani
Mark Reddington
Arany Shanmugalingam
Hollam Sutandar
Jonathan Tan
Cheryl Willsie

Congratulations to our 2009 Graduating Class!

Simran Ahluwalia
Waleed Al-Suhibani
Faten Al-Zaben
Heidi Haensel
Patricia Hall
Leanna Isserlin
Hyacinth John
Mahdi Memarpour
Aleksandra Nowicki
Jennifer Oates
Sreelatha Varapraven

Dr. Michele Doering

Department of Psychiatry Annual Report 2008-2009
The past year has been particularly active as we prepared for the mandated changes to the Royal College training requirements for implementation on July 1, 2009. In addition, we made some administrative changes with Dr. Michele Doering assuming the role of Program Director and Dr. Chris Tidd as Assistant Director, a shift from our previous co-director arrangement. We felt that this would more clearly delineate the areas of responsibilities, and it has been a helpful shift for us. Our report will largely focus on these changes in postgraduate education.

A fundamental, university-wide change, directed by the Royal College, has been a transition to a four week block model, from the previous monthly rotation schedule. This means that the residents now have 13 blocks in the academic year, rather than 12 rotations.

For the incoming PGY 1s, the current requirements include increasing the neurology experience from one block to two blocks with a preference that the additional time be spent in neuroradiology, if possible. Medicine training can be from family medicine, pediatrics, and/or internal medicine. The internal medicine option could be from inpatient medicine, consult/ambulatory services, or endocrinology. For each resident we have been able to secure at least one block of family medicine, one block of pediatrics (peads ER), and a combination of either: endocrinology, ambulatory medicine, or inpatient. The internal medicine options were accepted based on availability and taken in order as listed. The remaining blocks include adult medical ER, three blocks of psychiatry (general adult inpatient, child inpatient, and psychiatric ER in CEPS), two non-psychiatry selectives and one elective in any specialty. We still have a unique block one orientation month for all incoming psychiatry residents which occurs in the first block, which counts as a psychiatry selective. Our success from CaRMS in obtaining eight new PGY 1s has made assignment of residents more challenging, however, our office is improving interdepartmental communication which has facilitated good arrangements, especially with Family Medicine and Neurology.

We also provide training in psychiatry for other services which have requirements in psychiatry, such as ER medicine and neurology. We work in collaboration with Family Medicine to place their residents for psychiatry electives. All off-service residents rotate through our CEPS service in order to provide a consistent and broad based experience. This rotation is new as of July 2008 and also incorporates exposure in our Urgent Psychiatric Consultation Service. Supervision is shared between Drs. Tidd and Lefcoe. Most of our elective requests are assigned in the Urgent Psychiatric Consultation Service with Dr. Chamberlaine, the Consult/Liaison Service with Dr. Barr or Garcia, or the CEPS/Urgent
experience with Drs. Tidd and Lefcoe. These elective requests are assigned based on availability of each site after our own residents are placed, and then the core off-service requirements are met. Working with the ER medicine residents has facilitated the collaborator role between CEPS and the medical ER for our own trainees.

The CaRMS process was changed in the fall of 2008 for the 2009 entry class. We first created a CaRMS working group in order to come together as a small and efficient idea group. This group consisted of the chief resident, a current PGY 1 resident, the current PGE associate director, the PGE coordinator and the UGME director. The goals of this committee were to standardize the screening and review process, as well as improve upon the actual CaRMS interview day experience. In 2008, we took a poll from the PGY 1 and PGY 2 residents asking their opinion on what went well and not well during their UWO interview experience. We included their responses into our own ideas and created a new agenda. A “preamble” was created explaining how the committee intends to screen candidates in order to present a transparent model into our selection process, mostly directed at the stage of deciding who to invite for interviews. This document has been reviewed and updated for the current 2010 entry candidates. A personalized portfolio review form has created, which we have this year scrutinized and modified in order to better distinguish qualified candidates from the CMG and IMG pools. We have listened to complaints that earlier interview forms were too generic and created a new interview form, divided into two basic sections: one section to gauge interest in psychiatry and another to ask questions based on the CanMEDS model.

The success of CaRMS for the 2009 entry group, we believe, was due to significant changes in the interview day. We worked with the resident group to have them involved with the interviews, as well as a tour of London for applicants and an applicant/resident social in the evening. This included a carefully scheduled itinerary outlining the candidate’s day from the interviews, to having a tour of the city, to transportation to the restaurant for the evening social. The interview day was modified to reduce the morning presentations and eliminate the departmental booth segment. We then arranged booths for physician leaders only, representing major departmental divisions or training sites. This allowed the candidates to have access to faculty members who are directly involved in their training. The lunch was changed from a buffet with candidates, residents and faculty to a candidate-resident only lunch. This allowed for the candidates to ask questions about the program without faculty present and allowed for the PGE leaders to orient the faculty interviewers on the interview process. This year, we plan to stay close to last year’s successful model. The 2009 entry group included five CMG and two IMG positions, which were all filled on first iteration. We intend to return to our original goal of six positions per year and have allocated these into four CMG and two IMG spaces.

A very significant focus for the year has been the development of new Objectives of Training in Psychiatry (OTR) and Standards or Training (STR) aligned with the new Royal College requirements. This has involved a revamp of the curriculum, a change in the order of rotations, combined with horizontal experiences and some very specific exposure requirements. In addition, residents are now required to log their experiences with regard to order of rotations.

The PGY 2 year consists of 12 blocks of general adult psychiatry, which is equally divided between outpatients and inpatients. The PGY 3 year consists of six blocks of child and adolescent psychiatry and six blocks of geriatric psychiatry. The PGY 4 year consists of three blocks of consult-liaison psychiatry, six blocks of chronic care and three blocks of
The PGY 5 year consists of electives and selectives. All rotations are now centrally coordinated.

The residents will now have four horizontal experiences that must all be logged and evaluated. These include:

a) **Addictions**: The resident must have either one block (each block has about 100 hrs) or the equivalent longitudinal experience.

b) **Psychotherapy**: The resident must have the equivalent of eight blocks of psychotherapy experience over the PGY 2-4 years.

c) **Collaborative/Shared Care**: The resident must have either a two block or the equivalent longitudinal experience in the PGY 4 or 5 year.

d) **Severe Mental Illness Longitudinal (SMI-Longitudinal)**: The resident must follow a patient with chronic and severe psychotic illness and/or bipolar affective disorder in a multidisciplinary setting for two hours/month for a year.

In terms of the curriculum changes, the core teaching modules continue to occur on Thursday afternoons. The focus of the modules is as follows:

- **PGY 2**: general adult psychiatry with a focus on psychosis, mood and anxiety
- **PGY 3**: focus on research, child and adolescent psychiatry and geriatric psychiatry
- **PGY 4**: focus on psychotherapy and advanced topics in psychiatry, for example sexual disorders, advanced psychopharmacology and sleep disorders.

There is now a year-long module series for the PGY 1 year, focusing on introducing the PGY 1 group to all topics in psychiatry.

There are now some additional experiences for developmental disabilities. The residents must have an exposure to developmental disabilities across the lifespan. As part of the child and adolescent blocks, the resident will have a two week exposure to children and adolescents with developmental disabilities. The exposure to adults with developmental disabilities is still under construction.

For psychotherapy training, the residents must log 800 hours of psychotherapy. Hours that are allowed to be logged include: hours spent in didactic teaching, reading groups, group discussion of patients, hours spent seeing psychotherapy patients and hours spent in supervision. There is now a psychotherapy teaching module that occurs two or three times per month. The focus of PGY 2 teaching is supportive therapy and psychodynamic therapy. The focus of the PGY 3 teaching is motivational interviewing, CBT and IPT. The PGY 4 and 5 teaching modules are being created. The residents must now be proficient in CBT, group or family therapy, psychodynamic and supportive therapy. The residents must have a working knowledge of behavioural therapy, DBT, family or group and IPT. The residents must have introductory knowledge of mindfulness, motivational interviewing, relaxation and brief psychodynamic psychotherapy.

The residents at UWO must log: 100 hours of addictions (loggable hours are defined in their logs and addiction objectives), 200 hours of shared/collaborative care (definition of loggable
hours is still being created), 800 hours of psychotherapy, 24 hours of SMI-longitudinal and their exposure to developmental disabilities.

While the revisions in the training experience and curriculum have been intensive, they will ensure that our trainees will complete their training with a very solid grounding in general psychiatry. The change to a block system also enables them to pursue elective subspecialty experiences in the last year of their training or pursue more in-depth general experiences.

Finally, over the past year major enhancements were made to the psychiatric ER training experience. Prior to July 2008, this experience was restricted to ER on call at the Centralized Emergency Psychiatric Services (CEPS) location at Victoria Hospital. In order to improve our resident experience we have created the CEPS rotation under the guidance of Dr. Chris Tidd. The process began in the spring of 2007 with numerous meetings and conversations with the resident leadership, departmental leaders, and proposals to the Resident Training Committee (RTC). The RTC agreed to a working model in June 2008 for roll out in July 2008 with its first group of residents.

The current CEPS model involves several important collaborators. We have prominent support and input from the resident ER rep and the chief resident. This is because the CEPS rotation is closely coordinated to the residents integrated on call which also happens to occur in CEPS. The rotation experience involves dedicated support from the CEPS nurse case managers and the supervision is shared between Dr. Tidd (rotation coordinator and primary CEPS supervisor) and Dr. Lefcoe (CEPS and Urgent supervisor). We include urgent psychiatry as part of the rotation since many ER referrals are sent to this clinic and allows for a great variation in managing different diagnosis and at different severity.

The residents take handover from the overnight team at 8:30 am and are involved in morning rounds which could involve a formal pre-assigned presentation, a discussion on a topic from the overnight team, or reviewing an active case. Residents work until 4:30 pm or stay until the next evening team arrives, in case a verbal handover is required. They do their on call in the ER as well, and are given the post call day off. This is a Monday to Friday rotation.

This rotation experience is required for all our PGY 1 residents and for residents in ER medicine and neurology since psychiatry is a core requirement. The rotation is a one block experience and allows for up to two residents and one medical student at any given time. The success from the 2008-2009 academic year has translated into all but one spot being filled for the 2009-2010 academic year with our core residents and requests from family medicine. This means with the additional block for 2009-2010, we have 25 out of a possible 26 spots filled for this rotation.

The core teaching principles for this rotation vary slightly depending on whether this is an elective vs. core experience, however, we focus on emergency assessments of patients, utilizing the DSM to make a proper differential diagnosis, management of the acute agitated patient, assessing delirium and dementia, proper principles of safety assessments, proper utilization of a Form 1 (and occasionally Form 3), principles of initial or maintenance medication management, and operating in a team focused model. The rotation utilizes the CanMEDS principles with teaching and evaluations looking at each component including; medical expert, communicator, collaborator, health advocate, manager, scholar and professional.
We could not provide the outstanding training opportunities without the contributions of many clinical teachers and supervisors in the department. Thank you to the faculty representatives and residents who sit on the RTC and to Eva Adams for her tremendous administrative support for the postgraduate training program. We are also indebted to the many faculty who have assisted in the curriculum and rotation redesign including Drs. Jeffrey Reiss, Jennifer Barr, Varinder Dua, Richard Owen, Greg McCarthy, Diane Eastwood and Margaret Steele.

An additional thank you to Dr. Jennifer Barr for her leadership in revamping and organizing the Interviewing Skills program for our trainees. Thank you as well to Dr. Dave Robinson, as Chair of the Final Clinical Encounter (FCE) Examination Board, and his continued work with practice OSCE's (“PDMs”). Particular thank you to our resident administrators: Dr. Leanna Isserlin as Chief Resident and Dr. Nadia Aleem as President of the Resident Association.

Undergraduate Education

It has been another busy year in Undergraduate Education. Starting with Medicine 5207, this five week block is now consolidated in Year II and has undergone tremendous reorganization. Dr. Sandra Northcott, manager of this course for the psychiatry block, has met with her colleagues from other departments within the faculty and has mapped out the curriculum to reduce duplication and include areas that were not previously covered. The Medicine 5207 Committee in Psychiatry met frequently over the course of the year to establish objectives for the various lectures and to reorganize the weeks and ensure a smooth flow of the course covering the various required areas in psychiatry. As well, the evaluation system of this course has been changed so that the examinations can measure the objectives. Last year, this course received one of the highest ratings in Year II, and I would like to acknowledge the hard work of the committee, especially Dr. Northcott and the week captains, namely Dr.
Varinder Dua, Dr. Sanaa Helmi and Dr. Mark Watling. My sincere thanks to the various faculty members who have participated in this teaching block to make it such a success.

Clinical Methods was revised for this year with Dr. Sanaa Helmi taking on the co-ordination of this course. She has worked very closely with the simulated patient program at Schulich to make the clinical cases more pertinent to the objectives of the course. Drs. Helmi and Northcott put on a workshop for faculty members in the department that are participating in the Clinical Methods course in April 2009, and this was a tremendous success. It was well attended – 23 faculty members plus residents. Feedback so far has been very positive for this workshop and there have been many requests for similar activities in the future.

Lots of changes have been put in place for the Clerkship Program in the last year to meet new accreditation standards for North American Medical Schools. New objectives were introduced for the clerkship in a CANMEDS (EFPO) format. The objectives were discussed in a supervisors’ workshop last year and, as well, have been discussed with the residents in one of their monthly meetings so that all teachers involved in educating the clerks are familiar with these new objectives. In this new format, clerks are being evaluated on the objectives of the clerkship, and this has helped define the role of clerks within the clinical teams.

We continue to make changes to the seminar series during the clerkship, and Dr. David Robinson has put significant effort into getting the seminars aligned with the undergraduate medical curriculum. The seminar series continues to be telecast to the SWOMEN sites in Chatham and Sarnia, and there have been no major hitches with the system in the last year. In Windsor, an equivalent seminar series is done for the clerks at that site except on a different time schedule that is more convenient for them. The final exam at the end of the clerkship is once again revamped. The examination now constitutes a total of 90 multiple choice questions and is based on the entire undergraduate curriculum as opposed to just the seminar series. This examination is more reflective of the National LMCC examination. The same examination is applied to all sites and so far, the students have performed well in the examinations with no discrepancy in the averages across the sites. Again, I would like to thank Dr. Robinson for his efforts in developing this new format.

Resident teaching continues to be a major pillar in the education of our clinical clerks. There is a weekly seminar conducted by the senior resident at LHSC for the clerks at the London sites, and these sessions are very highly rated by the clerks. The teaching of clinical clerks in the emergency room is done predominantly by the residents and also very highly rated by the clerks. The residents’ evaluations by the clerks is positive and the contributions of residents to clerkship education, in addition to being part of their own education, is greatly appreciated.

The clerkship program is unique in a national context in the provision of a half-day weekly experience in child and adolescent psychiatry. Dr. Ajit Ninan co-ordinates this experience, and with the child psychiatry group has smoothed any scheduling issues, and enriched the clerkship training experience.

The clerkship program in Windsor continues to maintain a high rating. Dr. Corina Velehorschi has taken over the reins from Dr. Cortese as the academic director for
undergraduate education in Windsor in November 2008. I would like to thank Dr. Cortese for his significant contributions in developing the clerkship program in Windsor and for maintaining a very high standard of teaching at that site. I would also like to acknowledge the great efforts of Dr. Tam Doey who has revamped the child psychiatry component teaching in Windsor, and has made that section one of the highest rated in our clerkship program.

The SWOMEN sites continue to play an integral role in the training of our clinical clerks, and Dr. Ranjith Chandrasena has continued to maintain the high standards that we have come to expect of him in co-ordinating these centres. The Chatham-Sarnia link has made that portion of the clerkship self-sufficient in exposing the training of the clerks in both adult and child psychiatry. The Stratford rotation continues to be popular with enthusiastic teaching, and there has been a steady flow of clerks to that site.

The psychiatry clerkship rotation underwent an internal review in January 2009, and overall, the rotation came across as a strong one and is highly rated by the students. I would like to thank the faculty members involved in the undergraduate program, as well as the residents for their support over the years. I am looking forward to continue working with them to maintain and further improve the undergraduate program.

Last but not least, I would like to thank Dr. Sandra Fisman for her unwavering support to the education of our students.

Raj Harricharan, MD, FRCP(C)
Associate Professor, Director of
Undergraduate Education
Department of Psychiatry
Schulich School of Medicine & Dentistry
The University of Western Ontario
As director and co-director of the program, we are pleased to share the Continuing Medical Education (CME) Program and the Continuing Professional Development (CPD) educational highlights that have been pursued in the Department of Psychiatry between January 2008 and June 2009. We will focus on the monthly CME events, the weekly coordinated CPD activity at the hospitals, special CME/CPD events and collaborations with the UWO CME Office. We will describe collaboration with the Canadian Psychiatry Association, new initiatives undertaken and the vision for the future of CME/CPD in our department.

All the CME and CPD programs that have been offered are part of Section I Accredited Group CME activities and have been accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC). We have adhered to the RCPSC guidelines in providing these activities. Participants at our CME events are always encouraged to utilize Sections 1 through 6 of the Maintenance of Competence (MOCOMP) credits offered by the RCPSC to its Fellows in an attempt to enhance their learning portfolio, expand their depth and breadth of knowledge and ultimately assist them in the provision of exemplary clinical care.

We have endeavored to uphold the AAFM and UWO guidelines, Canadian Medical Association Code of Ethics and the CMA policy ‘Physicians and the Pharmaceutical Industry’ (http://www.cma.ca/index.cfm/ci_id/53571/la_id/1.htm), and the RCPSC guidelines that dictate the relationship of pharma to the universities and institutes of learning. The Department of Psychiatry has funded many of our CME programs, and in some instances, we were successful in obtaining unrestricted educational funding from the pharmaceutical industry that was in keeping with these guidelines.

The CME Program in the Department of Psychiatry changed leadership on January 1, 2008. In a unique arrangement, Dr. Varinder Dua took over as the CME Director, and Mr. Joel Lamoure, Pharmacist at LHSC, and Adjunct Professor in the Department of Psychiatry, took over as the Assistant CME Director respectively. In the past one and a half years, this arrangement has continued to flourish, and many significant developments have taken place under this joint leadership. The primary thrust and focus of this leadership has been to promote interprofessionalism in CME, and this is well depicted in the weekly coordinated CPD events that take place at the hospitals.
We embarked on a mission to promote excellence in continuing medical education through promotion of lifelong learning. In an attempt to achieve this goal, we endeavored to bring excellent and unique monthly CME programs that were broadcast live from the Ivey Shuttleworth Auditorium at St. Joseph’s Health Care London and were tele-videoconferenced live to 14 sites in Southwestern and Northern Ontario.

In March 2009, because of some technical difficulties that could not be resolved, we moved the broadcast from SJHC, Grosvenor site, to the Busby Room at South Street Hospital.

The first task of business for the new leadership was to constitute the CME Advisory Committee with representation not only from various divisions within the Department of Psychiatry but also from programs in the acute and tertiary care hospitals, along with representation from various allied health disciplines. This newly constituted CME/CPD Advisory Committee met for the first time on March 6, 2008 and has continued to meet on a quarterly basis over the past one and a half years. It has provided advice regarding the monthly CME programs and also promoted excellence in learning and education amongst all staff at the hospitals and within the Department of Psychiatry.

We also overhauled the annual CME topics and changed the roster to 20 monthly sessions such that the various divisions, programs and disciplines have access to these monthly CME programs and allows them the opportunity to showcase their activities. We assigned a leader to each one of the CME topics and it is their role to help bring together the morning CME Program for that day. Our residents have a chance to interact with the guest speaker following their presentation. The majority of these unique and wonderful programs were supported financially by the Department of Psychiatry. We also continued to utilize the Pretest and Posttest tool for the participants to evaluate their knowledge base prior to the CME activity and what they had learnt during the CME activity. The participants were also encouraged to use the content of the CME activity for triggering the Personal Learning projects for themselves and utilize this for their Section 4 MOCOMP Credits.

We have also continued to provide leadership for the Coordinated CPD Program that is offered on a weekly basis to the staff of SJHC and LHSC. Numerous excellent speakers have presented on a wide array of topics related to mental health, and many faculty and allied health professional staff have showcased their talents at these ventures. Many specialized CME events were also initiated through this venture. This program also takes advice from the Continuing Professional Development committee that has representatives form various allied health staff, both hospitals and programs. These programs are also Section I Group learning activities accredited by the RCPSC.

Apart from the monthly departmental CME activity on the second Thursday of the month, we embarked on reviving the Preceptorship Program for Family Physicians that had been piloted in 2005 under the leadership of Dr. Jatinder Takhar, a previous departmental CME Director. Between 2008 and 2009, we met several times and were able to develop a framework for implementation of this program in collaboration with Dr. Dave Dixon, Chair of the ACCME and Dr. David Haslam. Due to our current energy being channeled into ensuring organization and implementation of changes and smooth running of the new format of the monthly CME Program and continued operation of the
weekly Coordinated CPD Program, this project has been placed on hold for now. We intend to revisit it in the calendar year 2010.

The departmental CME program works very closely with the Office of Continuing Professional Development (CPD), The University of Western Ontario, that has flourished under the leadership of Dr. Jatinder Takhar, Associate Dean, CME. As part of that venture, both Mr. Joel Lamoure and Dr. Varinder Dua are also members of the Advisory Committee on Continuing Medical Education (ACCME) Committee. Effective March 2009, Mr. Lamoure took over as Chair of the ACCME Committee.

We are also currently members of the Continuous Professional Development (CPD) Group that is developing a program for CE Directors and Administrators. This program will be available to all the CE directors and CE programs across Canada. Dr. Dua is also working closely with the CME office in implementing a Confidence Based Learning (CBL) program (an online learning tool for family physicians), and this was presented as a poster by Dr. Rebecca King at the Canadian Psychiatric Association (CPA) in August 2009. The following four modules were developed by the planning group to enhance knowledge and skills in detecting and managing mood disorders in a family physician’s office:

1. Major Depressive Disorder
2. Post Partum Depression
3. Bipolar Mood Disorder
4. Mood Disorders with Substance Abuse and General Medical Conditions

Annual Medicine Update in Psychiatry is another venture that we have worked on collaboratively with the CME office at Schulich since its inception in 2004, and both the Annual Medicine Update Day 2008 (Chair Mr. Joel Lamoure, held on April 12, 2008) and Annual Medicine Update Day 2009 (Chair Dr. Varinder Dua, held on April 11, 2009) were extremely successful. Plans are underway for the 7th Annual Medicine Update day in Psychiatry.

We continued our partnership and collaboration with CE directors from other Departments of Psychiatry across the country through the CPA Council of Psychiatric Continuing Education (COPCE). The CPA Annual Meeting serves as one of the venues that allow the CE Directors to meet face to face and network as part of COPCE. The second meeting for the year takes place in April. Four such meetings took place on April 12, 2008, September 6, 2008, April 4, 2009 and August 29, 2009.

In October 2008 (October 20 and 21, 2008), Dr. Dua attended the CANMEDS Life Long Learner Train the Trainer Workshop offered by the Royal College of Physicians and Surgeons. It was an excellent opportunity to network with physicians from various faculties across the country. On May 13, 2009, Dr. Dua was invited to speak at the Life Long Learning Workshop for the Surgery Residents at McMaster University in Hamilton. Our office is looking at developing such a workshop for the residents in the Department of Psychiatry and other faculties of medicine.

Other initiatives have included the monthly journal club at Regional Mental Health Care London which has continued to flourish since 2007. We taught the following courses in 2008 and 2009 for the nursing staff at LHSC:
Mr. Joel Lamoure is the editor of *Canadian Journal of Continuing Medical Education*.

Some of the special ventures that are planned for the fall include a diabetes workshop (a full day event) being presented on September 18, 2009 and “Schizophrenia: Beyond the Molecule” on October 2, 2009.

It is our intention to continue to provide quality CME and CPD; in 2010, we hope to arrange a symposium addressing the neurosciences related to mental health and its interface with medicine. We also hope to start an online journal club for the department and work on the analysis and critique of psychiatry in films. So please stay tuned!

**Tele-Videoconference Sites**

1. Northeast Mental Health Centre, North Bay
2. Child and Parent Resource Centre (CPRI)
3. Sudbury Regional Hospital
4. Thunder Bay Regional Health Science Centre
5. Lakehead Psychiatric Hospital, Thunder Bay
7. London Health Sciences Centre
8. Chatham-Kent Health Alliance
9. Regional Mental Health Care, St. Thomas
10. Regional Mental Health Care, London
11. Stratford General Hospital, Stratford
12. Thunder Bay Regional Health Science Centre
13. Hotel Dieu Grace Hospital, Windsor
14. Plummer Memorial Hospital, Sault Area Hospitals, Sault Ste. Marie
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<tr>
<td>Jan 10</td>
<td>Neuroethics and Neuroscience</td>
<td>What can neuroimaging do for psychiatry? The case of the “default network”</td>
<td>Robin Bluhm, Postdoctoral Fellow, UWO</td>
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<td>Neuroimaging the neurocognitive building blocks of ethical behaviour</td>
<td>Dr. Derek Mitchell, PhD, UWO</td>
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<td>Ethics and public understanding of neuroscience innovation</td>
<td>Dr. Eric Racine, PhD, McGill University</td>
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<td>Feb 14</td>
<td>Intergenerational Transmission of Risk Across Multiple Generations: From Genes to Maternal Behaviour</td>
<td>Case Presentation</td>
<td>Dr. Waleed Al-Suhibani, Resident, UWO</td>
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<td>Emotional Awareness and Self-Reflection: Building Blocks for a Coherent Sense of Self</td>
<td>Dr. Ruth Lanius, MD, PhD, FRCPC, UWO</td>
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<td>An Intergenerational Model of Atypical Major Depression: Genomic and Non-Genomic Mechanisms</td>
<td>Dr. Robert Levitan, University of Toronto</td>
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<td>Mar 13</td>
<td>Stigma and Mental Health</td>
<td>Case Presentation</td>
<td>Dr. Keith Baird, Resident, UWO</td>
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<td>Understanding Stigma: An Evolutionary Approach</td>
<td>Dr. David Robinson, UWO</td>
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<td>Coping with Stigma</td>
<td>Dr. Heather Stuart, Queen’s University</td>
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<td>Apr</td>
<td>Psychotropic Properties of Electroconvulsive therapy and Transcranial Magnetic Stimulation</td>
<td>Case Presentation</td>
<td>Dr. Patricia Hall, Resident, UWO</td>
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<td>Electroconvulsive therapy for depression: theories about mechanism of action</td>
<td>Dr. Amer M Burhan, UWO</td>
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<td>Psychotropic Properties of Transcranial Magnetic Stimulation - Fact or Fiction: Observations after 10 years of Use</td>
<td>Dr. Gary Hasey, McMaster University</td>
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<td>May</td>
<td>Intrusive Memories in Posttraumatic Stress Disorder</td>
<td>Case Presentation</td>
<td>Dr. Mariana Drandic, Resident, UWO</td>
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<td>Positive and Negative Emotional States in PTSD</td>
<td>Dr. Ruth Lanius, UWO</td>
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<td>Intrusive Memories and Psychopathology</td>
<td>Dr. Chris R. Brewin, University College London, England</td>
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<td>June</td>
<td>Comorbidity in Paediatric Bipolar Disorder: clinical and Treatment Implications</td>
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<td>Dr. Heidi Haensel, Resident, UWO</td>
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<td>Psychiatric comorbidity in pediatric bipolar disorder: Diagnostic and therapeutic challenges</td>
<td>Dr. Tam Doey, UWO</td>
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<td>Diagnostic uncertainty and comorbidity in pediatric bipolar disorder: Implications for psychopharmacological management</td>
<td>Dr. Daniel Gorman, University of Toronto</td>
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SUMMER BREAK
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<td>Pharmacotherapy of Interfering Behaviors in Developmental Disabilities</td>
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<td>Dr. Rob Nicolson, UWO</td>
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<td>Trends in Assessments and Treatments of Challenging Behaviors of Persons with Intellectual Disabilities and with Autism Spectrum Disorders</td>
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<td>Dr. Louise LaRose, UWO</td>
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<td>Oct 30</td>
<td>SUICIDE: How can molecular biology help understand what we see in clinical practice and influence management</td>
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<td>Dr. Leanna Rutherford, Resident, UWO</td>
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<td>Suicidality: the clinician’s dilemma</td>
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<td>Dr. Tam Doey, UWO</td>
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<td>Dissecting the suicide phenotype: Clinical and biological dimension</td>
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<td>Dr. Gustavo Turecki, Director, McGill</td>
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<td>Nov 13</td>
<td>Psychopharmacology of Schizophrenia: Too many cooks spoil the broth or do they?</td>
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<td>Dr. Rebecca King, Resident, UWO</td>
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<td>An Overview of Cytochrome P450 System</td>
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<td>Mr. Joel W. Lamoure, pharmacist, UWO</td>
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<td>Biological Treatment of Schizophrenia - Past, Present and Future</td>
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<td>Dec 11</td>
<td>Interpersonal Processes in Psychotherapy</td>
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<td>Dr. Simran Ahluwalia, Resident, UWO</td>
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<td>Interpersonal Psychotherapy for depressed women with trauma histories (clinical research trial)</td>
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<td>Research Ethics: Focus on Clinical Trials</td>
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<td>Dr. Hyacinth John, Resident, UWO</td>
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<td>“When should a clinical trial have a placebo control?”</td>
<td>Dr. Charles Weijer, UWO</td>
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<td>Uncovering the ethical issues in clinical trials.</td>
<td>Dr. Kathleen Glass, McGill University</td>
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<td>The Hot and Current in First Episode Psychosis</td>
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<td>Dr. Mahdi Al-Darwish, Resident, UWO</td>
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<td>Early Intervention in Psychosis: The PEPP model</td>
<td>Ms. Lori Hassall</td>
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<td>Early Intervention in Psychosis: successes, challenges and failures</td>
<td>Dr. Ashok Malla, McGill University</td>
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<td>Mar 12</td>
<td>Brain, Mind, &amp; Medication Interactions</td>
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<td>Dr. Viraj Mehta, Resident, UWO</td>
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<td>There’s Nothing Funny About it: Humour perception deficits in schizophrenia and its relationship to social and cognitive functioning</td>
<td>Dr. Jeffrey P. Reiss, UWO</td>
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<td>Neuroprotective Effects of Atypical Antipsychotics: Implications to the Treatment of Neurodegenerative disorders</td>
<td>Dr. Xin-Min Li, Univ of Manitoba</td>
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<td>Neuropsychiatry of Frontal Lobes and their correlates</td>
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<td>Dr. Michelle Ngo, Resident, UWO</td>
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<td>Frontal-Subcortical Circuits and Their Relevance to Psychiatry</td>
<td>Dr. Noel Laporte, UWO</td>
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<td>Frontotemporal Dementia, an Update</td>
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<td>Traumatized Self: Self-Referential Processing in PTSD</td>
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<td>Pain and Dissociation in Borderline Personality Disorder</td>
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<td>Social Phobia in Children and Adolescents. Interdisciplinary Approach in Assessment and Treatment</td>
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<td>Housebound Adolescents: Challenges of Treating Severe Social Phobia</td>
<td>Dr. Kerry Collins, UWO</td>
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<td>The Masks of Social Anxiety: Challenges in recognition and treatment in young people</td>
<td>Dr. E. Jane Garland, UBC</td>
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<td>Jan 7</td>
<td>Mr J Lamoure; Mr R Sibbald; Ms B Fuhrman</td>
<td>The Smoke Free Policy: Ethical Implications in Mental Health Care Planning</td>
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<td>Jan 14</td>
<td>Dr S Swiggum</td>
<td>Medico-Legal Risk Management of Suicidal Patients</td>
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<td>Dr N Desjardins; Mr B Hill</td>
<td>Indigenous Mental Health</td>
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<td>Jan 28</td>
<td>Dr J Pellizzari</td>
<td>Psychology Jeopardy II</td>
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<td>Feb 4</td>
<td>Dr D Corring</td>
<td>Exploring the Quality of Life Construct from a Consumer Perspective</td>
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<td>Feb 11</td>
<td>Dr S Chiu</td>
<td>Discovering Novel Drug Targets in Plants for Smoking Cessation and Obesity</td>
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<td>Feb 13</td>
<td>Dr D Haslam</td>
<td>Making Sense of Data in Evidence Based Practice: Part 2</td>
<td>RMHC L, Classrooms B15a &amp; b</td>
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<td>Feb 25</td>
<td>Ms S Lawrence; Ms F Mithowani</td>
<td>Not Your Grandmother’s Garden! The Misuse of Salvia, Jimson Weed and Morning Glory</td>
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<td>Mar 3</td>
<td>Dr J Wojcik</td>
<td>Metabolic Issues in Mental Health: A Case for Treating Both</td>
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<td>Dr A Jwely</td>
<td>An Overview of Human Violence</td>
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<td>Dr K Balachandra</td>
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<td>Death Investigation and the Role of the Coroner</td>
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<td>Dr D Heath</td>
<td>Home Treatment for Acute Mental Disorders: An Alternative to Hospitalization</td>
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<td>Apr 17</td>
<td>Dr G Shugar; Ms S Opler</td>
<td>The Clinical Summary Template for Consent and Capacity Boards</td>
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<td>Ms K Trentman</td>
<td>Youth Substance Abuse Treatment in London and across the Province of Ontario</td>
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<td>Dr J Richard</td>
<td>Pediatric Polypharmacy and Movement Disorders: A Case Report</td>
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<td>May 5</td>
<td>Dr D Smith</td>
<td>Lessons Learned from Addiction Psychiatry: From Psychodynamics to neurobiology</td>
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<td>May 12</td>
<td>Mr J Lamoure</td>
<td>Acute Medication Control</td>
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<td>Dr E Goldner</td>
<td>Mental Illness, Addiction &amp; Homelessness</td>
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<td>May 26</td>
<td>Dr B Komer</td>
<td>Issues in Safely Discharging Patients with a History of Violence in the Context of Ahmed vs. Stefaniu Case Presentation</td>
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<td>Sept 8</td>
<td>Dr V Dua</td>
<td>The Many Faces of Multiple Sclerosis</td>
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<td>Sept 15</td>
<td>Dr M Heisel</td>
<td>Preventing Suicide Among Older Adults: From Research to Practice</td>
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<td>Sept 22</td>
<td>Mr P Bourque</td>
<td>Property Guardianship, Power of Attorney and the Office of the Public Guardian and Trustee</td>
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<td>Sept 29</td>
<td>Dr J Rao; Ms C Zajdlik</td>
<td>Multifactorial Assessment and Intervention Program</td>
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<td>Dr D Hertzman</td>
<td>Corticosteroid-Induced Delirium</td>
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<td>Oct 20</td>
<td>Dr P Cooper</td>
<td>Diagnosis and Management of Common Headaches</td>
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<td>Ms S Fullerton</td>
<td>Capacity Assessments and Medical Staff Responsibilities under the Mental Health Act: Comments from the Public Guardian and Trustee</td>
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<td>Drugs Causing Abnormal Movements</td>
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<td>Mr J Lamoure</td>
<td>Interfacing IBD and Mental Health</td>
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<td>Dr T Oluboka</td>
<td>Raising the Standards of Care in Schizophrenia: Remission as the New Standard of Outcome</td>
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<td>Dr F Al-Zaben</td>
<td>Transcranial Magnetic Stimulation</td>
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<td>Dec 8</td>
<td>Ms M Adurogbangba; Ms K White; RMHC Ethics Committee Members</td>
<td>Knowing Client’s End-of-Life Wishes: Dilemmas for Mental Health Staff</td>
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<td>2009</td>
<td>Jan 5</td>
<td>Dr M Rosenbluth</td>
<td>Adult ADHD &amp; Co-Morbid Disorders: Key Assessment and Treatment Issues</td>
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<td>Jan 12</td>
<td>Dr A Srivasatava</td>
<td>Identifying Schizophrenia: A Paradigm Shift – ‘The Ultra High Risk Research’</td>
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<td>Jan 19</td>
<td>Prof R Solomon</td>
<td>Oops!!: A Primer on Negligence for Mental Health Staff</td>
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<td>Dr R Campbell</td>
<td>Management of Adult Eating Disorders in Southwestern Ontario</td>
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<td>Dr S Gaind</td>
<td>Folie Adieux: Moving Beyond Stigmatization of Psychiatry</td>
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<td>Homes for Special Care</td>
<td>The Challenges of Implementing Psychosocial Rehab (PSR) Model in the HSC Program</td>
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<td>Tobacco Addiction in the Mentally Ill</td>
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<td>Evolutionary Theory and Psychiatry: A Review</td>
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<td>Ms S Lawrence; Ms F Mithowani</td>
<td>Pharmacological Options for Medication-Induced Weight Gain in Patients</td>
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<td>Dr J Mejia</td>
<td>Psychopathy: Is there any reason to believe it exists?</td>
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<td>Socioeconomic Inequalities in Suicide: Evidence &amp; Challenges for Prevention</td>
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<td>Dr J Shapiro</td>
<td>Dialectical Behaviour Therapy: An Overview</td>
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<td>Ms J Morrissey</td>
<td>Indigenous Peoples of the Southwest LHI: An Overview of Issues for the Mental Health and Addiction System</td>
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<td>Dr P Chandarana</td>
<td>Return to Full Function in Depressed Patients</td>
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<td>Dr N Aleem</td>
<td>Addiction Medicine: A Treatment Approach Using Brief Interventions</td>
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<td>Apr 20</td>
<td>Ms C Marshall; Ms D McManus</td>
<td>The Evolution of Computer Programs for Client Rehabilitation at RMHC L</td>
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<td>Apr 27</td>
<td>Dr P Gangdev</td>
<td>Spirituality and Healthcare</td>
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<td>Dr I Bourque</td>
<td>‘Je t’aime…à la folie?’: An Overview of Shared Psychotic Disorder (Folie à Deux) and Delusional Disorder</td>
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<td>Dr Patrick Corrigan</td>
<td>Don’t Call Me Nuts: What the Science has to Say about Stigma Change</td>
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<td>May 25</td>
<td>Dr C Fernandes</td>
<td>Violence in the Emergency Department</td>
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<td>June 1</td>
<td>Dr G McCarthy</td>
<td>Medication in the Treatment of Eating Disorders</td>
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CME Awards

The Annual CME awards recognize the best CME presentations, and these awards are presented to our residents and faculty in June of each year. The following residents and faculty won the BEST CME awards for 2007 and 2008:

2007-2008

1. CME Best Resident Award  Dr. Kevin Baird
2. CME Best PGY5 Resident Award  Dr. Marijana Drandic
3. CME Best Faculty Award  Dr. David Robinson

2008 – 2009

1. CME Best Resident Award  Dr. Julie Richard
2. CME Best PGY5 Resident Award  Dr. Simran Ahluwalia
3. CME Best Faculty Award  Dr. Carey Ann DeOliveira

Varinder Dua, CME/CPD Director
Department of Psychiatry
Schulich School of Medicine & Dentistry
The University of Western Ontario

Joel Lamoure, Assistant CME/CPD Director
Department of Psychiatry
Schulich School of Medicine & Dentistry
The University of Western Ontario
This year we have changed the format in which we report research activities within the Department of Psychiatry. Rather than being reported separately, research activities are included as part of the annual report of our department. Hopefully, this change will encourage the realization that research is an integral part of the activities of any clinical department, often with strong links to clinical care, program development and teaching. As in past years, a perusal of the relevant sections of this report will testify to both the breadth and quality of research by those affiliated with the Department of Psychiatry. Our research strengths cover an impressive range from basic molecular mechanisms of psychopathology, to social psychiatry and service delivery research. Congratulations to all members of the department who have contributed to our research productivity.

As usual, two seed funding competitions have been held within our department. A total of 13 applications were submitted, with full or partial funding being recommended for eight of them. Successful applications included:


P. Frewen, et al. "Validation of a computerized childhood attachment and relational trauma scale (CARTS) within an inpatient psychiatry setting."


The Annual Research Day for the Department of Psychiatry was held on Thursday, June 18th at Somerville House. The day featured 15 oral presentations and 14 posters by faculty and students affiliated with the department. The research presented covered a remarkable range of topics from prevention of homelessness for those with mental illness to mechanisms of anti-psychotic action. The guest speaker was Dr. Paul Duberstein, Professor of Psychiatry at the University of Rochester, whose topic was
"Suicide in Older Adults: Using Risk Factor Research to Inform Theory Development and Interventions." Feedback from participants and attendees was very positive. Congratulations to winners of awards presented at research day. These included awards for best presentations by students, which went to Jodi Miller for her presentation on "A longitudinal first-episode schizophrenia study of changes in phospholipid metabolism" (co-authors P. Williamson, E. Jensen, R. Manchanda, S. Northcott, R.W.J. Newfeld, R. Menon, N. Rajakumar, W. Pavolsky, M. Densmore, B. Schaefer and D. Drost); and to Leanna Isserlin for her presentation titled "Perceived barriers to completing research during psychiatry residency." The award for best presentation by a junior faculty member went to Marnin Heisel for his talk, "Assessing experienced meaning in life among older adults: The development and initial validation of the EMIL."

During the year, working groups for the Research Committee have been collaborating with the Residency Training Committee in reviewing/raising research training objectives for our residency program and developing a revised set of seminars for the resident training modules. The recommendations from both these working groups should enhance the ability of our residents to develop research skills and interests.

I wish to thank the members of the Research Committee for the past academic year: Drs. J. Carter, D. Corring, M. Heisel, R. King, R. Manchanda, D. Mitchell, R. O'Reilly, A. Rudnick, W. Rushlow and P. Williamson. I wish to acknowledge the contribution of Dr. Verinder Sharma to the committee for many years. Dr. Sharma was replaced on the committee this year by Dr. Derek Mitchell. Thanks also to Dr. Rebecca King for a remarkable contribution as resident representative. Dr. Georges Loba-Gutierrez will be the resident representative for the coming year. Finally, my thanks to Jacqueline Di Mattia for her outstanding contribution in providing administrative support to research within our department.

Ross M.G. Norman, Ph.D., C. Psych.
Professor and Director of Research,
Department of Psychiatry
Schulich School of Medicine and
Dentistry
Department of Psychiatry
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The Department of Psychiatry has four endowed research chairs; each of these have developed clinical research programs with a core of strong research collaborators. These chairs include the Tanna Schulich Chair in Neuroscience and Mental Health, held by Dr. Peter Williamson, the Rea Chair in Affective Disorders, held by Dr. Elizabeth Osuch, the Chair of Autism Studies and Centre of Excellence held by Dr. Rob Nicolson and the Harris-Woodman Chair held by Dr. Ruth Lanius.

While many of our faculty are involved in clinical research activities, reflected in the annual research report, we have elected to profile the core group of research intensive faculty, highlighting their current research activities.

Dr. Paul Frewen joined the Neuropsychiatry Division in September 2008 as an Assistant Professor and Research Scientist, with cross-appointment to the Department of Psychology. Over the past year, he has also held clinical appointments as a psychologist in supervised practice with the LHSC Traumatic Stress Service and CPRI Attachment Consultation & Education Services. He looks forward to providing psychotherapy and research-supervision to residents in psychiatry and clinical psychology.

In addition to his research, Dr. Frewen has been actively engaged this past year in teaching and supervisory activities. He has presented twice at the department’s CME events on the “Traumatized Self: Self-referential processing in PTSD” (May 14, 2009) and “Difficulties with Social Emotion in Women with PTSD: Self-report & fMRI Study of Emotional Imagery” (Dec 11, 2008), and lectured to residents on the topics of psychometric statistics and psychological tests. He is also currently teaching introductory clinical psychology to Western undergraduates, supervising theses in clinical psychology and will be offering CBT teaching and supervision to psychiatry residents in the coming year.

Dr. Frewen is actively building his research program in neuropsychiatry, recently funded by an Ontario Mental Health Foundation New Investigator Fellowship and team grants from CIHR. His research is being conducted in collaboration with several department faculty, most notably Dr. Ruth Lanius, Harris-Woodman Chair in Neuropsychiatry. These collaborations have been very productive this past year. Ten peer-reviewed articles were published in 2008-09, nine of which he first authored. He has also published two chapters and currently has seven manuscripts in submission, all as first author. These...
papers describe investigations of social, emotional, and self-referential processing in women with PTSD and depression. In brief, findings using functional neuroimaging profiles, indicate significant differences in response within brain regions mediating social, emotional, and self-referential processing (e.g., anterior cingulate, medial prefrontal, amygdala, insula) in women with, versus those without, PTSD. He and his collaborators have also developed novel psychometric methods for measuring trauma history and posttraumatic symptoms, which will be utilized in treatment outcome research in the near future. This and other work was recognized in November 2009 by an award to Dr. Frewen from the International Society for Traumatic Stress Studies.

Dr. Marnin Heisel

Dr. Heisel is a Basic Scientist in the Department of Psychiatry, and a tenure track faculty member in Epidemiology and Biostatistics at SSM&D. His research has focused on assessment and treatment of depressed and/or suicidal older adults, cognitive and personality vulnerability to depression and suicidality and knowledge translation to therapeutic interventions that prevent late-life suicide. He has particular interest in psychological resiliency, psychotherapy research, clinical treatment evaluation, test development, and psychological assessment.

His most significant research contributions to date comprise clinical and public health innovations in the field of suicide prevention, with a specific focus on suicide in older adults. Early in his training, he became aware of a worrisome paradox: that older adults in Canada and worldwide have extremely high rates of suicide, and that little research attention had been paid to this significant public health problem. This line of research has contributed original studies of vulnerability and resiliency factors that, in turn, increase or decrease the risk for suicide, and review articles outlining the current state of the field. He has developed a psychological assessment tool to assess the presence and severity of late-life suicide ideation and associated risk and resiliency factors, and helped develop and/or evaluate associated measures of reasons for living, social hopelessness, and others. He is currently in the midst of a study developing a novel measure of meaning in life among older adults, and exploring psychological resiliency factors to determine which variables help prevent the onset and/or exacerbation of late-life suicide ideation. He has published preliminary findings of a psychotherapy study in which he and his colleagues have adapted and initially evaluated interpersonal psychotherapy with older adults at elevated risk for suicide, and intends to continue this line of research with a randomized controlled clinical trial. Finally, his has recently been focusing more on knowledge translation research, evaluating the dissemination, knowledge transfer and retention, attitudinal change, and change in clinical service provision associated with clinical guidelines and other knowledge translation tools that he helped develop with the Canadian Coalition for Seniors’ Mental Health.
Dr. Ruth Lanius is the Harris-Woodman Chair in Psyche and Soma and has had a very active year regarding all aspects of chair. Her research projects have continued to focus on problems of the brain resting state network, emotion regulation and the inter-generational transmission of trauma in patients suffering from posttraumatic stress disorder related to early life trauma. Several international collaborations, including Dr. Christian Schmahl, Dr. Allan Schore, Dr. Bessel van der Kolk and Dr. Eric Vermetten are ongoing. The research projects are currently being supported by grants from the Canadian Institutes of Health Research, Workplace Safety and Insurance Board, as well as from the Department of National Defense. Dr. Lanius and her team have published 15 peer-reviewed papers and 11 abstracts over the last year with a lead article proposing an emotion regulation model of PTSD scheduled to be published in the *American Journal of Psychiatry* in June 2010. Dr. Lanius has also continued to be a panel member of the Biobehaviour Mechanisms of Emotion, Stress and Health Study Section at NIMH and the Behavioural Sciences B committee at CIHR. In addition, Dr. Lanius is an ad hoc reviewer for many journals, including the *Archives of General Psychiatry*, the *American Journal of Psychiatry* and *Biological Psychiatry*.

Dr. Lanius also continues to be active in teaching. Gina Magnea, a resident from Saskatchewan, attended The University of Western Ontario for a five month elective in trauma studies. Judith Daniels, a postdoctoral fellow from Germany, will spend one year at the University of Western Ontario in order to study the neural correlates underlying resting states in trauma disorders. Moreover, Dr. Lanius has continued to give lectures and workshops within Canada and internationally. These lectures have focused on the underlying mechanisms of trauma disorders, as well as on the treatment of complex trauma PTSD with a focus on the connection between psyche and soma.

The first biannual Harris-Woodman Conference “Brain, Mind and Body: Trauma, Neurobiology, and the Healing Relationship” took place on October 26th and 27th, 2008 in London, Ontario. The conference was extremely well attended by over 300 participants, many from across North America and Europe, and from a wide variety of disciplines and backgrounds, including psychology, social work, nursing and psychiatry. The audience was very engaged throughout the conference, and the panel discussions gave the opportunity for a lively exchange of ideas.
In 2008, Dr. Mitchell was awarded a grant from the Ontario Mental Health Foundation to complete a three year project investigating emotion regulation capabilities in patients with major depression using functional neuroimaging. In collaboration with Drs. Elizabeth Osuch at FEMAP and Peter Williamson in the Department of Psychiatry, Dr. Mitchell and his colleagues are using fMRI to examine brain function in depressed and non-depressed individuals as these individuals attempt to reduce negative feelings induced by unpleasant stimuli and enhance positive feelings inspired by pleasant stimuli. The technique is designed to simulate some of the processes patients are asked to perform in psychotherapy. They have extended this study to compare patients with major depressive disorder to patients with bipolar disorder who are currently depressed. Preliminary results suggest that, relative to depressed patients with bipolar disorder, patients with major depression show reduced capacity to modulate their emotions in response to pleasant and unpleasant reminders. In addition, patients with depression do not activate the same areas associated with emotion and emotion regulation seen in healthy individuals. The long term goal is to pursue this line of investigation and provide critical information about the functional neuroanatomy associated with unipolar versus bipolar depression and the brain regions that need to be targeted when treating each disorder.

In 2008, Dr. Mitchell received funding for a five year project from the Natural Sciences and Engineering Research Council of Canada designed to determine how the healthy human brain controls emotion, copes with stress, and guides decisions effectively. This work addresses fundamental questions about healthy behaviour, and lays the groundwork for the work being conducted in clinical populations. Thus far, this work has resulted in two publications in the prestigious journals *NeuroImage* and the *Journal of Neuroscience*—a third paper is currently under review. On the basis of this work, some of the neural regions critical for effectively resolving doubt, when one is faced with difficult decisions or emotional conflict, have been identified. One of the outcomes of this work has been identification of neural regions common to both emotion regulation and effective decision making. Critically, functional abnormalities in the neural regions identified (dorsal and medial regions of prefrontal cortex) have each been implicated in major depression and bipolar disorder. Dr. Mitchell and his colleagues are now applying some of the investigative techniques derived from these studies to launch new work in patients with mood disorder and other psychiatric conditions.
In 2009, Dr. Mitchell received funding for a three year project from the Social Science and Humanities Research Council of Canada. This work is being conducted in collaboration with Dr. Richard Neufeld of the Department of Psychology and Psychiatry. The study is based on previous work that has identified a behavioural technique that helps resolve some of the empathy problems encountered by individuals suffering from specific brain injury and some developmental disorders. Using fMRI, they will examine whether similar behavioural techniques can boost the function of empathy-related brain regions in individuals at risk for conduct disorder or those who have high levels of autistic traits. Early results suggest that the manipulations being used, effectively modulate the capacity of healthy individuals to identify facial expressions. Over the course of the next two years, they will be determining whether the same is true of individuals at risk for aggressive disorders or individuals with high levels of autistic traits.

Rob Nicolson

Dr. Rob Nicolson is an endowed Chair in Autism Studies and heads the Autism Centre of Excellence at The University of Western Ontario.

In the past 18 months, he has continued to develop his research program in developmental disabilities through the Autism Centre of Excellence and the Developmental Disabilities Division in the Department of Psychiatry, SSM&D at The University of Western Ontario. He has published three articles on autism in Psychiatry Research: Neuroimaging, American Journal of Human Genetics, and Human Brain Mapping. Work done by Dr. Nicolson and his group has been presented at the International Meeting for Autism Research in 2008 and 2009, at the annual meeting of the International Society for Magnetic Resonance in Medicine in 2008 and the Canadian Academy of Child and Adolescent Psychiatry in 2009. He has also received $380,000 in research funding for his brain imaging research in autism from the Canadian Institutes for Health Research (CIHR) and has been a co-investigator on CIHR grant for $325,000, examining health outcomes in children with severe and profound mental retardation. He is a co-investigator on a research training in autism grant from the Canadian Institutes for Health Research for $1,950,000.

Part of his responsibilities include encouraging and supporting research by students. To this end, he has co-authored a study by a resident in the Department of Psychiatry which will be submitted for publication by the end of 2009. He has also co-authored a paper submitted to the journal NeuroImage by an undergraduate student in medical biophysics and two papers submitted to the journals Biological Psychiatry and the Journal of the American Academy of Child and Adolescent Psychiatry by a graduate student in medical biophysics.
Dr. Ross Norman is the Director of Research in the Department of Psychiatry and a tenured professor in the Department of Epidemiology and Biostatistics in the Department of Epidemiology and Biostatistics at SSM&D. His research interests are primarily with reference to the prediction and improvement of outcomes for first episode psychotic disorders. For the past ten years, the foci of his work have been study of the relationship between delay in obtaining treatment and later level of recovery, as well as the impact of the nature of follow-up care on patient outcomes. This work has resulted in an increasing interest in the relationship between various indices of outcome for psychosis, such as symptoms and psychosocial functioning and their predictors.

The search for modifiable predictors of outcome for individuals with psychotic disorders (such as social support) has also led to the development of a research program concerning the “stigma” of mental illness – in particular its possible effect on individual acceptance of treatment and on treatment outcomes, as well as a better understanding of the basis for public stigmatization. He and his colleagues have been especially interested in the importance of social norms, personal values and implicit versus explicit social evaluative responses in determining and changing attitudinal and behavioral responses to those with serious mental illness.

Dr. Norman organizes a very successful Annual Research Day in the Department of Psychiatry each June and is a wonderful role model for all faculty and mentor to residents and junior faculty who express an interest in research.

Dr. Elizabeth (Beth) Osuch is the Rea Chair in Affective Disorders in the Department of Psychiatry at the Schullich School of Medicine & Dentistry and has held this endowed chair since 2005.

Dr. Osuch has established the First Episode Mood & Anxiety Program (FEMAP), an early intervention program for people with a first episode of a mood or anxiety disorder. This program moved into its home at 860 Richmond Street in January of this year.
In October 2008, Dr. Osuch brought together a group of service providers, researchers and administrators, including Ontario Ministry of Health representation to explore the feasibility of developing a provincial network of early intervention programs.

Dr. Osuch’s research is aimed at integrating functional neuroimaging techniques with cognitive neuropsychiatric research approaches to uncover the neuropathophysiology of adolescent onset mood disorders and other deficits in affect regulation. External peer review funding is supporting research on reward neurocircuitry and affect dysregulation in youth who are intellectually intact and have repetitive self-injurious behaviour and modulation of neural response to positive and negative stimuli in untreated patients with major depression. Research is also being conducted into neurofunctional and cognitive interactions in major depression and marijuana use in youth.

Dr. Osuch received a Ministry of Health Innovation Fund Award (through the provincial AFP) this year to implement and evaluate a Novel Early Intervention for Mood & Anxiety Disorders.

**Nagalingam Rajakumar**

Dr. Rajakumar is a Basic Scientist in the Department of Psychiatry and tenured in the Department of Anatomy and Cell Biology at Schulich School of Medicine & Dentistry (SSM&D). He has developed an animal model for schizophrenia and more recently for autism which are contributing to the understanding of basic pathophysiological mechanisms at a molecular level in these disorders.

During the past 18 months, Dr. Rajakumar has received over $225,000 in peer review research funding as a principal investigator and an additional $990,000 as a co-investigator. During this time, he has published seven peer-reviewed full-length papers in high impact journals including *Human Brain Mapping*, *Psychiatry Research*, *International Journal of Neuropsychopharmacology* and *Schizophrenia Bulletin*. He has been the primary research supervisor for three graduate students, two of whom have successfully completed their Master's degree in August 2009. His students were awarded OGS and internal university scholarships. He has collaborated with scientists in the Departments of Psychiatry, Psychology, Biophysics and Anatomy and Cell Biology, and served on advisory committees for 12 graduate students in the Neuroscience and Anatomy and Cell Biology graduate programs.

Dr. Rajakumar has also participated in teaching dental students, undergraduate and graduate students in the Neuroscience Graduate Program and in the Department of Anatomy and Cell Biology. In addition, he has served as a senator in the University Senate, as a member and vice-chair of the Animal Use Committee at Western, and as an elected member of the Program Committee of the Neuroscience Graduate Program. He also served on the Research Committee in the Department of Anatomy and Cell Biology, and the interview panel for medical admission at SSM&D.

**Abraham Rudnick**

Dr. Abraham Rudnick is the Chair of the academic Division of Social and Rural Psychiatry. In addition to his MD, he has a PhD in Bioethics and is cross-appointed to
the Department of Philosophy at The University of Western Ontario. He is a Certified Psychiatric Rehabilitation Practitioner (CPRP) by the United States Psychiatric Rehabilitation Association (USPRA).

Dr. Rudnick's research interests primarily involve psychiatric rehabilitation and bioethics. In relation to psychiatric rehabilitation, for the past ten years or so, he has focused on the issue of personal coping and environmental support for people with schizophrenia. This work has resulted in the delineation of some adaptive coping strategies in relation to recovery from schizophrenia and in the development of novel approaches to psychiatric rehabilitation, such as the combination of supported education and supported employment for skilled occupations and the characterization of psychiatric leisure rehabilitation.

In relation to bioethics, for the past ten years or so, he has examined challenges to standard bioethics approaches and solutions to improve on them. This work has resulted in the development of the framework of dialogical bioethics, which addresses active participation and communication as central parts of bioethics, and in the exploration of special (personal and environmental) challenges that people with mental illnesses may have in relation to playing an active role in bioethical decision making pertaining to them.

Walter Rushlow

Dr. Walter Rushlow is a Basic Scientist in the Department of Psychiatry and a tenured faculty member in Anatomy and Cell Biology at SSM&D. His research work in schizophrenia has significant implications for treatment of this disorder.

Schizophrenia is a devastating mental disorder that affects more than 300,000 Canadians and carries an economic burden in excess of six billion dollars annually. The symptoms of schizophrenia are characterized by thought disorders, hallucinations and delusions (positive symptoms) as well as social and emotional withdrawal and blunted affect (negative symptoms). In simplest terms, most individuals suffering from schizophrenia are severely handicapped and often unable to cope in society. Interpersonal skills and the ability to reason are limited and schizophrenic patients are usually unable to obtain or hold competitive full-time employment. Schizophrenic symptoms can appear at anytime during life but generally commence in the late teens or early twenties and require life-long treatment to control. The relatively early onset, typical of the disease, is particularly devastating for family and friends of schizophrenic patients as they watch young, promising individuals succumb to the affliction. Though research efforts continue, little is known about the cause or progression of schizophrenia and, therefore, a cure for the disease is not likely in the foreseeable future. However, as our understanding of schizophrenia continues to evolve, the potential for development of new pharmaceuticals to better control the symptoms of the disorder improves.

Research conducted in Dr. Rushlow's laboratory is focused on identifying the molecular mechanisms responsible for the manifestation of schizophrenic symptoms in order to facilitate the development of more potent pharmaceuticals for the treatment of the disorder. To accomplish this task, animal models are used to test whether specific proteins implicated in schizophrenia may be responsible for the symptoms of the disorder. Currently, Dr. Rushlow is testing a protein called glycogen synthase kinase-3 (GSK-3) to see if it may be responsible for some of the positive symptoms of
schizophrenia using a well-characterized and accepted animal model of schizophrenia for testing and comparison. Although several of the symptoms of schizophrenia, such as hallucinations and delusions, are uniquely human, they are thought to be the consequence of altered dopamine and glutamate transmission. In animals, similar disruptions cause changes in behaviour, such as locomotor activity, that can be tested and recorded. Therefore, measuring changes in locomotor activity may determine if manipulating GSK-3 or proteins that regulate GSK-3 can reverse or mimic locomotor changes seen in the amphetamine sensitization model of schizophrenia. In addition, Dr. Rushlow and his colleagues will examine the protein levels and localization of GSK-3, and several key proteins associated with GSK-3, to determine if they correlate with behaviour. This approach will help identify proteins that are important for the symptoms of schizophrenia and may represent potential new targets for pharmaceutical intervention.

**Peter Williamson**

Dr. Williamson holds the Tanna Schulich Chair in Neuroscience and Mental Health and is a Professor in the Department of Psychiatry at The University of Western Ontario with cross-appointments at the Lawson Health Research Institute and the Robarts Research Institute. After completing his research training at the University of Toronto, he established the Neuropsychiatry Research Group which was the first in the world to measure glutamatergic metabolites in schizophrenia with magnetic resonance spectroscopy in collaboration with Dr. Dick Drost and Dr. Ravi Menon. The group has grown to include vertically integrated research programs in schizophrenia, posttraumatic stress disorders, mood and anxiety disorders and autism.

He is the author of *Mind, Brain, and Schizophrenia* published by Oxford University Press in 2006 which was referred to by the *New England Journal of Medicine* as 'compulsory reading for clinicians' and is currently writing *The Human Illnesses: Neuropsychiatric Disorders and the Nature of the Human Brain* with Dr. John Allman, an evolutionary biologist, at the California Institute of Technology, for Oxford University Press. He has published more than 100 peer-reviewed and invited papers in journals such as the *Archives of General Psychiatry* and the *American Journal of Psychiatry* supported by grants from the Canadian Institutes of Health Research, the National Institute of Mental Health in the United States and several other agencies. He is past chair of the Behavioural Sciences B Committee at the Canadian Institutes of Health Research and has served at the Centre for Scientific Review, National Institute of Health.
AFFECTIVE DISORDERS

Peer Reviewed Journal Articles


Books & Book Chapters:


**Other Publications**


**Conference Presentations & Abstracts**


Dozois DJA. "Access to Health Care for People with Depression". Invited Speaker; The Institute of Health Economics, Consensus Development Conference on Depression in Adults: How to Improve Prevention, Diagnosis, and Treatment, Calgary, Alberta, October, 2008. (Invited)


Tremblay PF, Dozois DJA. "Investigating the Underlying Dimensions of Trait Aggressiveness from the Perspective of Cognitive Models of Psychopathology". In: Ashton MC (Chair) New Directions in Individual Difference Research on Antisocial Behaviour; Canadian Psychological Association Annual Meeting, Montreal, Quebec, June, 2009.


Westra HA, Arkowitz H, Dozois DJA. "Motivational Interviewing as a Pretreatment to CBT for Generalized Anxiety Disorder: Results of a Randomized Controlled Trial." Annual Meeting of the Association for Behavioral and Cognitive Therapies, Orlando, FL, November, 2008.

Peer-Reviewed Grant Funding - External


Grant Funding - Industry


CHILD & ADOLESCENT PSYCHIATRY

Peer Reviewed Journal Articles


Books & Book Chapters

Conference Presentations & Abstracts

Steele M. "Child and Adolescent Transition to MOHLTC Funded Programs". Provincial Think Tank, London, ON, October 17, 2008. (Invited address)

Steele M. "Anxiety and Depression in Youth: Symptoms, Signs and Supports". SERCC Conference. Oakwood Inn, Grand Bend, ON, June 11, 2009. (Invited address)


Peer-Reviewed Grant Funding - External


Grant Funding - Internal
GENERAL ADULT PSYCHIATRY

Peer-Reviewed Journal Articles


Gray JE, O'Reilly RL. Supreme Court of Canada's "Beautiful Mind" case. International Journal of Law in Psychiatry (In press).


Lamoure J. How does trans-cranial magnetic stimulation (TMS) work in treating refractory depression? [Como funciona a estimulação magnética transcraniana no tratamento da depressão refratária?]. Jornal Mineiro de Psiquiatria 28:(2008).


Lamoure J. Which types of psychotherapy are effective for the different anxiety disorders (empirically validated)? Canadian Journal of CME 21:38 (2009).


Rudnick A, Gover M. Combining supported education and supported employment in relation to skilled (vocational) occupations for people with mental illness. Psychiatry Services (In press).

Singh SM, O'Reilly R. (Epi)genomics and neurodevelopment in schizophrenia: monozygotic twins discordant for schizophrenia augment the search for disease-related (epi)genomic alterations. Genome 52:8-19 (2009).

Singh SM, Catellani C, O'Reilly R. Copy Number Variation (CNV) showers in schizophrenia: An emerging hypothesis. Molecular Psychiatry (In press).


Books & Book Chapters


Other publications:


Conference Presentations & Abstracts


Cernovsky Z, Sadek G, Chiu S. "Pittsburgh Quality of Sleep Index in Methadone Dependent Clients". World Psychiatric Association Congress, Prague, Czech Republic, 2008.


Chiu S, Fulton W, Down R. "Evolving the Role of ACTT Towards the Vision of Reconfiguring an Integrated System of Care for the Impaired Older Adults". ACT Conference, Niagara Falls, ON, 2008.


Forchuk C. "New Developments to Prevent Discharges to "No Fixed Address"". European Festival of Psychiatric Nursing - The Age of Dialogue, Malta, The Netherlands, November 5-9, 2008.

Forchuk C. "Preventing Homelessness Among Mental Health Patients Discharged from Psychiatric Wards to Shelters". Expanding our Horizons: Moving Mental Health and Wellness Promotion into the Mainstream, Toronto, ON, March 4-6, 2009.


Jerome L. "Validation of a Driving Questionnaire for Patients with ADHD: The Jerome Driving Questionnaire". World Federation of ADHD, Vienna, Austria, May 21-25, 2009.


**Peer-Reviewed Grant Funding - External**


**Grant Funding – Internal**

**Corring D**, (PI), Harris D, **Campbell R**, **Rudnick A**, (Co-investigator). "Cognitive Remediation for Inpatients with Schizophrenia or Schizoaffective Disorder Using “Smart” Technology in a Simulated Apartment: A Feasibility and Exploratory Study". UWO Department of Psychiatry and St. Joseph’s Health Care Foundation; $5,000 (UWO); $12,000 (St. Joseph’s Health Care Foundation). 2009 - 2010.


**Grant Funding – Industry**


**GERIATRIC PSYCHIATRY**

**Peer-Reviewed Journal Articles**


Ouimet JM, Pope JE, Gutmanis I, Koval J. Work disability in scleroderma is greater than in rheumatoid arthritis and is predicted by high HAQ scores. Open Rheumatol J 2:44-52 (2008).


Books & Book Chapters:


Other publications


Conference Presentations & Abstracts


Gorman E, Gibson M. "Long-term Care Facilities: Are They Meeting the Needs of the Elderly With Cancer and Their Families?" Association on Death Education and Counseling (ADEC), Dallas, TX, 2009.


Heisel MJ. "Preventing Suicide Among Older Adults: A Review of Risk, Resiliency, Assessment, and Interventions". Working Together to Prevent Suicide: Research, Policy and Practice. Final Programme and Abstract Book of the 12th European Symposium on Suicide and Suicidal Behaviour, p.120, 2008.


Heisel MJ. "Preventing Suicide Among Older Adults: A Review of Risk and Resiliency Factors and Clinical Assessment and Interventions*. Workshop presented at the 58th Annual Conference of the Canadian Psychiatric Association, Vancouver, British Columbia, Canada, August 30, 2008.

Heisel MJ. "Preventing Suicide Among Older Adults: A Review of Risk, Resiliency, Assessment, and Interventions*. Workshop presented at the 12th European Symposium on Suicide and Suicidal Behaviour, Glasgow, Scotland, August 30, 2008.

Heisel MJ. "Suicide Prevention Among Older Adults*. Workshop presented at the 37th Annual Scientific & Educational Meeting of the Canadian Association on Gerontology, London, Ontario, Canada, October 24, 2008.

Heisel MJ. "Preventing Suicide Among Older Adults: A Review of Risk, Resiliency, Assessment, and Interventions*. Workshop presented at the Canadian Conference on Suicide Prevention, the 2008 Annual Conference of the Canadian Association for Suicide Prevention and L’Association Québécoise de Prévention du Suicide, Québec City, Québec, Canada, October 27, 2008.


Heisel MJ, Duberstein PR, Talbot NL, King DA, Tu XM. "Adapting Interpersonal Psychotherapy (IPT) for Older Adults at Risk for Suicide: Preliminary Findings". Canadian Conference on Suicide Prevention. Annual Conference of the Canadian Association for Suicide Prevention and L’Association Québécoise de prevention du suicide, Québec City, Québec, October 27, 2008.


Woolmore-Goodwin S, Gutmanis I, Purcell T, Borrie M. "Clinical Trials in Dementia: Populations Served by Consortium of Canadian Centres for Clinical Cognitive Research (C5R) Sites". Clinical Trials on Alzheimer’s Disease Conference (CTAD), Montpellier, France, 2008.

Grant Funding – External
Heisel MJ, (PI). "Promoting Psychological Resiliency to Late-Life Depression and Suicide Risk". Canadian Institutes of Health Research (CIHR), New Investigator Award; Institute of Aging and Institute of Gender and Health; $300,000. 2007 - 2012.
Heisel MJ, (PI). "Psychological Resiliency and Suicide Risk Among Community-Residing Older Adults”. Ontario Mental Health Foundation (OMHF) Research Grant; $150,000. 2008 - 2010.

Heisel MJ, (PI). "Preventing Suicide Among Older Adults: Enhancing Resiliency, Reducing Risk, and Translating Knowledge to Practice”. Ontario Ministry of Research and Innovation Early Researcher Award (ERA); $190,000. 2009 - 2012.


Heisel MJ, Moore SAR. "Canadian Coalition for Seniors’ Mental Health: Suicide Prevention in Older Adults Knowledge Translation Project”. Canadian Institutes of Health Research (CIHR), Institute of Aging; The Betty Havens Award for Knowledge Translation in Aging; $50,000. 2008-2009.


Peer-Reviewed Grant Funding – Internal


Diachun LL, (PI). "Care of Older adults, Educating our Future Physicians: An Undergraduate Schulich School of Medicine and Dentistry Integrated Geriatric Curriculum Initiative".

Department of Psychiatry Annual Report 2008-2009
Academic Medical Organization of Southwestern Ontario (AMOSO); $146,250. 2008 -
present.

Diachun LL, (PI). "E1 Enhancement Scholarship”. UWO, Department of Medicine; $20,000. 2006 -
2008.

Patient‐completed Feedback Tool on Student Performance". UWO, Schulich School of 
Medicine and Dentistry, Faculty Support for Research in Education Grant; $6,000. 2009 -

Heisel MJ, (PI), Black E, Ross T, (Co‐investigators). "Evaluating the Measurement Characteristics of the 
Geriatric Suicide Ideation Scale (GSIS) in an Older Inpatient Sample". UWO 
Department of Psychiatry Seed Funding Grant; $5,000. 2006 - 2008.

Heisel MJ, (PI). "Assessing Experienced Meaning in Life: The Development and Validation of the 
EMIL.". Lawson Health Research Institute (LHRI) Internal Research Fund Award; $15,000. 

Grant Funding – Industry

Burhan A, (PI), Oates J, (Co‐investigator). "A Phase 3, Multicentre, Randomised, Double‐Blind, 
Parallel‐Group, Placebo‐Controlled, Duloxetine‐Referenced, Fixed Dose Study Comparing the 
Efficacy and Safety of LU A21004 in Acute Treatment of Major Depressive Disorder in 
Elderly Patients”. Lundbeck Canada; $75,000. on‐going. 2009.

DIVISIONS OF NEUROPSYCHIATRY AND 
DEVELOPMENTAL DISABILITIES

Peer‐Reviewed Journal Articles

Amting JM, Miller JE, Chow M, Mitchell DG. Getting mixed messages: The impact of conflicting 

Bernier D, Bartha R, Devarajan S, Macmaster FP, Schmidt MH, Rusak B. Effects of overnight 
sleep restriction on brain chemistry and mood in women with unipolar depression and healthy 


Bluhm RL, Miller JE, Lanius R, Osuch EA, Boksman K, Neufeld RW. Retrosplenial cortex 
connectivity in schizophrenia. Psychiatry Research (in press).

Bluhm RL, Osuch EA, Lanius RA, Boksman K, Neufeld RW, Théberge J, Williamson P. Default 
mode network connectivity: Effects of age, sex, and analytic approach. Neuroreport 19:887‐891 
(2008).

Bluhm RL, Williamson PC, Lanius RA, DePace JA, Théberge J, Bartha R, Neufeld RW, Osuch 
EA. Resting‐state default‐mode network connectivity in early stage depression using a seed
region-of-interest analysis: Decreased connectivity with caudate nucleus. Psychiatry and Clinical Neurosciences (In press).


**Conference Presentations & Abstracts**


Seeds PM, Drouin A, Dozois DJA. "Making Cents of Scholarship and Grant Generation: Tips on Applying For and Obtaining External Funding". Canadian Psychological Association, Montreal, Quebec, June, 2009.


Peer-Reviewed Grant Funding – External


Mitchell DG, (PI). "Modulating Neural Responding to Positive and Negative Stimuli in Untreated Patients with Major Depression". Ontario Mental Health Foundation: Young Investigator Fellowship; $105,000.00. 2008 - 2011.


**Grant Funding – Internal**


Osuch E, (PI). "First Episode Mood and Anxiety Program (FEMAP)". LHSC Psychiatry Opportunity Fund; $20,000. 2009 - 2010.

Osuch E, (PI), Vingilis E, (Co-investigator) "Implementation and Evaluation of a Novel Practice Model for Early Identification and Intervention for Mood and Anxiety Disorders". AHSC AFP Innovation Fund; $300,000. 2009 - 2012.


PSYCHOTIC DISORDERS

Peer-Reviewed Journal Articles


Shrivastava AK, Stitt L, Thakar M, Shah N, Gurusamy C. The abilities of improved schizophrenia patients to work and live independently in the community: Results of a ten-year long term outcome study from Mumbai, India. Annals of General Psychiatry (In press).

Books & Book Chapters:


**Other publications**


**Conference Presentations & Abstracts**


Chiu S, Copen J, Husni M, Cernovsky Z. "Targeting Molecular Targets with Natural Health Products in Mental Health: Results of RCT with Panax Ginseng in Schizophrenia". Joint Annual Conference of the Canadian Institute of Chinese Medicine and Ontario Ginseng Innovation and Research Centre, University of Western Ontario, London ON, 2008.


Shrivastava A. "Interface of Cannabis and Early Psychosis - Priorities in Research and Service Development". 6th International Conference on Early Psychosis, Melbourne, Australia, October, 2008.


Peer-Reviewed Grant Funding – External


Helson L, (PI), Chiu S, (Co-Investigator). "Exploring Curcumin and Curcumin Derivatives as Putative Epigenetic Target of Histone Deacetylase (HDAC) Inhibition in Parkinson Disease". Michael J. Fox Foundation for Parkinsons Disease; $81,000 US. Currently in progress. 2009 - 2010.


Grant Funding – Internal

Grant Funding – Industry


Cortese L, (PI). "CRISP - A Multi-center Retrospective Chart Review to Compare the Rates of Hospitalization, Medication Discontinuation, and/or Relapse in Patients with Schizophrenia Initiating Treatment with Risperdal Consta in the e-STAR Study to those Initiating Treatment with Conventional Depot and Oral Atypical Antipsychotic Medications at the Same Sites". Janssen-Ortho; $10,000. (2009, $10,000 for current year at Windsor Regional Hospital). 2009.


Manchanda R, (PI), Harricharan R, Northcott S, (Co-investigators) "A 16 Week Randomized Controlled Trial of the Effect of Aripiprazole vs Standard of Care of Non-HDL Cholesterol Among Patients with Schizophrenia and Bipolar I Disorder who have Pre-existing Metabolic Syndrome". Bristol-Myers Squibb Canada, Inc.; $6000. 2009 - present.
Bioethics in the Department of Psychiatry

The Bioethics Program of the Department of Psychiatry at The University of Western Ontario (UWO) is one of the most comprehensive academic bioethics programs in North American psychiatry. The bioethics coordinator in the department is Dr. Abraham (Rami) Rudnick, Associate Professor in the Departments of Psychiatry and Philosophy at UWO. The Bioethics Program promotes bioethics teaching, research and service in various ways. In 2008/9, these academic initiatives included:

- The establishment of the Canadian Unit of the International Network of the UNESCO Chair in Bioethics. The unit focuses particularly on postgraduate education in mental health ethics, and its head is Dr. Abraham (Rami) Rudnick. An advisory board from across UWO, RMHC and LHSC is supporting the unit.

- A departmental annual ethics CME half-day, where international as well as local bioethics scholars present, in addition to our residents and fellows. In January 2009, Professors Kathy Glass and Charles Weijer presented on research ethics in such a CME event.

- An annual summer bioethics course for PGY1 residents.

- Quarterly clinical ethics seminars, where junior and senior residents present and discuss ethically challenging cases. These seminars also included a session on social justice, presented by Professor Cheryl Forchuk.

- Quarterly integrated bioethics rounds across the academic mental health care programs at RMHC and LHSC.

- Bioethics research, such as a current CIHR-funded research project on dialogue in bioethics consultations in mental health care and other health care fields, led by Abraham (Rami) Rudnick.

- A bioethics research fellowship, with opportunities for the fellow to attend various bioethics forums; this funded fellowship, supervised by Dr. Abraham (Rami) Rudnick, is offered to interested psychiatrists and other physicians from Canada and elsewhere, and lasts one to three years per fellow. Currently, Dr. Kyoko Wada is participating in this fellowship.

- Representation of psychiatry in many relevant bioethics committees and groups in London, such as the UWO Health Sciences Research Ethics Board (HSREB), The UWO University Council on Research Ethics (Chaired by Dr. Abraham [Rami] Rudnick), the SJHC health care ethics committee, and the RMHC ethics committee. Of note is that that psychiatry now has eight representatives on the HSREB, which is the largest number of representatives on the HSREB of any department at UWO.

Abraham Rudnick
The London Hospitals Mental Health Programs

We finally see the light at the end of the tunnel: South Street will close in 2011 and Regional Mental Health Care will be in new facilities within three to four years.

It has been a long journey from the directives of the Hospital Restructuring Commission to our destination: Milestone 2 Phase 2 that will allow closure of the Mental Health Care Program at South Street and relocation of inpatient and ambulatory mental health services to Victoria Hospital; and Tier 2 divestment for Regional Mental Health Care with the building of new facilities at the Parkwood and St. Thomas sites by 2013/2014.

This journey has been a very active process with significant changes that have been geared to transition us to our future. At LHSC, Deb Gibson led the work on an interdisciplinary care model with the goal of achieving team based care with physician engagement. We are indebted to the strong administrative leadership provided by Dr. Jeffrey Reiss, in his role as Site Chief for the Adult Mental Health Care Program, Dr. Beth Mitchell, Director of the Program and Dr. Margaret Steele, Site Chief for the Children’s Mental Health Care Program, over the past year. Together with the managers, co-ordinators and physician leaders, their leadership has strengthened our philosophy of shared leadership. Planning for the move to Victoria Hospital, Drs. Mitchell and Reiss have led the project team and we are confident that all the pieces will be in place for a smooth transition to our new acute care home.

At RMHC, there has been, similarly, tremendous effort toward a change in model of care, applying psychosocial rehabilitation (PSR) principles to a goal of recovery based treatment. To facilitate this, a facility wide consultation was provided by PSR specialists from New Jersey. We have significant work ahead of us as we implement these recommendations in preparation for our future in the new facilities. Our ultimate goal is to be a centre of excellence for PSR based recovery. With the expertise and leadership that we have, this is an attainable goal. This will be led by our Site Chief, Dr. Sarah Jarmain, Dr. Abraham Rudnick, Physician leader for the Psychosis Program (and a certified PSR specialist), Ms. Janice Vandervooren, Director for the Forensic and Concurrent Disorders Program and Deb Corring, Director for the Psychosis Program. Similarly to LHSC, we attribute our emerging success to the shared administrative leadership that has developed at all levels and we thank our physician leaders, directors and co-ordinators for their thoughtful and collaborative work.

A key success factor in our successful clinical academic enterprise is an alignment between the London Hospitals Clinical Services and the strategic direction of the academic department. In the case of the Mental Health Care Programs at LHSC and RMHC and the Department of Psychiatry, we have these alignments. Top of mind is the development of ambulatory care to support inpatient and emergency services. The continuum of care is also a necessary substrate for the training of residents and medical students. While the mandates for the acute care and specialized mental health care ambulatory services at LHSC and RMHC will vary, the integration and collaboration of these services will be an ultimate goal.
Similarly, our alignment with regard to an improved mental health emergency experience will benefit both our patients and our trainee experience. Our academic support for interdisciplinary training and practice aligns well with the changes in our model of care. Mutual understanding of the bilateral benefits for educational scholarship and clinical research will facilitate the translation of academic endeavour into meaningful clinical practice.

Finally, we would like to thank Kristine Diaz for her many contributions and for her passion about improving mental health services. Kristine was an active leader through the year as she filled in for Sandy Whittall, while Sandy was in the acting chief operating officer role. Kristine left for a career opportunity with the attorney general’s office as a justice of the peace. We take comfort in knowing that Kristine will always have in mind the best interest of people, disadvantaged through mental illness.

We know that as an integrated mental health clinical service, we have much to do over the next year. We are confident that with the strength of our current leadership and the commitment of our physicians and staff, we can do it.

Sandra Fisman
Chair/Chief and Senior Medical Director
Mental Health Clinical Services

Sandy Whittall
Integrated Vice-President
Mental Health Services
Department of Psychiatry Faculty

Professor & Chair/Chief
Fisman, Sandra

Child and Adolescent Psychiatry Division

Professor & Chair/Chief
Steele, Margaret

Professor Emeritus
Dubois, John (Jack)
Swart, Toni

Assistant Professors
Armstrong, Sarah
Dourova, Nevena
Haensel, Heidi
Helmi, Sanaa
Isserlin, Leanna
Kizilbash, Kamran
Loveday, Ben
Ninan, Ajit
Rizvi, Naveed

Cross-Appointments
Jaffe, Peter

Adjunct Faculty
Bilkey, Timothy
Braimoh, Gani
Bresett, Alana
Brisebois, Sharon
Broadbent, Debra
Brown, Alan
Cane, Jessica
Carter, Jeff
Collins, Kerry
De Oliveira, C.A.

Developmental Disabilities Division

Associate Professor & Chair
Nicolson, Rob

Professor Emeritus
Ben Goldberg

Associate Professors
Rao, Jay
### Members of the Development Disabilities Research Group (Additional to Faculty)

- Ansari, Daniel
- Barrera, F. J.
- Campbell, Craig
- Cardy, Janis
- Orange, J. B.
- Prasad, Narayan
- Rupar, Tony
- Sandieson, R. W.
- Segal, A. U.
- Stewart, Shannon
- Siu, Victoria
- Swart, Toni
- MacFabe, Derrick
- Mandich, Angela
- Morton, Bruce
- Hayden, Elizabeth
- Joanisse, Marc
- Jenkins, Mary
- Young, Bryan

### Forensic Psychiatry Division

**Associate Professor & Chair**
- Mejia, Jose

**Adjunct Faculty**
- Komer, William
- Litman, Larry
- Norris, Phillip
- Prakash, Arun
- Roopchand, Rupa
- Swaminath, Sam

### General Adult Psychiatry Division

**Professor & Chair**
- Reiss, Jeffrey

**Adjunct Faculty**
- Brownstone, Desi
- Campbell, Neil
- Carr, Jason
- Egan, Ray
- Francis, Judith
- Friesen, Walter
- Gupta, Madhulika
- Hanna, Ed
- Hjertaas, Trevor
- Isaac, Issac
- Jacob-Goldman, Therese
- Lamoure, Joel
- Maxfield, Louise
- Molnar, Laura
- Nicholson, Ian
- O'Flanagan, Denis
- Pelz, Margaret
- Reid, Brian
- Richardson, Donald
- Sheskin, Rena
- Silcox, JoAnn
- Truant, Greg
- Wardrop, Nancy
- Weisz, Gary

**Professor Emeritus**
- Lohrenz, John

**Professors**
- Manchanda, Rahul
- Norman, Ross

**Associate Professors**
- Devarajan, Siva
- Harricharan, Rajendra
- Haslam, David
- Hocke, Volker
- Lefcoe, Daniel
- Robinson, David
- Sanjeev, Doraiswamy

**Assistant Professors**
- Barr, Jennifer
- Chamberlaine, Charles
- Chandarana, Praful
- Garcia, Carla
- Northcott, Sandra
- Owen, Richard
- Watling, Mark

**Cross-Appointments**
- Dozois, David
- Judson, Martyn
- Mitchell, Beth
Geriatric Psychiatry Division

Associate Professor & Chair
Lisa Van Bussel

Professor Emeritus
David Harris

Associate Professors
Burhan, Amer
Heisel, Marnin
Laporte, Noel
Oates, Jennifer
Park, Hae-Ryun

Adjunct Faculty
Fisman, Michael
Fogarty, Jennifer
Le Clair, Ken
Trenker, David

Neuropsychiatry Division

Professor & Chair
Williamson, Peter

Associate Professors
Lanius, Ruth
Osuch, Elizabeth
Rajakumar, Raj
Rushlow, Walter

Assistant Professors
Frewen, Paul
Mitchell, Derek

Social and Rural Psychiatry Division

Associate Professor & Chair
Rudnick, Abraham

Professors
O’Reilly, Richard
Sharma, Richard

Associate Professors
Campbell, Robbie
Chiu, Simon
Cortese, Leonardo
Gangdev, Prakash
Guaiana, Guiseppe
Surti, Bhadresh
Takhar, Jatinder

Assistant Professors
Desjardins, Nina
Dua, Varinder
Duggal, Vikas
Feltham, Ian
Goldman, David
Jarmain, Sarah
McCarthy, Gregory
Rybak, Yuri
Srivastava, Amresh
Tidd, Christopher
Varaprahn, Sreelatha
Charland, Louis
Forchuk, Cheryl
Ray, Susan

Adjunct Faculty
Blichowski, Teresa
Breiter, Hans
Bush, Haydn
Cernovsky, Zack
Chandrasena, Ranjith
Chaya, Jihad
Chovaz-McKinnon, Cathy
Corring, Deborah
Diaz, Kristine
Eastwood, Diane
Fairbairn, Robert
Fernando, Lakshman
Ferrari, Jack
Hand, Karen
Khan, Mustaq
Le Marquand, David
MacLeod, Valerie
Malhotra, Ladi
Singh, Abhay
Thomas, Ann

Cross Appointments
Bartha, Rob
Drost, Dick
Everling, Stefan
Hampson, Elizabeth
Jog, Mandar
Menon, Ravi
Neufeld, Richard
Theberge, Jean

Adjunct Faculty
Fisman, Michael
Fogarty, Jennifer
Le Clair, Ken
Trenker, David
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<th>SWOMEN - Windsor Program</th>
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