Department of Psychiatry

Annual Report
July 1, 2016 – June 30, 2017
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Chair’s Message

Welcome to the Western University, Schulich School of Medicine and Dentistry, Department of Psychiatry Annual Report.

As many readers of this Annual Report are aware, Dr. Paul Links completed his first term as the Chair/Chief of the Schulich Department and the LHSC and SJHC Mental Health Programs on December 31, 2016, which fell in the middle of this academic year. For personal reasons, he chose to not seek a second term, leading to my appointment as the Interim Chair/Chief effective January 1, 2017. Paul was instrumental in establishing a sense of calm and stability within the Department, as well as leading us in strategic directions associated with our clinical, education, and research mandates. During his term, he personally continued and extended his well-known research in suicide prevention. We wish him all the best in the next stage of his distinguished career.

In the face of ever increasing clinical volume demands and several changes in leadership, the Department has continued to maintain and enhance its delivery of high quality education and cutting-edge research from bench to bedside as well as at the community/systems level. Our annual report is arranged such that in-depth updates and accomplishments over this last academic year are reported by each of our Division, Group, and Program Chairs, as well as from the Directors of our Education and Research portfolios. Lastly, I’m proud to share information on the various awards achieved by our faculty, residents, and staff, at the end of our report.

Most importantly, I would like to personally thank the overwhelming number of our faculty, residents, and staff who have encouraged and facilitated my transitioning into the role of Interim Chair/Chief. Your support and endorsement has been truly appreciated, especially in light of my own personal health challenges this year. However, it is also for this reason that I’ve decided to not pursue a formal term as Chair/Chief, though I plan to continue to support our Department in other ways, just as so many of you will continue to do as well.

I trust that you will enjoy reading our report, and invite you to touch base with me or any of the other section authors, should you have any questions, or otherwise like more information.

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Division of General Psychiatry

Overview

This academic year was the first full one as the newly expanded Division. Following the deliberations of the Departmental Working Group on Divisions, in January 2016, the Division almost doubled in size after already being the largest Division in the Department. The Department is following the new Schulich guidelines on Divisional structures which are to reflect Royal College approved specialties and subspecialties, which has led to a consolidation of having just four divisions within the Department. A significant consequence of this decision was that the previous division which was primarily based out of the London Health Sciences Centre (LHSC) providing mostly acute care psychiatry, was merged with the general psychiatrists providing tertiary-rehabilitative care mainly at the Parkwood Institute Mental Healthcare Building at St. Joseph’s Health Care. Thus, the full spectrum of psychiatric care across the adult spectrum is provided by Division members for patients in the London-Middlesex area, as well as there being a broader regional mandate for some of the acute care and all of the tertiary care clinical programs. An overview of the individual major clinical services of the new expanded division can be found later in this year’s report.

Further in relation to clinical services, in last year’s report, I had mentioned how we were just getting started on a major initiative in what has been called the Feasibility Study. This process was to determine the feasibility and subsequent plans to realign clinical services between the two hospitals (SJHC and LHSC) such that they operate in a more integrated manner with one another and with community mental health and addictions service partners. Of the five initial areas identified, three have significant impact on our Division: Adult Ambulatory Care, Transitional Stage Youth, and long-stay patients within the hospital systems. While a detailed summary on these initiatives is beyond the scope of this report, I will highlight some of the significant achievements over the last year. In Adult Ambulatory Care, work has progressed to the creation of a Centralized Access Point for both hospitals and London’s biggest community mental health and addiction partners, so that patients will have just one number to call, reducing wait lists and times, using standardized screening and matching care needs to services, and providing standardized level of care review for current and future patients. The largest piece of work being done under the Transition Age Youth area, is the planning for a community based hub. Plans include our FEMAP program and potentially other hospital based services being collocated in a client friendly fashion in order to meet needs of Transitional Age Youth (TAY) more efficiently with a goal of reducing ED and inpatient visits. Lastly, the focus of the long-stay inpatient stream is to proactively manage length of stay for inpatients so as to facilitate access and flow to bedded care. This entails creating a Transition Team, use of the LOCUS tool, developing standardized discharge tools and care planning, and creating a cross-sectoral table for long stay inpatients. At LHSC, another major clinical initiative which commenced towards the end of the academic year, was the 120 Day Plan. This work is specific to patient access and flow, starting at the ED and moving through inpatient care and discharge. I will able to provide updates in next year’s report. On the SJHC side, two of the more significant initiatives started were the Zero Suicide project and the Safewards program. Further details on these can be found in Dr. Northcott’s report of the Treatment and Rehabilitation Program.

2016/2017 was a very productive academic year for the Division. We have the responsibility to provide the core educational experiences in adult psychiatry 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 continues to extend beyond producing competent general psychiatrists. Division faculty organize and deliver much of the Department’s undergraduate, postgraduate, and continuing medical education/continuing professional development. Dr. Praful Chandarana’s nationally acclaimed Western Psychiatry Exam Preparation Course (now named in his honour) continued on with great success. In addition to the usual rich and multiple CPD offerings our members produce (elsewhere see Dr. Varinder Dua’s report), in April our Dr. Ruth Lanius, the Harris-
Woodman Chair in Psyche-Soma, put on a very well attended professional seminar entitled, Brain, Mind and Body - Trauma, Neurobiology and the Healing Relationship. In addition to presentations by Dr. Lanius and Dr. Paul Frewen of our Division, there were seven other national or international experts providing updates for the audience, many of whom in turn, came from afar to attend. I’m also pleased to report that our new General Psychiatry residency program based in Windsor, is growing successfully with both junior and senior residents complementing the established undergraduate medical education program. Congratulations again to Drs. Brian Burke, Volker Hocke and a cast of other supporters for making this happen. More details on General Psychiatry postgraduate and undergraduate education can be found respectively in Drs. Hocke’s and Varapravan’s reports. One area shared in common between these two educational streams, is how we are going to introduce Competency Based Medical Education (CBME) in the very near future, including appointing CBME Leaders in both the PGE and UGE portfolios.

Details of the Division’s multiple contributions to the Department’s research productivity can be found in the research section of this annual report. The Division continues to maintain strong collaborations with our Neuropsychiatry Research Group regarding brain imaging studies, particularly with the following clinical services: PEPP – Schizophrenia, FEMAP – Mood and Anxiety Disorders, and Traumatic Stress Service – PTSD. The PEPP and FEMAP services as well are at the forefront of producing high impact clinical outcomes and health services research. Health systems research additionally is exemplified in how the Division at both hospital sites, continues to be very active in SMART e-health technology research, evaluating new care models, suicide prevention, and global mental health strategies. Psychopharmacological research remains an important part of the Division’s mandate, with researchers actively spanning the range from the provincial population level (ICES) to the individual genome. Particularly as a result of our expanded divisional representation at the SJHC Parkwood Institute, we are pursuing clinical research in complex or otherwise difficult to treat Mood Disorders. This line of research takes full advantage of the state of the art Neuromodulation Suite incorporating ECT and rTMS.

The following is an overview of the Division’s varied clinical-academic programs along with individual goals for the next academic year written in conjunction with the respective medical leaders, who are listed:

**London Health Sciences Centre - Based Services**

**Adult Eating Disorder Program – Dr. Robbie Campbell**

**Residential/Day Care Program:**

Over the past year, we have reached our goal of filling 8 full-time residential beds at the 54 Riverview site and offer a full day program for 12 patients.

Patients will reside in residence for 1 month and then will reside in the community for the balance of their program. The program offers both individual and group Cognitive Behavioural Therapy (CBT) as well as ongoing medical management and psychiatric care of comorbid diagnoses. The number of groups has been significantly decreased and weekly individual sessions and weekly rounds have been added. Both have been well received by patients and staff. When patients complete the 3-month program, they are encouraged to continue treatment with weekly follow-up visits for a further 3 months with extended follow-up as needed. There is a 4-month waiting list.

**Outpatient Programs:**

We offer individual CBT for 20 weeks for those who have anorexia/bulimia or other specified feeding and eating disorders. Currently, there is a 4-month waiting list. If patients present with a BMI of less
than 16.5, they are followed in a weekly “low weight” clinic and are medically monitored. In addition, we offer a CBT binge eating disorder group and have a 7-8 month waiting list.

**Program Progress:**

Over the past year, we have increased the total number of outpatients seen in individual CBT and binge eating disorders (BED) groups. We are continuing our efforts to address the need for increased services and to service those who do not fit into the CBT model. We will have an additional psychologist starting this fall and are recruiting an additional psychiatrist this year to help fill identified gaps in service.

The LHSC Adult Eating Disorder Service works closely with CMHA who manage the residence and monitors meals. CMHA support staff is included as part of our multidisciplinary team approach that also includes psychology, nursing, nutrition, social work and psychiatry. In addition, CMHA has launched a first of its kind transition house for eating disorders that is now available for those who have completed an eating disorder program or are completing one. This supportive housing concept has been introduced to try and help pave the way back to the community and is being accessed as a pilot project. Already, we have “graduates” from our program who have benefited.

We offer a Family and Friends Education Day two times a year set up as a workshop 9:00 AM – 4:30 PM on site. This has been a popular community outreach strategy and is run by the multidisciplinary staff.

Comorbidity continues to pose a challenge. We are fortunate to have access to a nurse, nurse practitioner and internist to monitor necessary lab work and ECGs. We also have admitting privileges to the general psychiatric unit should the need arise. These team members are vitally important, especially in managing our low weight clinic (BMI less than 16.5).

The Adult Eating Disorders Service is a member of the Ontario Community Outreach Program for Eating Disorders (OCOPED) and has provided consulting services to local communities. In addition, there is a close liaison with both Toronto General and Credit Valley hospitals with regard to extremely low weight patients who require hospital admission.

**Next Steps:**

We are collecting research data on our CBT-based program and utilize yearly outcome measurables to plan for the following year.

We are now in a position to expand our program and research since we have reached our program capacity and are in the process of looking for opportunities to establish joint research projects. Future projects being considered are the utilization of telemedicine, TMS, transition housing and the use of mood stabilizers, antipsychotics, antidepressants and psychostimulants as they fit the eating disorder spectrum.

It is important to establish clerkship and residency programs that include CBT and other psychological approaches, as well as psychiatric care and medical management. Over the next year, we will become more involved with a much needed medical teaching role that is already in place for psychology, social work, dietitians and nursing.

We hope to expand our services to reduce wait times and provide equal access for all with a client-centred approach.
Centralized Emergency Psychiatry Service (CEPS) – Dr. Viraj Mehta

The CEPS team is an interdisciplinary team comprised of a variety of health care practitioners working together to provide emergency psychiatry to the London community. The weekday team includes psychiatric nurse case managers, psychiatrists, and a social worker. Outside of day-time hours it is residents, medical students, and on-call psychiatry staff providing additional support. This past year has led to many changes, with updates on redesign planning and better implementation of MH nurse screening of MH presentations to the ED. There have also been changes to the ED MH rooms, with plans to explore and develop a more patient centered approach and area for MH patients. We have also welcomed Dr. Jedrin Ngungu to our psychiatrist team. Our best wishes were also conveyed to Dr. Christopher Tidd, who was given a well-attended send-off party as he began a new venture in Rochester.

Consult-Liaison Service (CL) – Dr. Jennifer Barr

Consultation-Liaison Psychiatry 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 admitted to medical/surgical units at the University Hospital and Victoria Hospital sites.

Accomplishments in the last year include: enhanced educational opportunities for off-service residents, fellows, and elective medical students through rotation development. Ongoing mental health education of our non-Psychiatric medical colleagues within the hospital system. Publication of collaborative research with our Neurology colleagues regarding depression and hypomania symptoms associated with high dose corticosteroids treatment for MS relapses. Ongoing research projects include: Diagnostic Accuracy in an Academic Consultation-Liaison Psychiatry Service, Chronic Diseases Management Initiative, Comparing the Effectiveness of In-Person Facilitated Computer-Based Learning versus Web-Based Learning for Postgraduate Education in Consultation-Liaison Psychiatry.

Goals for the upcoming year include: Completion of ongoing research projects and the development of future projects, development of a Psychosomatic Medicine Continuing Professional Development module, working further with our Critical Care Colleagues at both an academic and clinical level to enhance the early recognition and management of ICU delirium, ongoing service focus on education of psychiatric residents, off-service residents, fellows, medical students, and our medical colleagues. Another important goal is to work with existing outpatient mental health resources to facilitate pathways to care for bedded medical and surgical patients. In terms of a 5 year plan, we hope to achieve staffing of the service that will allow for pursuit of clinical and academic goals.

FEMAP (First Episode Mood and Anxiety Program) – Dr. Elizabeth Osuch

Clinical productivity:

FEMAP clinicians conducted 2999 patient visits, and saw 146 new patients from July 1, 2016 to June 30, 2017.

Academic activities and goals:

- Published several articles on research conducted at FEMAP. List of publications in time-frame available upon request
- Analyze and publish findings on long-term treatment effectiveness of FEMAP treatment model (AMOSO Innovation Fund, version 3) in collaboration with Family Medicine (Evelyn Vingilis), and Psychology (Paul Trembley) using growth curve modeling.
- Publish the 1-year duration FEMAP patient versus non-FEMAP patient (ICES data) cost comparison study with collaborators from Epidemiology and Biostatistics (Kelly Anderson, Ava Johns-Baptiste).

- Complete analysis of marijuana use and major depressive disorder in youth using support vector machine analysis developed in the Andrea Soddu lab (Physics and Astronomy).

- Publish long-term effectiveness/treatment satisfaction results of 1+ year qualitative study.

- Publish results of collaboration with Vince Calhoun analyzing fMRI classification algorithm findings in a diagnostically unclear mood disorder group of patients.

- Conduct preliminary data gathering on Bipolar versus MDD study of depressed, medication-free emerging adults using fMRI with CIHR Bridge Funding. Submit Project Grant application to CIHR in spring, 2018.

- Move FEMAP into larger space that will allow for expansion of services and collaboration with community partners.

- Lead Youth Wellness Hub Action Coalition to and approve proposal to implement and evaluate a hub for treatment of transition aged youth in London.

**GAAMHS (General Adult Ambulatory Mental Health Services) – Dr. Kamini Vasudev**

The General Adult Ambulatory Mental health service (GAAMHS) consists of physicians (6 FTE) and clinicians (allied health professionals, 22 FTE) who provide a variety of outpatient services including urgent consultations for individuals with a number of mental disorders, in London-Middlesex County. This service maintains its primary focus on access to treatment and flow of patients from the three primary areas of referral: inpatients, community and emergency department. All community referrals are primarily received and screened by coordinated intake nurses and subsequently booked in physician clinics.

GAAMHS clinicians predominantly provide group therapies including Track to Wellness (TTW), Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), and Trauma therapy in addition to a limited amount of individual therapy, as needed. In-patient and GAAMHS physicians are the primary source of referrals to these group therapies. Track to Wellness receives referrals and helps to identify subsequent treatment streams as well as assist in transitioning patients from hospital into community.

In the last year, GAAMHS physicians met every two months to address any clinical or administrative issues. The ambulatory integrated care feasibility project between LHSC and SJHC ambulatory mental health programs has been progressing well. LOCUS tool was completed on a sample of 783 patients at LHSC and a percentage of patients requiring various levels of care were compared with a similar sample at SJHC ambulatory program.

In the upcoming year, we will be looking at a new model of single access point for all mental health patients with ambulatory care needs, using a Sort team that can directly triage patients to services provided by both sites as well as CMHA. A system looking at internal flow of patients within services will also be developed. Clear guidelines will be developed for referral to tertiary care services. There may be major changes in the organization of ambulatory mental health services in London, depending upon the outcome of this integration project. It is hoped that integration of services will improve accessibility and will meet patient needs more efficiently.
Inpatient Services – Dr. Hooman Ganjavi

The B7 inpatient unit provides psychiatric care for adult patients admitted to hospital requiring treatment for a wide range of mental health difficulties. These include depression, bipolar disorder, anxiety disorders, schizophrenia and other psychotic disorders, substance use disorders, and mental disorders of the aging. The B7 unit is also the site of training of medical students, residents, and trainees in other healthcare disciplines.

Over the period of 2016-2017, many changes have occurred for this service. The most significant development has been the opening of the Geriatric Behavioural Unit (GBU) in the C wing of the hospital. The opening of this unit has allowed for the specialized care of geriatric patients with behavioural challenges related to dementia in a milieu away from the general ward.

On B7, efforts have been made to provide more consistent care for patients and to that end there has been the establishment of colour-coded clinical teams. Each team has a limited number of physicians, social workers, and occupational therapists. Recently, nurses have been assigned to teams so that patients receive more consistency in their nursing care.

Enhancements continue to be made to the HUGO (Healthcare Undergoing Optimization) electronic health record system. Recently, improved order sets were established for patient passes. More standardized order sets are now available and ‘Fresh Air Passes’ are linked to the electronic patient whiteboard and front desk computers, allowing for better communication among staff.

The B7 unit has also recently begun a trial of use of patient whiteboards in patient rooms to facilitate better communication among patients, their families, and staff.

The inpatient unit remains under pressure given the chronically high volumes of admitted patients in the Emergency Department. To deal with these consistently high demands on the system, a proposal was submitted to the Southwest LHIN to increase the size of the inpatient unit by 24 beds. There are also a number of other initiatives being investigated including the establishment of a short stay unit and/or a day hospital program.

There are plans to continue expanding the use of electronic records with inpatient progress notes to be made electronic in the next year.

PEPP (Prevention & Early Intervention Program for Psychoses) – Dr. Lena Palaniyappan

With an energetic outreach plan and dedicated intake pathway, PEPP had a notably busy year with a 100% increase in referrals and acceptance compared to the previous year (First quarter of 2017: 98 referrals, 45 acceptances, compared to 41 referrals and 12 acceptances in Q1-2016). We achieved these numbers while maintaining remarkably low waiting time on average (Quarter 1, 2017: 98 clients waited for a total of 131 days i.e. <2 days average waiting time before being seen).

Notable accomplishments:

This year, investigators attached to the PEPP raised >$2.3 Million in research funding to study the biological, social and service-related aspects of early psychosis. Funding sources include charitable donations (Chrysalis foundation), CIHR grants, AMOSO support, NSERC studentships, industry grants (Janssen) and departmental support. We published 28 papers in peer-reviewed journals and mentored 19 students/trainees at various levels of training (summer medical interns, summer job program employees, co-op students, research residents, fellows, observers, Masters and BSc Honors students). We also had generous donations from several patrons for supporting client-centred activities throughout the year.
Retirements/New entrants:

Dr. Ross Norman, one of the architects of PEPP at London, and Heather Campbell, RN both retired in June. Angela Seabourne, Social Worker returned to Ottawa after completing an 18-month contract with PEPP. We welcomed psychologist, Dr. Maya Gupta in September 2016 and Bettyann Goertz, RN and Dr. Hooman Ganjavi in July 2017. Dr. Kara Dempster (PGY-5) joined us for a 2-year Clinical Investigator Fellowship (Schulich-funded).

Goals for 2017 – 2018:

Research goals:

Initiate 2 CIHR funded studies on the Role of Family Doctors in Early Intervention (Dr. Anderson) and Neuroprogression In Psychosis; Continue recruiting for CIHR funded Myelin Mapping Study in Schizophrenia and AMOSO funded Thought Disorders in Psychosis study (TOPSY); Initiate a study of Metformin prescribing in PEPP (Dr. Subramanian); Contribute to global multi-site trial of a novel treatment that prevents psychosis (Boehringer-Ingelheim); set-up a LAI data-collection system to monitor program-wide outcomes (supported by an educational grant from Janssen).

Service goals:

Rolling out “at-risk” clinical service for prodromal psychosis; Initiate a trial of OTN-based follow-up care in PEPP. Over the next 5 years, we will seek to expand outreach activities to offer assessments before the onset of psychosis, move towards a Measurement-Based Treatment model, and reduce the emergency-entry (ER-transit) pathway of care.

Upcoming Events:

We welcome the departmental staff and residents to join us for PEPP@20 Anniversary Gala September 28, 2017 and CPD-approved PEPP Education Day 'Opportunities Ahead for the Next 20 Years' September 29, 2017.

St. Joseph’s Health Care – Based Services

Collaborative Mental Health Care services – Dr. Jatinder Takhar

Background:

The Collaborative Care service functions under the Adult Ambulatory Care program based in Parkwood Institute. The service models are predicated on the development of a comprehensive continuum of service supporting a seamless transition between hospital- and community-based care delivery, with the goals of more efficient use of resources, better coordination of services, and community tenure. The Service provides an enriched training environment, meeting the needs of the senior undergraduate and postgraduate students.

More recently the Collaborative Care service has been expanded to include community based Canadian Mental Health Association clinic.

The Benefits of Collaborative Care Models:

A psychiatric consultation team visits a primary care practice on a regular basis to see and discuss patients, and to provide educational input and advice for primary care providers, which have the potential to increase accessibility to psychiatric consultation, strengthen the support for primary care providers, and improve communication between psychiatrists and primary care providers.
The service aims to:

a) Improve the quality of care and treatment outcomes for adults 16 to 65 years of age with severe mental illness who are managed by their primary care providers.

b) Increase the opportunity for primary care providers to have case discussions and reviews with mental health practitioners in a direct and indirect manner.

c) Increase access to timely mental health service provision and useful management recommendations.

d) Meet the demands of the RCPSC mandatory training requirements available for residents, including exposure to addictions.

Overview of Collaborative Care Services:

“Stepping up services” and “stepping down services” comprise the two arms of the formal Collaborative care services that have been developed with identified treatment and support. The stepping up service is named “Mental Health Consultation and Evaluation in Primary-care” (MHCEP). In this service the psychiatrist visits the academic family health teams to provide education, direct and indirect consultation while working closely with the primary health care teams. The step-down service is named “Transition into Primary-care Psychiatry (TIPP) which provides support to those patients transitioning out of hospital based care into the community to their primary care providers.

Achievements in 2016/2017:

Approximately 8-10 residents rotated through the service with various supervisory/mentorship experiences.

- The service provided clinical experiences in the hospital/community to approximately 20-24 clinical clerks.

- Assisted with the content development of the first collaborative care conference providing education to community primary care physicians and other community health care workers. The second conference took place in October 2016.

- Refining and revitalizing the content of the Collaborative care curriculum for the senior resident which is implemented on an annual basis directed by the PGE program.

- As well, currently there are two parallel ongoing rotations in Shared Care to accommodate the increasing flow of residents through the service.

- Expansion of the MHCEP sites to include diversity in population health groups to sites such as SOAHC and Ilderton. Both these sites have a visiting consultant psychiatrist, and a resident trainee.

Research/Scholarly Activities:

2. Invited to submit a book chapter to Schizophrenia Outcome, Evidence Based Recovery entitled “Transition from Hospitalized Care to Community Based Care”: Challenges for Primary Care and Community Psychiatry. May 2017

Future directions:

- Decreasing the rates of primary care client admissions to acute psychiatric inpatient services.
- Decreasing rates of referral for specialized psychiatric assessment and follow-up.
- Increasing the availability of training opportunities for the residents within the program in order to meet the increased number of resident enrollment in the coming years, ongoing work.

Dual Diagnosis Research and Treatment Program – Dr. Jay Rao

The Dual Diagnosis Program has an in-patient component and an extensive ambulatory care component. The program has a regional mandate and has strong affiliation with community based organizations within the Southern Network of Specialized Care.

Services Provided:

In-patient: DDP is a 12 bedded program. DDP provides specialized assessments and treatment interventions to a heterogeneous group of individuals. Diagnosing psychiatric illness is a challenge in this verbally impaired population. 70% of these patients do not have a psychiatric diagnosis and have complex Dys-executive syndromes and sensory modulation difficulties. Diagnosing and treating these conditions requires expertise and trans-disciplinary work. In 2016-2017 year we have received some of the most complex care patients in the province for treatment. There is recognition that we have the expertise to treat some of these patients.

Innovations:

We have developed Multi-Factor assessment Tools and Multi-Factor care plans that are ready for publication and have gone through two drafts. These are unique in the Province.

We provide specialized Sensory Modulation assessments.

We provide specialized Executive and Neuro-cognitive assessments.

We had established joint clinics with neurology which has been on hold as the neurologist left. We are planning a collaborative clinic currently.

Ambulatory Care:

We have a large volume of registered out-patients. We provide specialized consultations and assessments. We are known nationally for the work we do. Dr. Rao consults to other provinces including Nova Scotia on complex cases.

Teaching:

Apart from the regular seminars, modules and clinical supervision that we provide for Medical students and Residents, we are also working on developing provincial networks of teaching. We already supervise students from Macmaster and provide seminars to U of T Mississauga students and residents.
We have also developed and refined Foundation Courses in Dual Diagnosis. Dr. Rao is affiliated now with McMaster University and has provided supervision for Residents from there this year. He was an Examiner for the Royal college last year.

**Provincial Policy Initiatives:**

We are actively involved at various levels with MCSS and MoHLTC in the development of guidelines, directions and models of care. Not all of them can be described in a short report.

**Research:**

Our focus is on rare chromosomal and genetic disorders and Executive Functions. We will also be completing the development of assessment tools.

Dr. Rao has been invited to provide articles for publication in the UK.

**Collaborative Care Models:**

We have developed innovative collaborative models of care that we have implemented successfully in the Central West Region. We are developing a model for crisis intervention in the Central West region that may eventually be applicable here. We are taking the experience and are adapting it to the Southwest.

**Operational Stress Injury (OSI) Clinic – Dr. Don Richardson**

Located at the Parkwood Institute site, the OSI Clinic is part of a national network of ten OSI outpatient clinics funded by Veterans Affairs Canada. The OSI clinic provides specialized mental health services to Veterans, members of the Canadian Forces (Regular and Reserve), the Royal Canadian Mounted Police (RCMP) and their families with service related psychological/psychiatric illness. The clinic serves a large catchment area including all Southwest and Northwest Ontario, Hamilton/Niagara Region, the Greater Toronto Area (GTA) and the city of Barrie and surrounding area. The Operational Stress Injury Clinic has a satellite site in Hamilton and in the GTA.

The OSI clinic follows a standardized assessment and treatment protocol, including evidence-based psychotherapy and psychiatric care based. Furthermore, to enhance treatment outcomes the Parkwood OSI clinic also makes use of an electronic treatment outcome monitoring system. As a clinical research centre of excellence, our Research Consortium will continue to work closely with the Canadian Institute for Military and Veteran Health Research (CIMVHR) and community partners to better understanding military related PTSD.

The specialized team of psychiatrists, psychologists, mental health nurses, family physician, nurse practitioner and social workers provides comprehensive assessment and treatment in collaboration with community providers. The clinic is also involved in providing education, outreach and research. Currently there are two full-time psychiatrists, Dr. J. Don Richardson and Dr. Michelle Marlborough and 3 part-time psychiatrists Dr. Heather Flett, Dr. Linda Plowright, and Dr. Ruth Lanius affiliated with the Parkwood OSI clinic. For the older veterans, the Parkwood OSI clinic has established a partnership with the Geriatric Psychiatry Program to provide direct consultation services.

As Physician Clinical Lead, Dr. Don Richardson states, “The Parkwood OSI clinic will continue to expand clinical services and enhance research in Military and Veteran Mental Health; especially military related posttraumatic stress disorder.” This coming year, we are looking forward to the expansion of the GTA satellite site to provide a full complement of services. In addition to enhancing clinical services, future goals include establishing a research centre, promoting collaborative care with
community providers; and further developing training opportunity for residents and psychiatrists interested in veterans’ mental health.

Treatment and Rehabilitation Program – Dr. Sandra Northcott

The Treatment and Rehabilitation Program is one of our largest programs at Parkwood Institute Mental Health Care. It encompasses the Concurrent Disorders Program, Adult Ambulatory, OTN Consultation (to our regional partners), Collaborative Care with Family Health Teams and Inpatient Care.

The Concurrent Disorders Program provides consultations as well as case management to individuals with serious mental illness and a concurrent disorder. The team includes nurses, a social worker, an occupational therapist, a psychologist, and two psychiatrists. After the passing of Dr. Greg McCarthy, referrals were limited. His loss was strongly felt by those who had the privilege to work with him, including staff, patients and families. As of recently, Dr. Karin Kerfoot has joined the team, which will improve capacity and referrals.

The largest program within Treatment and Rehabilitation is Adult Ambulatory, which provides services based on a Flex model of care. It is comprised of four interdisciplinary teams who offer care to patients living across Middlesex and Elgin Counties. The interdisciplinary teams are comprised of nurses, social workers, occupational therapists, psychologists, psychometrists, psychiatrists and recreation therapists. As part of the current Feasibility work, we have begun implementing the LOCUS tool and are reviewing the level of care we provide, as well as other possible models. Dr. Simon Chiu, who has been with the program for many years, left at the end of June 2017 to work in the Forensics Psychiatry Program at Southwest Centre. Dr. Chui’s expertise in addictions and psychopharmacology will be missed.

On January 3, 2017, we initiated the Zero Suicide Project pilot within our Adult Ambulatory Program. By using a system-wide approach the Zero Suicide Project aims to improve care and outcomes for individuals within the mental health care system who are at risk of suicide. Phase 1 of this project included completing the Columbia-Suicide Severity Lifetime Rating Scale on all new outpatients, as well as using the Columbia Screener at each follow-up visit. The team works with the patient to complete a Coping Plan and when appropriate, a Suicide Risk Management Plan. Staff have been trained in ASIST (Applied Suicide Intervention Skills Training) and currently are undergoing CAMS (Collaborative Assessment and Management of Suicidality) training. In the Fall, staff will receive either an Introduction to CBT, or CBT for Suicidality, offered by the Beck Institute. Zero Suicide will also be introduced to the Concurrent Disorders Program with full staff training completed this Fall.

There are seven ACT teams which provide care to patients in St. Thomas (2), London (3), Strathroy and Woodstock. If individuals require bedded care, they are admitted to Parkwood Institute Mental Health Care.

Adult inpatient care is comprised of four units. Of the four, there are three units (G3, H3 and G4) that have 24 beds for those with a primary psychotic disorder, mood disorder or anxiety disorder. There is also a 15 bed Assessment Unit which accepts a number of our tertiary referrals. Ambulatory, ACT and Concurrent Disorder patients are admitted to one of the three Treatment and Rehabilitation Units.

In July 2016, we launched the Safewards initiative to front line inpatient staff members. Safewards is a series of interventions designed, tested and proven to decrease incidents of conflict and containment on mental health inpatient units by using new skills and tools to strengthen relationships between patients and staff. Each intervention is meant to improve the patient experience, increase patient engagement and improve safety for all. All ten interventions will be rolled out across both mental health sites by the end of 2017.

With a philosophy of recovery and rehabilitation there have been efforts to improve the patient experience, with a focus on meaningful activities. It is wonderful to see the gym much busier, including
joint activities with PEPP. The “downtown” has been busy throughout the year with St Patrick’s Day parties, painting afternoons, karaoke and activities offered by Spiritual Care. Improving the recovery and rehabilitative experience remains the focus for the year.

New Appointments

The Division is pleased to announce the following faculty who have joined us over this last academic year.

Dr Priyadharshini Sabesan joined as a Full Time Clinical Academic faculty at the Rank of Assistant Professor, Provost Stream, to the Department of Psychiatry, Division of General Adult Psychiatry, effective September 7, 2016. Her principal clinical base is with the Urgent Psychiatry Clinic, but she also supports the Geriatric Psychiatry, both of which at LHSC.

Priya has studied Medicine (MBBS) at Annamalai University, Tamil Nadu, India. After one year of internship in India (PGY-1 equivalent) she moved to United Kingdom in 2007 and successfully completed the qualifying exams to pursue further postgraduate training. She has completed her Basic Specialist Training in Psychiatry and trained mostly in East Midlands (Nottingham, Derby, Mansfield and Lincolnshire).

Throughout her clinical training, she has been active in research, teaching and leadership roles. Her research interests lie in synthesizing age-specific evidence based to develop treatment recommendations in the elderly. She has completed a peer review on antipsychotic use in the elderly, its safety and effectiveness, and also completed a review on safety and efficacy of Transcranial Magnetic Stimulation in the elderly along with colleagues in the Nottingham Neuromodulation Unit. She has led the Regional Psychiatric Trainees committee for a period of 1 year and along with other colleagues, influenced many aspects of the on-call system for residents. Her most recent clinical work involved assessment and treatment of substance misuse and associated psychological disorders.

Dr. Michael Mak joined as a Full Time Clinical Academic faculty at the Rank of Assistant Professor, Provost Stream, to the Department of Psychiatry, Division of General Adult Psychiatry, effective December 1, 2016.

Michael has graduated with his Doctor of Medicine from Queen's University, Kingston Ontario and completed his Residency in Psychiatry with Western University.

Michael has been with us since 2015, working in a Locum capacity as a Consultation-Liaison Psychiatrist while completing his Fellowship in Sleep Medicine under the supervision of Dr. Charlie George.

Effective December 1, Michael has been continuing working with the Consultation Liaison Service and also providing support to General Psychiatric Outpatients. In addition, he continues to work with the Sleep Medicine Program, all of which at LHSC.

Michael has an ardent interest in food and especially enjoys French Cuisine.

Why Psychiatry as a career? An unforgettable Neuropsychiatry Elective was what got Michael attracted to the field of Psychiatry. He believes that the field of Psychiatry is an ‘Art’ more than any other facet of Medicine. Success in Psychiatry is determined by personal interaction with a patient and every patient care demands painting a new canvas/a new way of working. He also believes that there are many untapped research opportunities in Psychiatry and that excites him about the dynamic impact this field holds.
Dr. Sujata Ojha joined as a Full Time Clinical Academic faculty at the Rank of Assistant Professor, Provost Stream, to the Department of Psychiatry, Division of General Adult Psychiatry, effective March 15, 2017. Dr Ojha joined the Strathroy Assertive Community Treatment Team operating out of SJHC, and additionally provided support at Byron Medical Centre.

Sujata has been with us as an Elective Psychiatry Resident since 2015, working with the Assertive Community Treatment team, London and Acute Adult Inpatient Psychiatry and PEPP Programs. She has completed her FRANZCP traineeship from The Royal Australian and New Zealand College of Psychiatrists.

Sujata has graduated with her MBBS from Gandhi Medical College, Barkatullah University, Bhopal, India.

Sujata is known to her colleagues as a fun-loving person with a strong interest in cooking and Indian music. With a hectic lifestyle at work, she believes that car travelling gives her family an opportunity to bond and hence every chance she gets she tries to arrange long car journeys.

Dr. Jedrin Ngungu joined as a Full Time Clinical Academic faculty at the Rank of Assistant Professor, Provost Stream, to the Department of Psychiatry, Division of General Adult Psychiatry, effective April 1, 2017. Dr. Ngungu joined the Mental Health Program with the Inpatient, Ambulatory Care, and CEPS Services based out of Victoria Hospital, LHSC.

Jedrin has last worked as a Psychiatrist with Carbonear Hospital, Newfoundland from May 2011-17. His role involved working for Eastern Health covering a population catchment area of approximately 50,000 people covering a full range of psychiatric disorders, including anxiety, depression, addictions and psychotic disorders. He also handled emergency care and provided liaison service to inpatients. Dr. Ngungu also held the Rank of Assistant Professor of Psychiatry, Memorial University of Newfoundland.

Dr. Ngungu holds a Bachelor of Surgery, Bachelor of Medicine (MB, ChB) from university of Zambia. He also holds a Masters of Clinical Education(MClinEd)- specializing in Clinical Research and Education from University of East Anglia (U.K.).

Why Psychiatry? Jedrin enjoys Psychiatry because of the complexity that every patient brings and to get to know more about people continues to be fascinating to him. He also loves finding out what the patient wants and takes pleasure in supporting them in their decision.

Travelling and hiking are his hobbies but his perfect day would include relaxing on a beach.

Dr. Michelle Marlborough joined as a Full Time Clinical Academic faculty at the Rank of Assistant Professor, Provost Stream, to the Department of Psychiatry, Division of General Adult Psychiatry, effective May 1, 2017, with the Operational Stress Injury Clinic (OSI) at Parkwood Institute, SJHC.

Her primary role at OSI involves working with a patient population that are Veterans, Canadian Forces and RCMP members. She brings a unique background having completed her Bachelor’s of Science in Nursing from UWO and her Doctor of Medicine from McMaster University. She had completed her residency at the University of Toronto and additionally holds a Disaster Medicine and Management Certification. She is best known for her warm personality and calm demeanor by her patients and team members.

Dr. Kumar Naidu joined as a Full Time Clinical Academic faculty at the Rank of Associate Professor, Provost Stream, to the Department of Psychiatry, Division of General Adult Psychiatry, effective May 1, 2017.
Kumar is well-known to us from his previous work with the University of Western Ontario from 1991 to 2009. During his time with Schulich, Dr Naidu was actively involved in teaching and won various teaching awards in both undergrad and postgrad education. He rejoinus with a wealth of knowledge and expertise at the Rank of Associate Professor with the General Psychiatry Division, providing patient support within the inpatient and ambulatory mental health services. Dr. Naidu brings an MBBS and MD from University of Madras, India. He has completed his Psychiatry Training at Hospitals in Wales and England. His last role has been as a Psychiatrist with Blue Water Health from 2009 to 2017. His ideal vacation would be involve travelling and spending time with loved ones.

Transitions

After approximately five years at LHSC where she worked with the inpatient and outpatient services, on September 1, 2016, Dr. Karin Kerfoot completed her transition to the Geriatric Psychiatry Program at the Parkwood Institute Mental Health Care Building, SJHC. Additionally, Karin has been involved with the Neurotherapeutic Clinic, where she has been involved in the administration of ECT and TMS. Karin continues to retain the many responsibilities she has been responsible for within the postgraduate training program.

Effective February 1, 2017, Dr. Arlene MacDougall, transitioned from the LHSC PEPP program to her new position as the Director of Research and Innovation at the SJHC Mental Health Care Program, where her role is to promote and sustain innovative clinical research initiatives. Personally, she will continue to maintain a cross-appointment with the Department of Epidemiology and Biostatistics, and pursue her own research track, particularly with her Mental Health Incubator for Disruptive Solutions (MINDS) programs in Africa and locally in London-Middlesex.

Departures

Tragically, Dr. Gregory McCarthy passed away in late 2016. Greg was a Psychiatrist and Physician Clinical Lead in the Concurrent Disorders Program at Parkwood Institute Mental Health Care, and an Associate Professor at Schulich School of Medicine and Dentistry.

Dr. McCarthy completed his medical training in South Africa where he was the founder and Medical Director of the Stepping Stones Addiction Treatment Centre. He joined the St. Joseph's Professional Staff and the Department of Psychiatry in 2008. Dr. McCarthy was an expert in the diagnosis and management of concurrent disorders and was sought after for advice across the region. He was a well-respected and highly sought-after teacher, who shared his knowledge and passion for caring for those with addictions with medical students, residents and clinicians. He cared deeply for his patients and the team with whom he worked and was a strong advocate for the needs of both. On a personal level, he was a kind, gentle and compassionate person who inspired others.

Dr. Paul Links completed his first term as the Chair/Chief of the Schulich Department and hospitals’ Mental Health Programs on December 31, 2016. After deciding to not renew his term for personal reasons, Paul continued on a study leave till March 31, 2017, before taking a position at McMaster University in Hamilton.

Paul was instrumental in establishing a sense of calm and stability within the Department, as well as leading us in strategic directions associated with our clinical, education, and research mandates. During his term, he personally continued and extended his well-known research in suicide prevention. We wish him all the best in this next stage of his distinguished career.

Dr. Chris Tidd left our Department on March 31, 2017, after completing over a decade of service initially mainly at SJHC and later at LHSC. During his tenure with us, Chris was active academically, at
one time being the co-director of PGE, as well as being a popular supervisor for residents and clinical clerks for inpatient and emergency psychiatry. Initially recruited from the state of New York, for personal reasons and an attractive professional opportunity, Chris decided to return to New York state at this point in his career. He was immensely liked and will be missed. Good luck, Chris.

**Divisional Awards**

While elsewhere in the report, awards given to departmental members can be found; this year the Division chose to recognize one from its ranks of each hospital organization, for exemplary clinical and academic service, as well as for professionalism and collegiality. These awards were presented at the Departmental Awards Ceremony in June.

Division Member of the Year, SJHC – **Dr. Iouri Rybak**
Division Member of the Year, LHSC – **Dr. Viraj Mehta**

*Jeffrey Reiss*
Chair, Division of General Psychiatry
Once again, it is with great pleasure that I report on the activities of the academic Division of Child and Adolescent Psychiatry (DCAP) for this past year. I am so appreciative, not only of our division academic leaders, but of all the members of the division, Child and Adolescent Psychiatrists and Interprofessional colleagues, who give us so much of their time and expertise and also to our administrative staff who support us so well.

As always, while the emphasis of this annual report will be on academic activity, relevant comments will be made to some aspects of academically-linked service delivery.

**CAP UNDERGRADUATE EDUCATION:**
This year marked a significant honour in the area of Undergraduate Education for one of our Division members as Dr. Heidi Haensel received a Schulich Award of Excellence in Undergraduate Education at the Awards Ceremony for the Schulich School of Medicine and Dentistry in May.

Dr. Heidi Haensel is Child and Adolescent Psychiatry (CAP) Undergraduate Medical Education director and reports on her portfolio:

This was another successful year in UGE, as we continue to grow knowledge, interest and enthusiasm for Child and Adolescent Psychiatry among our Undergraduate Medical students.

The Child and Adolescent Psychiatry week of lectures was well received, with a very attentive and thoughtful Second Year class presence. The lecturers appreciated the well considered questions they received. We continued to deliver interdisciplinary content, with a new Speech and Language Pathology lecturer, Joan Gardiner from CPRI, joining the schedule. Lectures on Eating Disorders and Learning Disorders were significantly revised this year under the initiatives of Dr. Devita Singh, Dr. Aleksandra Nowicki, and Kathy McKay, Registered Dietitian, to create a very engaging space for learning about these topics.

In our Child and Adolescent Clerkship, we continue to grow in positive directions. We have welcomed a number of junior faculty to our Clerkship lecture series, including Dr. Ray Egan, Dr. Michelle Ngo, and Dr. Joy Abramson, and our undergraduate trainees are benefitting from their enthusiasm. Interest in Child Psychiatry as an elective and selective choice for clerks is thriving as well, as we welcomed 51 Year Three selective students from Western University, and 11 Fourth year elective students, from Western as well as from other Canadian Medical Schools and from Medical Schools around the world. These students appreciated the enthusiasm, and high level of skills and knowledge of their clinical teachers. Our Child and Adolescent undergraduate teaching award recipient this year, Dr Rob Nicolson, scored as highly on his teaching evaluations as the recipient for the Undergraduate Award for the Department of Psychiatry.

**CAP POSTGRADUATE MEDICAL EDUCATION**
Child and Adolescent Psychiatry, both core and CAP Subspecialty training, has thrived under the leadership of Dr. Patricia Hall.
Most deservedly Dr. Hall received the CAP Post Graduate Educator of the year award, selected by the resident group, at the Department of Psychiatry Annual Awards on June 13th. Dr. Nina McCurdy PGY-3 received the prestigious Paul Patterson Teaching Award.

Dr. Hall reports on Postgraduate Education in Child and Adolescent Psychiatry:

It has been a busy year with Child and Adolescent Psychiatry Lectures being provided for PGY-1, PGY-3 trainees and for the subspecialty program. The success of the academic curriculum over the past year was in part due to the excellent administrative support of Faye Slote, Suzy Mendes, Bela Franze, Georgina de Regt and Tracy Henebry. Clinically, there has been an increasing demand for rotations. I would like to thank Tracy Henebry for her efforts in maintaining the clinical rotation schedule.

The PGY-3 residents participated in 6 months training in Child and Adolescent Psychiatry. During the 6 block rotation, residents spent 3 blocks in an inpatient setting and 3 blocks in an ambulatory setting. Residents also completed 2 weeks of Developmental Disabilities clinical training, family therapy training, one telepsychiatry consultation and one STACER. Learning objectives were reviewed and updated for the academic year in preparation for the accreditation of the Psychiatry Program in early 2017. The curriculum was reviewed for the PGY-3 year and with feedback from residents the number of Child and Adolescent Core Module Lectures increased to 25 lecturers. Child and Adolescent Psychiatry is also offered in the PGY-1 curriculum. Clinically PGY-1 residents all participated in a one month clinical rotation on the inpatient unit at London Health Sciences Child and Adolescent Mental Health Care Program. We are experiencing a welcome increase in the number of Family Medicine Resident requests for an elective in Child and Adolescent Psychiatry. Residents are also invited to participate and attend the Division Complex Case Rounds and Journal Club Rounds.

Clinical rotations over the year include planned core rotations for PGY-1, PGY-3 and Subspecialty residents. Electives are also available for PGY-1 and senior residents, and subspecialty residents. PGY-2 residents are given an orientation information package including learning objectives for the PGY-3 year. Please see the CAP resident’s handbook for more information which is on the department website. For faculty working with subspecialty residents, learning objectives are also available on the department website, and this is also sent out prior to the start of the rotation. Thank you to Ms. Stephanie Rabenstein who is the Family Therapy Coordinator for ensuring family therapy skills are incorporated into the CAP clinical teaching units. The Faculty/Resident Orientation Manual and the Subspecialty Resident Orientation Manual have been updated by the CAP postgraduate office for the upcoming 2017/2018 academic year.

I would like to take this opportunity to update the department on the membership of the CAP Resident Program Committee (CAP RPC): current committee members include Dr. Ray Egan, Psychotherapy Coordinator and Vanier Children’s Services Site Representative; Dr. Jeff Carter, Research Director; Dr. Javeed Sukhera, Curriculum Coordinator and LHSC Site Representative; Dr. Sohail Makhoodom, CPRI Site representative; Dr. Pamela Horne, Evaluations Coordinator; Dr. Yousha Mirza, Windsor Site Representative; Dr. Sandra Fisman CAP Division Chair and Parkwood Institute Site Representative; Dr. Michelle Ngo, FEMAP site representative; Dr. Joy Abramson, Safety Representative; Dr. Patricia Hall, Program Director; and Ms. Tracy Henebry, Program Administrator. The RPC has been busy over the past year preparing for our internal review that will occur in July 2017.
Thank you to all faculty who have provided their time and expertise in helping to prepare the presurvey questionnaire for the Royal College survey team. Our previous internal review in 2014 resulted in the status of “Accredited Program with follow up by Next Regular Survey” (i.e. full approval). The CAP RPC is looking forward to the survey team’s recommendations to assist us in our external review that will occur in 2019.

The Residency Program Committee for the Child and Adolescent Psychiatry subspecialty program would like to congratulate Dr. Joy Abramson for her successful completion of subspecialty residency training in Child and Adolescent Psychiatry in November 2016. We wish Dr. Abramson the best of luck on her subspecialty FRCPC exam in the fall of 2017. Dr. Joy Abramson was successful in receiving ethics approval to proceed in her research on weight stigma in medicine. We would like to congratulate Dr. Abramson on her new position as Assistant Professor in Psychiatry in the Division of Child and Adolescent Psychiatry, Schulich School of Medicine and Dentistry, Western University, and Psychiatrist at the Child and Adolescent Mental Health Care Program Inpatient and Outpatient Programs.

The CAP RPC would also like to announce that we were successful in recruiting 3 subspecialty residents who will start July 2017. Thank you to Ms. Henebry for her efforts in organizing a successful recruitment day, and to Dr. Fisman and Dr. Sukhera who have graciously offered their homes to host resident recruitment events. We are pleased to welcome Dr. Sonia Wadhwa (Western University), Dr. Richard Painter (University of Manitoba) and Dr. Charles Ho (Western University) to their first year of subspecialty training here at Western University.

As a reminder, applications for July 2018 are due in September, 2017. Please refer to the department website for more information in regards to application requirements. For any questions concerning the subspecialty program, please contact Dr. Patricia Hall, Program Director, or Tracy Henebry, Program Administrator. Also, please be advised that information about the subspecialty program and other agenda items of the RPC is shared at CAP division meetings, CAP advisory meetings, Department of Psychiatry Advisory Committee meetings and departmental newsletters. If more specific information is required or if there are any questions please feel free to contact the CAP postgraduate education office.

**CAP CONTINUED PROFESSIONAL DEVELOPMENT (CPD):**

Dr. Naveed Rizvi continues to capably lead the CAP Continued Professional Development Program, ably assisted by Georgina de Regt. We continue to be blessed with a rich CPD program and we are so appreciative of Dr. Rizvi’s committed leadership.

This past fall at the annual national meeting in Montreal, Dr. Rizvi received the CACAP Excellence in Education Award for his CPD contributions.

*Dr. Rizvi reports* on the CPD activities for the past year:

2016-2017 was a successful and a rewarding year for the DCAP Professional Development Program. During this academic year, DCAP offered a variety of evidence-based inter-professional CPD activities including: the DCAP Annual Meeting, DCAP Annual Conference, the Department of Psychiatry CPD Morning arranged by the Division of Child and Adolescent Psychiatry and Complex Case Rounds. Please see the attached list of the 2016-2017 DCAP CPD activities (below).
The DCAP continued to focus on inter-professional learning. In the spirit and intent of this, the 2016-2017 CPD events were planned and arranged in collaboration with DCAP faculty and community partners. This resulted in learning opportunities not only for the DCAP members but also for the community child care providers. With regards to topics, format and contents of DCAP CPD events, the evaluations and feedback from attendees has been extremely positive. Overall, the DCAP CPD activities were evaluated as helpful to advance skills and knowledge for provision and improvement in Children and Youth Mental Health services.

There are many people to thank for the success of the CPD programs. These include the planning committee members for the Annual Conference and DCAP Advisory Committee, which serves as a planning committee for DCAP Annual Meeting and Complex Case Rounds. I would also like to thank all the speakers who presented at 2016-2017 DCAP CPD events and made these CPD events such excellent learning opportunities.

I would like to express appreciation and thanks to Dr. Sandra Fisman, Chair of the Division of Child and Adolescent Psychiatry, as well as our faculty members for their ongoing support and advice. I would also like to express my thanks to Georgina de Regt, CPD Coordinator, for her interest, commitment and ongoing efforts in organizing DCAP CPD events.

2016/17 CPD events organized by the DCAP
OTN videoconferencing access to CPD events was provided to Community partners including CPRI, Parkwood Institute, Hôtel-Dieu Grace Healthcare and the Children Mental Health Agencies associated with the CPRI Hub of the Tele-Mental Health Services.

2016 – 2017 DCAP CPD Events

<table>
<thead>
<tr>
<th>Date</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>November 9, 2016</td>
<td>Dr. Aleksandra Nowicki</td>
</tr>
<tr>
<td>January 11, 2017</td>
<td>Dr. Tony Pignatello</td>
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<tr>
<td>March 8, 2017</td>
<td>Dr. Sandra Fisman</td>
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<tr>
<td>May 10, 2017</td>
<td>Dr. Naveed Rizvi</td>
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### DCAP Annual Conference

**Exposure to Childhood Trauma—Preventions to Intervention**

May 5, 2017 at the Best Western Lamplighter Inn

<table>
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<tr>
<th><strong>Keynote Presentations</strong></th>
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<tr>
<td>Stephanie Rabenstein</td>
<td>Developmental Trauma</td>
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<tr>
<td>Dr. Heidi Haensel</td>
<td>The Neurobiological &amp; Physiological Impacts of Early Trauma</td>
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<tr>
<th><strong>Workshop Sessions</strong></th>
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<tbody>
<tr>
<td>Presenter</td>
<td>Title</td>
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<tr>
<td>Dr. R. Zayed</td>
<td>Fundamentals of Trauma Assessment and Intervention</td>
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<tr>
<td>Julie Smith, Kathryn Lambert and Lisa Lumley</td>
<td>Families and Infants Together: Impact of Trauma on Infant Mental Health</td>
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<tr>
<td>Stephanie Rabenstein</td>
<td>Trauma Focused CBT—What do I need to know?</td>
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<tr>
<td>Dr. T. Beal, Pam Plain and Joanne Jackson</td>
<td>Forging Ahead Together: Understanding and Treating Trauma in First Nations Communities through a Wholistic Approach</td>
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<th><strong>CPD Morning Rounds</strong></th>
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<tbody>
<tr>
<td>Date</td>
<td>Presenter/Title</td>
</tr>
<tr>
<td>June 8, 2017</td>
<td>Dr. Lauren Riggin and Lyndon George Cultures Collide</td>
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<tr>
<th><strong>DCAP Annual Meeting</strong></th>
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<tr>
<td>Date</td>
<td>Presenter/Title</td>
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<tr>
<td>June 22, 2017</td>
<td>Dr. James Ross Empathetic Engagement in Psychiatry: A Constructivist Grounded Theory Model for Discussion and Teaching</td>
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# 2017 – 2018 DCAP CPD Upcoming Events

## Complex Case Rounds Schedule- 2017-2018

<table>
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<tr>
<th>Date</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>July 12, 2017</td>
<td>Dr. Robert Nicolson</td>
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<tr>
<td>September 21, 2017</td>
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<td>November 16, 2017</td>
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<td>January 18, 2018</td>
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<td>March 15, 2018</td>
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<td>May 17, 2018</td>
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<td>July 19, 2018</td>
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## Journal Club Schedule- 2017-2018

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<tr>
<th>Date</th>
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<td>October 19, 2017</td>
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<td>December 21, 2017</td>
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<td>February 15, 2018</td>
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<td>April 19, 2018</td>
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<td>June 21, 2018</td>
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**Moved to the 3rd Thursday of every other month, 12:00 to 1:00 p.m.**

## DCAP Annual Conference

April 27, 2017 at the Best Western Lamplighter Inn

## CPD Morning Rounds

June 14, 2018

## DCAP Annual Meeting

June 21, 2017 at the Best Western Lamplighter Inn
CAP RESEARCH REPORT

Dr. Jeff Carter is our devoted Research Director for the DCAP and we so much appreciate his continued and devoted leadership, in combination with his important role in the MCYS Lead Agency Provincial Consortium and the local London-Middlesex Lead Agency. The detailed Research report for the 2016-2017 year is currently being compiled and will be available after all submissions are received at the end of the academic year (June 30, 2017). In particular, Dr. Carter coordinates and supervises the mandatory research projects for our CAP Subspecialty trainees.

Dr. Carter reports on the current DCAP research vision and overview of the year:

Our goal continues to be to grow the profile of research within the Division. I would like to thank Dr. Paul Links for his support of research initiatives in his tenure as department chair. I would also like to thank Faye Slote, Georgina de Regt, and Brenda Davidson for all of their administrative and organizing work for research within the Division. We welcome Georgina and wish Faye all the best in her new endeavors. We have aligned our annual research reporting with Department reporting to reduce the administrative burden on researchers.

We have experimented with a Research meeting separate from the Division Psychiatrists’ meeting and are looking for the best way to coordinate efforts. Obtaining dedicated time for Division members to be released from clinical duties to conduct research is a significant challenge.

Last year, the Division successfully held the Fourth Annual Research Half Day on November 7, 2016. The theme was “Policy and Practice” and we featured a panel discussion “Youth and Marijuana: The Brain Matters.” We changed the format to focus on the panel discussion with local speakers, and were honoured to have Dr. Elizabeth Osuch, Dr. Steven Laviolette, and Muriel Abbott present. We had many wonderful posters, and Dr. Javeed Sukhera and his colleagues Kristina Miller, Alexandra Milne, Christina Scerbo, Roderick Lim, Alicia Cooper, and Chris Watling won the best poster award for “Labeling of Mental Illness in a Paediatric Emergency Department and Its Implications for Stigma Reduction Education.” This year, the Fifth Annual Research Half Day will be held on the morning of Thursday November 30, 2017. The theme is “Measuring Outcomes.” We are continuing with the local panel discussion format with Dr. Shannon Stewart, Dr. Kelly Anderson, and myself. A call for posters will be coming out over the summer.

The Journal Club had some excellent presentations. In December, Dr. Jonathan Gregory presented on “Helpful or Hazardous? The Role of Smartphones in Inpatient Child and Adolescent Psychiatry.” I presented on “Walk-In Services for Children and Families” in February. I want to express my thanks to Dr. Javeed Shukhera for taking over the role of coordinating the Journal Club for the end of this year and going forward.

Brenda Davidson is Research Coordinator for the DCAP. Her organization and assistance with research organization and development, including data input and collation of the annual research report is invaluable and she adds the following comments:

The Division of Child and Adolescent Psychiatry focuses on Applied Research. All of the core and adjunct faculty are practicing clinicians, with deep understanding of their research areas. Topics range from investigation of the effectiveness of treatments for specific disorders, to the development of comprehensive measurement tools, and
service systems issues. There are many opportunities for Residents, Psychology Students and Clerks to become involved in research in the Division of Child and Adolescent Psychiatry and we are observing increasing involvement.

One of the strengths of the Division is its focus on collaboration, and researchers collaborate with partners not only from Western, e.g. Western Faculty of Education and local service providers, but also from universities and organizations around the world, e.g. the interRAI CHYM.

Under the DCAP research Planning Objectives, the Research Working Group is striving to encourage research productivity.

- To keep members of the division informed about each other’s research.
- To increase the level of collaboration between our research faculty and clinical faculty.
- To identify faculty members’ needs for continuing education in research.
- To improve co-ordination of research projects within the division.
- To assist residents / clerks in identifying potential research mentors and projects.

With faculty's demanding and busy schedules, research can be quite challenging and yet it is fundamental to acquire a deep understanding in research which can lead to many opportunities with careers in medicine. In order to lend-a-hand to encourage research within the Division the following actions have been implemented in which all have proven successful.

- The Division of the Child and Adolescent Psychiatry (DCAP) Research Half Day Conference

In November 2013, the first DCAP Research Half Day Conference was introduced to faculty and to the community. The intent of the half day conference is to encourage all faculties in child/adolescent/paediatric professions, residents and students, and professionals in the community to attend and collaborate. The Half Day Research Conference in 2013 and 2014 were well attended, and in 2015 the conference attendance reached 98.

From the feedback, attendees very much preferred the poster presentations and panel discussion.

To make the DCAP Research Half Day Conference exceptional, it was decided to have a “Panel Discussion” with three key note speakers, and longer “Poster Presentation” time. The 2017 DCAP Half Day Conference on November 30, 2017 from 8:00 am to 12:30 pm, is now in development.

- The Division of Child and Adolescent Psychiatry (DCAP) Semi-Annual Research Report.

The semi-annual report has added another section, entitled, “On-going Research Activity.” Faculty are asked to list their research that is on-going/presently active or research that faculty are interested in starting. This section does not include publications, funding information, or presentations. The intent of this is to open
communication among researchers to possibly collaborate. This information is only shared with the DCAP Research Working Group.

A tracking record has also been introduced for research reporting. The tracking record will assist in identifying faculty on-going interest in research.

THE MANDATORY PEDIATRIC ROTATION

This academic year, Dr. Aleksandra Nowicki took on the role of coordinating the mandatory pediatric rotation. This is an experience that aligns with our collaborative role with Pediatrics.

We much appreciate her taking this on and are thankful to Tracy Henebry for providing the administrative support.

Dr. Nowicki reports:

The mandatory pediatric rotation in psychiatry was revamped for this coming academic year. After meeting with pediatric program directors and resident representatives along with DCAP, several changes were made to enhance learning, clinical experience, skill development and provide more consistent supervision. The rotation will consist of 4 weeks with emphasis on development of clinical skills. While residents will work with one primary supervisor, they will have the option of pursuing additional clinical experiences based on their own individual learning goals with other supervisors. Residents will be provided with information on specialty clinics and supervisors and will be able to contact them to arrange this. In addition to learning around cases with their primary supervisor and allied health care professionals, opportunities to attend formal group learning events will be encouraged and there will be an expectation of completing a presentation. The existing biannual seminars to address key areas of psychiatry will continue to be offered. Call requirements will shift to day time coverage of the ER when resident supervisor is on call, and Friday on call coverage for those residents whose supervisors cover weekend call. Lastly, an interviewing skills demonstration, along with numerous resources and articles were compiled and will be accessible to residents to facilitate their learning.

CLINICAL ACADEMIC LINKAGES:

As an Academic Health Sciences Network, we are blessed with academic affiliation agreements with our Children’s Mental Health Agencies.

Dr. Ajit Ninan is Site coordinator for CPRI and reports on the academic initiatives from CPRI:

Undergraduate medical students and psychiatry residents are assigned to a specific psychiatrist as their supervisor, and they experience clinical supervision in a wide range of clinical settings at CPRI, including ambulatory assessments, inpatient treatment, and specialized clinics.

Curriculum Development

CPRI full-time clinical academics provide significant input into the development of the CAP psychiatry clinical experience and in curriculum development, participating in leadership roles and as members of relevant training committees.
**Didactic Contributions**

All full-time clinical academic psychiatrists and a number of limited duties' clinical faculty at CPRI provide didactic teaching in the Division by participating in the following lecture and seminar series:

1. Participating as PCL seminar leaders for 1st year medical students
2. Teaching in the Meds5207 course: Introduction to Psychiatry for 2nd year medical students
3. Participating in the lecture series for 3rd year clinical clerks
4. Teaching in the Model Lecture Series for 3rd year residents in Psychiatry
5. Participation in the CAP Subspecialty Teaching

**Administrative Roles**

Individual full-time clinical academic psychiatrists presently participate or previously participated in the following administrate roles in education:

1. Membership on the Residency Program Committee for CAP Subspecialty Training
2. Membership on the Department of Psychiatry Continuing Professional Development Committee

Membership on ad hoc committees (e.g. Annual DCAP Symposium Committee, DBT Advanced Training workshop)

Dr. Naveed Rizvi is the Physician Lead for the **Tele-Mental Health Service - “CPRI Hub.”**

This year the Telepsychiatry Program celebrated its 10th anniversary. I have been privileged to be associated with many CPRI innovations that have reached out into the community and facilitated access to specialized services where this access would otherwise have been very limited or non-existent.

Every aspect of the program warrants celebration at this special 10-year milestone. The ongoing commitment of Dr. Naveed Rizvi has been exemplary. In his inimitable way, he steadily leads the service and role models a generous and gracious participation in the program, in spite of the many competing demands on his time. Rhonda Persichelli and Susan Thomson have been unfailing in their administrative support for the families and service providers who access the program. Thank you to the vision of the Ministry of Child and Youth Services who were able to visualize the return on their investment for this program, especially for rural and under serviced areas. The collaborative connection with the Western University Division of Child and Adolescent Psychiatry has facilitated access to specialist Child and Adolescent Psychiatrists.

*Dr Rizvi reports:*

The CPRI Hub of the Tele-Mental Health Services continues to provide clinical and program consults as well as education to all publicly funded community professionals,
working with children and youths in the rural and remote communities. The majority of referrals continued to be for clinical consultations from MCYCS Children’s Mental Health Agencies, Family Health Teams and Family Physicians, although there is an increase in the number of program consults offered to community providers.

**Fiscal Year: June 1, 2016–May 31, 2017**

**Clinical Consults: 438**  
**Program Consults: 87**  
**Education Sessions: 8**  
**Total Completed Services: 533**  
- 57% come from MCYS agencies  
- 27% from Family Health Teams  
- 12% from Hospital  
- 2% from schools  
- 2% from CCAC

10 years as a Hub in April 2017:
In 2007 we had our first video conference. Now 10 years later, we have provided 2786 clinical consultations (psychiatric assessments and treatment recommendations); 267 Program Consultations (regarding team/program/systemic issues) and 131 education opportunities to a range of community based agencies and the children and youth they serve.

**CPRI Hub Poster Presentation on “Capacity development within Rural Communities for Child and Youth Mental Health: The CPRI Hub” at The Ontario Public Health Convention on March 29-31, 2017:**

The CPRI Hub team conducted an online survey to evaluate ‘Capacity Building’ by assessing the overall influences of Tele-Mental Health Services on clinical practice, or skills of the clinicians in the following areas:

- Screening/identifying symptoms for mental health problems  
- Implementing therapeutic interventions  
- Collaborating care with community partners  
- Usage of CPRI Hub's Tele-Mental Health services and  
- Identifying any barriers to the services

**Conclusions:**
**Improved Access**
- Reported timely access to child and youth psychiatric care in rural areas  
- Access to a range of mental health professionals

**Knowledge Mobilization**
- Increased knowledge and ability to implement strategies to other clients exhibiting similar symptoms  
- Access to professional development

**Technology**
- Use of technology provides accessibility in rural areas resulting in reduced travel for clients and family  
- Reliable: < 2% of consultations not completed due to technology failures
Increased Capacity

- Improved community collaborative practice
- Empowered to implement recommendations by discussing and clarifying recommendations with the psychiatrist

The CPRI Hub team would like to express thanks and appreciation to our TMHS Hub partners for their support and collaboration as well as to our team of consultants for providing excellent clinical and program consultations as well as educational sessions. Feedback from community providers consistently indicates these services as, timely, clinically relevant, effective and highly valuable in building capacity to improve children and youth mental health services in rural and remote communities.

The CPRI hub Team continues to work in collaboration with the “Telemental Health Coordinating Agencies” and “Telemental Health Central Intake” as well as with Community Providers. This has improved utilization of Telemental Health Services and a consistent increase in the number of referrals.

To meet this challenge, the CPRI hub will continue to look for support from our partners including: Child and Parent Resource Institute (CPRI), Division of Child and Adolescent Psychiatry (DCAP), Schulich School of Medicine and Dentistry, Western University, London Health Sciences Centre (LHSC) and Parkwood Institute - St. Joseph’s Health Care.

Residents in Family Medicine, Pediatrics and Psychiatry as well as Child & Adolescent Psychiatry fellows are welcomed to participate in Telepsychiatry consultation at any time during their training. PGY-3 Psychiatry residents are required to do one Telepsychiatry consultation during the core child psychiatry rotation.

Vanier Children's Services is a second, valued academically affiliated site.

Dr. Ray Egan, site coordinator, at Vanier reports:

This will be my first annual report of activities at Vanier Children Services.

A treatment plan, which integrates the psychotherapeutic, developmental, social and biological needs of each child, is the ongoing objective of new assessments at Vanier from the community and residential programs. To achieve this goal there is close collaboration with psychologists Dr. Carla Smith, Dr. Sabrina Chiarella and Dr. Esther Goldberg and Child and Family Therapists and Child and Youth Case Managers. We also continue to join with the School Community Intervention Program at Vanier biweekly to see children referred from schools in the Thames Valley district. Setting aside time each month to discuss potential new Child Psychiatry referrals, wait list times have been kept down to a few months.

A highlight of working at Vanier is the opportunity to see very young children referred by the Early Years Team. Observing these children in the Specialized Kindergarten Classroom on site at Vanier further enriches and informs each consultation. Understanding the internal world of each child as it is communicated through words, gestures and play is an important part of each individual Child Psychiatry Assessment and provides a rich training opportunity for our residents.
Vanier has a rich tradition of Family Therapy teaching and we are thankful that two very experienced Child and Family Therapists, Devonne Strachan and Julia Dunlop, both from the Early Years Team have volunteered their time to supervise residents in Family Therapy: Thank you to Dr. Jeff Carter for helping make this happen.

We are excited about the forthcoming academic year as we welcome Family Medicine Residents, Child and Adolescent Psychiatry Subspecialty residents and Pediatric residents.

OTHER CLINICAL ACADEMIC INITIATIVES

Transitional Age Program
As the Psychiatrist Project Lead for the Transitional Age Program in London, Dr. Javeed Sukhera has lead this initiative, together with Dr. Elizabeth Osuch, Psychiatrist and Program Director First Episode Mood and Anxiety Program (FEMAP), together with community partners. This is another training opportunity in a much needed area of practice that is recognised in the CAP OTR as a selective for CAP Subspecialty trainees. The DCAP has discussed conceptually, a vision that would follow the University of Toronto Academic Division in establishing an academic partnership with those psychiatrists who are working with young adults to bridge the divide between youth and young adulthood.

As an enthusiastic leader in this endeavour, Dr. Sukhera reports on the developments over the past year:

Since the inception of the London Health Sciences Centre Transition Age Project in the fall of 2013, the Transitional Age Program has been developing towards the piloting of innovative clinical services and this year we launched a pilot clinical service: “Cornerstone Counseling” in collaboration with the Canadian Mental Health Association, Youth Opportunities Unlimited, Mindyourmind and Addictions Services Thames Valley. Cornerstone Counseling is a clinical service providing brief solution focused addictions and mental health treatment for youth between the ages of 16-25 after hours. Cornerstone Counseling is a non-crisis service and includes social work, addictions counseling, peer support and psychiatric consultation. The service was co-created with our community youth advisory council and demonstrates a model of clinical service design, delivery, and evaluation consistent with our research on mental health services for emerging adults. Our paper was published in the Canadian Journal of Community Mental Health.

The program has also been working with community partners on establishing a co-created transitions protocol for youth who are transitioning between child and adolescent and adult systems of care in both community and hospital contexts. The Transition Age Protocol team includes partnerships with the Ministry of Child and Youth Services lead agency and the Ministry of Community and Social Services sector. A future vision for the program includes working with community and hospital to develop a community youth service hub with sustainable operational funding. A future hub may include both first episode and transition age streams which will be exciting to move forward once funding is established.
Perinatal Women’s Mental Health Program

Dr. Heidi Haensel reports:

The perinatal mental health clinic has been very busy, with a record number of referrals this year. We have had the benefit of funds from the "Shoppers I Love You Run for Women" and at the June 10th, 2017 “Shoppers I Love You Run for Women,” $100,000 was raised for the London Health Sciences Foundation to be used in the perinatal mental health program. This is 3 times the amount raised last year, which was $34,000. There were over 750 participants in this year's walk/run. One of our amazing patients spoke at the event to highlight the importance of treatment of mental health issues in women and to applaud the work of our program. I spoke as well. So, it was an amazing opportunity for raising public awareness of the need for women's mental health service. The program is putting the funds to good use increasing the capacity of the staff in our clinic for delivering evidence-based treatment, as well as developing group therapies and refining referral pathways. We continue to collaborate with Merrymount children's services and the Middlesex-London Health Unit on perinatal and infant mental health initiatives in the community.

In the realm of Role Model and in Health Care Leadership, Dr. Haensel has made very significant contributions. In 2011, she actively participated in an Appreciative Inquiry cycle including hospital, academic and community partners with a vision of creating a Women's Mental Health Program as a hospital hub in partnership with community providers. She was instrumental in designing a Perinatal Mental Health program utilizing an Attachment Framework and nested in the Women's (Ob/Gyn) Department at LHSC. In 2012 she became the Physician Lead for Women’s and Children’s Consultation Liaison Psychiatry at London Health Sciences Centre (LHSC) and following the visioning process a year earlier, she developed a unique Perinatal Mental Health Program, embedded in the Women's Program at LHSC and with strong collaborative community connections. This clinic is now well established and in high demand. For this developmental innovation she received the Department of Psychiatry Clinical Innovation Award in 2013. The clinic continues to grow and flourish under her leadership and enables students from different and related specialties to experience a unique inter professional training opportunity. She has been able to sustain and even grow this clinic. She sits on a multiagency community committee enhancing women's mental health and engages with multiple stakeholders in other relationships and venues.

Emergency Psychiatry Consultation (EPC) Protocol

This is a unique service, developed in 1997, between the Southwest MCYS regional office and the DCAP that allows direct access to the Child Psychiatrist on call by stakeholders of MCYS funded agencies. This is a consultation service and not a direct request for an admission to an acute care CAP bed, although after consultation and face to face assessment, admission may be required with follow-up by the referring stakeholder.

Through this protocol the Children's Mental Health Centres in London and Middlesex, Oxford and Elgin, Huron and Perth and Grey and Bruce counties are able to contact the Emergency on-call Child and Adolescent Psychiatrist for consultation regarding a youth in crisis or showing signs of distress. The London Family Court Clinic (LFCC) tracks and reports on statistics from both the Stakeholder and the CAP Psychiatrist.
The program is reviewed annually in June at a meeting between the DCAP Division Chair, representing the psychiatry on-call group and the MCYS stakeholders. The meeting was held this year on June 22nd at CPRI.

The completeness of the data is dependent on both the psychiatrist and the stakeholder carefully filling out the contact sheet for each encounter. This year there were 145 completed forms (both psychiatrist and stakeholder) compared with 179 last year and 130 completed sets the previous year. There were an additional 92 contacts but 69 of these had no psychiatrist form and 23 had no stakeholder form. Of these unmatched forms, many were direct calls from hospitals unrelated to the EPC Protocol. This is a significant increase compared with half the number of completed contacts in earlier years, e.g. 56 in 2010/11, when we first began to keep statistics. This is congruent with the increase in demand for child and youth emergency and acute care inpatient services, seen across the province and country.

Review of the year and changes/recommendations for the upcoming year:
There continues to be predominantly positive feedback from stakeholders but there are some opportunities for improvement the upcoming year.

1) There will be a follow up meeting including and facilitated by MCYS in September, 2017 with the on-call psychiatry group and relevant stakeholders to address any mutual or unilateral concerns, most specifically the requests from Craigwood-run Youth Justice facilities to assess individual youth suicide risk by phone contact with direct care staff and modifications to the EPC reporting form to make it more complete and user friendly as well as having it serve as a clinical record for the contact.

2) There has evidently been a separately arranged meeting on July 6th between mental health administrators at Grey Bruce Health Services (GBHS) in Owen Sound and London Health Sciences Centre to understand and hopefully problem solve the lack of coordination in Grey and Bruce counties for transfer to acute care beds from GBHS and small community hospital emergencies across the counties. This meeting is outside of the EPC Protocol but rather related to the provincial bed board. The EPC protocol is a request for consultation not bed transfer while the bed board is a request for transfer to an acute care CAP bed. Keystone Children's Service in Owen Sound has asked to be present at the meeting as they are left out of these bed transfer requests. For the 2016/17 year, there were only a total of 6 uses of the EPC protocol by Keystone, a participating agency of the protocol.

3) Notably this was an issue a few years ago with Huron and Perth counties, when we agreed to link the EPC protocol with the hospital-based Crisis Service for after-hours calls designated for Huron Centre for Children and Youth (HCCY). With the collaborative assistance of Penny Cardno at Stratford General Hospital (SGH), Tracy D’ Angelo was assigned to educate community hospital emergencies in linking with HCCY during office hours and the Huron-Perth crisis workers after hours. This very effectively streamlined the use of the EPC protocol.

4) The psychiatry on-call group have pointed out that the standby fee per 24 hours is based on the rate for one MOH session and this has not increased as the sessional fee has increased. John Sinclair has asked that I send him the current rate so that this can be corrected. The present sessional rate is $180/hour i.e. $540 for a session ($358 the initial and current rate). He has also asked for the current Telepsychiatry rate which is
$174.14/hour, $522.42/three hours.

I look forward to resolution of these issues and a successful year with this unique collaboration which actually keeps children and youth out of the emergency room where possible and allows access to high level expertise in counties with no or minimal access to urgent CAP psychiatry consultation.

**Last but not least.....**

There continues to be an ongoing tension between the heavy clinical demands for all of our services and academic productivity of our psychiatrists as well as other clinicians who contribute so actively to inter-professional teaching and research. I would like to take this opportunity to thank you for your commitment to our academic and clinical care missions. Hopefully we can sustain a person and family centred system that feels so right to us in child and youth mental health.

This is my final report in a 5 year term as DCAP Division Chair. I hope I have served the field in the best way possible. I will continue to work as a full time clinical academic Child and Adolescent psychiatrist, engaged in clinical work, teaching and research. At a provincial level, I will continue my work with the AMS Phoenix Project and as Chair of the AMS Phoenix Fellowship Committee. At a national level, I have accepted the invitation to serve as Ontario Rep on the RCPSC Specialty Committee.

Finally, a warm welcome to Dr. Joy Abramson, one of our own Western CAP Subspecialty graduates who joined us this May, and to Dr. Frank Symons who will join us as a full time clinical academic member of the DCAP, Department of Psychiatry on July 10, 2017. Dr. Symons is a Western undergraduate who has just completed his CAP Subspecialty training at Memorial University and he will be at Parkwood and LHSC, clinically.

*Sandra Fisman*
Professor and Chair, DCAP
Division of Geriatric Psychiatry

The Division of Geriatric Psychiatry at the Schulich School of Medicine & Dentistry, Western University, continues to build and grow its leadership role in senior mental health care in London and the surrounding South West region of Ontario. Our core membership of six full-time geriatric psychiatrists, three psychologists, two affiliated scientists and two adjunct geriatric psychiatrists has been able to maintain and grow academic deliverables despite modest resources. In this summary, we will highlight accomplishment across the academic mandate.

Clinically, our Division continues to provide high-quality care to London-Middlesex and the South West LHIN through the two clinical sites: LHSC Geriatric Mental Health Program and Parkwood Institute-Mental Health Care Building Geriatric Psychiatry Program. Physician leads of the clinical sites and chair of the Division continue to be active in the Feasibility Study to explore opportunities for better integration of mental health services in our region. Geriatric Psychiatry was considered an area that is likely to be an early adapter to the proposed change towards a more streamlined process of intake, triage and service delivery for seniors with mental health issues. On the other hand, there is a significant challenge in meeting the service needs for seniors with mental health issues in our region and the current compliment of geriatric psychiatrists is stretched to the limit. Currently, we have two FTE geriatric psychiatrists at the Geriatric Mental Health Program at LHSC. They carry a very large case-load between inpatient beds, the newly established Geriatric Behavioral Unit, consult-liaison services, ambulatory and outreach services. The infrastructure support for these services is diverse but is limited in some areas, which makes the case-load quite burdensome at times. At the Parkwood Institute-Mental Health Care Geriatric Psychiatry Program, we have four FTE geriatric psychiatrists and one 0.4 FTE. This service is dealing with pressures from the region and from London-Middlesex, and there is significant difficulty in mobilizing some patients who are dealing with chronic-active mental health issues, which creates backlog for our referral services. At his point, recruitment is active for one FTE geriatric psychiatrist at the LHSC and another FTE at the Parkwood Institute-Mental Health Care site. This will likely help in supporting geriatric mental health services in our site, but we also continue to work on streamlining intake and triage and look for a more integrated network of care in our region with community and regional partners.

On the educational front, we offer a broad range of clinical experience to trainees at all levels. At the level of Undergraduate Medical Education (UME), Dr. Helen Park continues to coordinate placement of medical clerks and elective medical students at both LHSC and the Parkwood Institute site. We continue to provide a seminar series every six weeks for medical clerks, including a lecture on dementia and one on therapeutics in geriatric mental health. (Dr. Park continues to give a lecture on “Dementia” and one on “Therapeutics in Geriatric Mental Health” and Dr. Van Bussel continues to give a lecture on “Delirium” to clinical clerks during their surgery block). Over the span of the academic year, we have been able to accommodate thirty-three third-year clinical clerks on two-week selective rotations, eight fourth-year medical students and visiting students doing a two-week elective rotation with our Division. We were also able to accommodate a few volunteer students on elective research projects.

In addition to basic exposure to geriatric psychiatry, we were able to provide exposure to sub-specialized experiences in ECT, TMS and related geriatric psychiatry research.

On the Postgraduate Medical Education (PGE) level, Dr. Lisa Van Bussel continues to coordinate this portfolio. We continue to support core rotations in Geriatric Psychiatry for six blocks (ten psychiatry residents) in addition to off-service experience for other residents (three
geriatric medicine and four family medicine residents training in care of the elderly. We continue to run a seminar series covering different topics in Geriatric Psychiatry in PGY1 and PGY3 years. (Last year we delivered 30 lectures in total by faculty from our Division in addition to faculty from Cognitive Neurology, Geriatric Medicine and Allied Health Professionals). Our faculty members also participate in the interview skill seminar and transition to practice seminar. Additionally, our faculty members participate in other aspects of PGE, including CaRMS and curriculum development.

The Sub-Specialty Residency in Geriatric Psychiatry is led by Dr. Michele Doering. Dr. Mussen has completed year one (as of June 30th, 2016), which included geriatric in/outpatient, geriatric medicine, and palliative care. She also successfully completed her scholarly project. In PGY6 she will be completing neurology, an elective (community-based in Stratford), geriatric psychiatry CL and some ECT/TMS. Dr. Mussen also passed her RC exam in spring 2017.

We are currently in the process of interviewing seven candidates for July 1st, 2018, and we are able to take two PGY5s and one PGY6. Offers will be sent out November 15th, and we will know by the beginning of December who has accepted offers.

Accreditation is being organized, and it will be held on February 21st, 2018.

Our Division continues to be active at the Continuing Professional Education (CPD) level. We have four main CPD events that the Division supports in addition to several others that we partner with other programs on.

The 14th Geriatric Psychiatry annual symposium was held November 2nd, 2016. The event was very well attended with over 200 participants from an interprofessional audience. Our keynote speaker was Dr. Tarek K, Rajji, chief of geriatric psychiatry at CAMH/U of Toronto who spoke on “Impact of Cognitive Changes on Serious Mental Illness in Late Life.” Our Plenary speaker was Dr. Akshya Vasudev and Ms. Katie Mottram on “Insight into Mind Body Interventions.” There were several workshops covering different topics related to cognitive disorders, pain, addiction, stigma and fronto-temporal dementia all delivered by local experts with local, national and international standing on these topics.

As per our tradition, we also organized one of the Department of Psychiatry monthly rounds in May 2017. Dr. Burhan chaired the session and had Dr. Manuel Montero-Odasso as the guest speaker on “Motor & Cognitive Decline in Aging & Disease.” Dr. Montero-Odasso is internationally known for his work in this area and is the leader of the team investigating this as part of the Canadian Consortium on Neurodegeneration and Aging (CCNA). Also, Dr. Sumit Chaudhari (PGY3 in Psychiatry) presented a case that demonstrated the link between gait and cognition.

The LHSC GMHP continues to run the inter-professional weekly rounds covering several topics relevant to geriatric mental health.

Academic Half day is also a newly accredited CPD event. This is organized by Dr. Michele Doering and is a learning event for residents and staff from Geriatric Psychiatry, Geriatric Medicine and Physiatry. The event occurs four to six times per year, and speakers are chosen from the three divisions to expose trainees to different clinical practice for older adults.

Faculty in our Division continue to present at national and international meetings on topics related to geriatric mental health.
On the **Research** front, our Division continues to contribute to several themes relevant to geriatric mental health. Dr. Marnin Heisel continues his work in the area of suicide prevention, psychological resiliency and meaning of life in old age. Dr. Iris Gutmanis continues to work on areas related to systems of care in LTC and collaborate on projects related to Problem Solving Therapy, technology use in seniors and other translational health research. Dr. Amer Burhan continues to work on themes related to neuropsychiatric symptoms of neurocognitive disorders, brain stimulation and brain imaging. Dr. Akshya Vasudev continues to work on late-life affective disorders, neuropsychiatry of neurocognitive disorders, and mind-body therapies. Dr. Lisa Van Bussel continues to work on expanding the capacity of Problem Solving Therapy to treat seniors with mood disorders, neuropsychiatry of neurocognitive disorders, technology use in fall prevention and systems of care. Dr. Jennifer Fogarty continues to lead the national platform study on neuropsychological testing for cognitive disorders as part of the CCNA initiative. Please refer to the Department of Psychiatry research report for a full list of grants, publications and presentations by our Division members.

**CHALLENGES:**
A few important challenges need to be highlighted:

- Striking a balance between clinical and academic demands with the current compliment of faculty is one of our biggest challenges. We are in need for more academic faculty to support our Division. Two positions are being advertised and we hope to be able to fill these positions with high quality early-to-mid career faculty.
- Instability in administrative support for the Division and Sub-Specialty Program. This issue is being worked on and a more sustainable recruitment is being pursued.
- Maintain the capacity to offer optimum exposure to geriatric psychiatry for core and elective UGE and PGE trainees while continuing to support sub-specialty residents and potentially expand to two or more sub-specialty residents.
- This is our first round of Sub-specialty Program accreditation; we need to make sure that we meet the standards for ongoing full accreditation.

**OBJECTIVES FOR UPCOMING YEAR:**
Our main objective for the coming year is to maintain our role in clinical, educational and research leadership in Southwestern Ontario. We want to facilitate and streamline clinical services between our two sites, continue to support UGE and PGE core training in geriatric mental health, continue to offer sub-specialty residency training, continue to provide high-level CPD through our usual venues and other opportunities, continue our high-quality research in the themes that we have established and continue to build our local, national and international network of collaboration. Also, we will be working on increasing our visibility in the national geriatric psychiatry network by actively participating in the Canadian Academy of Geriatric Psychiatry, Canadian Coalition for Seniors Mental Health and the Canadian Consortium for Neurodegeneration and Aging among others.

*Dr. Amer Burhan*
Chair, Division of Geriatric Psychiatry
The Neuropsychiatry Research Group was created in 2002 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 between imaging researchers at the Robarts Research Institute, the Lawson Health Research Institute and clinical research groups. The group allows the development of advanced training opportunities within the department at resident, fellowship, MSc, PhD and postdoctoral levels through collaboration with the Departments of Medical Biophysics, Anatomy and Cell Biology, Psychology and the Neuroscience Graduate Program.

**Research Accomplishments**

During the first five years, four vertically integrated research programs were developed: a schizophrenia group led by Dr. Williamson, the *Tanna Schulich Chair in Neuroscience and Mental Health*, a posttraumatic disorders group led by Dr. Ruth Lanius, the *Harris-Woodman Chair in Psyche and Soma*, a mood and anxiety disorders group led by Dr. Beth Osuch, the *Rea Chair in Mood and Anxiety Disorders* and an autism group led by Dr. Rob Nicolson. Dr. Lena Palaniyappan has recently joined the group from the University of Nottingham, U.K. Highlights of collaborative clinical and basic science research over the last year in each of these areas are reviewed below.

**Schizophrenia:** The challenge of our time is to find the neural circuits associated with disorders such as depression, schizophrenia and autism. In a book entitled *The Human Illnesses: Neuropsychiatric Disorders and the Nature of the Human Brain* published by Oxford University Press in 2011, Dr. John Allman, an evolutionary biologist at the California Institute of Technology, and Dr. Williamson proposed that the neural pathways that underlie neuropsychiatric conditions mirror unique human capabilities.

Dr. Williamson and his collaborators have been evaluating this model with an ongoing longitudinal study of early schizophrenic and mood disordered patients funded by a grant from the *Canadian Institutes of Health Research* with equipment and overhead support from grants from the *Canada Foundation for Innovation, Ontario Research Fund and Brain Canada Foundation* on which Dr. Williamson is a co-applicant. In the first part of the study resting state fMRI networks in these patients and healthy controls were evaluated. However, the use of

“The challenge of our time is not to discover a gene for a particular neuropsychiatric disorder but to understand the final common pathway of the disorder with advanced brain imaging techniques.”

*Peter Williamson*
Robarts’ 7T MRI has also opened a window on metabolites which have not been visible before on less advanced scanners. Dr. Williamson and his collaborators were able to show in a paper published in *British Journal of Psychiatry Open* this year that schizophrenic patients have reduced glycine levels in the thalamus, a key part of the directed effort network hypothesized to be dysfunctional in schizophrenia compared to both controls and mood disordered patients. This is important because glycine modulates glutamate neurotransmission which is likely affected in schizophrenia and there are ways of correcting this deficiency with novel pharmaceuticals.

Dr. Williamson continues to collaborate on imaging studies in a very large cohort of drug-naïve patients at the Lundbeck Foundation Center for Clinical Intervention and Neuropsychiatric Schizophrenia Research in Copenhagen, Denmark. With the assistance of Dr. Mel Goodale, a further collaboration has developed with Dr. James Bourne, *Monash University*, Australia on the neurodevelopment of higher order nuclei of the thalamus which may underlie many of the anomalies seen in neuropsychiatric patients. Some preliminary results from a study of resting network connections between the right mediodorsal nucleus of the thalamus and cortical regions in 24 patients with early schizophrenia, 24 patients with early major depression and 24 healthy controls are shown in Figure 1. Patients with schizophrenia demonstrated diminished connectivity with medial prefrontal and the dorsal anterior cingulate cortex compared to patients with major depression in keeping with the idea that schizophrenia is associated with a directed effort network deficit.

**Figure 1:** *Patients with schizophrenia demonstrate less resting network connectivity between the mediodorsal thalamic nucleus and the dorsal anterior cingulate and medial prefrontal regions associated with directed effort, p< 0.05 FWE corrected. Courtesy of Dr. Jacob Penner.*

During his time at the University of Nottingham, Dr. Palaniyappan published more than 50 papers, many in very high impact journals such as *Neuron*. His work on neurodevelopmental and salience network anomalies in schizophrenic patients is internationally recognized. At Western, he is embarking on an ambitious program of research aimed at understanding the underlying mechanisms of psychotic disorders and why some patients do well and others do not. His investigation of the origins, consequences and outcomes of neuroprogression in first episode schizophrenia will be supported by a 5 year Foundation Grant from the *Canadian Institutes of Health Research*, the first such grant to the department. Dr. Palaniyappan also received a project grant from the *Canadian Institutes of Health Research* this year to examine anomalies in myelin in these patients which could be associated with negative symptoms and could possibly lead to a novel target for intervention. In recognition of his outstanding work, Dr.
Palaniyappan received a Young Investigator Award this year from the Canadian College of Neuropsychopharmacology.

**Posttraumatic Stress Disorders:** Dr. Ruth Lanius and Dr. Frewen continue to make groundbreaking contributions to the understanding of posttraumatic stress disorders. In the lead article of the June, 2010 issue of the *American Journal of Psychiatry*, Dr. Lanius described a new subtype of posttraumatic stress disorder, the dissociative subtype, which was included in DSM-5 in 2013. This work has important implications for treatment of PTSD, including the need to assess patients with PTSD for dissociative symptoms and to incorporate the treatment of dissociative symptoms into stage-oriented trauma treatment. The model is being evaluated in a study funded by the Canadian Institutes of Health Research.

In an important study published this year in *Human Brain Mapping*, Dr. Lanius and her group examined the connectivity patterns of brain regions associated with autonomic response with functional MRI. Posttraumatic stress disorder patients differed from controls by engaging wider networks including the ventromedial cortex, amygdala, insula and periaqueductal gray matter as shown in Figure 2. These findings suggest a specific psychophysiological-neuronal profile in these patients associated with dysfunctional emotional regulation leading to a much deeper understanding of the disorder.

**Figure 2:** Illustration represents greater connectivity between key central autonomic network regions seed regions, including the ventromedial prefrontal cortex, amygdala, and periaqueductal gray matter region with multiple cortical and subcortical regions in posttraumatic stress disorder patients as compared to healthy controls.

Dr. Lanius organized an international meeting on “Brain, Mind and Body: Trauma, Neurobiology, and the Healing Relationship” in London this year, attended by more than 250 people from as far as Europe and South America. She has published numerous articles on posttraumatic stress disorders in recent years in journals such as *Human Brain Mapping, Psychological Medicine, Journal of Clinical Psychiatry*. She has given invited lectures in Milan, Italy, Berlin, Germany, New York, Los Angeles, Chicago, Boston, Baltimore, Philadelphia, Zurich, Switzerland and Bologna, Turin and Padova, Italy, Stockholm, Sweden and Leiden, the Netherlands.

**Mood and Anxiety Disorders:** The First Episode Mood and Anxiety Program provides an excellent base for both clinical and brain imaging research. Dr. Osuch has been studying neurofunctioning and cognitive interactions in major depression and marijuana use in youth with functional and structural brain imaging in a project funded by the Ontario Mental Health Foundation. This year Dr. Osuch received a grant from the Canadian Institutes of Health.
Research to examine the prediction of the development of bipolar depression with multimodal imaging. The ability to do so would have important clinical implications as antidepressants given to bipolar depressed patients can exacerbate the illness. Dr. Osuch is also conducting genetic studies, in collaboration with Drs. Laviolette and Rushlow, to advance translational science in the study of cannabis use and the brain. The First Episode Mood and Anxiety Program was awarded a Provincial Innovation Fund grant from the Ontario government last year recognizing the innovative approach to care developed by Dr. Osuch. Dr. Osuch is a member of the National Network of Depression Research Centres.

Dr. Mitchell has become well known for his work on decision making and emotional regulation. He holds a grant from the Ontario Mental Health Foundation on amplifying empathy-related activity in youth with callous and unemotional traits. Dr. Mitchell is co-principal investigator with Dr. Elizabeth Finger on a grant examining patients with frontotemporal dementia awarded from the Canadian Institutes of Health Research. He also holds a grant on the effects of oxytocin on frontotemporal dementia from Natural Sciences and Engineering Research Council of Canada. Publications this year include papers in Behavioural Neurology and Human Brain Mapping.

Autism: Dr. Nicolson is a co-investigator on several multi-center grants doing research on neurodevelopmental disorders. His research is focused on clinical description (phenotyping), clinical trials of medications, and brain imaging in autism spectrum disorder and intellectual disability. Findings from this brain imaging study have implicated many brain regions associated with unique human capabilities like ‘theory of mind’ or the ability to perceive the intentions and feelings of others. Dr. Nicolson was one of several investigators awarded $18,750,000 by the Ontario Brain Institute and $2,500,000 by Brain Canada to study autism and other neurodevelopmental disorders. Dr. Nicolson coordinates the brain imaging aspects of this multidisciplinary clinical and genetic study. The study is one of the largest and possibly one of the most important studies of its kind, offering the hope that the pathophysiology of this disorder may be elucidated in our time.

Basic Science: Basic science investigations include innovative signalling studies led by Dr. Rushlow and Dr. Raj Rajakumar. Dr. Rajakumar co-authored the 10th Edition of Barr’s Human Nervous System, a standard neuroanatomy textbook used around the world and published by Williams & Wilkins. Last year, he renewed his Natural Sciences and Engineering Research Council of Canada grant on the molecular mechanisms of spatial memory. Dr. Rajakumar also plays an important role as a neuroanatomy consultant to the brain imaging studies. Dr. Rushlow collaborates with Dr. Steve Laviolette on several studies on opiate addiction. Recent work with Dr. Laviolette has examined the long-term effects of adolescent THC exposure on adult psychopathology. Of particular interest is Rushlow’s work on the possible use cannabidiol as a novel antipsychotic. Both Dr. Rushlow and Dr. Laviolette have been awarded an Ontario Mental Health Foundation grant on the effects of adolescent cannabinoid exposure on dopamine function.

Educational Accomplishments

Neuropsychiatry offers research training opportunities for residents within all core programs in order to prepare for a research fellowship or postgraduate degree. Of note this year was the work of Dr. Kara Dempster, a psychiatry resident, who published her paper with Dr. Williamson on gray matter correlates of glutamatergic changes in schizophrenia in Psychiatry Research: Neuroimaging and presented her work at the American Psychiatric Association meeting in San Diego. Dr. Dempster was accepted into the Clinical Investigator Program at Western. Both Dr. Williamson and Dr. Rushlow sit on the Royal College Clinical Investigator Program committee to facilitate transition from specialty training to an MSc or PhD degree at Western upon completion of core training requirements.
Over the last 20 years, Dr. Williamson has co-supervised MSc and PhD students in Medical Biophysics and the Neuroscience Graduate Program with Dr. Dick Drost, Dr. Jean Théberge and Dr. Terry Thompson. With this unique multidisciplinary approach, students develop a skill set in neurophysiology, neuroanatomy, clinical neuropsychiatry, medical biophysics and the application of brain imaging techniques. Dr. Rob Bartha at Robarts Research Institute was one of our first graduates, others have gone on to faculty positions at Harvard, Pittsburgh and Wayne State. Dr. Williamson continues to co-supervise a postdoctoral student with Dr. Osuch. In recent years Dr. Williamson supervised two visiting MD/PhD students from the University of Copenhagen in Denmark.

Dr. Lanius offers a very popular advanced postdoctoral training experience to postdoctoral students. In recent years she has attracted MSc and postdoctoral fellows from the University of Mannheim in Germany and the University of London, UK. Dr. Lanius also provides research experience for residents in psychiatry and family practice. Dr. Palaniyappan also supervises an MSc student in Medical Biophysics with Dr. Théberge.

Dr. Mitchell has been very active in teaching at the undergraduate level in Anatomy and Cell Biology and supervises PhD and postdoctoral students in the Graduate Neuroscience Program and Anatomy and Cell Biology. One of his postdoctoral students, Dr. Joana Vieira, was awarded a highly competitive postdoctoral scholarship from the Canadian Institutes of Health Research last year. Dr. Rushlow and Dr. Rajakumar also offer training at the MSc and PhD levels through Anatomy and Cell Biology and have an active teaching load in Anatomy and Cell Biology. Dr. Rushlow and Dr. Laviolette have established a very popular and well-received 4th year Medical Science course entitled ‘Neurobiology of Mental Illness’.

**Editorial Appointments**

Dr. Williamson is a member of the Advisory Board of Acta Psychiatrica Scandinavica and a member of the Editorial Board of Schizophrenia Bulletin. Dr. Lanius is an Associate Editor of the European Journal of Psychotraumatology, an Editorial Board member of Frontiers in Affective Disorders, Journal on Borderline Personality Disorder and Dysregulation and Biology of Mood & Anxiety Disorders, and a Consulting Editor of the Bulletin of the Menninger Clinic. Dr. Frewen is co-editor for the International Journal of Multidisciplinary Trauma Studies and Dr. Mitchell is Consulting Editor of Emotion.

**Research Panel Appointments**

Dr. Williamson is past Chair of the BSB panel at the Canadian Institutes of Health and has served at the Center for Scientific Review at the National Institute of Health in United States in recent years. Dr. Lanius has recently retired from panels at both the Canadian Institutes of Health and the National Institute of Health. Dr. Nicols has recently served on a panel at Canadian Institutes of Health and Dr. Mitchell has served on a panel at the National Science Foundation in United States. Drs. Rushlow and Rajakumar have served on panels at the Ontario Mental Health Association.

**Media Coverage**

Dr. Williamson’s work has been highlighted in articles in Science News, Scientific American Mind and the Globe and Mail in recent years. His work has been highlighted by ISTOE Magazine, a weekly news magazine similar to Time in Brazil and The Dana Foundation, New York. Dr. Lanius has been interviewed on CBC radio’s The Current and The National. The CBC television program, Nature of Things did an extensive story on her work this year. Dr. Osuch’s First Episode Mood and Anxiety Disorders Program received extensive coverage with interviews on CBC radio’s National News and CBC television’s The National and the London Free Press. Finally Dr. Mitchell has been interviewed by CTV on dementia.
Grants


28. Palaniyappan, L. Thought Disorder and Outcomes in Psychosis. Western, Department of Psychiatry, Schulich School of Medicine, Internal – FMC Discretionary Fund. $48,000, 2016-2019.


Publications

Chapters and Invited Publications


Peer-Reviewed Publications


Abstracts


Selected Invited Presentations


16. Palaniyappan, L. All is not lost: The neglected aspect of compensatory brain remodelling in schizophrenia. 77th Canadian Psychological Association National Convention. Victoria, Canada. 2016.


Radio and Television Media Coverage


5. Osuch, E. CTV television coverage; CTV News interview with Nick Paparella. Press

Invited Webinars


2. Lanius, R. NICABM Webinar February 8, 2017; March 16, 20, 21, 2017

Peter Williamson
Chair, Neuropsychiatry Research Group
Developmental Disabilities Program

The Developmental Disabilities Program (DDP) was established within Western University’s Department of Psychiatry in 1987. The primary goal of the Program is to provide and facilitate education for health professionals and research in developmental disabilities (Autism Spectrum Disorder and Intellectual Disability). Other goals of the Program are to attract academic leadership in developmental disabilities, to provide a “home” in order to develop and maintain a critical mass of individuals working within the field.

Division Leadership and Administration
Dr. Rob Nicolson is the Chair of the Developmental Disabilities Program, as well as the Undergraduate Medical Education Director. Dr. Jay Rao is the Postgraduate Education Director, and Dr. Greg Gillis is the Community and Continuing Medical Education Director for the Program. Sarah O’Flanagan is the Program Coordinator for the program, and responsible for all administration, financial and human resources in the program.

Division Membership
Our other faculty members of the DDP are: Dr. Georges Loba-Gutierrez (Department of Psychiatry), Dr. Simran Ahluwalia (Department of Psychiatry), Dr. Sohail Mahkdoom (Department of Psychiatry), Dr. Jacqueline Ogilvie (Department of Pediatrics), Dr. Pam Frid (Department of Pediatrics), Dr. Julio Martinez (Department of Physiology and Pharmacology), Dr. Ryan Stevenson (Department of Psychology), Dr. Nicole Neil (Faculty of Education), and Joan Gardiner (Faculty of Communication Sciences and Disorders).

Division Governance
The DDP is governed by an Advisory Board, which includes representation from The Ministry of Community and Social Services, Western University, Fanshawe College, community service agencies, and parent advocates. The Board meets three times a year, and recently the structure of these meetings has changed to allow for one meeting to focus on research goals, one to focus on education goals, and one serving as a general meeting. The Advisory Board is meant to advise program leadership around potential areas of relevance to the program and our work.

Education
Historically, education for physicians and other health care providers around causes, diagnoses, treatment and care of people with developmental disabilities has been one of the two main foci of the DDP.

The educational opportunities provided by the program at the undergraduate, postgraduate and continuing medical education levels are unique across Canada, and continue to place our program on the cutting edge of medical education regarding people with developmental disabilities at a national and international level.

In order to foster an interest in working with people with developmental disabilities, the program continues to offer the Dr. Greta T. Swart Essay Award in developmental disabilities annually in the amount of $1000 to a medical student or resident at Western University. This year’s winners were Dr. Bethany Oeming (Resident winner), a 3rd year Anesthesiology resident, and Joshua Friedland (Undergraduate Medical Education winner). All the essays submitted will be published in our Clinical Bulletin in the upcoming months.
Members of the Program supervise undergraduate medical students and residents. Undergraduate students are able to complete two week rotations in developmental disabilities during their clerkships and observerships and electives have also been popular among undergraduate medical students. Two lectures on developmental disabilities are given to second year medical students, and a lecture on developmental disabilities is also included in the psychiatry lectures for third year clerks.

All psychiatry residents at Western University now spend at least 2 weeks in their third year of residency devoted to developmental disabilities. To our knowledge, this is the only mandatory rotation in developmental disabilities in residency programs in Canada. Residents can also complete longer rotations in developmental disabilities during both mandatory rotations and electives. Two lectures on developmental disabilities are also provided annually for third year psychiatry residents as is a seminar on interviewing skills as applied to people with developmental disabilities. Further, our faculty members provide lectures for residents in psychiatry, paediatrics, family medicine, and speech and language pathology, and often supervise residents from those disciplines as well.

Continuing professional education is also an integral component of the educational opportunities provided by the DDP. Every September, the DDP hosts the Department of Psychiatry’s Grand Rounds. In September 2016, the program welcomed Dr. Jessica Jones, a Professor and Clinical Psychologist in the Developmental Disabilities Division in the Department of Psychiatry at Queen’s University. Dr. Jones spoke about people with Developmental Disabilities in the Canadian Criminal Justice System.

Each spring, the Program also offers a half-day CPD event. On March 29, 2017, the DDP hosted our 15th Annual Spring CPD event at Windermere Manor. We had presentations by invited speakers: Dr. Amer Burhan, Chair of the Geriatric Psychiatry Division in the Department of Psychiatry; Dr. Michael Mak, Assistant Professor and Sleep Medicine Specialist in the Department of Psychiatry; and Mr. Louis Busch, a Behaviour Analyst at the Centre for Addiction and Mental Health in Toronto.

In order to foster interdisciplinary interest in developmental disabilities and enhance collaborations, the DDP began monthly Developmental Disability Rounds during this past academic year. These presentations were provided by people from a wide range of disciplines and were streamed live on the internet. The video of each lecture is made available on the DDP website.

The program has re-established publication of the quarterly Clinical Bulletin of the Developmental Disabilities Program. Our first issue after hiatus was published in June of 2016, and can be found on our website at http://www.schulich.uwo.ca/ddp/about_us/bulletin.html

Research
The Faculty Members of the DDP are involved in a number of research projects ranging from studies looking at genetics and brain imaging to clinical trials. In order to foster and facilitate research by students and junior faculty members, the DDP provides two main research awards annually.

The Annual Dr. Benjamin Goldberg Research Award is intended to provide seed money in grants of $500 to $3000 to a study or studies intended to seek to gain a better understanding of the health and mental health conditions of people living with intellectual and developmental disabilities and/or conducting research of relevance to the field of ID and DD, thus helping to
improve the lives of individuals living with ID/DD. It is open to anyone who is registered as a student at a community college or University in Southwestern Ontario.

This year we had 2 successful applicants for this award;

1. North De Pencier (Medical Student – MD Candidate, 2019, Schulich School of Medicine & Dentistry, Western University). Her study is entitled: “Environmentally induced retardation”: Intellectual Testing and Overdiagnosis of Developmental Disabilities at the Sioux Lookout Zone Hospital, 1969-1996.

2. Samantha Schulz (Ph.D. candidate, Developmental Psychology, Western University). Her study will investigate the relationship between hypersensitivity and repetitive behaviours in children with ASD, explore the relationship between repetitive behaviours and sensory processing in specific sensory modalities, and determine if the relationship between hypersensitivity in various sensory modalities and repetitive behaviours is specific to ASD.

The C. Kingsley Allison Research Award is open to any student, faculty member or employee of Western University. Applicants are also invited from non-Western persons working with agencies in the London region providing services to people with intellectual and developmental disabilities, and their families. Applications from all departments of the University will be accepted, without preference to any department, school or faculty. The value of this award may range up to $9,000.

This year’s winners of the C. Kingsley Allison Award were:

1. Carmen Hall (Fanshawe College, and lecturer in the Faculty of Education, Western University). Her study is entitled; Beyond Physical Inclusion: Teaching Skills in the Community to Enhance Social Inclusion.

2. Dr. Kim Arbeau (CPRI). Her study is entitled: Validation of the interRAI Child and Youth Mental Health – Developmental Disabilities (ChYMH-DD) Instrument.

3. Dr. Lisa Briona (Faculty of Education, Western University). Her study is entitled: Catch the bus! Exploring a web-based gamified application to facilitate learning commuting skills for the intellectually disabled.

4. Dr. Nicole Neil (Assistant Professor, Faculty of Education, Western University). Her study is entitled: Optimizing the Effectiveness of Language Intervention for Children with Down Syndrome.

We are currently shifting the emphasis of the program to focus much more heavily on research in the upcoming academic year. We have recently partnered with Dr. Julio Martinez, Provincial Endowed Academic Chair in Autism, at the Schulich School of Medicine & Dentistry at Western University, and together held the second annual Developmental Disabilities Research Day at Western on May 4, 2017. The day featured oral presentations from trainees, masters and Ph.D. students, faculty members and research staff across the University and Developmental sector, and a keynote address from Dr. Daniel Ansari, Professor in the Department of Psychology at Western. Moving forward, we are hoping to create a research consortium that includes people conducting research in the field from different disciplines throughout the University.
The DDP has also provided supporting funds for the Autism Research Training Program (ART) Summer School in 2017. The ART program is funded in part by the Canadian Institutes for Health Research and is unique in offering broad based training in autism research to young researchers in Canada. The ART program was established in 2004 with funding support from the Canadian Institutes of Health Research, Strategic Training Initiative in Health Research. Since then, ART has brought together trainees and faculty from diverse disciplines from across Canada to cultivate a new generation of clinical and basic researchers prepared to address complex issues in ASD essential to improving clinical care. ART currently works in partnership with 16 universities, and 37 faculty members from across Canada. The main goals of the ART Program are to:

1. Recruit and train the next generation of ASD researchers.
2. Position our trainees for scientific excellence and societal impact.
3. Develop systematic and sustainable knowledge dissemination activities.
4. Address gaps in current research

In summary, interest in Developmental Disabilities continues to grow at Western, with our program at the forefront of education and research in the field. We continue to expand our reach and our presence, and are continuing to develop new educational activities and continue to produce and fund more scholarly research, thus solidifying our role as a national leader in the field.

Rob Nicolson
Chair, Developmental Disabilities Program
Undergraduate Education in Psychiatry

It has been another exciting year in undergraduate education. Psychiatry continues to gain popularity and interest amongst medical students. We are very excited to learn that the CaRMS match was successful and three of the Schulich School of Medicine and Dentistry's graduating class students chose residency in Psychiatry at Western. This is a reflection of the strength of the undergraduate education in psychiatry and the excellent teaching faculty within our Department.

Although there are no formal educational modules in Psychiatry for first year medical students, there are several opportunities for faculty to interact and influence the growing minds of medical students and address the stigma attached to mental health. For example, a number of faculty participated in the Professional Portfolio Course for the medical students. Students are asked to write a reflective piece on a moment during their clinical training and the faculty then provide feedback. Educational sessions are provided for the faculty.

Faculty also generously provided their time to facilitate PCCIA (Patient Centered Care – Integration and Application). PCCIA takes place in small groups for two-three hours a week, where students discuss psychosocial aspects of medicine related to the current learning block. Students are provided an opportunity to discuss topics not normally covered in the traditional curriculum, such as resource allocation, socioeconomic determinants of health and current events as they relate to medicine.

Psychiatry Patient Centred Clinical Methods, offered in second year, has undergone several successful changes under the direction of Dr. Iouri Rybak. The results of the Focus groups were shared at a faculty workshop. Dr. Rybak has revised the objectives as per the new CBME (Competency Based Medical Education) guidelines being developed at the UGE national level.

Another year of Meds 5207 (Psychiatry and the Behavioural Sciences) ran from April 30th – June 1st, 2017. For many medical students, Medicine 5207, Psychiatry and the Behavioural Sciences, is their first exposure to psychiatry, and we strive to make it a positive experience. During Medicine 5207, second year medical students are provided with five weeks of didactic lectures and small group sessions covering a variety of topics including child and adolescent mental health, anxiety disorders, mood disorders and psychotic disorders. Thanks to Dr. Mark Watling (London) and Dr. John Villella (Windsor) for organizing the course. We need to acknowledge the hard work of the week captains, Drs. Mark Watling, Mohamad Elfakhani, Priya Subramanian, Heidi Haensel, and Julie Richard. This year, the small group session introduced in the last week to consolidate the learning from all the 5 weeks was held again as the students found it very beneficial. Thank you to Dr. Watling who has been leading the Meds 5207 course in London for the last several years. The course is one of the highly ranked courses by the students. Congratulations to Dr. Elfakhani who will be assuming the leadership of the course in the coming year.

The pod structure has been introduced in the Meds 5207 course to address overlap in teaching between different disciplines and to ensure there are no gaps in information provided. This will facilitate student learning of health care related issues in a comprehensive and realistic forum and experience integrated patient care approaches. Psychiatry will be considered as part of the neurology and musculoskeletal pod in London and Windsor.

This year we completed the second year of clerkship under Dr. Vadim Beletsky’s excellent leadership and direction. Students are able to complete a two-week selective in child and adolescent, general adult, geriatric, psychosis, adult consultation-liaison, mood and anxiety
disorders, urgent consultation service, ER Psychiatry (CEPS), or forensics. The Distributed Education Network (DEN) in Stratford, Chatham and Windsor continue to play an integral role in training our clerks. Last year, we had clerks rotate in Windsor, Chatham, St. Thomas and Stratford. Site visits to the DEN were conducted by Dr. Varapravan, Dr. Beletsky and Michelle Steeper, administrative support, in the winter of 2016. The Wednesday Seminar Series continues to be teleconferenced to our various DEN sites with Windsor offering an equivalent series. We also teleconference the resident teaching series to the DEN sites. Negotiations are still being made with DEN to expand to Sarnia. Since conception in September 2014, paperless evaluations continue to be a success and have allowed for easy electronic filing and reporting.

Thank you to Drs. Heidi Haensel and Dr. Helen Park who is the clerkship coordinator for the Child and Adolescent and the Geriatric divisions respectively. Under their leadership, the students have been able to gain an experience in these important areas in Psychiatry in the pre-clerkship courses as well as during clerkship as selective choices.

As a Canadian undergraduate medical program, we are accredited by the Liaison Committee for Medical Education (LCME) and the Committee on Accreditation of Canadian Medical Schools (CACMS). Accreditation is an ongoing quality improvement process that culminates in an external site review once every eight years. We are pleased to announce that the Department of Psychiatry passed the Schulich School of Medicine and Dentistry accreditation and the full report became available in October 2015.
The UGE has been actively involved in discussion with the Department to address the concerns raised thus far. An ongoing challenge is the recruitment of faculty as facilitators for the PCCM course and as supervisors for clerkship. UGE will work with PGE to include senior residents as facilitators. Advocating for increasing the MBR credits for UGE related activities, recognizing the increase in work and time involved, was acknowledged by the chair. Increasing the DEN sites and considering the involvement of community psychiatrists in teaching is another area that UGE will continue to explore. The clerkship seminar exams were revised, and efforts are underway to continue to reach out to excellent seminar leaders, addressing the variability in seminar quality as well as the overlap in consultant and resident teaching. Emergency Psychiatry was introduced as a new rotation this year. The option of moving the seminar series to the afternoon was explored as well but not changed this year due to conflicts in schedules.

At the national level, COUPE has been engaging in active discussions in designing the Competency based objectives at the Undergraduate level, and I am representing Western University in the small working group and working closely with the COUPE chair. An abstract was drafted and submitted for presentation at various educational leadership conferences.

Recognizing the need for a CBME lead in UGE and PGE, the Department has offered support in this important initiative. Dr. Priya Subramanian is the successful candidate as the UGE lead for CBME. Schulich School of Medicine and Dentistry will be transitioning to CBME in clerkship in 2018 followed by the pre-clerkship years. Dr. Subramanian and team will be working on developing the CBME framework, assessment methods, training faculty and residents, conducting a pilot project and rolling out the CBME curriculum in September 2018 with the new clerkship block.

On January 26, 2017, we held our sixth Taste of Psychiatry at the Windermere Manor. Fifty-six medical students joined residents and faculty for presentations outlining the various clinical and research opportunities available within the Department. I would like to thank the residents and faculty who came to share their enthusiasm about pursuing psychiatry as a career. Students have the opportunity to ask questions freely during a panel discussion, which continues to be well received as indicated by the overwhelmingly positive feedback. Next year, we are considering holding the event early in the academic year. This will allow for earlier exposure to psychiatry for year 1 and 2 students making future decisions about observerships and clerkship.

A UGE half-day workshop on updating faculty members on changes in UGE was conducted on March 7, 2017, and this was very well received by the faculty. There was expressed interest to conduct similar workshops on a regular basis.

On June 13, 2017, the Department held its Annual Awards Night and Social. Congratulations to Dr. Haensel and Dr. Akinosotu for receiving the Schulich Award for Excellence in Undergraduate Education in London and Windsor respectively. During the academic year, clinical clerks are asked to evaluate their lecturers and supervisors. These scores are tabulated annually to determine the clerkship seminar series leader and the clerkship clinical supervisor for London, DEN and Windsor. The award for the highest rated Clerkship Seminar Series Leader was awarded to Dr. Beletsky, and the Clerkship Supervisor of the Year for London was awarded to Dr. Elfakhani. Dr. Villella was recognized as the Clerkship Supervisor of the Year in Windsor, and Dr. Bucur received the Clerkship Supervisor of the Year Award for the rural sites.

This year two additional awards were given out for the pre-clerkship courses recognizing the time and commitment of the faculty members. The best PCCM Facilitator of the Year was awarded to Dr. Azizul Haque and the Best Seminar Leader of the Meds 5207 course was
awarded to Dr. Mark Watling. A note of appreciation to all the faculty members who were named in the University Student Council (USC) honour roll for their excellence in teaching.

Congratulations to all our winners for the well-deserved awards.

I would like to express my sincere thanks to all the faculty members who supervised students and participated in lectures/small group sessions throughout the year. As outlined above, it is the contribution of our committed faculty members which makes our Department a dynamic learning opportunity for so many students. I would also like to acknowledge and thank Ms. Michelle Steeper in the role of UGE Coordinator last year. Ms. Steeper was a valuable contributor with remarkable organizational dexterity and boundless passion throughout her tenure in this position. This year, we welcomed Ms. Janet Holmes to the UGE department who started in April 2017 taking over for Ms. Steeper. Ms. Holmes comes from the Health and Rehabilitation Graduate Program at Western and is eager to learn about the Undergraduate Medical Education program. Thank you, as well, to Ms. Shanna Peters for her contributions as the DEN coordinator.

Thank you to senior residents: Drs. Aturan Shanmugalingam, Charles Ho, and Rick Sethi for their significant contributions during the past academic year in teaching clerks. Thank you to Dr. Sumit Chaudhari for the leadership and advocacy efforts as a chief resident. The resident teaching sessions remain one of the most highly rated educational experiences within the clerkship. On call teaching by residents is another highly valued learning experience by clerks. I would like to extend a warm welcome to: Drs. Sumit Chaudhari, Jennifer Dela Paz, and Laura Powe for volunteering their time and efforts to teaching students this academic year. Thank you to Dr. Jonathan Gregory for his leadership and advocacy as the chief resident this year.

Sreelatha Varapravan
Director, Undergraduate Education
Postgraduate Education in Psychiatry

We would like to thank the residents, teaching faculty and the Residency Program Committee for their involvement and commitment to excellence in medical training.

On July 1, 2017, we welcomed ten new residents to our Program, eight in London and two in Windsor: Drs. Jasmine Aulak, Jeremy Chitpin, Beverly Chuong, Arash Dhaliwal, Katrina Fenicky, Daniela Kwiatkowski, Arnold Lee and Emily Lu, Paris Lai and Andrew Bridgen. They are a strong group of residents and we look forward to seeing them progress through residency with success. We also welcome Dr. Mahtab Asadabadi, who transferred to our Residency Program in her second year of residency from the University of Manitoba.

Last but not least, the 2016-17 academic year ended strong with five of our PGY5 residents successfully passing the Royal College exam. Congratulations to the successful residents. We wish you all the best in your future professional endeavors.

Our Windsor campus has now successfully completed a full year of residency training. We continue to expand and move towards positive improvements to grow our Residency Program. Thank you to our Windsor team of faculty for your continued support during this transition.

CaRMS preparations are also in motion. This year we will be accepting eight resident positions in London and two in Windsor to start in July 2018. We have posted the Windsor stream through CaRMS and will hold CaRMS interviews for both London and Windsor together on January 19 and January 26, 2018.

As we move forward with the implementation of competency-based medical education (CBME), we look to other Programs for direction and resources as we embark on this journey towards a new innovate way of learning. We will begin restructuring our Residency Program to clearly define each stage of learning as we align to CBME.

Volker Hocke
Director, Postgraduate Education
Continuing Professional Development

“Live as if you were to die tomorrow. Learn as if you were to live forever.”
Mahatma Gandhi

The concept of Continuing Professional Development and the way the learners incorporate it into their professional lives has been rapidly evolving with the rapid evolution of the digital technology. The novel and innovative methods of learning using technology such as smartphones, social media, live videoconferencing, live streaming, web-based learning, and simulation-based learning have all provided avenues that have been uncharted before and allowed us to get knowledge literally at our fingertips. It is anticipated that future technologies will further alter the way that we engage in learning and how we store and apply knowledge learnt in the clinical setting so that we eliminate the errors but not the value of the human contact and human touch as that is equally important to feed our souls.

Nonetheless, these technological advancements have allowed the global learning community to learn about the experiences of the entire world and universe so that the “learning community village” has expanded to include the vast horizons beyond our own local and regional and even national levels.

Our CPD Program is exploring ways to incorporate some of these new technologies into how we deliver our CPD programs in the future; hence, stay tuned.

We at the Continuing Professional Development Program in the Department of Psychiatry, Schulich School of Medicine and Dentistry, Western University have always promoted lifelong learning which is one of the important aspects of the Royal College of Physicians and Surgeons of Canada (RCPSC) CanMEDS Framework.

It is our pleasure to provide you all, the Department 2016/2017 Annual Report on the CPD Activities that have occurred in the Department of Psychiatry over the past academic year.

The CPD Executive Committee (Department of Psychiatry CPD) and the Coordinated CPD Committee (hospital based CPD) are comprised of physicians and allied health professionals from the London hospitals. It is their role, as the planning committees, to oversee and develop a CPD program that is responsive to identified learning needs by our consumers. One source of these learning needs is the suggestions you provide on evaluation forms. You are encouraged to continue to put forward suggestions for topics or speakers as a means to continue to guide future program development.

The Department of Psychiatry CPD program has continued to provide clinical educational activities and presentations featuring expert speakers from the local Western University community including our Department, our region, as well as international academia. The Coordinated CPD Program continued to provide Monday weekly mental health rounds at noon, and the monthly Department of Psychiatry’s Thursday morning Grand Rounds CPD program and the evening Learning After Five CPD program. This year we will be holding our seventh
annual Mental Health Symposium – “Personality Disorders: From Neurons and Networks to Behaviours” at the Best Western, Lamplighter Inn on November 17, 2017 (A full listing of the CPD events is listed later in this report.)

The monthly and weekly CPD Programs that we provide adhere to the RCPSC guidelines to maintain self-accreditation status as group learning activities (Section 1) defined by The Royal College of Physicians and Surgeons of Canada (RCPSC). Other special events, for example, the Sixth Annual Mental Health Symposium and the Second Annual Collaborative Care Conference met accreditation criteria for Section 1 Maintenance of Certification Program credits as defined by RCPSC, and Mainpro-M1 credits as defined by the College of Family Physicians of Canada and were accredited through the Western CPD Office.

We would like to remind our attendees that aside from Section 1 credits, as per RCPSC guidelines, they also have to engage in learning activities that allow them to earn Section 2 and Section 3 Credits. Please note that RCPSC MOC Program clearly stipulates that “For MOC cycles that begin on or after January 1 2014, all Fellows and Participants in the MOC Program must obtain at least 25 credits in each section of the MOC Program during their new five-year cycle. Remember, this is a cycle requirement and not an annual requirement.”

You can visit the RCPSC website for more details with respect to these credits and how to earn them. http://www.royalcollege.ca/rcsite/cpd/moc-program/cpd-activities-can-record-e

The RCPSC also started a new initiative, Competence by Design (CBD) in 2015 to improve physician training and lifelong learning. We encourage you to visit the RCPSC website at the following link and access detailed information on this initiative: http://www.royalcollege.ca/rcsite/cbd/competency-based-cpd-e

We successfully delivered the Thursday morning CPD program, as well as the Coordinated CPD program at noon on Mondays by televideo to our participants in the outlying areas (Southwestern Ontario and Northern Ontario). It is our hope that we will be able to pursue opportunities for expanding partnership with these sites in the future to allow for more multilateral delivery of CPD.

We continue to maintain a collaborative working relationship with the Western University, Schulich School of Medicine & Dentistry’s CPD office. There has been a change in leadership and an overhaul of the strategic plan of this office. We anticipate further engagement in planning future CPD initiatives/programs in collaboration with the Western CPD office.

The following is a recap of all the CPD events held during this past academic year (2016-2017):

**Monthly Departmental Rounds**
The monthly Department of Psychiatry Grand Rounds CPD occurs on the 2nd Thursday of each month and is hosted from Victoria Hospital, London Health Sciences Centre. They are well attended by our faculty, hospital staff, residents and medical students. Participants who engage in this activity are able to claim 2.0 MOC credits under Section 1.
<table>
<thead>
<tr>
<th>Dates</th>
<th>Speakers</th>
<th>Presentations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept 8, 2016</td>
<td>Dr. Jessica Jones</td>
<td>Offenders with Intellectual Disabilities and/or Autism Spectrum Disorders</td>
</tr>
<tr>
<td>Oct 13, 2016</td>
<td>Dr. Amer Burhan</td>
<td>Difficult to Treat Depression: Definitions and Efficacy of Electro-magnetic Therapies</td>
</tr>
<tr>
<td>Nov 10, 2016</td>
<td>Dr. Lena Palaniyappan</td>
<td>In The Loop: Repetitive Voices and Gestures in Psychosis</td>
</tr>
<tr>
<td>Dec 8, 2016</td>
<td>Dr. Sharon Koivu</td>
<td>Opioids Use Disorders: What Every Physician Should Know</td>
</tr>
<tr>
<td>Jan 12, 2017</td>
<td>Dr. Tom Hastings</td>
<td>Who’s down with CCB? How to have fun presenting at the Consent and Capacity Board</td>
</tr>
<tr>
<td>Feb 9, 2017</td>
<td>Dr. Nathan Kolla</td>
<td>From Clozapine to Cognitive Remediation: A Review of Biological &amp; Psychosocial Treatments</td>
</tr>
<tr>
<td>Mar 9, 2017</td>
<td>Dr. Roger McIntyre</td>
<td>Inflammation &amp; Mood: Exploring the Connection &amp; Correction of the Pathology</td>
</tr>
<tr>
<td>Apr 13, 2017</td>
<td>Dr. Pierre Chue</td>
<td>Cannabis and Psychosis: The Neurobiological Underpinnings</td>
</tr>
<tr>
<td>May 11, 2017</td>
<td>Dr. Manuel Montero-Odasso</td>
<td>Motor &amp; Cognitive Decline in Aging &amp; Disease</td>
</tr>
<tr>
<td>June 8, 2017</td>
<td>Mr. Lyndon George</td>
<td>Cultures Collide</td>
</tr>
</tbody>
</table>

**Learning After Five**

The Department of Psychiatry’s Learning After Five CPD Program is also a self-approved group learning activity (Section 1). It generally occurs on the third Tuesday of each month in the evening at the Best Western Plus Lamplighter Inn and Conference Centre. We also have the flexibility to host two such events per month and sometimes the dates for these events may vary depending on the speaker availability. Therefore, we strongly encourage learners to watch for the event flyer and/or check for details on the CPD webpage.

This forum promotes smaller intimate learning audience and encourages participants to engage in closer interaction with the speaker. Participants earn 2 MOC CPD credits under Section 1.

We had our first Department of Psychiatry Debate on Psychodynamic Psychotherapy after a hiatus. This was well attended and a huge success. We intend to have these at least 2 to 3 times per year.

<table>
<thead>
<tr>
<th>Dates</th>
<th>Speakers</th>
<th>Presentations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept 19, 2016</td>
<td>Dr. Robin Emsley</td>
<td>Targeting Relapse Prevention is the Key to Recovery in Schizophrenia</td>
</tr>
<tr>
<td>Sept 26, 2016</td>
<td>Dr. Michael Thase</td>
<td>Treatment of Bipolar Depression: Guidelines and Controversies Objective</td>
</tr>
</tbody>
</table>
### Weekly Coordinated CPD Program

The Coordinated CPD Program is also a self-approved group learning activity. This forum provides weekly mental health hospital rounds to health care professionals working at the Mental Health Care Program at Victoria Hospital, London Health Sciences Centre and the two mental health centres of St. Joseph’s Health Care London: Parkwood Institute Mental Health Care and the Southwest Centre for Forensic Mental Health Care in St. Thomas. Affiliated assertive community treatment (ACT) teams in London, Strathroy, St. Thomas and Woodstock also join by tele-videoconferencing.

attendance at these CPD events allows the participants to earn Section 1 MOC CPD credits.

In this academic year, 33 presentations featured a diverse range of topics related to mental health and a variety of speakers that showcased the expertise of the psychiatry residents, staff and other invited specialists.

<table>
<thead>
<tr>
<th>Date</th>
<th>Speaker(s)</th>
<th>Title of Presentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sep 19, 2016</td>
<td>Dr. Robin Emsley</td>
<td>Targeting relapse prevention is the key to recovery in schizophrenia</td>
</tr>
<tr>
<td>Sept 26, 2016</td>
<td>Dr. Michael Thase</td>
<td>Mixed Features in Major Depressive Episodes</td>
</tr>
<tr>
<td>Oct 3, 2016</td>
<td>Dr. Amresh Srivastava</td>
<td>Breaking The Silence: Stigma and Mental Illness</td>
</tr>
<tr>
<td>Oct 17, 2016</td>
<td>Ms. Jane Twining</td>
<td>Pimavanserin: A selective inverse agonist of 5-hydroxytryptamine for the treatment of Parkinson’s Disease Psychosis</td>
</tr>
<tr>
<td>Oct 24, 2016</td>
<td>Dr. Varinder Dua</td>
<td>Calcium and its Role in Psychiatry</td>
</tr>
<tr>
<td>Date</td>
<td>Speaker(s)</td>
<td>Title of Presentation</td>
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<tr>
<td>Oct 31, 2016</td>
<td>Dr. Kara Dempster</td>
<td>A New Perspective on Treatment Resistant Schizophrenia</td>
</tr>
<tr>
<td>Nov 7, 2016</td>
<td>Dr. Amresha Srivastava</td>
<td>Can Schizophrenia Be Reversed?</td>
</tr>
<tr>
<td>Nov 14, 2016</td>
<td>Dr. Kamini Vasudev</td>
<td>Drug Interactions and Pharmacogenomics relevant to psychotropic medications</td>
</tr>
<tr>
<td>Nov 21, 2016</td>
<td>Dr. Ranita Manocha</td>
<td>Gait Deviations in Psychiatry</td>
</tr>
<tr>
<td>Nov 28, 2016</td>
<td>Dr. Todd Woodward</td>
<td>Cognitive Biases Underlying Delusions and the Use of Metacognitive Training for Psychosis</td>
</tr>
<tr>
<td>Dec 5, 2016</td>
<td>Ms. Christina Seely</td>
<td>The Role of Nutrition in Mental Health</td>
</tr>
<tr>
<td>Dec 12, 2016</td>
<td>Dr. Charles Ho</td>
<td>When People Are Out to Hurt You</td>
</tr>
<tr>
<td>Jan 9, 2017</td>
<td>Marleen Van Laethem</td>
<td>Responding to a Request for Intentional Terminal of Life – SJHC Policy Update</td>
</tr>
<tr>
<td>Jan 16, 2017</td>
<td>Dr. Samer Elsayed</td>
<td>Judicious Antimicrobial Use Equals Better Patient Care</td>
</tr>
<tr>
<td>Jan 23, 2017</td>
<td>Dr. Rick Sethi</td>
<td>A Trip to Enlightenment</td>
</tr>
<tr>
<td>Jan 30, 2017</td>
<td>Acharya Vivek Gupta</td>
<td>Emotional Intelligence: Do you have it?</td>
</tr>
<tr>
<td>Feb 6, 2017</td>
<td>Ethics Education &amp; Consultation Committee</td>
<td>Moral distress – a broader understanding from our mental health experience</td>
</tr>
<tr>
<td>Feb 13, 2017</td>
<td>Dr. Varinder Dua</td>
<td>Deprescribing &amp; Choosing Wisely: Two Sides of the Same Coin</td>
</tr>
<tr>
<td>Feb 27, 2017</td>
<td>Drs. Kamini Vasudev &amp; Elyse Ross</td>
<td>Can we Improve Physical Health Monitoring for Patients Taking Antipsychotics on a Mental Health Inpatient Unit?</td>
</tr>
<tr>
<td>Mar 6, 2017</td>
<td>Dr. Simon Chiu</td>
<td>Update on Substance-induced Psychosis and Criminal Responsibility</td>
</tr>
<tr>
<td>Mar 20, 2017</td>
<td>Dr. Jay Rao</td>
<td>Neuro-biological aspects of Dual Diagnosis</td>
</tr>
<tr>
<td>Mar 27, 2017</td>
<td>Dr. Michael Mak</td>
<td>Somatic Symptom Disorders</td>
</tr>
<tr>
<td>Apr 24, 2017</td>
<td>Dr. Aturan Shanmugalingam</td>
<td>Roid Rage? A review of corticosteroid-induced neuropsychiatric symptoms</td>
</tr>
<tr>
<td>May 1, 2017</td>
<td>Dr. Akshya Vasudev</td>
<td>Mind Body Interventions Across the Disease and Age Span</td>
</tr>
<tr>
<td>May 8, 2017</td>
<td>Rachel Fu &amp; Sharon Lawrence</td>
<td>Levomilnacipran</td>
</tr>
<tr>
<td>May 9, 2017</td>
<td>Ron Pohar</td>
<td>Smoking Cessation: A Focus on Mental Health</td>
</tr>
<tr>
<td>May 15, 2017</td>
<td>Dr. Simon Chiu</td>
<td>Update on Opioid Abuse and Co-Morbidity</td>
</tr>
<tr>
<td>May 29, 2017</td>
<td>Dr. Sonia Wadhwa</td>
<td>Treatment Resistant Schizoaffective Disorder</td>
</tr>
<tr>
<td>June 5, 2017</td>
<td>Dr. Ajit Ninan</td>
<td>Understanding Attachment</td>
</tr>
<tr>
<td>June 12, 2017</td>
<td>Dr. Varinder Dua &amp; Ms. Sandi Hallock</td>
<td>Psychiatry Trivia: Put your knowledge to the test of all things psychiatry</td>
</tr>
</tbody>
</table>

Psychoanalytic Diagnosis and Formulation Workshop with Dr. Nancy McWilliams
A full-day symposium featuring expert presentation by Dr. Nancy McWilliams in the field of Psychodynamic Formulation was held on Friday, March 31, 2017 at the Parkwood Institute Mental Health Care auditorium. The program was open to faculty, residents, allied health staff and students in the Southwestern region. Dr. Nancy McWilliams is an internationally acclaimed psychoanalyst/speaker who has written books on this topic. She covered the following topics:
  - Psychodynamic Diagnostic Manual (2nd Edition) – Introduction and Insights
  - The Art and Science of Psychoanalytic Case Formulation
  - Different Approaches to Therapy
  - Practice Tips and Tools for Clinical Practice – Dr. N. McWilliams

This educational event was a huge success. It was again an accredited group learning activity that allowed the participants to earn 6.75 Section 1 MOC Credits.

**2016-2017 CPD Awards**
Each year, the CPD program hands out awards to Faculty and Staff for the CPD activity that the learners rated as the most useful to them. This is based on the written evaluations that are completed by the learners.

Best CPD Presentation by Faculty: Dr. Lena Palaniyappan
Best CPD Presentation by Resident: Drs. Kara Dempster and Jonathan Gregory (co-presenters)

**Upcoming Events**
The 7th Annual Mental Health Symposium on “Personality Disorders: From Neurons and Networks to Behaviours”. This is a one-day symposium featuring experts in the fields of managing Trauma, and Personality Disorders. It will be held on November 17, 2017.

We are very excited to announce on November 17, 2017, we will host our Seventh Annual Mental Health symposium on; “Personality Disorders: From Neurons and Networks to Behaviours”. Planning for this initiative began in the spring 2017.

The day will offer two plenary presentations by Dr. Joel Paris and Dr. Ruth Lanius which are as follows:
1. The Effects of Trauma on Mind, Brain and Body: A Trans diagnostic Approach to Psychopathology– Dr. Ruth Lanius
2. The Classification, Assessment, and Origins of Personality Disorders: What DSM 5 Failed to Address - Dr. Joel Paris

In addition, there will be several workshops offered to participants as follows:
1. Screening, Assessment and Treatment of Suicide and Self-injury in Personality Disorders - Dr. Joel Paris
2. Neuroscience & Yoga in Treatment of Complex, Developmental and Repeated Trauma – Dr. Paul Frewen
3. Psychodynamic Formulation and Management of Personality Disorders – Dr. Varinder Dua
4. Good Psychiatric Management of Borderline Personality Disorder – Drs. Paul Links and James Ross
5. The Use and Misuse of Medications and Psychotherapy in Personality Disorders – Dr. Joel Paris
6. Managing Borderline Personality Disorder in the setting of Bipolar Disorder, ADHD and PTSD - Dr. Varinder Dua
7. Challenging Developmental Trauma Clients: A Practical Approach – Dr. Ruth Lanius

This event is also scheduled for 6.25 MOC credits under Section 1.

Other CPD Programs that we are in the process of organizing developing include:

1. Organizing Psychosocial Rehabilitation Training Modules for faculty and staff.
3. Developing workshops which have Section 3 credits.

Continuing Professional Development in the Department of Psychiatry is committed to fostering collaborative learning and incorporating inter-professional activities which rely on the organization and skills of our strong support staff, and we would like to extend thanks to our administrative support staff, Kate Hayes and Georgina DeRegt with the Department, and Sandi Hallock, administrative support staff with St. Joseph’s Regional Mental Health Care. And lastly, with thanks to both Dr. Jeffrey Reiss and Ms. Martha Burke for their guidance and support.

Dr. Varinder Dua, MBBS, FRCPC  Dr. Svetlana Kotin
CPD Director  Assistant CPD Director


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1 Note: Members of the Department of Psychiatry have been printed in bold.


Chiu, S.S., Raheb, H., Terpstra, K., Vaughan, J., Carrie, A., Farina-Woodbury, M., Bureau, Y., Cernovsky, Z., Hou, J., Copen, J., Husni, M., Badmeav, V., Shad, M., Suntres, Z., Gericke, N.


**Sharma, V. & Gabriel, M.** (2017). Five things to know about antidepressant discontinuation syndrome. *Canadian Medical Association Journal, 189*.


Books and Book Chapters


**Manuals/Guidelines**


**Letters**


Other Publications


Conference Presentations


Burhan, A.M. (2016). *The History and basis of rTMS. Transcranial Magnetic Stimulation in Psychiatry*. Presented at the CAMH 2-day course, Toronto, ON, Canada.


Davies, J., Whitlock, J., Gutmanis, I., & Kane, S. (2017). Inter-rater reliability of the retrospectively assigned Clinical Frailty Scale score in a geriatric outreach population. Poster presented at the Western University Schulich School of Medicine & Dentistry Department of Medicine Research Day, London, ON, Canada.


Dozois, D.J.A. (2017). Not the years in your life, but the life in your years: Lessons from Canadian psychology on living fully. Presented at the Canadian Psychological Association Annual Meeting, Toronto, ON, Canada.


architecture in susceptible, resilient and recovering individuals. Presented at the 72nd Annual Meeting of the Society of Biological Psychiatry, San Diego, California, USA.


Judson, T., Flett, G. L., & Heisel, M.J. (2016). Investigating psychometric properties of the Revised Center for Epidemiologic Studies-Depression Scale (CESD-R) among community-

Kumar, S., Burhan, A.M., Ismail, Z., & Rajji, T. (2017). Recent Advances In Prevention, Diagnosis and Management Of Dementia And The Associated Neuropsychiatric Symptoms. Presented at the American Association of Geriatric Psychiatry 2017 annual meeting, Dallas, TX, USA.


**Neufeld, R.W.J., Shanahan, M.J., & Grant, B. (2016). Stochastic modeling of stress effects on rudimentary information processing.** Presented at Meetings of the Society for Mathematical Psychology, New Brunswick, N.J, USA.


Presented at the 32nd Annual Meeting of the International Society for Traumatic Stress Studies, Dallas, TX, USA.


O'Reilly, R., Gray, J., & Shum, J. (2017). An Italian Journey: Does Italy really have ultra-low numbers of psychiatric beds? Presented at Grand Rounds, Department of Psychiatry, Flinders University, Adelaide, Australia.


**Circuitry Model of Post-traumatic Stress Disorder.** Presented at the 72nd Annual Meeting of the Society of Biological Psychiatry, San Diego, California, USA.


Rajakumar, N. (2016). *Developmental disturbances in thalamocortical connection are sufficient to produce almost all features of schizophrenia.* Poster presented at the Annual meeting of the Society for Neuroscience, San Diego, CA, USA.


Rhind, S.G., Boileau, I., Jetly, R., DiBattista, A.P., Tong, J., Richardson, J.D., & Lanius, R.A. *Inflammatory biomarker profiles are dysregulated in combat veterans with PTSD versus healthy warzone deployed and non-deployed soldiers.* Presented at the 4th Annual meeting of the International Cytokine and Interferon Society, San Francisco, CA, USA.

Richardson, J.D., Contractor, A.A., Armour, C., St. Cyr, K., Elhai, J.D., & Sareen, J. (2016). *Treatment Outcomes in Veterans Diagnosed with Service-related Mental Disorders.* Presented at the Military Mental Health Research Symposium, Ottawa, ON, Canada.


Ross, J. (2017). Empathetic Engagement: A model describing practices within day to day psychiatry for discussion and teaching. Presented at the Canadian Psychiatric Association Conference, Ottawa, ON, Canada.


Sharma, V. (2016). What do the guidelines tell us about the management of bipolar postpartum depression? Presented at the International Society for Bipolar Disorders Conference, Amsterdam, Netherlands.


Sharma, V. (2017). Treatment Resistance in Perinatal Depression: Differential Diagnosis and Treatment Strategies. Presented at the 7th World Congress on Women’s Mental Health, Dublin, Ireland.


Sukhera, J., & Van Deven, T. (2016). Designing Social Medicine for Year 1 Medical Students: New Medicine? Presented at the Association of Medical Education in Europe Annual Conference, Barcelona, Spain.


Van Deven, T., & Sukhera, J. (2016). Designing Social Medicine for Year 1 Medical Students: New Medicine? Presented at the Association of Medical Education in Europe Annual Conference, Barcelona, Spain.

Varghese, J., Terpstra, K., Chiu, S.S., Mishra, R., & Bureau, Y. (2017). Differential expression of Cerebral Dopamine Neurotrophic Factor (CDNF) in the hippocampus and in the striatum of


External Grant Funding


Note: Principal Investigators have been indicated with an asterisk (*)


Burhan, A.M.* S-Citalopram for agitation in dementia (S-CitAD). National Institutes of Health. $183,000 USD; 2017-2020.


Evans, A.C.* & Menon, R.S. (Group Grant). CBRAIN: A National Platform for Brain Research. CFI Cyberinfrastructure Fund. $4,500,000; 2016-2019.


Khan, A.*, Menon, R.S., Köhler, S., Johnsrude, I., Misattari, S., & Rosenbaum, S. Probing hippocampal integrity with ultra-high-resolution MRI and behaviour in temporal lobe epilepsy. Canadian Institutes of Health Research. $458,700; 2016-2021.


MacDougall, A.*, Global MINDS @ Western Faculty, Koh, J., & Kid, S. Global MINDS: Using videos to teach and ignite student social innovators tackling complex global mental health challenges. E-Campus Ontario Innovation Fund. $19,584; 2017-2018.


Menon, R.S.* Canada Research Chair in Functional and Molecular Imaging. Canada Research Chair. $1,400,000; 2012-2019.


Mitchell, D.* Amplifying empathy-related brain activity in youth with callous and unemotional traits. The Ontario Mental Health Foundation. $110,284; 2016-2018.

Montero Odasso, M.*, Bartha, R., Borrie, M., Hachinski, V., Hunter, S., & Speechley, M. Gait as a Clinical Marker to Predict Progression to Dementia Syndromes in MCI. Canadian Institutes of Health Research. $967,725; 2017-2022.


Osuch, E.*, Williamson, P.C., Neufeld, R.W.J. & Théberge, J. Differentiating Bipolar Disorder from Major Depressive Disorder in depressed, medication-free young adults using multivariate brain imaging and machine learning technologies. Canadian Institute of Health Research. $100,000; 2017-2018.


Reiss, J.P.*, Berta, M., & Mehta, V. The Psychiatrist Model in the Emergency Department. Ontario Ministry of Health Pay-for-Results Funding. $150,000.00; 2016-2017.

Reiss, J.P.*, Berta, M., Mehta, V., & Trpkovski, J. Mental Health Emergency Department Consolidated Unit. Ontario Ministry of Health Pay-for-Results Funding. $865,825; 2017-2018.

Reiss, J.P.*, Bhatnagar, V., Hocke, V., Vasudev, A., Berta, M., & Trpkovski, J. Geriatric Mental Health Behavioural Unit. Ontario Ministry of Health Pay-for-Results Funding. $176,500; 2017-2018.


Internal Grant Funding


Anderson, K.K.*, Osuch, E., MacDougall, A., & Kurdyak, P. Health service use and outcomes for youth with mood/anxiety disorders; Comparing FEMAP with other services. Department of Psychiatry, University of Western Ontario. $14,812; 2016-2017.


Mak, M.*, McLean, M. Charbonneau, J., Ulch, S., King, R., Barr, J., & Garcia, C. Diagnostic Accuracy in an Academic Consultation-Liaison Psychiatry Service. Schulich School of Medicine & Dentistry, Western University Department of Psychiatry Seed Fund. $7,350; 2017.


Palaniyappan, L.* & Sharma, V. Inflammation-related excitotoxicity in neuropsychiatric disorders. Lawson Health Research Institute, Strategic Research Fund Award. $49,800; 2016-2017.


Reiss, J.P.*, Links, P., Frewen, P., & Heisel, M.J. Permission to Contact (PTC): Piloting an Innovative Approach to Participant Recruitment within the London Hospitals Mental Health Programs. Schulich School of Medicine & Dentistry, Western University Department of Psychiatry Seed Fund. $15,000; 2014-2016.


Sukhera, J.* Reducing Mental Illness Stigma through Unconscious Bias Training. AMOSO. $65,000; 2016-2017


Industry Grant Funding

Hou, J.* & Chiu, S.S. Ginseng Saponin Rg3 liposome treatment for Alzheimer Disease and Parkinson Disease. Dalian Pharmaceuticals. $50,000; 2013-2016.


Sharma, V.*, & St. Joseph’s Healthcare Hamilton Team. A three-arm, parallel group, multicenter, double-blind, randomized controlled trial evaluating the impact of GeneSight Psychotropic and Enhanced-GeneSight Psychotropic, on response to psychotropic treatment in outpatients suffering from a major depressive disorder (MDD) and having had – with the current episode – an inadequate response to at least one psychotropic medication included in GeneSight Psychotropic. Assurex Health. $47,983; 2016-2017.
Department Award Winners

ADMINISTRATIVE STAFF

• Bernice James, Financial Officer

EDUCATION

UGE:

• Best seminar leader of Meds 5207 course – Dr. Mark Watling
• Best PCCM Facilitator of the Year: Dr. Azizul Haque
• Best Clerkship Supervisor of the Year – London: Dr. Mohamad Elfakhani
• Best Clerkship Supervisor of the Year – DEN: Dr. Mirela Bucur
• Best Clerkship Supervisor of the Year – Windsor: Dr. Giovanni Villella
• Best Clerkship Seminar Leader of the Year: Dr. Vadim Beletsky

PGE:

• Junior Resident of the Year Award: Dr. Jonathan Gregory
• Senior Resident of the Year Award: Dr. Senthuran Gunaratnam
• Dr. Paul Patterson Resident Award: Dr. Nina McCurdy

CPD:

• Best CPD Presentation by a Resident (co-presented): Drs. Kara Dempster & Dr. Jonathan Gregory
• Best CPD Presentation by Faculty: Dr. Lena Palaniyappan

DIVISION AWARDS

Child & Adolescent Psychiatry:

• Award of Excellence in Postgraduate Teaching: Dr. Patricia Hall
• Award of Excellence in Undergraduate Teaching: Dr. Rob Nicolson

General Psychiatry:

• Division Member of the Year for LHSC: Dr. Viraj Mehta
• Division Member of the Year Award for SJHC: Dr. Iouri Rybak

Geriatric Psychiatry:

• Excellence in Postgraduate Education: Dr. Amer Burhan
• Dr. David Harris Award: Dr. Elyse Ross

RESEARCH AWARD

• Dr. Ross Norman
PROFESSOR EMERITUS – July 1, 2017

- Dr. Paul Links
- Dr. Ross Norman