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Message from the Chair/Chief

“The completion of our facilities rebuild will further enable our clinical and academic accomplishments and our vision as an excellent clinical academic department poised to participate in an Academic Health Sciences Network.”

Sandra Fisman

The past year has been one of reflection and self-evaluation, with completion of a Self Study in the fall and an external review of the department in the late spring.

The self-appraisal process provides an opportunity to “take stock” of an academic department and look back at the journey traveled over the past 5 years. By all objective standards, and viewed through academic and clinical metrics, there has been significant progress made in the academic Department of Psychiatry at the Schulich School of Medicine & Dentistry and its affiliated mental health care programs at London Health Sciences Centre, St. Joseph’s Health Care/Regional Mental Health Care and the Child & Adolescent Programs in the London community.

The external reviewers of the department, both well-respected Canadian health care leaders and academics, Drs. Katharine Gillis and Trevor Young, enthusiastically endorsed the changes at our centre and the progress that has been made. “It is clear that the department has many achievements and is in a much better place than it was when the last review was undertaken five years ago.” Specifically, the reviewers remarked on the increased research productivity with a doubling of Tri-council funding and increase in publications. Four research chairs have been established and filled. There has been increased recruitment of excellent clinician and basic science faculty. The education programs: undergraduate, postgraduate and CME are strong. There has been the development of innovative programs for First Episode Psychosis; First Episode Mood & Anxiety Disorders; Social & Rural Psychiatry; Bioethics; further development for the Child & Adolescent Psychiatry Division which remains very strong; Child & Adolescent Developmental Disabilities and the Geriatric Psychiatry Program.

The annual report continues to highlight the activities of our seven academic divisions which include General Adult Psychiatry, Social & Rural Psychiatry, Child & Adolescent Psychiatry, Geriatric Psychiatry, Developmental Disabilities, Neuropsychiatry & Forensic Psychiatry. We continue to have some overlap and important collaboration across our divisions and some
strong clinical academic programs within the divisions. A strong central department ensures co-ordination among divisions and allows our faculty to thrive academically.

We are blessed with strong linkages to our administrative partners in our affiliated teaching facilities and to our research institutions. Each of our academic divisions provides the academic context for teaching, training and research in conjunction with our clinical programs. Linkage with the Schulich based Robarts Research Institute and the hospital based Lawson Health Research Institute and our clinical programs allow opportunity for translation of research findings into clinical practice. This is evident in reading the profiles of our leading researchers in the Annual Report. The London hospitals Mental Health Programs report highlights the strength of the shared administrative partnership between the Vice-President Mental Health Services and the Chair/Chief/Senior Medical Director for the Integrated Mental Health Care Program. For the Child & Adolescent Division, the academic clinical linkages include the affiliated services at London Health Sciences Centre, CPRI and Madame Vanier Centre.

The success of our academic mission is fueled by our cross fertilization with other academic clinical and basic science departments at Schulich and other faculties at Western. The clinical collaborations in particular with the Department of Family Medicine, with Cancer Care, with Geriatric Medicine, with Pediatrics, with Surgery through C-Star to mention only a few, provide pathways to better patient care and academic opportunities (both teaching and research). The generative collaborations with the Departments of Anatomy & Cell Biology, with Epidemiology and Biostatistics, with Psychology & Philosophy, create pathways for the translation of research findings into clinical care and, in particular, foster the contributions of the valued Basic Scientists in our Department.

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

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

As Chair for the Department of Psychiatry, I have been committed to the development and mentoring of our next generation of academic psychiatrists. As a department, we have witnessed not only the quantitative growth of our residency program but also a change in quality. We have reorganized our Postgraduate Program to align with more prescriptive Royal College training guidelines initiated in July 2009. We have been leaders in embracing the CANMEDS Roles in our training objectives and our evaluation methodology. In addition, we have been delighted that a number of our trainees continue to join the department as junior faculty, and we have achieved, gradually over the past several years, a balance of
gender and diversity among our junior and mid-level faculty. We have an awareness of
cross generational differences, the need to work differently and the value of faculty
mentoring and role modeling and respect for family values among our faculty.

In a changing and ever evolving world of service delivery for our teaching hospitals
generally, and mental health specifically, we have been faced with both challenges and
opportunities over the past number of years as the recommendations of restructuring and
mental health reform come to fruition in the face of ever increasing need for accessible and
effective, efficient mental health services. Milestone 2 Phase 2 will be completed with the
full transfer and consolidation of adult and children and adolescent mental health at Victoria
Hospital by April 2011; Milestone 2 Phase 3 will follow within a year or two of this with
relocation of neuropsychiatry and consultation liaison from the 10th floor to the 3rd floor of
University Hospital with Neuropsychiatry Clinical Research in the basement at University
Hospital.

Finally, the new facilities for tertiary specialized mental health at the Parkwood site on
Commissioners Road and forensics in St. Thomas, will be completed by 2013/2014. To
support these changes, the development of adequate ambulatory care services for both
London Health Sciences Centre and Regional Mental Health Care and the capacity to
stabilize, treat and discharge patients from bedded care as well as providing alternatives to
admission will be key to a successful transformation. At the same time, we need to pay
careful attention to our academic mission and, in particular, ensure adequate space for our
education and research mission. We continue to work with our hospital partners to ensure
that these important Department of Psychiatry strategic initiatives are successful.

As I look forward to the conclusion of my second term as Chair/Chief for Psychiatry, and
back over the past 9 years through two terms, in spite of the trials and tribulations that are
an inevitable part of the role as Department Chair, the Department of Psychiatry at Schulich
has become an exciting place to be. With the recruitment of many strong academic faculty
and the development of our medical leaders in psychiatry, we can look to the future with
pride and confidence in our ability to deliver on our clinical and academic mandate.

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

The Administrative Team in the Department of Psychiatry

The engine of our department is our strong administrative team! In December 2009, we
wished Susan Habib, our Administrative Officer, farewell as she prepared for a period of full-
time motherhood. We were fortunate to have Deborah Lucas move seamlessly into the
Administrative Officer position. Deborah brought her corporate and her UWO experience
and she, in turn, was fortunate to inherit a strong and committed team with tremendous
experience and expertise in their individual portfolios. Under Deborah’s strong and
collaborative leadership, our administrative team has blossomed as a cohesive whole,
whose sum is greater than its parts. Heather Deisley was the unanimous choice of the
Psychiatry Administrative Group as a nominee for the Dean’s Award of Excellence – Staff
and she received this award at the Dean’s Award Dinner in May 2010.

The growth of our administrative team has paralleled the growth of our department: over the
past 8 years, we have doubled our number of full-time clinical academics (31 to 65), tripled
the size of our residency program (11 to 30) and have been part of the undergraduate expansion and the growth of the Distributed Medical Education Program (Windsor and Rural – Regional). The financial complexity of the department budget has significantly increased with the AFP and other funds coupled with budgetary cutbacks and different physician reimbursement models between LHSC and RMHC.

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

Sandra Fisman

**Psychiatry Administrative Group 2010**

Deborah Lucas - Administrative Officer  
Irene May - Administrative Assistant Chair/Chief  
Bonnie Ideson - Human Resource Consultant  
Bernice James - Finance  
Heather Deisley - Administrative Assistant, Undergraduate Education  
Eva Adams - Administrative Assistant, Postgraduate Education  
Glenda Shilleto - Administrative Assistant, CME/CPD  
Debra Martin - Administrative Assistant, Child & Adolescent and Geriatric Psychiatry Divisions  
Hanna Siemiarczuk - Administrator, ECP, SWOMEN, Division of Social & Rural Psychiatry  
Anna Dominguez - Administrative Assistant, ECP, SWOMEN, Division of Social & Rural Psychiatry  
Maria Gitta - Coordinator, Developmental Disabilities Division  
Colleen Chryssoulakis - Administrative Assistant, Developmental Disabilities Division  
Suzena Mendes - Administrative Assistant, AFP, Forensic Psychiatry Division and General Department Support  
Cathy Kramer - Administrative Assistant, Chair/Chief, General Adult Psychiatry  
Tracey Jansen - Administrative Assistant, Site Chief, RMHC  
Tracy Henebry - Administrative Assistant, Chair/Chief, Child & Adolescent Psychiatry

**Division of Child and Adolescent Psychiatry**

“With our national reputation for excellence in education and our enthusiastic committed interprofessional faculty, the Division of Child and Adolescent Psychiatry continues to develop and move forward towards subspecialization.”

Dr. Margaret Steele

The Division of Child and Adolescent Psychiatry has continued to have unprecedented growth over the past year. We welcomed Dr. Sarah Armstrong, Dr. Patricia Hall, Dr. Heidi
Haensel, Dr. Leanna Isserlin, and Dr. Loveday in London and Dr. Humera Athar and Dr. Claire Stroker in Windsor as our newest child and adolescent psychiatrists.

Education continues to be a strong aspect of our Division with Dr. Ajit Ninan, Dr. Sanaa Helmi and Dr. Tam Doey playing key leadership roles in undergraduate education in the Department of Psychiatry. Dr. Ninan continues as the undergraduate education coordinator for the Division of Child and Adolescent Psychiatry (DCAP). Dr. Ninan led a working group to develop recommendations on how to enhance the clinical clerkship experience for medical students. Educators within the Division attended a retreat to review the recommendations. Dr. Ninan developed a video interviewing a child with mental health problems so that students could watch this video before they began their clerkship experience. Dr. Doey coordinates the comprehensive clerkship experience in Windsor which continues to be rated highly by the clerks. Dr. Sohail Makhdoom and Dr. Rob Nicolson continue to be passionate about teaching developmental disabilities to the clinical clerks. In addition to coordinating the child and adolescent psychiatry clerkship in London, Dr. Ninan continues to coordinate the numerous requests from medical students to complete electives. Dr. Doey has also co-ordinated several medical student observerships in Windsor. Dr. Steele was invited to speak at the Psychiatry Interest Group about the life of the Child and Adolescent Psychiatrist and this was well attended by students from London and Windsor. Dr. Sanaa Helmi has continued as the week captain for the child and adolescent psychiatry week of the Medicine 5207 course and she has also been the course manager for the entire Medicine 5207 course.

At the postgraduate level, Dr. Patricia Hall has taken on the role as Postgraduate Education Coordinator for the DCAP. In a short period of time, Dr. Hall has made significant contributions to residency training. She is working with a number of family therapists at the various children’s mental health agencies to develop standardized guidelines for the teaching of family therapy to residents so that the residents can do family therapy training at various sites. This group is utilizing the excellent guidelines which had been developed by the family therapy team at London Health Sciences Center (LHSC) including Stephanie Rabenstein, Bill McIntosh, Connie Boles, Rita VanMeyel, and Deborah Broadbent. Dr. Hall is also facilitating the Child and Adolescent Psychiatry Teaching Rounds where psychiatry residents present a wide variety of child and adolescent topics. Dr. Hall is also a member of the newly developed Department of Psychiatry Fellowship committee where applications for fellowship training will be reviewed. Dr. Hall has also met with the resident group to look at ways to enhance the residency training in child and adolescent psychiatry and she has revised the Postgraduate Year three (PGY3) module series on child and adolescent psychiatry to ensure key topics are being covered. Dr. Leanna Isserlin is co-leading the PGY2 and PGY4 module series. Residents Dr. Leslie Ritchie and Dr. Zev Greenspan, with guidance from Dr. Sandra Fisman, were involved in the drafting of a module series on psychotherapy which takes a developmental approach to psychotherapy. Dr. Sohail Makhdoom has also worked with the Department of Pediatrics to revise the learning objectives in child and adolescent psychiatry for the pediatric residents. Dr. Makhdoom continues to coordinate the mandatory psychiatry rotation for pediatric residents. Dr. Cheryl Willsie, a first year resident, has represented the residents on the DCAP Advisory Committee.

With a focus on developing evidence based clinical knowledge and promoting interprofessional learning, Division of Child and Adolescent Psychiatry continues to be actively engaged in organizing Continuing Medical Education (CME) activities, both at the Divisional and Departmental level. Dr. Naveed Rizvi has taken on the role of Continuing Medical Education Director for the DCAP and has done a terrific job at moving CME forward in child and adolescent psychiatry. During the year 2009-2010 the DCAP invited a number of nationally and internationally renowned guest speakers for the CME activities offering a wide
range of learning opportunities. The CME events were well attended and well received by faculty members, health professionals, residents, medical and health profession students as well as community partners.

Dr. Carter, research coordinator for the DCAP, took on the additional role of being the DCAP representative to the Research Ethics Committee at The University of Western Ontario. It has been helpful to have a child and adolescent mental health researcher on the Ethics Committee to help members of the Ethics Committee appreciate some of the unique aspects of doing research with children and youth with mental health disorders and their families. Dr. Carter also sits on the Department of Psychiatry Research Committee which has been reviewing continuing education in research. In addition, the requirements for the residents' research have been forwarded to the Resident Training Committee for the Department of Psychiatry for further discussion. Dr. Shannon Stewart, Manager of Applied Research and Education at CPRI, has been leading several interesting research projects. CPRI held their first Research Day in 2009 which focused on Children and Youth with Complex Mental Health Needs: Service Utilization, Outcome and Best Practice. Six key speakers were chosen to represent a portion of the CPRI research conducted onsite and in collaboration with professionals at UWO. This was an extremely successful event with 190 participants from 70 agencies. Dr. Julie Eichstedt, Chair of the Research Committee at LHSC, has been leading research in the area of anxiety disorders in children and youth. Dr. Steele, Dr. Tam Doey, Dr. Neal Stretch, Dr. Richard Zayad and Brenda Davidson, research associate, are involved in a national study which involves surveying family physicians and pediatricians in rural and remote areas in every province and territory in Canada to determine what they want to learn in the area of children's mental health and how they would like to learn. This research is being funded by the Children's Health Foundation. Dr. Leanna Isserlin was the winner of the 2009 Dan Offord Research Award for her paper, "Therapeutic Alliance and Family-based Treatment for Adolescents with Anorexia Nervosa". The Dan Offord Research Award is given by the Association of Professors of Child and Adolescent Psychiatry of Canada (APCAPC). Dr. Leanna Isserlin also one the best presentation for a student at the Department of Psychiatry Annual Research Day in June, 2009 for her research paper entitled "Perceived barriers to completing research during psychiatry residency." Many members, faculty and students of the Division continue to be involved in a variety of research activities which have been presented at local, national and international conferences and published in peer-reviewed journals.

CPRI celebrated its’ 50th anniversary on May 6, 2010. At this event Anne Stark, Administrator of CPRI, Mr. Eugene Sorin, previous Administrator and Dr. Ben Goldberg, past Director of Treatment, Training and Research were among the speakers. Numerous past and current employees, families, and volunteers attended the wonderful celebration. Dr. Toni Swart has published two books about CPRI "St. Luke's in the Garden Chapel" and "The Beck Memorial Sanatorium 100 Years after it Opened". Dr. Ajit Ninan has become the new Chief of Treatment and Dr. Nevena Dourova is the new Psychiatry Discipline Lead at CPRI. CPRI has announced that they will be building a new state of the art children's mental health agency in the coming years. Several other children's mental health agencies, Vanier Children’s Center, WAYS, Craigwood Youth Services and Oxford Elgin Child and Youth Centre have begun discussions to explore the possibility of becoming one agency. The Western Hub of telepsychiatry is currently providing Telepsychiatry services to five designated sites and 3 satellite sites. During the year 2009-2010, Western Hub provided 165 Clinical Consultations and 14 Program Consultations to the designated mental health agencies and have provided 15 education sessions. The child and adolescent mental health care program at Children's Hospital is planning their move to the new tower in October, 2010. In Windsor, Dr. Y. Mirza became the Head of the Child and Adolescent Psychiatry Program. Windsor Regional Hospital is creating a new integrated Family Mental Health and
Addictions Services with members of the division actively involved in this process. A video link has been established between Windsor and Chatham Kent Health Alliance and within the offices of pediatricians in Chatham that will allow crisis assessments by the team in Windsor.

I would like to congratulate our award winners for this year. This year the winners of the three Division of Child and Adolescent Psychiatry Awards are: Alana Bresset for the Excellence in Undergraduate Child and Adolescent Psychiatry Teaching for 2008/2009 and Dr. Isabelle Bourque, resident, for 2009/2010; Dr. Naveed Rizvi for the Excellence in Postgraduate Child and Adolescent Psychiatry Teaching; and Dr. Tam Doey as the Star of the Year Award for the Division of Child and Adolescent Psychiatry. In addition, I was fortunate to be awarded the Fellow of the Canadian Psychiatric Association at the Annual Meeting of the Canadian Psychiatric Association in 2009 and the Schulich Postgraduate Educator Award.

The interprofessional model of the Child and Adolescent Division extends to its administrative structure. The Advisory Committee includes Dr. Jeff Carter, Dr. Bruce Connell, Dr. Tam Doey, Dr. Ajit Ninan, Dr. Naveed Rizvi, Ms. Susan Ralyea, Dr. Cheryl Willsie, Dr. Barrie Evans and more recently Dr. Patricia Hall. The time commitment of the Advisory Committee and others who contribute in so many ways to the enhancement of child and adolescent psychiatry at The University of Western Ontario is greatly appreciated. This includes faculty members, affiliate members, residents, medical students and administrative staff. Special thanks to Debra Martin who does an excellent job ensuring the Division of Child and Adolescent Psychiatry runs smoothly and Suzie Mendes who has been assisting with the Continuing Medical Education activities.

We are also planning a strategic planning retreat in the fall of 2010 to look at the vision and mission for our Division in the next five years. We look forward to all members of the Division of Child and Adolescent Psychiatry participating in the retreat to shape the future of academic child and adolescent psychiatry in the Department of Psychiatry at the Schulich School of Medicine and Dentistry at the University of Western Ontario.

Developmental Disabilities Division

"It continues to be an exciting time in the field of developmental disabilities."

Dr. Rob Nicolson

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

Dr. Rob Nicolson is the Chair of the DDD. Regarding the Division’s education goals, the responsibilities have been divided among a triumvirate, with Dr. Nicolson taking the undergraduate education lead, Dr. Jay Rao is the postgraduate education lead and Dr. Greg Gillis is the lead for community and continuing medical education.

Staff consists of Maria Gitta, Division Coordinator, and Colleen Chryssoulakis, Administrative.

An Advisory Board consists of members of community service agencies, college and university representatives, school board representatives, and representatives of the Ministry of Community and Social Services. The Board meets quarterly and advises the leadership of the Division on potential areas of relevance to the DDD. The Chair of Psychiatry has always been the chair of the Advisory Board. Dr. Sandra Fisman has chaired the board for the past nine years.

EDUCATION

Education of physicians regarding developmental disabilities remains the Division’s greatest priority. We have continued to enhance the educational opportunities for physicians and allied professionals in developmental disabilities. The educational opportunities at all three levels (undergraduate and graduate medical trainees and continuing medical education) are unique across Canada and certainly places the DDD on the vanguard of medical education at a national level regarding developmental disabilities.

Dr. Nicolson and Dr. Sohail Makhdoom (at the Child and Parent Resource Institute) continue to provide a half-day of teaching and clinical experience in developmental disabilities for third year clinical clerks, an experience which has received positive feedback and which appears to be quite unique at a national level in terms of teaching in developmental disabilities. A lecture by Dr. Nicolson to second year medical students on developmental disabilities continues to be well-received. Drs. Nicolson and Rao also continue to teach elective students from Western, Canadian and international universities.

In order to foster an interest in patients with developmental disabilities, the Division has given an essay award annually in the amount of $500, which has now been renamed this year 'The Dr. Greta Toni Swart Essay Award in IDD', to an undergraduate medical student who submits the best essay on developmental disabilities. The winner for 2009-2010 was Ms. Laura Hinz, Meds 2011. Ms. Hinz’s exceptional essay described her experience providing medical care to an adult with an intellectual disability while working with a community family doctor. We will be opening up the award to all UWO medical students, undergraduate and postgraduate.

Drs. Nicolson and Rao provide lectures and seminars for psychiatry and family medicine residents. The number of psychiatry residents requesting rotations in developmental disabilities continues to increase, which is a strong indicator of the quality of the teaching provided and the increasing recognition of the importance of developmental disabilities in psychiatric practice. Additionally, pediatric residents are expected to spend several days seeing patients with developmental disabilities during their rotations at CPRI.

The DDD is responsible each September for the Department of Psychiatry Continuing Medical Education Rounds. In September of 2009, the guest speaker was Dr. Randi Hagerman of the University of California at Davis. Dr. Hagerman is internationally
recognized as a foremost expert in Fragile X Syndrome, and her update on advances in Fragile X Syndrome was exceptional. Additionally, the DDD presents an annual continuing medical education day on developmental disabilities for practicing community psychiatrists, pediatricians, and family doctors, nurses and other health providers. The topics presented at the most recent CME day were accessing community resources, obesity in children and adolescents with developmental disabilities, and pharmacological causes of obesity in developmental disabilities. As in previous years, the feedback by attendees was overwhelmingly positive. This annual refresher in developmental disabilities is one – if not the only -- of very few such events held for physicians nationally.

In addition, Drs. Nicolson, Rao, and Gillis are each involved in providing presentations to professional and advocacy groups, with the total audience for these presentations being well over 1,000 people during the past academic year. The DDD, in ongoing partnership with the UWO Autism Centre of Excellence (ACE), continues providing lectures for parents and community agencies on developmental disabilities. And over the past two or three years we have arranged for all of the outside speakers to provide lectures to community members in addition to the academic lectures. Furthermore, this academic year the DDD and ACE began to present monthly education and service rounds at CPRI. These consist of a case presentation and discussion of research literature relevant to the case. Attendance has been good and the feedback has been overwhelmingly positive.

Maria Gitta and Dr. Greg Gillis continue their provincial involvement in the ongoing development of Primary Health Care Consensus Guidelines for Adults with IDD and online teaching modules along with educators from the other five provincial medical schools and other health educators. The Guidelines are revised and will be republished in Canadian Family Physician this year or early next year. As well, Maria Gitta and Dr. Gillis act as facilitators for the annual online teaching modules that begin and end with related workshops in Toronto in the fall and spring.

The Division continues to clearly meet the goal of increased education in developmental disabilities for professionals and advocates, and this strength has been recognized by individuals and organizations nationally. Clearly, in the seven years since the inception of the Division, the DDD has become a national leader in education on developmental disabilities for physicians. In the coming year, we will continue to develop new avenues of medical education and make greater use of electronic media and the internet in order to expand our educational scope. As one of our first steps towards this goal, we continue to videotape the presentations by the invited speakers and put these videos on the website.

RESEARCH

As education, research, and clinical service in developmental disabilities are all integrally related, with each informing the other, a strong academic and research focus for the DDD is essential. The bimonthly research rounds which were held in past years have been replaced by the monthly education and service rounds described above. Attendance at these newer rounds has been greater and has also had a greater diversity in terms of the professional background of the attendees. The emphasis on the relationship between research and clinical service has provided for better opportunities for discussion at each presentation. Importantly, students in a variety of medical and professional disciplines have been active participants in these rounds.

During the 2009-2010 academic year, the DDD established an annual research award to encourage and fund new research in developmental disabilities at UWO. The C. Kingsley Allison Award (named after the gentleman who donated the money) will be awarded annually for research on developmental disabilities undertaken at UWO. The funds for this
were made available through an endowment of $215,000. Mr. Allison was an executive with the O Pee Chee company in London with a personal interest in developmental disabilities. The awards will be made available for the first time during the 2010-2011 academic year.

In closing, interest in developmental disabilities continues to grow at The University of Western Ontario. With few academic programs in developmental disabilities in Canada, the Division of Developmental Disabilities at UWO has become a national leader in the field. In partnership with the Autism Centre of Excellence at the University of Western Ontario (also part of the Department of Psychiatry), we expect to continue to enhance the visibility and importance of intellectual and developmental disabilities education and research at UWO and within Ontario and to solidify the role of the Division of Developmental Disabilities as a national leader in education and research.

**Division of Forensic Psychiatry**

“Forensic psychiatry is the human effort to understand the most inhumane of our species behavior.”

Dr. Jose Mejia

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

The Division has achieved success in attracting students from medicine, nursing, social work, law, forensic sciences, psychology and criminology who have had exposure to the clinical interactions and educational opportunities presented by Division members. During the current year and as it is customary now, the educational activities have included lectures to third year medical students in violence and antisocial behaviours and psychiatric residents in the forensic system in Canada for adults and youth, as well as addiction disorders in children and adolescents. Bedside teaching was also very active involving mentally ill individuals in the forensic system, not only from the psychiatric management perspective but also with regards to the unique judicial procedures inherent to their condition within the legal system.

Other less formal academic activities include the co-ordination of voluntary work that two undergraduate students have pursued, one to improve the appearance and functionality of the webpage of the Forensic Psychiatry Division and the other one in relation to a literature review on malingering and exaggeration of symptoms amongst children and adolescents.
Open to all mental health professionals, a lecture in malingering and exaggeration of symptoms took place at the Wickware Auditorium at Regional Mental Health Care London as part of the Continuous Medical Education series and was awarded the Best Lecture Award of 2010. This was an event contemporaneous to reports of three cases of malingering in the national news, which also led members of the Division to appear in three radio and one TV interview in Ontario and Alberta. Part of the educational role to the community, an evening including commentary to a documentary on suicide, took place at the Central Library in London with the participation of members of the community who after watching the movie, debated and commented on suicide and other mental health issues in our community.

There is emerging interest in Forensic research and particularly the discovery of cognitive and imaging patterns of activity in the brains of those affected by antisocial behaviours. This work has continued in collaboration with Dr. Elizabeth Finger in the Department of Clinical Neurological Sciences and, Dr. Derek Mitchell, a cognitive neuroscientist in the Department of Psychiatry & Anatomy and Cell Biology. Recruitment for this study continues.

Members of the division have also actively participated in the formation and work of the SMART train group which was formed with the goal of constituting a network to seek grants and research studies aimed to explore the application of new technologies in the improvement and advance of provision of services to mentally ill individuals.

Building a collaboration with the London Courts has resulted in the planning of a new service aimed at providing immediate service to mentally ill individuals who find themselves undergoing judicial processes with the objective of expediting and triaging services to these subjects and avoid unnecessary delays and waste of resources. This service will also have the objective of involving residents in psychiatry in order to fulfill one of the training requirements for collaborative mental health care with other services. This service, in coordination with the established acute care forensic clinic at London Health Sciences Centre, will continue to train and educate students in providing services to individuals that have committed criminal offences and find themselves in need of psychiatric attention while serving their sentences or undergoing judicial processes in the community. The clinic has been in existence for more than two years and will hopefully now, expand services to youth and elders, supplementing the training for resident electives and for clinical clerks in forensic psychiatry.

These evolving interdisciplinary and transdisciplinary relationships were highlighted in a joint session discussing practical matters between lawyers and psychiatrists are in the form of a debate. With a very enthusiastic audience of members of the judiciary and in particular, the Hon. Judge Livingstone, several psychiatrists, psychiatric residents, nursing professionals and medical students, the discussion around the various aspects of involuntary commitment was very animated. Much encouragement towards the continuation of such activity has been expressed and new plans are on their way to continue this type of exchange.

Finally, the collaboration with London Police Service continues in the form of involvement in crisis situations where mentally ill individuals require deployment of the police tactical team for their control. Psychiatrists contribute their expertise assisting the negotiators with clinical advice about their interventions while the negotiations take place.

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

Our Division will play an important role at Western as we position ourselves to be able to provide the required education and clinical experiences to meet the future training requirements. Much hard work lies ahead to ensure that we can meet the training requirements for a subspecialty PGY6 year in Psychiatry and the Law. To assist with this and to review the academic status of the Forensic Division, Dr. Sandy Simpson recently recruited head of the Psychiatry and the Law Program in the Department of Psychiatry at the University of Toronto, will conduct an external review of the division in the spring of 2011. Dr. Simpson previously has visited London in his new role, enlightening his audience about the relationship between psychosis and violent behavior.

Division of General Adult Psychiatry

Primarily based out of the London Health Sciences Centre, the Division of General Adult Psychiatry (DGAP) is the academic home of acute care psychiatry, spanning the continuum of mental healthcare.

Entrusted to the division is the responsibility to provide the core educational experiences required by medical students, psychiatry residents, as well as those from family medicine and other specialties, in addition to trainees in related health disciplines. As such, the division’s influence extends beyond just producing competent psychiatric generalists, notwithstanding the importance of the latter.

The division has had a very productive academic year. Much of the department’s undergraduate, postgraduate, and continuing medical education/continuing professional development are delivered by DGAP faculty. The nationally acclaimed UWO Psychiatry Exam Preparation Course, organized by our Dr. Praful Chandarana, and taught in large part by a number of Department of Psychiatry members (many from the DGAP), continues to grow in popularity on an annual basis. Similarly, our research productivity has increased as can be attested to in the research section of this annual report.

One of the major challenges and goals for this academic year was the initiation of our totally revamped PGY-2 year. In the new design, residents participated in a consolidated academic year of generalist training, split between inpatient and ambulatory components, in an enriched interprofessional setting. Longitudinal supervision was maintained to ensure progressive skill development in clinical interviewing, diagnostic and formulation skills, and

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

Dr. Jeff Reiss
in treatment modalities, while at the same time providing a variety of supervisors to each resident. Complementing core competency development in psychopharmacology, training in supportive and psychodynamic psychotherapies, as well as selective opportunities in individual/group CBT, IPT, and DBT is an available part of the training experience. By all accounts the pilot project was a resounding success that we look forward to repeating next year. Ongoing new goals include creating a formal educational rounds component to the year, and developing opportunities for training at the Windsor campus.

We continue to actively plan for Milestone 2 (M2P2), which involves the winding down of our site at South Street Hospital with relocation to the Victoria Hospital Campus. This move affects the Division of General Adult Psychiatry to a greater extent than the other divisions. We look forward to the greater geographic connectivity with our medical colleagues, as well as the enhanced clinical and academic opportunities that will arise by having the vast majority of our personnel and services concentrated at one site.

Building on existing research strengths in clinical outcomes, program evaluation, and neuroimaging, DGAP will endeavour to develop new clinical research programs in Psychopharmacology, and Neuropsychiatry/Psychosomatic Medicine, collaborating with other Divisions and Departments/Faculties, as the case may be.

The following is an overview of the division’s varied programs along with individual goals for the next academic year written in conjunction with the respective medical leaders:

**London Health Sciences Centre - Based Services**

**Centralized Emergency Psychiatry Service (CEPS)**
Emergency assessments are conducted in the emergency room by a team consisting of psychiatrists, residents, and students, with nurse case managers. We work in collaboration with community partners including mental health agencies and family physicians in an effort to best serve our patients. Service Leader, Dr. Dan Lefcoe states, “We continue to provide 24/7 Emergency Consultative Service to physicians in Middlesex county. We are moving this year to an expanded resident presence in the ER, an expanding Crisis nurse availability and wait time evaluation procedures”. The latter comment is in reference to two Ministry sponsored Emergency Department “Pay for Results” Projects that we are engaged with.

**Consultation-Liaison Service**
Consultation-liaison is a specialized service that deals with the overlap of physical health and mental health care issues. The primary mandate is to provide timely psychiatric consultation to adult patients admitted to medical/surgical units at the University Hospital and Victoria Hospital sites. Accomplishments in the last year include successful implementation of: an outpatient consultation-liaison psychiatry service embedded within the London Regional Cancer program to serve the complex acute and chronic mental health needs of cancer patients, expansion of our service to consulting on geriatric patients in the UH ICU setting, general C-L outpatient clinic, a weekly didactic seminar series for C-L residents and medical students. Goals for the upcoming year include development of a Psychosomatic Medicine CME module, liaising with internal medicine to provide in-services to medical staff on accurate completion of MHA forms, developing care pathways for cancer populations with a high risk of mental health complications, expansion of the service to consulting on admitted medical/surgical patients bedded in the ER, ongoing service focus on education of psychiatric residents, off-service residents, medical students, and our medical colleagues.
First Episode Mood and Anxiety Program (FEMAP)
FEMAP provides both clinical treatment and clinical research for youth between the ages of 16 and 30 afflicted with the recent onset of dysfunction or distress due to depression and/or anxiety. According to its leader, Dr. Elizabeth Osuch, the overall goal of FEMAP is to create mental health care services and research for a population where the stakes are extremely high, to get youth back to optimal functioning while ensuring that they live are as symptom free as possible.

Goals for the next year include building the clinical services now that there are two additional psychiatrists at FEMAP (Drs. Kathryn Macdonald and Sarah Armstrong). We also wish to maintain our addictions therapist, who is currently only funded until October of 2010. The addition of this service has proven to be essential in the treatment of the youth population that comes for help at FEMAP.

There are several ongoing research projects that will move forward during the next year, including moving a number to publication. These include studies on the functional brain imaging of cognitively intact youth who engage in non-suicidal self-injury; functional imaging and neurocognitive assessment of the overlap between depression and frequent marijuana use; using fMRI to differentiate major depression from bipolar disorder; examining contributions to the stigma of mental illness for youth; and the implementation and evaluation of a novel health care delivery model for youth with mood and/or anxiety concerns. In addition, plans are afoot to submit a substantial operating grant application for our research during the spring or fall of 2010.

General Adult Ambulatory Mental Health Services (GAAMHS)
The largest ambulatory service in the Division, GAAMHS provides a variety of outpatient based services for patients and their families in the London-Middlesex Country area. In keeping with the overarching principle of right patient, right service, right time, the General Adult Ambulatory Service will continue its primary focus on access to treatment and flow of patients from the three primary areas of referral inpatients, community and emergency department. Clinically the service will try to prevent barriers to treatment by maintaining broad based inclusion criteria. In addition to individual assessments and pharmacological treatment, group psychotherapy streams exist for CBT, DBT. GAAMHS also provides a full time day treatment program and groups to aid transition from hospital. GAAMHS will endeavor to expand its services in needed clinical areas, while seeking to create better linkages with other mental health services in the London area. Resident training is now well established within GAAMHS as well as providing undergraduate teaching.

Inpatient Services
Crisis and short-term inpatient treatment for adults is the focus of this service of 68 beds presently located on two units at our South Street Hospital Site. The inpatient service provides care to adults who present with mental health difficulties that embrace the entire spectrum of mental illness such as mood disorders, suicidal behaviour, anxiety disorders, schizophrenia and other psychotic disorders, mental disorders of aging, concurrent substance abuse problems, and acute symptoms of distress related to family or personal crisis. It is also the site where much of our department’s educational and training activities take place. Under the medical leadership of Dr. Siva Devarajan, this year we started to implement the "Collaboration to Recovery" new model of care on our inpatient units. We look forward to the greater efficiencies of care, and more importantly, the greater continuity of care for patients once the model predicated on team-based, patient-centered care commences.
Prevention & Early Intervention in Psychosis (PEPP)
PEPP is a unique clinical academic program that is population based and community focused. The clinical framework of the program is structured around a modified assertive case management service in which the intensity of the treatment is guided by the patient’s needs, stage of the illness and needs of the family. In this program service, education and research are integrated so that individuals seeking treatment will also benefit from the new knowledge that is being generated.

Accomplishments July 2009 – June 2010:
- With support from the LHSC Opportunities Fund, PEPP hired a client to research and write a manual for individuals with psychoses, on what to expect in hospital to helpful tips on resources in the community, budgeting and dealing with stigma. With additional support from the Fund, two part-time recovery support workers were hired.
- PEPP has registered as an Independent Learning Centre through the Ministry of Education, allowing PEPP clients to register for distance learning through PEPP.
- The program was successful in receiving a grant from AMOSO to implement and evaluate a First Episode Psychosis Home Assessment and Treatment Team.
- The PEPP clinical team met with the London Police Department to look at opportunities to work together to support individuals with early psychosis and legal contact.
- Several presentations have been made in schools on recognition and early intervention in first episode psychosis.
- PEPP was nominated for the Mental Health Champions Award at the annual Breakfast of Champions at the Convention Centre.
- There were 8 publications in Peer Reviewed journals.
- There are several industry sponsored clinical trials in progress.

New Goals for 2010 – 2011:
- We plan to implement the Home Assessment and Treatment program.
- We have also applied for funding for a patient engagement project to utilize patient and family involvement to better inform planning for program innovation in order to respond to patient’s and families’ needs.
- An Art Show for PEPP patients and their families is planned for October, 2010.
- Several presentations from the Five Year Follow-Up Study will be made at the next International Association of Early Intervention in November/December this year.
- We will continue to focus our research on the relationship of the self-stigmatization process to recovery from serious mental illness as well as evaluate interventions to better help clients with psychotic disorders deal with stigma.

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

Urgent Consultation Service (UCS)
The mandate of the UCS is to provide a timely response to patients in need of urgent ambulatory mental health assessment whether referred by family physicians, the Emergency Departments at LHSC, and SJHC Urgent Care Clinic. Service Leader, Dr. Dan Lefcoe, along with Dr. Charlie Chamberlain work together with nurse case managers and trainees, seeing all new referrals within 72 hours of notification.

Goals over the next year are to further integrate Urgent assessments with the evolving General Adult Outpatient programs to improve efficiency and decrease wait times, and to establish our presence in new headquarters at Victoria Hospital.

St. Joseph’s Health Care - Based Services

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

Operational Stress Injury (OSI) Clinic
Located at the Parkwood Hospital site, the OSI Clinic is part of a national network of 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 family with service related psychological/psychiatric illness. The specialized team of psychiatrists, psychologists, mental health nurses, social workers provides comprehensive assessment and treatment in collaboration with community providers. The clinic is also involved in education, outreach and research in the area of PTSD and other service related psychiatric illness.

Currently there are two psychiatrists, Dr. Don Richardson and Dr. David Haslam working predominantly with younger veterans and Dr. David Harris provides psychiatric consultation services to the older Korean and World War II veteran. Future goals include ongoing enhancement of research, enhancing services to the community through the Ontario Telemedicine Network (OTN) and developing training opportunity for psychiatry residents.

New and Returning Appointments

Dr. Kathryn Macdonald joined the Department of Psychiatry on January 1, 2010 and has a university appointment as a full time clinical academic at the rank of Associate Professor, Provost Stream. Her clinical work is in the First Episode Mood and Anxiety Disorders Program (FEMAP) at LHSC.

Dr. Macdonald received her BEd in January 1986 and an MA, Ed Psychology in 1990, both
from McGill University. From 1989 to 1990, she completed a full time internship in Clinical Child Psychology at the Mortimer B. Davis Jewish General Hospital in Montreal. At McMaster University, Dr. Macdonald obtained an MD in 1993, completed a family medicine residency in 1995, a psychiatry residency in 1998, and a fellowship in Mood Disorders in 1999.

From 2000 to 2003, Dr. Macdonald was a part time faculty member in the Department of Psychiatry and Behavioural Neurosciences at McMaster University; and in late 2003, a full time faculty member. During this same time, Dr. Macdonald was a staff psychiatrist at St. Joseph’s Healthcare, Hamilton and also in the Child and Family Centre at the Hamilton Health Sciences, Chedoke Site, in the Mood Disorders program.

Dr. Macdonald has been very active in teaching and education, both at the undergrad and postgrad levels, as well as for post professional and CME activities. She has taken on roles such as coordinator, supervisor, presenter and reviewer for various aspects in education, and also has an interest in curriculum development. Dr. Macdonald has received several honors and awards, such as the Jack Cleghorn Excellence in Teaching Award and PAIRO Trust Fund Award, for her teaching and work in clinical education.

Dr. Macdonald is active in research activities in the area of first episode and early onset mood disorders and CBT for adolescents with depression and anxiety. She has received several related research grants, has many peer reviewed publications and has given many presentations at meetings. Dr. Macdonald is also active administratively with her work in educational leadership and coordinator roles at McMaster University and at the Hamilton hospitals.

Dr. Mark Watling joined our department in 2007 as a part time faculty member, but has become a full time clinical academic this year. The focus of his clinical role is in GAAMHS at LHSC-SSH, with particular interest in mood and anxiety disorders. Dr. Watling brings his expertise in Cognitive Behaviour Therapy to the CBT team in GAAMHS and provides a valuable educational experience for our trainees.

Dr. Watling obtained his undergraduate degree in Science in 1990, followed by his medical degree in 1994, both at Dalhousie University. He received his FRCPC designation in Psychiatry through Dalhousie in 1999. From July 1998 to June 1999, he completed several psychiatry electives at Dalhousie and also in Sydney, Australia. In July 1999, Dr. Watling became a Staff Psychiatrist at the Nova Scotia Hospital, Dartmouth City Outpatient Department and was a member of the Supportive Community Outreach team. At this time, he was appointed as an Assistant Professor in the Department of Psychiatry at Dalhousie. From July- December 2000, he completed a clinical fellowship at the Anxiety Disorders Treatment and Research Centre at St. Joseph’s Hospital in Hamilton and since that time has worked at the Centre as a Psychiatrist. This appointment also included academic work as an Assistant Professor in Psychiatry at McMaster University.

In July 1999, Dr. Watling became a Staff Psychiatrist at the Nova Scotia Hospital, Dartmouth City Outpatient Department and was a member of the Supportive Community Outreach team. At this time, he was appointed as an Assistant Professor in the Department of Psychiatry at Dalhousie. From July- December 2000, he completed a clinical fellowship at the Anxiety Disorders Treatment and Research Centre at St. Joseph’s Hospital in Hamilton and since that time has worked at the Centre as a Psychiatrist. This appointment also included academic work as an Assistant Professor in Psychiatry at McMaster University.

Dr. Watling received several awards during his residency, and in May 2004 received an EPT Excellence in Teaching Award from the Psychiatry Residents’ Association at McMaster. He has been active in teaching both at Dalhousie and McMaster and his research work has been as a co-investigator on clinical trials in the area of anxiety disorders. Dr. Watling has done some publishing and has given several talks on anxiety disorders as well as media presentations in the area of phobias.

Dr. Carla Garcia returned in July 2009 from her one-year training fellowship in Psycho-Oncology at Sloan- Kettering in New York City. Now not only do we now enjoy greater depth
in our general medical consultation liaison service, but also the specialized consultation liaison service that Dr. Garcia has establishing with Oncology.

Although Dr. David Haslam has been a divisional member for a number of years, formerly in his role in Shared Care with Family Medicine as the leader of the MHCEP program, in June 2010 he transitioned to taking on the medical leadership of the LHSC based Traumatic Stress Program. Dr. Haslam will be working in the Core Trauma and WSIB subprograms, as well as providing consultative support to the OSI clinic at Parkwood Hospital.

**Divisional Awards**

While elsewhere in the report, awards given to Departmental members can be found; this year the Division initiated its own internal awards program. The awards were presented at the Departmental Awards Ceremony in June.

Undergraduate Educator of the Year – Dr. Praful Chandarana
Postgraduate Educator of the Year – Dr. Dave Robinson
Clinician of the Year – Dr. Sandra Northcott
Researcher of the Year – Dr. Rahul Manchanda

**Promotions**

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

Dr. Siva Devarajan, granted a continuing appointment
Dr. David Haslam, to Associate Professor and granted a continuing appointment
Dr. Sandra Northcott, to Associate Professor and granted a continuing appointment

**Division of Geriatric Psychiatry**

“This past year marked a watershed moment for Geriatric Psychiatry in Canada as the Royal College of Physicians and Surgeons of Canada accepted the application for a formal subspecialty program in Geriatric Psychiatry. The advancement acknowledges the specialized knowledge and contributions that geriatric psychiatrists play in the advancement of research, education, and psychiatric care of older adults. It heightens the importance of the entire specialty of geriatric mental health and of the specialized interdisciplinary health

Dr. Lisa Van Bussel
care professionals, educators and researchers. The Division of Geriatric Psychiatry exemplifies this excellence through our continued contributions to our community through our academic, educational and clinical service achievements. This year’s annual report highlights these achievements and sets the stage for further development, readying our members and partners for our move to a Royal College subspecialty.

AWARDS and ACKNOWLEDGEMENTS
Many of our Division members were acknowledged by others for their contributions. Below are the highlights over this past year.

Dr. Heisel received a Poster Presentation Certificate of Excellence at the 2009 International Psychogeriatric Association Congress, Montreal, Quebec (September, 2009).

Dr. Jennifer Oates joined the Division on July 1st, 2009, taking up duties with the LHSC Geriatric Mental Health Program. We look forward to her energy and participation in the Division.

Dr. L. Van Bussel was nominated for the 2010 Champion of Mental Health Award. The winner, Paul Cook, Principal of Aberdeen Public School, was announced at the May 6 Breakfast of Champions. While not selected this year, Dr. Van Bussel’s nomination remains active for three years.

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

Dr. Amer Burhan received the 2009/2010 Outstanding Achievement Award for best rated supervisor in Geriatric Psychiatry, Psychiatry Residency Program, Schulich School of Medicine and Dentistry, UWO.

The Division of Geriatric Psychiatry developed the David Harris Award to recognize the resident trainee who best fulfills and encompasses the pillars of excellence in the care of older adults with mental health illnesses. The 2010 recipient was Dr. Aziz Haque, PGY-4 Resident.

We welcomed new resident representatives Dr. Aziz Haque (PGY-3) and Dr. Juliana Li (PGY-3) to the Division. They have been attending Division Meetings, providing insight from the resident point of view.

At LHSC, Patrick Fleming, social worker with the Geriatric Mental Health Program at South Street Hospital, received the inaugural Brian Young Award from London Police Services, in recognition of his work with Project S.E.N.I.O.R. - Stop Elder Neglect and Abuse in Our Region (2010).

RESEARCH:
Advancing our knowledge and understanding of elderly individuals at risk or suffering from mental illness continues to be a key focus of the Division of Geriatric Psychiatry. Dr. Marnin Heisel, Basic Scientist and an expert on suicide prevention among older adults, has published extensively in this area. In addition, he has worked diligently with the Canadian Coalition of Senior’s Mental Health to develop toolkits for health care professionals, and more recently developed information guides for family members. Dr. Amer Burhan continues to expand his research initiatives in areas of functional MRI studies on the interaction between emotions and attention in early stages of cognitive impairment in older adults,
therapeutic applications of rTMS in neuropsychiatric disorders, and profiling neuropsychiatric symptoms in early stages of cognitive impairment in older adults. Division members Dr. Maggie Gibson and Dr. Iris Gutmanis have collaborated extensively with research partners on the psychosocial needs of at-risk elderly. Program evaluation and advancement of knowledge translation of patient and safety data has been led at SJHC and RMHC-L by Dr. Ed Black, with Tom Ross, Tony O'Regan and Jennifer Doherty.

EDUCATION:
Residency Training
There are changes coming up in 2010-11 in postgraduate education, with the recently approved subspecialty status of Geriatric Psychiatry. As of July 2010 residents will be able to opt for six months, as is done in Child and Adolescent Psychiatry. There is now an opportunity to have a minor in Geriatric Psychiatry. Delirium and Dementia are becoming part of the curriculum. *We anticipate that there will be further direction coming from the Royal College.*

The Division of Geriatric Psychiatry will welcome three PGY-3 residents in January for their six block of required geriatric psychiatry. The six-block requirement is new for all residents entering the residency in July 2008 or after. The residents will be doing both inpatient and outpatient psychiatry. Also, the geriatric psychiatry teaching curriculum has been increased to thirty hours, which will occur in the spring of each academic year. Eleven residents completed rotations with the Division of Geriatric Psychiatry for the 2009/2010 academic year.

There will be two “Care of the Elderly” Family Medicine residents completing two blocks each of geriatric psychiatry, and a Geriatric Medicine fellow will complete a two-block rotation in the fall or winter.

We are preparing for the new PGY-6 year in geriatric psychiatry. The PGY-6 year was approved as a subspecialization year by the Royal College. Currently there is work underway with UWO and the Ministry of Health to secure funding for the positions.

This is a very exciting time for geriatric psychiatry and thank you to the contributions of many who have made all the changes possible and to Dr. Michele Doering for leading the Geriatric Postgraduate changes.

Undergraduate Medical Education
The Geriatric Psychiatry Day for the third year clinical clerks went well in 2009/2010. A total of 120 students went through the program. The day consisted of two lectures in the morning and was highly rated by the clerks. Although there will not be a Geriatric Psychiatry Day for clerks next year, these two lectures will be continued in a new curriculum next year. The clinical exposure component, which took place in the afternoon, will no longer be required, due to changes in the curriculum. The overall feedback of the program has been positive, a result of the excellent geriatric psychiatry teamwork. A total of seven medical students went through a two to four-week rotation with the geriatric psychiatrists (four students with Dr. N. Laporte, three students with Dr. A. Burhan) at RMHC-London. These students were from Canadian and various international universities.

Dr. Lisa Van Bussel and Dr. Laura Diachun are continuing to work on their AMOSO funded Undergraduate Medical Education Eldercare Curriculum Renewal Project.
Continuing Professional Development and Interprofessional Education

Many of our Division members contribute to the education and development of trainees and health care providers from many disciplines; in particular Dr. Ed Black and Tom Ross, who have provided many hours of workshops and in-service training to nursing and medical students and psychology residents. Faculty members Iris Gutmanis and Maggie Gibson are frequent supervisors for graduate students from Western, in particular from the Faculty of Health Sciences.

On November 4, 2009 the Division of Geriatric Psychiatry hosted our Seventh Annual Symposium, "Beyond the Building Blocks of Geriatric Psychiatry - The Elephant in the Room: Facing Up to Critical Issues". This full day event was held at the Lamplighter Inn, London. The day was another great success, with 130 in attendance representing a range of health care professionals. Attendees from across Ontario were a good indicator of the wide-reaching appeal of the program and speakers. Keynote speaker Dr. David Conn, President of the Canadian Academy of Geriatric Psychiatry, spoke on "Mental Health Issues in Long Term Care Homes". Plenary speaker Judith Wahl, Executive Director of the Advocacy Centre for the Elderly, spoke on “Sexuality in Long Term Care – Legal and Ethical Issues”. Workshops on topics pertaining to geriatric patient care, included Capacity Assessment, PRNs – What to Use and How to Choose, Motivational Interviewing and Concurrent Disorders, The Death of an Adult Child: How it Impacts on the Mental Health and Well Being of the Older Parent, Health Care Consent and Advance Care Planning, and an Overview of ECT. In addition, seven posters were submitted to our third annual poster session, with entries in Research and Program Evaluation categories.

Planning continues for the 2010 Geriatric Psychiatry Symposium, to be held on Wednesday, November 3, 2010. This year “Beyond the Building Blocks of Geriatric Psychiatry - Sharing the Wisdom by Opening Doors” will feature plenary speaker Dr. Ron Keren, who will present on Pseudodementia. The second plenary is Darcy Harris, speaking on “Navigating Loss and Transition”. A number of workshops on topics relevant to the care of the elderly will round out the day.

Dr. Iris Gutmanis and Laurie McKellar presented “Why is delirium a patient safety issue” at the “2010 Southwestern Ontario Patient Safety Summit: Small Successes – Big Impact” held on April 15th at the Lamplighter Inn, London.

Geriatric Medicine Refresher Day: “Elder Safety: A Practical Approach” was on Wednesday, May 5, 2010 at the London Convention Centre. “Shattered Years”, a play that examines elder abuse, was performed by Theatre Provocateur. Patrick Fleming led workshops on “Elder Abuse: Break the Silence”. As well, Ann Jarvie (Clinical Nurse Specialist, SJHC) and Kristine Towers (Social Worker, SJHC) spoke on “Suicide Assessment and Prevention in Older Adults”, and Ed Black and Tom Ross presented “Patient Safety: From Data to Client Centred Care Planning”.


On January 25, 2010 Dr. Burhan presented “Neuropsychiatry of Dementia” at the RMHC-London city-wide CME. On February 16, Dr. Edward Coffey, geriatric neuropsychiatrist from Wayne State University, was a guest at the RMHC-London ECT workshop.
Clinical Services Development

The “Seniors and Delirium: Knowledge Transfer and Exchange Think Tank and Consensus Conference” was held in London on January 29th, 2010. This Think Tank was funded through a successful Academic Medical Organization of Southwestern Ontario (AMOSO) Opportunities Fund grant. Experts in the fields of health care education, inter-professional care, geriatric medicine, psychiatry, surgery (general, orthopedic and cardiac), internal medicine, emergency medicine, and critical care medicine engaged in small group discussions on delirium prevention, identification and management. The goal of the conference was to develop an approach to knowledge transfer/exchange in the area of delirium. Conference organizers were Division of Geriatric Psychiatry members Dr. Iris Gutmanis, Dr. Lisa Van Bussel, Kelly Simpson, and Dr. Sheri-Lynn Kane (Geriatric Medicine). In addition to seventeen key local medical experts and health care leaders, two provincial experts, Dr. Sharon Strauss (Toronto General Research Institute), and Dr. Jacques Lee (Sunnybrook Research Centre) presented. The group will use the information from the conference and group discussions to develop future project directions. Building on the momentum created through this conference, Laurie McKellar and Dr. Iris Gutmanis discussed “Why is Delirium a Safety Issue” at the Patient Safety Summit on April 15th. In addition, conference findings were discussed at the Psychiatry Clinical Chairs meeting in March 2010.

Dr. Lisa Van Bussel participated in the Southwest LHIN steering committee on “Best Levels of Care and Quality”, focusing on Aging at Home Initiatives. In November a project group was formed to work with the SW LHIN to develop an initiative for the enhancement of a community psychogeriatric team focusing on the management of behavioural disturbances. The submission was successful for base funding and the enhanced psychogeriatric services will be able to respond to seniors suffering from mental health illnesses and dementia. A project coordinator is working with existing partners to implement this. The proposal has been submitted, and has been well received. The Division acknowledges the significant time and effort of division members Lisa Van Bussel, Iris Gutmanis, and Bonnie Kotnik in the development of this project.

Division Membership:

**Associate Professor & Chair**
Lisa Van Bussel

**Professor Emeritus**
David Harris

**Associate Professors**
Michele Doering

**Assistant Professors**
Amer Burhan, Marnin Heisel, Noel Laporte, Jennifer Oates, Hae-Ryun Park, Akshaya Vasudev

**Adjunct Faculty**
John Feightner, Michael Fisman, Jennifer Fogarty, David Trenker

**Affiliate Members**
Ed Black, Michael Borrie, Laura Diachun, Jennifer Doherty, Maggie Gibson, Iris Gutmanis, Ann Jarview, Bonnie Kotnik, Tony O'Regan, Tom Ross
The Division of Neuropsychiatry was created in 2001 to provide academic leadership in neuroscience research within the Department of Psychiatry. It provides a home for basic science researchers within the Department and facilitates more effective collaboration with clinical research groups. It enhances collaboration between imaging researchers at the Robarts Research Institute, the Lawson Health Research Institute and these clinical research groups. Finally, it allows the development of advanced training opportunities within the department at a fellowship, MSc, PhD and postdoctoral level through collaboration with the Department of Medical Biophysics and Anatomy and Cell Biology and the Neuroscience Graduate Program. The division also contributes to clinical service provision through a consultation role with the Department of Clinical Neurological Sciences and with the Acquired Brain Injury program at Parkwood Hospital.

Research Accomplishments

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

**Schizophrenia:** The Schizophrenia Group lead by Dr. Williamson, the *Tanna Schulich Chair in Neuroscience and Mental Health*, has been pursuing magnetic resonance spectroscopy and functional magnetic resonance imaging studies in schizophrenia. This work has been done in collaboration with Dr. Rahul Manchanda and the PEPP program, Dr. Dick Drost (now retired), Dr. Ravi Menon and Dr. Jean Théberge. The work has been supported by a five year grant from the *Canadian Institutes of Health Research*.

London is one of the few places in the world where first episode patients can be recruited in the drug-naive state and followed over several years. A longitudinal study assessed never-treated, first episode schizophrenic patients with magnetic resonance spectroscopy (MRS), a brain imaging technique which measures neurotransmitters and membrane phospholipids. The analysis of a longitudinal $^1$H MRS study following patients during the first six years of illness has now been completed. Progressive changes in brain metabolites associated with neurodegeneration were found in two brain regions thought to be involved in the disorder. A striking correlation between changes in these brain metabolites and loss of gray matter was
found in the temporal poles. The temporal poles are highly developed in humans and associated with concept formation and socially appropriate behaviour. Progressive changes in these metabolites in the brains of schizophrenic patients may explain why they demonstrate difficulties with thinking and socially inappropriate behaviour. Figure 1 shows regions demonstrating gray matter loss over the first six years of illness in patients with schizophrenia.

Figure 1: Regions showing loss of gray matter in the first six years of illness

Schizophrenia was originally called dementia praecox by Kraepelin. By this he meant that it was a degenerative disease like Alzheimer's disease. Our observation of progressive changes in glutamatergic metabolites with $^1$H MRS would be in keeping with such a process but the nature of this process has been controversial. One of the ways to determine whether there is a degenerative process in this disorder is to study changes in membrane phospholipids in the early years of illness with $^{31}$P MRS. The first longitudinal $^{31}$P MRS study in schizophrenia has just been completed which has provided some important insights into the nature of this disorder. Increased membrane breakdown early in the illness in brain regions associated with high levels of glutamatergic metabolites were observed. As glutamate is potentially excitotoxic, the presence of membrane breakdown products in the same regions supports an excitotoxic process. Interestingly as the patients were tracked over time, it was found that regions associated with progressive gray matter loss had increased membrane breakdown as well suggesting a widespread degenerative process which is not being targeted by current treatments.

One of the puzzling questions to arise from these studies was how changes in metabolites and brain structure in these patients could lead to changes in self-perception. These patients often feel like someone is putting thoughts into their heads or controlling their actions. Our group was the first to report anomalies in a brain network associated with self-
reflection called the ‘default mode’ network in these patients. This year we have published further studies suggesting that this network is essentially ‘off-line’ in these patients much of the time. As the default network overlaps many of the brain regions where we saw metabolic and structural changes, it is likely that these anomalies lead to an inability to correctly label brain activity as being internally or externally produced.

Dr. Williamson has completed a second book for Oxford University Press scheduled for publication in January 2011 entitled The Human Illnesses: Neuropsychiatric Disorders and the Nature of the Human Brain with Dr. John Allman, an evolutionary biologist at the California Institute of Technology. The idea behind this book is that disorders like schizophrenia, bipolar disorders and autism are uniquely human disorders. Understanding the findings in these disorders also tells us a lot about what makes us human. Dr. Williamson and Dr. Allman have developed a model of brain regions affected by these disorders which can be tested using some of the techniques which we are currently implementing at the University of Western Ontario.

Mood and Anxiety Disorders: The Mood and Anxiety Disorders group is lead by Dr. Beth Osuch, the Rea Chair in Mood and Anxiety Disorders. Over the last year Dr. Osuch has published some important work on the reward network in depressed patients in NeuroReport. Using an innovative music listening paradigm, Dr. Osuch demonstrated anomalies in this network in depressed patients providing important insights into the pathophysiology of this disorder. Dr. Osuch’s work is supported by a grant from the Ontario Mental Health Foundation.

It is important to determine whether the anomalies that we are seeing in schizophrenic patients are specific to schizophrenia. Much of the last year has been spent developing paradigms with the new 7T MRI system at Robarts Research Institute to study brain metabolites throughout the brain with 3D Chemical Shift Imaging. Previously we could only study two regions which would not allow us to determine the differences in brain regions affected by other disorders such as bipolar disorders. As part of the Canadian Institutes of Health Research study we will be examining these patients in the coming year in collaboration with Beth Osuch.

In the last year we have also published on findings in the default mode network in first episode bipolar depressed patients in Psychiatry and Clinical Neuroscience. As expected these patients demonstrated a different pattern from the schizophrenic patients related to the involvement of mood processing regions of the brain. In the next year we will be looking at how these differences in the default mode network relate to structural measures of brain connectivity with diffusion tensor imaging.

Dr. Derek Mitchell has been pursuing a number of innovative studies on the role of attention in emotional processing which have been published in high impact journals such as the Journal of Neuroscience and NeuroImage. He is also developing a potentially important study to distinguish unipolar from bipolar depressed patients on the basis of resting networks and brain imaging responses to emotional paradigms.

Posttraumatic Stress Disorders: The Posttraumatic Stress Disorders Group is led by Dr. Ruth Lanius who holds the Harris-Woodman Chair in Psyche and Soma. Dr. Lanius’s has been looking at brain circuitry associated with posttraumatic stress disorders supported by a grant from the Canadian Institutes of Health Research. In the last year Dr. Lanius has obtained another grant from Canadian Institutes of Health Research to examine memory processing in patients with posttraumatic stress disorders. She has also been examining changes in the default mode network in patients with posttraumatic stress disorders leading the first publications on resting network anomalies in these patients. In work published this
year, anomalies in the default network soon after exposure to trauma predicted the onset of posttraumatic symptoms suggesting a possible use in identifying patients at risk.

Dr. Lanius is the co-editor of *The Impact of Early Life Trauma on Health and Disease* to be published by Cambridge University Press in 2010 and has been a keynote speaker at international meetings in Boston, Washington, D.C., Bielefeld, Germany and Oslo, Norway. Her paper the dissociative subtype of PTSD will be the lead article in the June, 2010 issue of the *American Journal of Psychiatry*.

Dr. Paul Frewen has been working with Dr. Lanius to develop some unique paradigms to study emotional awareness in patients with posttraumatic stress disorders. Some of this work has been published in highly recognized journals such as the *Journal of Abnormal Psychology* and *Psychosomatic Medicine*. He has also been writing a textbook on posttraumatic stress disorders for *W.W. Norton* with Dr. Lanius.

**Autism:** Dr. Nicolson, the *Endowed Chair in Autism Studies*, has brought together the *Autism Centre of Excellence* with a substantial grant from the Government of Ontario Dr. Nicolson has been looking at the brain circuitry associated with autism supported by a *Canadian Institutes of Health Research* grant. 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. In association with Dr. Paul Thompson at the *University of California at Los Angeles* numerous brain imaging studies in *Biological Psychiatry* and other high impact journals have been published. These publications have confirmed volumetric and magnetic resonance spectroscopy anomalies in these patients impacting different parts of the brain than in schizophrenia or mood and anxiety disorders.

**Basic Science:** Basic science investigations including genomic and proteomic studies of antipsychotic medications led by Dr. Walter Rushlow and an animal model of schizophrenia led by Dr. Raj Rajakumar are supported by the *Ontario Mental Health Foundation* and the *National Science & Engineering Research Council*. Dr. Rushlow's novel ideas about second messenger effects of antipsychotic medications have been published in the *Neuroscience* and the *Journal of Neurochemistry*. Dr. Rajakumar's animal model of schizophrenia, published in *Schizophrenia Bulletin*, explores the effects of subplate lesions in rats. While the rats were normal during early development, they subsequently developed abnormalities in prepulse inhibition and dopaminergic hyperresponsivity typical of patients with schizophrenia. This is a very powerful model which is consistent with the brain imaging findings with magnetic resonance spectroscopy. It is of note that Dr. Rajakumar was invited to present his work at Harvard University. More recently Dr. Rajakumar has been working on a new animal model of autism based on the foxp2 gene with Dr. Nicolson and a number of other investigators at Western.

**Educational Accomplishments**

Dr. Williamson has developed a unique approach to postgraduate training. Over several years, he has co-supervised MSc and PhD students with Dr. Dick Drost, Dr. Jean Théberge and Dr. Terry Thompson. With this approach, students develop a unique skill set in neurophysiology, neuroanatomy, clinical neuropsychiatry, medical biophysics and the application of brain imaging techniques. Graduates have gone on to faculty positions at Harvard, Pittsburgh and Wayne State. In the last year Jodi Miller has successfully defended her PhD and has gone on to a postdoctoral position. Dr. Williamson continues to co-supervise two PhD students and a postdoctoral student. Dr. Williamson also hosted a visiting PhD student from the University of Aarhus, Denmark in October, 2009.
Dr. Lanius has been supervising a postdoctoral fellow from Germany and also supervised a visiting resident from the University of Saskatoon. Dr. Mitchell has been very active with graduate training. He currently supervises four MSc students and Ms. Jayna Amting completed her MSc last year under his supervision. Dr. Rushlow is the Associate Chair for Graduate Studies in the Department of Anatomy and Cell Biology and currently supervises three PhD students. Dr. Rajakumar currently supervises two students in the Neuroscience Program and Anatomy and Cell Biology.

**Selected International Activities of Division Members**

**Dr. Peter Williamson:**

Member, 1000 Connectomes Project, a data sharing network of centres across Canada, United States, Europe and China led by Dr. Bharat Biswal, New Jersey Medical School, aimed at understanding basic brain networks involved in cognitive processing and neuropsychiatric illness ([www.nitrc.org](http://www.nitrc.org)), 2009 – present. See PNAS paper below.
Member, External Advisory Committee, National Institute of Health Centre of Biomedical Research Excellence (COBRE) Group, MIND Institute and the University of New Mexico, Albuquerque, N.M., U.S.A., 2009 – present.
Consultant, Development of Neuropsychiatric Research Centre, University of South Dakota, Vermillion, S.D., U.S.A.
Invited Speaker, International Congress on the Default Network and Other Intrinsic Networks in Health and Disease, Barcelona, Spain, 2010.

**Dr. Ruth Lanius:**

Panel Member, NIH, Biobehaviour Mechanisms of Emotion, Stress, and Health Study Section, 2008-2011.
Keynote Speaker: German Society for the Study of Traumatology, Bielefeld, Germany, 2009.
Keynote Speaker, 11th European Conference on Traumatic Stress, Oslo, Norway, 2010.

**Dr. Derek Mitchell:**

Panel Member, National Science Foundation, U.S.A.
Media Interviews


Division of Social and Rural Psychiatry

"The Division of Social and Rural Psychiatry continues to develop, study, teach, provide and advocate for mental health care that addresses the needs of disenfranchised individuals and populations as well as their communities, using approaches ranging from the clinical through the systemic to arts and humanities and beyond"

Dr. Abraham (Rami) Rudnick

Background: The Division of Social and Rural Psychiatry provides an academic home for specialized tertiary mental health, for the extended UWO psychiatry campus in South Western and Northern Ontario and for rural and regional psychiatry. We continue to be a leader in North America in relation to our service and academic mandate for under serviced geographical regions and under serviced individuals and populations who have severe and persistent mental illnesses.

An Advisory Board for the Division, with an interdisciplinary representation, met regularly to advise the Chair. It includes membership from the Department of Psychiatry, other departments at the Schulich School of Medicine and Dentistry and other faculties at UWO – the Faculty of Health Sciences, the Faculty of Social Sciences and the Faculty of Art and Humanities. The advisory board also has membership representing UWO trainees and service users of mental health care.

Education

Dr. Sarah Jarmain, Education Coordinator for the Division, led the development and implementation of the tertiary Mental Health Care training experiences for residents, as required by the new Royal College training guidelines. Dr. Diane Eastwood, a passionate advocate for the recovery oriented approach regarding people with schizophrenia, has coordinated the new longitudinal experience of the PGY2 residents in relation to individuals with serious mental illnesses.
The Division has established a visiting scholarship with the inaugural visit in September 2009 of the internationally renowned Social Psychiatrist, Dr. Julian Leff, who was appointed Honorary Professor of the Division and the Department starting 2010. The visiting scholar week consisted of various presentations and workshops that were conducted by Dr. Leff, both at UWO and at its affiliate RMHC, and which received very positive reviews. Part of that visiting scholar week consisted of a conference focused on immigration and mental health, where speakers from the University of Toronto as well as from RMHC presented, in addition to Dr. Leff.

A Divisional Seminar was initiated. The first seminar addressed aboriginal mental health. Further seminars are in planning. Other educational events included regular participation for Psychiatrists, other health care professionals, undergraduate and postgraduate trainees in the Department of Psychiatry, in Continuing Professional Development events. Videoconferencing connection for these events was accessed from Sudbury Regional Hospital, Northeast Mental Health Centre – North Campus, Lakehead Psychiatric Hospital in Thunder Bay, St. Joseph’s Health Centre – Thunder Bay, Thunder Bay Regional Health Sciences Centre, Sault Area Hospitals in Sault Ste. Marie, London Health Sciences Centre and Regional Mental Health Care in London and St Thomas.

Dr. Priya Subramanian completed her clinical-research fellowship in psychiatric rehabilitation in the Division and joined the Division and the Department as a full-time clinical academic. She was certified soon after completion of her fellowship as a Certified Psychiatric Rehabilitation Practitioner (CPRP) by the United States Psychiatric Rehabilitation Association (USPRA).

**Research and Development**

Research in the Division continues to grow. For example, Dr. Cheryl Forchuk, with other members of the Division, received funding from CIHR, MHCC, OMHF and SSHRC for research on poverty and mental health and on homeless youth and mental health. Dr. Giuseppe Guiana received mini-fellowship funding from the Schulich School of Medicine and Dentistry for training in advanced CBT so as to enhance practice, teaching and research in relation to CBT for people with serious mental illness. Various members of the Division presented in local, provincial, national and international conferences and published in peer reviewed and other academic and professional venues.

**The Extended Campus Program (ECP)**

The Extended Campus Program (ECP) is a well established Northern Ontario outreach initiative of the Department of Psychiatry at UWO. The ECP has continued administrative and academic support to a group of 14 UWO faculty members who provide full time clinical and academic services in Thunder Bay, North Bay, Sudbury and Sault Saint Marie. The ECP annual retreat was held in March 2010, with attendance in person and by televideo from both local and Northern sites. A key topic for the retreat was legal aspects of telepsychiatry, presented by Dr. Richard O’Reilly. Dr. Robert Swenson, director of the Ontario Psychiatric Outreach Programs (OPOP), with which ECP is affiliated, presented at the retreat on OPOP’s recent study of mental health services to remote communities in Northern Ontario.

The North of Superior Program (NOSP), another component of the ECP which provides psychiatric service and education outreach to remote communities in Northwestern Ontario, continued to be active, sustaining consultation visits to these remote communities, including Nipigon, Schreiber, Marathon, Manitouwadge, Geraldton and Longlac. In addition to the site
visits, videoconferencing psychiatric services (telepsychiatry) to the North of Superior Program sites were conducted. Plans are underway to increase telepsychiatry to NOSP sites.

Psychiatric consultations to Thunder Bay and Owen Sound through videoconferencing from Regional Mental Health Care London continued.

The Southwestern Ontario Medical Education Network (SWOMEN)

Dr. Corina Velehorschi and Dr. Tamison Doey continued in their positions as Academic Director for Undergraduate and Postgraduate Psychiatric education in Windsor. Dr. Doey also continued to coordinate and develop child and adolescent psychiatry training in Windsor. Dr. Ranjith Chandrasena continued in his position as Psychiatric Academic Director of SWOMEN – Rural, which includes Regional Mental Health Care St. Thomas, Chatham – Kent Health Alliances, Stratford General Hospital and Blue Water Health, Sarnia. Feedback from psychiatric trainees about SWOMEN continued to be very positive.

Education in the Department of Psychiatry

Educating and Training our Future Psychiatrists

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

Over the past year, an educational task group has continued to work on a clear definition of educational deliverables for teaching faculty, ensuring that we deliver on all aspects of the educational mandate. This has resulted in clear educational deliverables for our Alternative Funding to physicians and Merit Based Recognition.

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

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

Our Educational Leaders

Postgraduate Education:

Director: Dr. Michele Doering
Portfolio Leads: Dr. Christopher Tidd
CaRMS and PGY Evaluation Dr. Kathryn MacDonald
Scholarship & Curriculum Dr. Greg McCarthy
Psychotherapy Training Drs. Sandra Fisman and Michele Doering

**Undergraduate Education:**

Director: Dr. Raj Harricharan
Clerkship Co-ordinator Dr. Sandra Northcott

**Continuing Medical Education/Continuing Professional Development:**

Director: Dr. Varinder Dua
Assistant Director: Joel Lamoure

Much appreciation to all who contribute so actively to our education committees:

**Resident Advisory Committee**

(Executive)
M. Doering (Chair) S. Fisman
G. McCarthy M. Ngo
C. Tidd J. Tiffney
K. MacDonald E. Adams

(Advisory)
M. Doering (Chair) V. Dua
C. Tidd T. Doey
Z. Grynspan J. Reiss
T. Jacob-Goldman J. Barr
R. Bodani L. Ritchie
P. Hall K. MacDonald
M. Ngo R. Owen
R. Harricharan G. McCarthy
J. Tiffney

**UGE Committee**

R. Harricharan (Chair)
H. Deisley (Administrative Support) M. Ngo (Chief Resident)
C. Garcia L. Ritchie & Z. Grynspan (Senior Residents)
B. Loveday R. Chandrasena (Chatham)
S. Northcott A. Akinlosotu (Windsor)
H. Park J. Villela (Windsor)
H. Siemarczuk T. Doey (Windsor)
M. Watling Y. Rybak (St. Thomas)

Exofficio: Student Representatives:
S. Fisman Allanah Li, Meds 2012
M. Doering Mara Smith, Meds 2012

**CME/CPD Committee**

V. Dua G. Shilleto
J. Lamoure T. Jacob-Goldman
M. McDonagh N. Rizvi
J. Reiss A. Haque
S. Dunbar, B. Surti
Postgraduate Education has continued to be an active focus in our department over the past academic year. With the implementation by July 2009 of the mandated changes by the Royal College in the training requirements for Postgraduate Education, it was felt to be important to have an external “lens” on our mid-term internal program review to validate the changes.

Dr. Kathryn Gillis was the external reviewer, along with Dr. Simon Levine and Karin Winston, PGY3, a trainee in Pediatrics, who reviewed the training program in March 2010. The program received a very favourable review and assurance that the required training guidelines were now all in place. The reviewers did recommend some major administrative restructuring based on the unwieldy size of the Residency Training Committee and the administrative overload on the Program Director. In addition, the reviewers recommended an affirmative approach to resident participation in research and/or a Quality Improvement (QI)/Quality Assurance (QA) initiative.

In the course of the 2009 academic year, the administrative structure for Postgraduate Education in Psychiatry was completely restructured. An Executive Residency Training Committee (RTC) was formed and this consists of the Program Director (Chair of the Committee), four portfolio leaders, the Chief Resident and the elected resident who is President of the Resident Association.

The portfolios include CaRMS & PGY1, Evaluation, Psychotherapy Training & Academic Activities. This group meets monthly and includes the PGE Program Administrator. The former large Residency Training Committee has assumed an advisory role, is known as the Resident Advisory Committee (RAC) and meets quarterly chaired by the Program Director. The Program Director continues to maintain communication with the resident group through monthly Resident Business Meetings.

Drs. Kamini Vasudev and Ross Norman have taken the lead for the Research/QI/QA project requirement for all trainees. PGY1 trainees who will enter the program in July 2010, will pilot this requirement with the goal of completing the project within a year.

I would like to express my appreciation to the pioneering portfolio leaders: Dr. Kathryn Macdonald, Evaluation, and Dr. Greg McCarthy, Academic Activities, who agreed to take on these roles for September 2010. Dr. Chris Tidd continues to lead the CaRMS and PGY1 process within his portfolio and also the Resident Safety Committee and the Emergency Psychiatry experience.
There have been significant developments in Psychotherapy Training and this occupies prominence as its own portfolio. I would like to thank Therese Jacob-Goldman, who chaired the Psychotherapy Training Committee in the July 2009 to June 2010 academic year and co-ordinate Psychotherapy Training. This active committee has really moved psychotherapy training to a new level in our program. This is a credit to the co-ordinators who have taken a lead for the various aspects of “proficiency” teaching and training and “familiarity with” teaching. These include Dr. Judith Francis, CBT, Ms. Therese Jacob-Goldman, Psychodynamic, Dr. Jeffrey Reiss, Supportive, Dr. Patty Hall and Bill McIntosh, Familyi, Ms. Nancy Wardrop, IPT, Dr. Walter Friesen, DBT, and Dr. Volker Hocke, Behaviour Therapy. Beginning September 2010, I will co-ordinate overall Psychotherapy training with Dr. Sandra Fisman and each of the co-ordinators who comprise the training committee, will continue.

We continue to experience a high success rate in the Royal College specialty examinations in Psychiatry. In April 2010, five PGY5 trainees passed their examinations. They include: Waleed Al-Suhibani, Mahdi Memarpour, Sreelatha Varapraven, Patti Hall and Simran Ahluwalia.

We welcomed Drs. Daniel Hertzman, Viraj Mehta and Alexandra Nowicki as members of our junior full-time clinical academic faculty; Daniel at London Health Sciences Centre to the General Adult Psychiatry Division, and Viraj and Alexandra at Regional Mental Health Care, Alexandra to Mood Disorders and Collaborative Care and Viraj to Concurrent Disorders in the Division of Social and Rural Psychiatry. We congratulate all of our graduates. Many of our spring 2009 graduates are in their second year as full-time clinical academics including Drs. Heidi Haensel, Patricia Hall and Leanna Isserlin to the Child & Adolescent Division, Dr. Jennifer Oates to Geriatric Psychiatry at London Health Sciences Centre and Dr. Sreelatha Varapraven to the Division of Social & Rural Psychiatry at Regional Mental Health Care. Dr. Simran Ahluwalia joined the Child & Adolescent Division as an adjunct faculty, working clinically at CPRI.

We regard the high number of our trainees who have joined us as junior faculty over the past few years as a sign of a healthy academic department.

In 2009, RCPSC granted subspecialty status, in principle, to Child & Adolescent Psychiatry, Geriatric Psychiatry and Psychiatry & The Law. To implement this, a funded PGY6 year will be offered to those training programs which have the capacity for these subspecialty experiences. Our program anticipates offering 2 slots in each subspecialty area. The program development for these subspecialties include Dr. Patty Hall for Child & Adolescent Psychiatry, the undersigned for Geriatric Psychiatry and Dr. Jose Mejia for Psychiatry and The Law. It is anticipated that the first PGY6’s will enter in July 2012. There is much to be done to develop this PGY6 year for each of the subspecialties.

Thank you to so many people who participate in postgraduate education including many faculty teachers and supervisors, but particularly those who sit on the training committees and lead program components. Thank you, too, to our allied health professional teachers who contribute so much to the Postgraduate Mission of the Department.
We have continued to be successful in the CaRMS match with a significant number of Schulich graduates applying to our own and other psychiatric programs affirming that engagement of undergraduate medical students is the best psychiatry recruitment tool we have.

Dr. Christopher Tidd

The major new task under the PGY 1 Portfolio lead was the creation of the resident safety committee. This committee came about after the Royal College strongly urged all psychiatry training programs to have one. The committee includes key departmental members including LHSC safety director Ron Heyboer, inpatient leaders Beth Mitchell and Jeff Reiss, resident representatives, and ER physician leader Dan Lefcoe. The committee developed Terms of Reference, linked with the current LHSC mental health safety committee (with the assistance of Beth Mitchell) and reviewed the reporting procedure in the event of an incident involving the safety of a resident while on rotation in psychiatry. After chairing this committee for the 2009-2010 academic year, the chair responsibilities will transition to Dr. Viraj Mehta who joins the Department as a CEPS supervisor and has been resident ER representative on the committee in his PGY5 year.

An ongoing task in 2009/2010 included the annual PGY 1 rotation coordination. For the incoming PGY 1’s, the new requirements included increasing the neurology experience from 1 block to 2 blocks with a preference that the additional time be spent in Neuroradiology. Medicine training can be from Family Medicine, Pediatrics, and/or Internal medicine. The internal medicine option could be from inpatient medicine, consult/ambulatory services, or endocrinology. For each resident we have been able to secure at least 1 block of Family Medicine, 1 block of Pediatrics (Peds ER), and a combination of either: Endocrinology, Ambulatory Medicine, or Inpatient. The internal medicine options were accepted based on availability and taken in order as listed. The remaining blocks include Adult Medical ER, 3 blocks of psychiatry (General adult inpatient, Child inpatient, and Psychiatric ER in CEPS), 2 non-psychiatry Selectives and 1 Elective in any specialty. We still have a unique block 1 orientation month for all incoming psychiatry residents which occurs in the first block, which counts as a psychiatry Selective.

The CaRMS process was changed in the fall of 2008 for the 2009 entry class. We first created a CaRMS working group in order to come together as a small and efficient idea group. This group consisted of the Chief Resident, a current PGY 1 resident, the PGY 1 Portfolio Coordinator, and the UGME Director. The goals of this committee were to standardize the screening and review process, as well as improve upon the actual CaRMS interview day experience. In 2008 we took a poll from the PGY 1 and PGY 2 residents asking their opinion on what went well and not well during their UWO interview experience. We incorporated their responses into our own ideas and created a new agenda for interview day. A “preamble” was created explaining how the committee intends to screen candidates in order to present a transparent model into our selection process, mostly directed at the stage of deciding who to invite for interviews. This document will be reviewed and updated for the next 2011 entry candidates. A personalized portfolio review form
has been created, which has been scrutinized and modified in order to better distinguish qualified candidates from the CMG and IMG pools. This committee is created every September and meets regularly between October and January to direct the CaRMS process.

The success of CaRMS for the 2010 entry group, we believe, was due to significant changes in the interview day which began with the 2009 entry group. We worked with the resident group to have them involved with the interviews. In addition, they did a tour of London for applicants and an applicant/resident social in the evening. This included a scheduled itinerary outlining the candidate’s day from the interviews, to the city tour, and transportation to the restaurant for the evening social. We arranged booths for physician leaders only, representing major departmental divisions or training sites. This allowed the candidates to have access to faculty members who are directly involved in their training. The lunch was changed from a buffet with candidates, residents and faculty to a candidate-resident only lunch. This allowed for the candidates to ask questions about the program without faculty present and allowed for the PGE leaders to orient the faculty interviewers on the interview process. The 2010 entry group included 5 CMG and 2 IMG positions, which were all filled on first iteration (second consecutive year of filling on first iteration). We welcomed Joy Abramson, Caroline Armstrong, Rebecca Haque, Michael Mak, Maryna Mammoliti, Ajay Prakash, and Mohamad Elfakhani to our program on July 2, 2010.

In order to improve our resident experience we have created the CEPS rotation under the guidance of Dr. Chris Tidd. The process began in the spring of 2007 with numerous meetings and conversations with the resident leadership, departmental leaders, and proposals to the Resident Training Committee

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

This Emergency Psychiatry rotation experience is required for all our PGY 1 residents and for residents in ER Medicine and Neurology for whom psychiatry is a core requirement. The rotation is a 1 block experience and allows for up to 2 residents and 1 medical student at any given time. The success from the 2008-2009 academic year translated into all but 1 spot being filled for the 2009-2010 academic year with our core residents and requests from Family Medicine.

We also provide training in psychiatry for other services which have requirements in psychiatry, such as ER Medicine and Neurology. We work in collaboration with Family Medicine to place their residents for psychiatry electives. All core off-service residents rotate through our CEPS service in order to provide a consistent and broad based experience. This rotation was new as of July 2008 and also incorporates exposure in our Urgent Psychiatric Consultation service. Supervision is currently shared between Drs. Tidd, Lefcoe and will include Dr. Mehta in the 2010/2011 year. Most of our elective requests are assigned in the Urgent Psychiatric Consultation service with Dr. Chamberlaine, the Consult/Liaison Service with Dr. Barr or Garcia, or the CEPS/Urgent experience. These elective requests are assigned based on availability of each site after our own residents are placed, and then the core off-service requirements are met. Working with the ER medicine residents has facilitated the Collaborator role between CEPS and the Medical ER, for our own trainees.
The PGY1 portfolio development has been a rewarding experience for our trainees and building on the orientation month for all of our incoming Psychiatry PGY1’s continues to make the PGY1 Psychiatry experience a unique one at Western.

**Undergraduate Education**

A report by the Conference Board of Canada in 2010, based on a needs-based simulation model, has identified a significant future shortage of psychiatrists in Ontario – engaging our bright undergraduates to a career in psychiatry is ever more important.

It has been another busy year in Undergraduate Education.

Medicine 5207 (Psychiatry and the Behavioural Sciences) is a five-week consolidated course offered in the second year of medical school. On the end-of-course survey the overall course score was 5.59 which is quite impressive. We would like to acknowledge the hard work of the committee which included Dr. Sanaa Helmi, the course chair, and Drs. Sandra Northcott, Richard Owen and Mark Watling. Also, sincere thanks to all faculty members who participated in didactic lectures, small group sessions and PCCIA. In July 2010 Dr. Mark Watling will assume the role of course chair.

Dr. Carla Garcia will begin her second year as Patient Centred Clinical Methods Coordinator. She has worked very closely with the simulated patient program at Schulich to enrich the experience for the medical students. Volunteerism for small group teaching remains crucial to the success of the Undergraduate Program.

In 2010, Dr. David Robinson stepped down as the Clerkship Seminar Series Coordinator as well as the Psychiatry Assistant Undergraduate Director. During his time as Seminar Series Coordinator, Dr. Robinson realigned the lecture series to ensure it met Undergraduate Medical Education curriculum objectives. During the most recent evaluation of the Psychiatry Clerkship Program, the Clerkship Lecture series was very well received. The seminar series continues to be teleconferenced to our SWOMEN sites with Windsor offering an equivalent seminar series. One of the most highly rated aspects of clerkship is the experience our medical students have with our residents. The teaching of clinical clerks in the Emergency room has been consistently highly rated. Also considered similarly valuable are the resident teaching sessions. Thank you to our residents, Drs Rebecca King, Julie Richard, Zev Grynspan and Leslie Ritchie for the countless hours they have provided in teaching our undergraduates. In June 2010, a workshop was held for faculty which reviewed the role and responsibilities of a clinical clerk. Thank you to all faculty members who attended.

The psychiatry clerkship offers a unique experience in that clinical clerks are provided a weekly half-day experience in Child and Adolescent Psychiatry. For a number of years Dr. Ajit Ninan coordinated this experience with the Child Psychiatry Group; his efforts have been much appreciated. In July 2010, Dr. Ben Loveday will assume the Undergraduate Coordinator role and continue to provide this distinctive opportunity.
The clerkship experience in Windsor continues to receive excellent ratings. Dr. Akinlosotu has taken over the reigns from Dr. Corina Velehorschi. Dr. Tam Doey remains actively involved with the Child Psychiatry teaching in Windsor.

The SWOMEN site continues to play an integral role in the training of our clinical clerks. Dr. Ranjith Chandrasena has continued to maintain the high standards that we have so much come to expect. Clerkship rotations in Sarnia, Chatham and Stratford remain popular among the students.

In 2011 we expect to see a number of exciting changes and challenges. Currently the psychiatry clerkship is divided into two three-week blocks. Starting in September 2011 students will be offered two-week core rotations in inpatient and outpatient psychiatry as well as a two-week selective. This is consistent with changes occurring in other areas of Medicine. As part of the change, students will no longer be provided the weekly half-day in Child and Adolescent Psychiatry. Clinical clerks interested in an exposure to Child and Adolescent Psychiatry will be able to pursue this with a two-week selective. In March 2011 the Psychiatry Clerkship will undergo an internal review. Faculty may be approached to give their feedback on the Clerkship Program.

We would like to thank all faculty members who are involved in the various aspects of undergraduate teaching. It is exciting to see so many eager to participate.

Continuing Medical Education & Professional Development

This report highlights the educational activities that have been pursued in the Department of Psychiatry between July 2009 and June 2010. It focuses on the monthly Continuing Medical Education (CME) events, the weekly Coordinated Professional Development (CPD) activity at the hospitals, Special CME events, collaborations with the UWO CME Office, and Collaboration with the Canadian Psychiatry Association.

In keeping with a vision of collaboration and partnership, we have endeavored to promote interprofessionalism and ensure that the learning activities provided are evidence-based, balanced and as free of bias as possible. The programs offered through the Department are approved for Section 1 Accredited Group CME learning activities accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC) for MOCOMP credits. As per the requirements governing CME, we have adhered to the RCPSC guidelines in providing these

Joint leadership for Continuing Education in the Department of Psychiatry has promoted a vision for a collaborative learning environment that incorporates interprofessional activities.

Dr. Varinder Dua
Joel Lamoure
activities. Participants at our CME events are always encouraged to utilize Sections 3 through 6 of the Maintenance of Competence (MOCOMP) credits offered by the RCPSC to its Fellows (in addition to Section 1 and 2) so that they can enhance their learning portfolio and provide evidence based care to their patients.

While we work co-operatively with the pharmaceutical industry, we have continued to ensure that we are guided by the AAMC and UWO guidelines related to interaction with industry, The Canadian Medical Association Code of Ethics and the CMA policy “Physicians and the Pharmaceutical Industry” and the RCPSC guidelines that dictate the relationship of pharmaceutical industry to the Universities and Institutes of Learning. As usual, the Department of Psychiatry and the RMHC Co-ordinated CME budget have funded many of these programs. In some instances we were successful in obtaining unrestricted educational funding from the pharmaceutical industry that was in keeping with these guidelines.

In an effort to promote this co-operative venture, on October 20, 2009, we had a meeting with close to a dozen pharmaceutical industry representatives. We discussed the current AAMC and SACME guidelines with them. We balanced these with the Pharmaceutical Manufacturer Representatives Canada guidelines that the representatives are bound to along with Research and Development guidelines.

The continuing Education Program is guided by two advisory panels, the CME Executive Committee (Department CME) and the CPD Committee (Co-ordinated CME). Both of these advisory groups are constituted of physicians and allied health professionals who provide input into the current CME programs and direction regarding future programs.

The monthly CME programs are being televideo-conferenced to 14 sites and the weekly CPD and After Program activities are televideo-conferenced to 7 sites. We continue to utilize the Pre-test and Post-test tool for the participants in our monthly CME activity for individuals to self-evaluate their knowledge base prior to the CME activity. The participants are also encouraged to use the content of the CME for triggering Personal Learning Projects and to utilize this knowledge in managing their patients. They are also encouraged to use the CME credits earned from this activity toward their Section 4 MOCOMP Credits.

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<tr>
<th>MONTHLY CME EVENTS from July 2009 to December 2009</th>
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Special Educational Events in 2009/2010: The CME program also arranges for special events in addition to our monthly Departmental CME and our weekly Hospital-based Coordinated CME activities.
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<tr>
<th>Date</th>
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<tr>
<td>October 2, 2009</td>
<td>SCHIZOPHRENIA: BEYOND THE MOLECULE</td>
<td>Dr. S. Fisman</td>
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<td>TRIBUTE TO DR. RUTH KAJANDER</td>
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<td>Dr. Harold Merskey</td>
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<td>Back to Basics: Schizophrenia</td>
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<td>Early Intervention in Psychotic</td>
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<td>Dr. Ross Norman</td>
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<td>November 20, 2009</td>
<td>Department of Psychiatry, EDUCATION RETREAT</td>
<td>Dr. S. Fisman</td>
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<td>Dr. L. Lingard</td>
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<td>February 16, 2010</td>
<td>ECT: An Evidence Based Approach</td>
<td>Dr. V. Dua</td>
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<td>Dr. Edward Coffey</td>
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<td>Neurocognitive Issues with ECT</td>
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<td>Dr. Edward Coffey</td>
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</table>
## Indications for ECT
Dr. Varinder Dua

## Preparation for ECT: Medical Risks
Dr. Airudin Khan

## Preparation for ECT: Anesthesia Risks
Dr. James McKishnie

## Preparation for ECT: Psychiatric Considerations (meds)
Dr. Siva Devarajan

## ECT Consultation Clinic
Dr. Amer Burhan

## Overview of TMS
Dr. Amer Burhan

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tr>
<td>June 07, 2010</td>
<td>Movement Disorders: Overview</td>
<td>Dr. B. Surti</td>
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<td>Dr. M. Jog</td>
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### Annual Medicine Update in Psychiatry

Annual Medicine Update in Psychiatry, is another collaborative venture with the CME office at Schulich since its inception in 2004. The 2010 Annual Medicine Update Day in Psychiatry was held on April 10, 2010, chaired by Dr. Dua. Its focus was on “The Painful Reality of Pain”. Various disciplines including nursing, pharmacy, social work and physicians were in attendance. This event was accredited by the Royal College for MAINPRO and MOCOMP credits. Evaluations were extremely positive amongst the 40 participants, with an overall 90% rating for all speakers.

Planning for the 8th Annual Medicine Update for Psychiatry was held in August 2010.

### Movement Disorders Workshop

The Movement Disorders Workshop was held at RMHC-London on June 7, 2010 and was attended by approximately 110 people. This event was accredited by the Royal College for MAINPRO and MOCOMP credits. Various disciplines including nursing, pharmacy, OT, social work and physicians were in attendance, making this a truly inter-professional experience. Funding was provided by RMHC-London and was free of commercial and pharmaceutical support.

### ECT: An Evidence Based Practice

On February 16, 2010 this workshop was run and attended by physicians, residents and nurse practitioners. The event was accredited by the Royal College for MAINPRO and MOCOMP credits. Funding was provided by RMHC-London.

### Mood Disorders Symposium

Collaborative planning for a full day educational event focused on the pharmacotherapy and psychotherapies in mood disorders. This took place on October 29, 2010 at the Best Western Lamplighter Inn. This event was applied for accreditation by the Royal College for MAINPRO and MOCOMP credits and showcased departmental research in the First Episode Mood and Anxiety Disorders Program (FEMAP), role of TMS in the treatment of depression, mood disorders in women and affect regulation pathways.
Collaboration with the Council of Psychiatric Continuing Education (COPCE), CPA

We continue our partnership and collaboration with CE directors from other Departments of Psychiatry across the country. The next COPCE meeting was scheduled on April 17, 2010.

Collaboration with UWO CME Office

We have continued to work collaboratively with the Office of Continuing Professional Development (CPD), University of Western Ontario under the leadership of Dr. Jatinder Takhar, Associate Dean CME. As part of that venture, both Mr. Joel Lamoure and Dr. Varinder Dua are also members of the Advisory Committee on Continuing Medical Education (ACCME) Committee that is chaired by Mr. Lamoure, whose term runs from March 2009 – June 20, 2010. Dr. Carlo Garcia succeeds Mr. Lamoure as Committee Chair.

We are also currently members of the Continuous Professional Development (CPD) Group that is disseminating CE modules developed by the CEPD Office of the University of Toronto.

Dr. Dua worked closely with the UWO CPD office in implementing a Confidence Based Learning (CBL) Program (an online learning tool for Family Physicians). This is available online.

MD Briefcase has invited the CPD office to develop an online module on Mood Disorders for General Practitioners and this is being developed under the leadership of Dr. Varinder Dua. At the time of preparation of this report, the module is complete and is being reviewed by the Department of Family Medicine.

2009-2010 CME Awards

1. Junior Resident CME Award (PGY2-3 at time of presentation): Dr. Aziz Haque (6.5)
2. Senior Resident CME Award (PGY4-5 at time of presentation): Dr. Kevin Baird (6.5)
3. Junior Faculty CME Award (Under 7 years on staff at time of presentation and/or Assistant Professor rank or lower): Joel Lamoure (6.4)
4. Senior Faculty CME Award (Associate Professor rank or higher and/or > 7 years experience at time of presentation): Dr. Ian Nicholson (6.8)

Criteria for Awards: Highest overall average peer and audience evaluations from live site. This is based on the evaluation tools that cover the Guidelines and principles of adult and postgraduate education and in the following areas:

- Overall Presentation Effectiveness
- Content Relevance
- Used Effective Teaching Methods
- Met the Stated Learning Objectives
- Enhanced my Knowledge
- Satisfied my Expectations
- Conveyed Info that Applied to my Practice
- Allocated at least 25% of the Time for Interaction
- Free from Commercial or other Bias
The essence of Lifelong Learning and Educational Scholarship is the basis for this 2009-2010 annual report. We endeavor to foster this spirit and quest for Lifelong learning and educational scholarship in our attendees and consumers.

Research in the Department of Psychiatry
Dr. Ross M.G. Norman
Professor and Director of Research

A perusal of the list of publications, conference presentations and funding appended to this report will testify to the continuing breadth and quality of research by those affiliated with the Department of Psychiatry. I am also including a couple of charts that demonstrate the growth in our research productivity. Congratulations to all members of the Department who have contributed to this very positive trend.

Two seed funding competitions have been held within our Department during the 2009-2010 academic year. A total of 9 applications were submitted, with full or partial funding being recommended for 3 of them. Successful applications included:


P. Subramanian, A. Burhan & A. Rudnick. "A qualitative study of the experience of patients treated with repetitive transcranial magnetic stimulation (rTMS) for auditory hallucinations."

The Annual Research Day for the Department of Psychiatry was held on Thursday, June 17th at Somerville House. The day featured 15 oral presentations and 16 posters by faculty and students affiliated with the Department. As always, the research presented covered a remarkable range of topics including neuropsychiatry, behavioural medicine, psychosocial intervention, and outcomes research.

The guest speaker was Dr. Joel Paris, Professor of Psychiatry at McGill University, whose topic was "Prescriptions for the Mind: A Critical View of Modern Psychiatry". Feedback from participants and attendees was very positive. Congratulations to winners of awards presented at Research Day. These included awards for best presentations by students, which went to Christina Castellani for her presentation on, "Incidence and Inheritance of Copy Number Variations in Monozygotic Twins Discordant for Schizophrenia," (co-authors: Sujit Maiti, Kiran Kumar, Richard O'Reilly & Shiva Singh); and to Priya Subramanian for her presentation entitled, "Barriers, Enablers and Related Strategies in Relation to Supported Post-Secondary Education for People with Mental Health Challenges: Preliminary Results from a Qualitative Study" (co-authors: Robert McEwan, Erica Lundberg & Abraham Rudnick). The Tom Hepburn Award for best presentation by a junior faculty member went to Ajit Ninan for his talk, "A Preliminary Evaluation of the Use and Utility of Evidence-Based Checklists for Monitoring the Side Effects of Psychotropic Medication for Children and Youth in Residential Care".

During the 2009-2010 academic year we initiated a new set of seminars related to research as part of the resident training program. These include seminars providing introductions to clinical research, psychometrics, biometrics, research design and statistics, qualitative methods, health economics, the role of research in a career in psychiatry, translational research and program evaluation. Many thanks to Drs. Deborah Corring, Cheryl Forchuk, Paul Frewen, Marnin Heisel, Jeff Hoch, Derek Mitchell, and Elizabeth Osuch, for their input and assistance in developing and delivering these seminars.

Thanks primarily to the efforts of Dr. Peter Williamson, the Resident’s Research Interest Group continues to provide additional opportunities for residents to become familiar with research being carried out within the Department and to receive encouragement and mentoring in developing their research interests. Similarly, the Faculty Research Interest Group continues to meet and interact on a regular basis.

I wish to thank the members of the Research Committee for the past academic year: Drs. J. Carter, D. Corring, M. Heisel, R., Manchanda, D. Mitchell, R. O'Reilly, A. Rudnick, W. Rushlow and P. Williamson, and the resident representative, Georges Loba Gutierrez. Dr. Michael Mak will be the resident representative for the coming year. Finally, my thanks to Jacqueline DiMattia for her outstanding contribution in providing administrative support to research within our Department.
RESEARCH PROFILES

**Dr. Paul Frewen** is a Clinical Psychologist and Basic Science member of the Neuropsychiatry Division. He has authored or co-authored 10 peer-reviewed papers since joining the department in September 2008 on the topics of the neural correlates of self-referential processing, social emotions, alexithymia, and psychological assessment of trauma-related symptoms. He received the President’s New Researcher Award from the Canadian Psychological Association in June 2010. He is currently funded by an Ontario Mental Health Foundation New Investigator Fellowship. His research is being conducted in collaboration with several Department faculty, most notably Dr. Ruth Lanius, Harris-Woodman Chair in Neuropsychiatry.

Dr. Frewen currently also has a clinical appointment as a Psychologist with the LHSC Traumatic Stress Service. He is interested in supervising residents in the conduct of research associated with his clinical work with the Traumatic Stress Service, including program evaluation projects.

Dr. Frewen continues to be actively engaged in teaching and supervisory activities. He teaches the Psychometrics Module for the PGY2 lecture series, and co-teaches the Research Module for the PGY3 lecture series. He is also the instructor for introductory clinical psychology courses, and is currently supervising honours theses and independent studies, within the UWO Department of Psychology.

**Dr. Marnin Heisel** is a Clinical Psychologist, an Assistant Professor in the Department of Psychiatry with a cross-appointment in the Department of Epidemiology and Biostatistics in the Schulich School of Medicine and Dentistry, and a Scientist with the Lawson Health Research Institute. His research focuses on the prevention of suicide and enhancement of psychological resiliency and well-being among older adults.

Early in his training he became aware of a worrisome paradox; older adults in Canada and worldwide have high rates of suicide, and yet relatively little research attention had been devoted to this significant public health issue. He thus embarked on a program of research to develop and evaluate measures for assessing suicide risk and resiliency and interventions to reduce risk and enhance healthy aging. This program of research has contributed novel measures of suicide ideation and of meaning in life and evaluated existing assessment tools, and modified and initially tested a course of individual Interpersonal Psychotherapy for older adults at-risk for suicide. Related research aims to enhance understanding of the potential overlap and distinction between older adults contemplating suicide and those wishing to hasten death in the context of severe or life-threatening illness. Given the often lengthy delay between dissemination of empirical findings and their inclusion in standard healthcare practice, he is increasingly evaluating approaches for facilitating the timely translation of research findings into standard care. Associated knowledge translation initiatives include co-leading the development and evaluation of late-life suicide prevention knowledge translation tools and delivering presentations and training workshops to clinician, social service, and community groups.
Dr. Ruth Lanius is the Harris-Woodman Chair in Psyche and Soma and has had a very active year regarding all aspects of Chair. Her research projects have continued to focus on problems of brain resting state networks, emotion regulation and the intergenerational transmission of trauma in patients suffering from complex posttraumatic stress disorder. The research projects are currently being supported by grants from the Canadian Institutes of Health Research, the Workplace Safety and Insurance Board as well as from the Department of National Defense. Dr. Lanius is also part of a 5,000,000 multisite grant, including sites at Harvard, Emory and New York University, funded by NIMH to investigate various new treatment strategies for PTSD. Dr. Lanius and her team have published a lead article proposing an emotion regulation model of PTSD in the American Journal of Psychiatry in June of this year. Dr. Lanius has also continued to be a panel member of the Biobehaviour Mechanisms of Emotion, Stress and Health Study Section at NIMH and the Behavioural Sciences B committee at CIHR. In addition, Dr. Lanius is an ad hoc reviewer for many journals, including the Archives of General Psychiatry, the American Journal of Psychiatry and Biological Psychiatry.

Dr. Lanius also continues to be active in teaching. Dr. Judith Daniels, a postdoctoral fellow from Germany and Dr Tomas Ros, a postdoctoral fellow from London, England are researching various aspects of social emotion processing and the effects of neurofeedback on neural functioning in PTSD. In addition, Rosi Kluetsch from Germany completed her M.SC. with Dr. Lanius’ group. Moreover, Dr. Lanius has continued to give lectures and workshops within Canada and internationally. These lectures have focused on the underlying mechanisms of trauma disorders as well as on the treatment of complex trauma PTSD with a focus on the connection between psyche and soma.

Dr. Lanius has recently edited a book with Eric Vermetten and Clare Pain entitled “The Impact of Early Life Trauma on Health and Disease: The Hidden Epidemic” published by Cambridge University Press.

Dr. Derek Mitchell is a Basic Scientist in the Department of Psychiatry and in a tenure track position in Anatomy and Cell Biology at SSM&D. He was recruited to Western from NIMH.

Dr. Mitchell continues work supported by a grant from the Ontario Mental Health Foundation to investigate emotion regulation capabilities in patients with Major Depression using functional neuroimaging. In collaboration with Drs. Elizabeth Osuch at FEMAP and Peter Williamson in the Department of Psychiatry, Dr. Mitchell and his colleagues are using fMRI to examine functional brain abnormalities that distinguish unipolar from bipolar forms of depression and relate these differences to healthy individuals without a history of depression. The experiments focus on pathways in the brain that are implicated in controlling emotions (reducing negative ones and sustaining positive ones). The technique is designed to simulate some of the processes patients are asked to perform in psychotherapy. Data collection is ongoing, but early results indicate marked differences in the pathophysiology of
emotion dysregulation in patients with bipolar disorder relative to unipolar disorder despite both being in a depressed state. The long term goal is to pursue this line of investigation and provide critical information about the functional neuroanatomy associated with unipolar versus bipolar depression, and the neural and cognitive systems that need to be targeted when treating each disorder.

Dr Mitchell continues work on a 5-year project from the Natural Sciences and Engineering Research Council of Canada designed to determine how the healthy human brain controls emotion, copes with stress, and guides decisions effectively. This work addresses fundamental questions about healthy behaviour, and lays the groundwork for the work being conducted in clinical populations. Thus far, this work has supported five publications in prestigious journals including *NeuroImage* and the *Journal of Neuroscience*. One of the outcomes of this work has been identification of neural regions common to both emotion regulation and effective decision making. Based on our early findings in the work supported by OMHF, we are also finding that these same neural regions are implicated in major depression and bipolar disorder. These studies therefore allow us to better understand the role that dysfunction in these regions play in the cognitive and behavioural difficulties associated with mood disorders.

In 2009, Dr Mitchell continues work on a project funded by the Social Science and Humanities Research Council of Canada. This work is being conducted in collaboration with Dr Richard Neufeld of the Department of Psychology and Psychiatry. The study is based on previous work that has identified a behavioural technique that helps resolve some of the empathy problems encountered by individuals suffering from specific brain injury and some developmental disorders. Using fMRI, they will examine whether similar behavioural techniques can boost the function of empathy-related brain regions in individuals at risk for conduct disorder or those who have high levels of autistic traits. Early results suggest that the manipulations being used effectively modulate the capacity of healthy individuals and individuals with high antisocial traits to recognize emotions in others.

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

In the past 18 months, he has continued to develop his research program in developmental disabilities through the Autism Centre of Excellence and the Developmental Disabilities Division in the Department of Psychiatry, SSM&D at The University of Western Ontario. He has published three articles on autism in *Psychiatry Research: Neuroimaging*, *American Journal of Human Genetics*, and *Human Brain Mapping*. Work done by Dr. Nicolson and his group has been presented at the International Meeting for Autism Research in 2008, 2009, and 2010 and at the annual meeting of the International Society for Magnetic Resonance in Medicine in 2008 and the Canadian Academy of Child and Adolescent Psychiatry in 2009. He has also received $380,000 in research funding for his brain imaging research in autism from the Canadian Institutes for Health Research(CIHR) and has been a co-investigator on CIHR grant for $325,000, examining health outcomes in children with severe and profound mental retardation. He is a co-investigator on research training in autism grant from the Canadian Institutes for Health Research for $1,950,000.
Part of his responsibilities include encouraging and supporting research by students. To this end, he has co-authored a study by a resident in the Department of Psychiatry which has been submitted for publication. He has also co-authored a paper submitted to the journal *Neuroimage* by an undergraduate student in medical biophysics and two papers submitted to the journals *Biological Psychiatry* and the *Journal of the American Academy of Child and Adolescent Psychiatry* by a graduate student in medical biophysics.

**Dr. Ross Norman** is a Professor and the Director of Research in the Department of Psychiatry and a Professor in the Department of Epidemiology and Biostatistics, Schulich School of Medicine & Dentistry. He is also cross-appointed as a Professor in the Department of Psychology at UWO. His research interests are primarily the prediction and improvement of outcomes for first episode psychotic disorders. For the past ten years, foci of his research have been determinants of treatment delay, the relationship between delay in obtaining treatment and later level of recovery as well as the impact of the nature of follow-up care on patient outcomes. Additional issues addressed in Dr. Norman’s research are the relationship between various indices of outcome for psychosis, such as symptoms and psychosocial functioning and development of measures of the critical components for early intervention programs. This work has clear implications for service delivery to individuals suffering from psychotic disorders.

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

**Dr. Elizabeth A. Osuch** Dr. Osuch’s project investigating the functional brain changes associated with non-suicidal self-injury (NSSI) in youth has been completed (funded by the Lawson Intra-mural Research Fund) and Dr. Osuch, Jo Anne DePace and Bradley Ford presented those data at the conference of the International Society for the Study of Self-Injury (ISSS) in Chicago in June 2010. Several manuscripts are in preparation related to both the pain-processing and the standard reward-processing paradigms that were used.

Funding from the Ontario Mental Health Association for the imaging study on the effects of marijuana and depression in youth has continued. This project has been expanded to include depressed youth on a stable dose of one antidepressant in order to increase enrollment.

Dr. Osuch and Dr. Jean Theberge (Department of Medical Biophysics) are one of three runners up in the Lawson Innovation Prize competition and will be completing the third and final round of that competition on September 10<sup>th</sup> 2010. Their project involves creating and
commercializing an imaging and imaging-analysis technique to accurately differentiate youth with depression as having either unipolar depression (Major Depressive Disorder) or Bipolar Disorder. Collaborators include our own Peter Williamson, Jim (Richard) Neufeld, Derek Mitchell, Kathy Macdonald, Kristen Ford (postdoctoral fellow), and Vince Calhoun from the University of New Mexico.

Work continues to progress on Dr. Osuch’s qualitative research project with ex-postdoctoral fellow Robyn Bluhm (now at Old Dominion University in the USA) on issues of stigma for youth with mental health concerns. This project had been funded by the “Transdisciplinary Understanding and Training on Research Primary Health care (TUTOR-PHC)” program.

Dr. Osuch has given several public talks including one entitled, “Youth and Marijuana: Is it as Harmless as we Like to Think?” in May for the Family Support Network of London and Area. The talk was attended by and subsequently covered by the CBC radio. Dr. Osuch received several invitations to repeat the talk at other venues, the next of which will be sponsored by the London Public Library in late September.

**Dr. Nagalingam Rajakumar**  
Dr. Rajakumar is a Basic Scientist in the Department of Psychiatry and tenured in the Department of Anatomy and Cell Biology at Schulich School of Medicine & Dentistry (SSM&D). He has developed and animal model for Schizophrenia and more recently for Autism which are contributing to the understanding of basic pathophysiological mechanisms at a molecular level, in these disorders. During the past 18 months, Dr. Rajakumar has received over $225,000 in peer review research funding as a principal investigator and an additional $990,000 as a co-investigator. During this time, he has published 6 peer-reviewed full-length papers in high impact journals including Human Brain Mapping, Psychiatry Research, International Journal of Neuropsycho-pharmacology and Schizophrenia Bulletin. He has been the primary research supervisor for 3 graduate students two of whom have successfully completed their Master’s degree in August 2009. His students were awarded OGS and internal university scholarships. He has collaborated with scientists in the departments of Psychiatry, Psychology, Biophysics and Anatomy & Cell Biology, and served on advisory committees for 14 graduate students in the Neuroscience and Anatomy & Cell Biology graduate programs.

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

Dr. Abraham Rudnick is the Chair of the academic Division of Social & Rural Psychiatry. In addition to his MD, he has a Ph.D. in Bioethics and is cross-appointed to the Department of Philosophy at the University of Western Ontario (Western). He is a Certified Psychiatric Rehabilitation Practitioner (CPRP) by the United States Psychiatric Rehabilitation Association (USPRA), and he is the Director of Bioethics in the Department of Psychiatry at Western and the Head of the Canadian Unit of the International Network of the UNESCO Chair in Bioethics.

Dr. Rudnick’s research interests primarily involve psychiatric rehabilitation and bioethics. In relation to psychiatric rehabilitation, for the past ten years or so, he has focused on the issue of personal coping and environmental support for people with schizophrenia. This work has resulted in the delineation of some adaptive coping strategies in relation to recovery from schizophrenia, and in the development of novel approaches to psychiatric rehabilitation, such as the combination of supported education and supported employment for skilled occupations and the characterization of psychiatric leisure rehabilitation. As part of that, he has recently led a CAREMH-funded study on combining supported college education with supported employment for people with mental illness.

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

Dr. Walter Rushlow  

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

Schizophrenia is a devastating mental disorder that affects more than 300,000 Canadians and carries an economic burden in excess of six billion dollars annually. The symptoms of schizophrenia are characterized by thought disorders, hallucinations and delusions (positive symptoms) as well as social and emotional withdrawal and blunted affect (negative symptoms). In simplest terms, most individuals suffering from schizophrenia are severely handicapped and often unable to cope in society. Interpersonal skills and the ability to reason are limited and schizophrenic patients are usually unable to obtain or hold competitive full-time employment. Schizophrenic symptoms can appear at anytime during life but generally commence in the late teens or early twenties and require life-long treatment to control. The relatively early onset, typical of the disease is particularly devastating for family and friends of schizophrenic patients as they watch young, promising individuals succumb to the affliction. Though research efforts continue, little is known about the cause or progression of schizophrenia and therefore a cure for the disease is not likely in the foreseeable future. However, as our understanding of schizophrenia continues to evolve, the potential for development of new pharmaceuticals to better control the symptoms of the disorder improves.
Research conducted in Dr. Rushlow’s laboratory is focused on identifying the molecular mechanisms responsible for the manifestation of schizophrenic symptoms in order to facilitate the development of more potent pharmaceuticals for the treatment of the disorder. To accomplish this task, animal models are used to test whether specific proteins implicated in schizophrenia may be responsible for the symptoms of the disorder. Currently, Dr. Rushlow is testing a protein called glycogen synthase kinase-3 (GSK-3) to see if it may be responsible for some of the positive symptoms of schizophrenia using a well-characterized and accepted animal model of schizophrenia for testing and comparison. Although several of the symptoms of schizophrenia, such as hallucinations and delusions, are uniquely human, they are thought to be the consequence of altered dopamine and glutamate transmission. In animals, similar disruptions cause changes in behaviour, such as locomotor activity, that can be tested and recorded. Therefore, measuring changes in locomotor activity may determine if manipulating GSK-3 or proteins that regulate GSK-3 can reverse or mimic locomotor changes seen in the amphetamine sensitization model of schizophrenia. In addition, Dr. Rushlow and his colleagues are examining the proteins levels and localization of GSK-3, and several key proteins associated with GSK-3, to determine if they correlate with behaviour. This approach will help identify proteins that are important for the symptoms of schizophrenia and may represent potential new targets for pharmaceutical intervention.

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

He is the author of Mind, Brain, and Schizophrenia published by Oxford University Press in 2006 which was referred to by the New England Journal of Medicine as ‘compulsory reading for clinicians’ and is currently writing The Human Illnesses: Neuropsychiatric Disorders and the Nature of the Human Brain with Dr. John Allman, an evolutionary biologist at the California Institute of Technology, for Oxford University Press. He has published more than 100 peer-reviewed and invited papers in journals such as the Archives of General Psychiatry and the American Journal of Psychiatry supported by grants from the Canadian Institutes of Health Research, the National Institute of Mental Health in the United States and several other agencies. He is past Chair of the Behavioural Sciences B Committee at the Canadian Institutes of Health Research and has served at the Centre for Scientific Review, National Institute of Health.
ANNUAL RESEARCH REPORT 2009-2010

PUBLICATIONS

PEER-REVIEWED JOURNALS


Bluhm RL, Clark CR, McFarlane AC, Moores KA, Shaw ME and **Lanius RA**. (In press) Default network connectivity during a working memory task. *Human Brain Mappings*


Dozois DJA. (In press) Understanding and enhancing the effects of homework in cognitive behavioral therapy. *Clinical Psychology: Science and Practice*


Engdahl RM, Elhai JD, Richardson JD and Frueh BC. (In press) Comparing posttraumatic stress disorder’s symptom structure between deployed and non-deployed veterans. *Psychological Assessment*


Greening SG, Finger EC and Mitchell DG. (In press) Parsing decision making processes in prefrontal cortex: Response inhibition, overcoming learned avoidance, and reversal learning. *Neuroimage*

**Guaiana G.** (2010) Past or current drug or alcohol use disorders increase the likelihood of a switch from depressive to manic, mixed or hypomanic states in patients with bipolar disorder. *Evidence Based Mental Health* 13(3):78.


McDonald P, O'Reilly R and Singh S. (In press) Methylation analysis of the NOTCH4-25 C/T polymorphism in schizophrenia. *Psychiatric Genetics*


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**Norman RMG**, Gawronski B, Hampson E, Sorrentino R, Szeto AC and Ye Y. (In press) Physical proximity in anticipation of meeting someone with schizophrenia: The role of explicit evaluations, implicit evaluations and cortisol levels. *Schizophrenia Research*


Rudnick A, Rofe T, Vritzberg-Rofe D and Scotti P. (In press) Supported reporting of first Person accounts: Assisting people who have mental health challenges in writing and publishing reports about their lived experience. *Schizophrenia Bulletin*


**Subramanian P** and **Burhan AM**. (In press) Worsening of ‘passivity’ symptoms with low-frequency bilateral temporo-parietal repetitive transcranial magnetic stimulation used to treat refractory auditory hallucinations: A Case Report. *Schizophrenia Research*


BOOKS AND BOOK CHAPTERS


OTHER PUBLICATIONS (e-articles, letters, editorials, professional newsletters, etc.):


Richardson JD. (2009) Military-related PTSD in Canadian veterans. Canadian Psychiatry Aujourd'hui 5(1)


ABSTRACTS, EXTERNAL CONFERENCE PRESENTATIONS AND INVITED TALKS


Benbow S, Forchuk C and Ray S. The health of homeless mothers with mental illness: Nurses as agents of change. 4th National Community Health Nurses of Canada Conference, Toronto, ON; June, 2010.


Benbow S, Forchuk C and Ray S. Promoting the homeless mothers with mental illness. European Psychiatric Nursing Congress: Building Bridges, Prague, Czech Republic; April, 2010.


Bremner JD, Dalenberg C, Carlson E, Lanius R, Spiegel D and Vermetten E. Therapeutic and research implications of a dissociative sub-type of PTSD. 25th International Society for Traumatic Stress Studies, Annual Meeting, Atlanta, GA; November, 2009.


Burneo J, Jones C and Bartha R. Multimodality imaging in patients with epilepsy and malformations of cortical development (MCD); fMRI, MRS and DTI. 63rd Annual Meeting of the American Epilepsy Society, Boston, MA; December 4-8, 2009.


Cantor-Rivera D, Goubran M, Kraguljac A, Mirsattari SM, Bartha R and Peters T. Detection of small human cerebral cortical lesions with MRI under different levels of Gaussian smoothing: Applications in epilepsy. SPIE Medical Imaging, San Diego, California; February 13-18, 2010.


Curtis AT, Gilbert KM, Gati JS, Klassen LM and **Menon RS**. 12-Channel transceive array for B+ shimming and receive acceleration at 7T. International Society for Magnetic Resonance in Medicine (ISMRM), Third International Workshop on Parallel MRI, Santa Cruz, CA; October 23-26, 2009.


**Diachun L**. Improving recruitment with Education. Annual Canadian Geriatrics Society Meeting, Ottawa, ON, April 17, 2010.


**Doey T** and Poliquin AE. Recruitment and retention of psychiatrists in a community setting with an emerging academic focus. 59th Annual Conference of the Canadian Psychiatric Association, St. John’s, NL; August, 2009.


Fitzgerald K, **Gibson M**, Fisher R, Roush R and Powell S. What do we know about caring for frail older persons in disasters (and what should we know)? 38th Annual Scientific and Educational Meeting of the Canadian Association on Gerontology, Winnipeg, MB; October 23-24, 2009.


Gibson M. Applying a life course perspective to mental health promotion for aging combat veterans. 19th IAGG World Congress on Gerontology and Geriatrics, Paris, France; July 5-9, 2009.

Gibson M. Expanding the technology safety envelope for seniors to include disaster resilience. International Society for Gerontechnology, 7th World Congress, Vancouver, BC; May 27-30, 2010. [Abstracted in Gerontechnology].


Heisel MJ. Preventing suicide: From clinical interventions to a national suicide prevention strategy. World Suicide Prevention Day, Canadian Mental Health Association, Ottawa Branch; and The Ottawa Suicide Prevention Coalition, Ottawa, ON; September 10, 2009.


Heisel MJ, Duberstein PR, Talbot NL, King DA and Tu XM. Adapting interpersonal psychotherapy for older adults at risk for suicide. 42nd American Association of

Heisel MJ, Duberstein PR, Talbot NL, King DA and Tu XM. Adapting interpersonal psychotherapy for older adults at risk for suicide. 14th International congress of the International Psychogeriatric Association, Montreal, QC; September 5, 2009. [Abstracted in International Psychogeriatrics 21(S2):S75].

Heisel MJ, Duberstein PR, Talbot NL, King DA and Tu XM. Adapting interpersonal psychotherapy for older adults at risk for suicide. American Association for Geriatric Psychiatry, Annual Conference, Savannah, GA; 2010. [Abstracted in American Journal of Geriatric Psychiatry 183(S1):S54].


Khan AF, Smith M, Borrie M, Wells JL and Bartha R. A longitudinal study exploring brain ventricle sub-region expansion in Alzheimer's Disease using an automatic segmentation software program. 30th Annual Scientific Meeting of the Canadian Geriatrics Society, Ottawa, ON; April 15-17, 2010.


Koval MJ, Lomber SG and Everling S. Anti-saccade task performance deficits during reversible deactivation of anterior cingulate cortex or lateral prefrontal cortex. Neural Control of Movement Meeting, Waikoloa, Hawaii; 2009.

Koval MJ, Lomber SG and Everling S. Principal sulcus inactivation impairs working memory but not response suppression in a memory-guided saccade task. Society for Neuroscience: Neuroscience Meeting Planner, Chicago, IL (Online); 2009.


Manchanda R. EEG abnormalities and three year outcome in first episode psychosis. 15th Biennial Winter Workshop in Psychoses, Barcelona, Spain; 2009.

Marsh AL, Lumley MN, Bailey HN, Dozois DJA and Hennig KH. Direct and indirect measurement: A comprehensive analysis of preadolescent cognitive schemas. World Congress of Behavioral and cognitive Therapies, Boston, MA; June, 2010.

Maxfield L. EMDR Research: Where we stand, where we should go, and why we should care. Annual Meeting of the EMDR International Association, Atlanta, GA; August, 2009.


Mulvihill DL and Forchuk C. The experience and challenges of participant observer. 16th International Conference of the Nursing Network on violence Against Women International, Miami, FL; October, 2009.


Nestor SM, Borrie M, Smith M, Wells JL and Bartha R. Associations between temporal horn volumes derived from MRI, CSF Aβ₁-42 concentrations and cognitive decline. 2nd Conference Clinical Trials on Alzheimer’s Disease, Las Vegas, NV; October 29-30, 2009.

Nestor SM, Borrie M, Smith M, Wells JL and Bartha R. A direct sample size comparison between MRI temporal horn volumes, CSF Aβ₁-42 and cognitive decline to detect Alzheimer Disease progression in ADNI participants. 2nd Conference Clinical Trials on Alzheimer’s Disease, Las Vegas, NV; October 29-30, 2009.


Penner J, Curtis AT, Klassen M, Gati JS, Smith M, Borrie MJ and Bartha R. Metabolic nulling to measure the macromolecule baseline for quantitative ¹H magnetic resonance spectroscopy at 7-Tesla. ISMRM/ESMRM Join Annual Meeting, Stockholm, Sweden, May 1-7; 2010.


Phillips JM, Sander V and Everling S. Event-related potentials in non-human primates associated with pro-and anti-saccades. Society for Neuroscience: Neuroscience Meeting Planner, Chicago, IL (online); 2009.


Richardson JD, Pekevski J and Elhai J. PTSD and health problems among medically ill Canadian peace-keeping veterans. 59th Canadian Psychiatric Association Annual Conference, St. John’s, NL; 2009.

Richardson JD, Pekevski J and Elhai JD. Treatment outcome of Canadian veterans with PTSD treated at an operational stress injury (OSI) clinic. ISTSS Annual Conference, Atlanta, GA; 2009.
Richardson JD, Sereen J and Elhai JD. Treatment outcome and predictors of response in Canadian peacekeeping and combat veterans with military related PTSD treated. ACOT, Brisbane; 2010.


Rudnick A. Thought experiments as a reflective strategy in health professional education. Engaging Reflection in Health Professional Education and Practice Conference, London, ON; 2009.

Rudnick A. What are the required competencies of the effective Psychiatric Rehabilitation Practitioner? Ministry of Health Israel, 10th Anniversary Conference for the Psychiatric Rehabilitation Law in Israel, Jerusalem, Israel; 2009.


Rudnick A. What are the required competencies of the effective Psychiatric Rehabilitation Practitioner? Psychosocial Rehabilitation Canada 'Rediscovering PSR in a New Decade' Conference, Ottawa, ON; 2010.


Seeds PM, Johnson PJ and Dozois DJA. Show me the money: Tips on applying for and obtaining external scholarships and grants. Canadian Psychological Association Annual Meeting, Winnipeg, MB; June, 2010.

Shanahan MJ and Neufeld RWJ. Mathematical expectation of threat, unpredictablility, and mechanisms of stochastic "Faint Threat" in a model of decisional control. 43rd Annual Meeting of the Society for Mathematical Psychology, Portland, OR; August 8-10, 2010.

Sharma V. Soft bipolarity in the postpartum period: Assessment and management [Course]. Canadian Psychiatric Association, St. John’s, NL; August 28, 2009.

Sharma V. Treatment resistant postpartum depression: A closer look. Canadian Psychiatric Association, St. John’s, NL; August 28, 2009.


Shrivastava A and Shah N.Bringing 'dealing with stigma' into clinics: Why should 'stigma' not be a part of routine clinical assessment in schizophrenia. Need for objective assessment and quantification. World Federation of Biological Psychiatry, 9th World Congress of Biological Psychiatry, Paris, France; June 28-July 2, 2009.


Steele M. Functional remission as goal of therapy in ADHD Round Table Discussion, Tokyo Japan; CNS & Clinical Oncology Forum, Tokyo Japan; Kyushu University Hospital, Fukuoka, Japan; Osaka, Japan; Suncity Hall, Saitama, Japan; ADHD Functional Remission Conference, Taipei, Taiwan; 2nd Remission Summit, Tien-Lai, Taipei, Taiwan; July 11-19, 2009.

Steele M. Obsessive compulsive disorder in children and adolescents, tricking OCD: How to assess and manage OCD. 18th Annual Paediatrics for the Family Physician, Stratford, ON; October 21, 2009.

Steele M. Prescribing SSRIs to adolescents. 47th Annual Scientific Assembly, Ontario College of Family Physicians, Toronto, ON; November 26-28, 2009.


Stewart SL. Children’s mental health and interRAI. iNEMH, Reykjavik, Iceland; October, 2009.


Stewart SL, Swart T and Siman E. Patterns of utilization of seclusion and restraints in dual diagnosis and mental health programs. National Association for the Dually Diagnosed (NADD), Toronto, ON; April, 2010.


Sun Z and Bartha R. T2-weighted spin echo pulse sequence that is sensitive to restricted diffusion. ISMRM-ESMRMB Joint Annual Meeting, Stockholm, Sweden; May 1-7, 2010.


Williamson PC. Some thoughts on building a research Centre. Invited Presentation to the University of South Dakota, Vermillion, SD; 2009.

Williamson PC. Was Kraepelin right about schizophrenia? Longitudinal MRI and MRS data in the early years of illness. Invited Presentation at Grand Rounds, University of New Mexico, Albuquerque, NM; 2009.

Williamson PC. Neuropsychiatric disorders, the default network and the nature of the human brain. International Congress on the Default Mode Network and Other Intrinsic Networks in Health and Disease, Barcelona, Spain; 2010.

Womelsdorf T, Johnston K and Everling S. Theta frequency synchronization in macaque anterior cingulate cortex predicts current task-rules and the correction of task-rules upon incorrect performance. Society for Neuroscience: Neuroscience Meeting Planner, Chicago, IL (online); 2009.

Woolmore-Goodwin S, Gutmanis I, Purcell T and Borrie M. Clinical trials in dementia: Populations served by the Consortium of Canadian Centres for Clinical Cognitive Research
(C5R) Sites. International Conference on Alzheimer’s Disease, Vienna, Austria; July 11-16, 2009.


**PEER REVIEWED EXTERNAL GRANTS**


Chiu S (PI), Lui E, Bureau Y, Cernovsky Z, Xuang J, Ang CL, Husni M and Helson L. "Exploring Curcumin and Curcumin Derivatives as putative Epigenetic Target of Histone Deacetylase (HDAC) Inhibition in Parkinson Disease". Michael J. Fox Foundation. Total funding: $80,000 US (Milestone I; Milestone II - pending). Grant term: 2009-2010


Finger E (PI) and Bartha R. "Ultra-High Field Structural and Metabolic Imaging in Frontotemporal Dementias". The Association for Frontotemporal Dementias. Total funding: (applied) $53,100. Grant term: 2010-2011.


Gibson M. "Development, Evaluation and Dissemination of a Bilingual Workshop for Dementia Care Providers Entitled 'Frailty, Dementia and Disasters: What Health Care Providers Need to Know'. Canadian Dementia Knowledge Translation Network (CDKTN), Alzheimer’s Society of Canada (ASC) and Public Health Agency of Canada (PHAC). Total funding: $25,000. Grant term: 2010.


Heisel MJ (PI). "Promoting Psychological Resiliency to Late-Life Depression and Suicide Risk". Canadian Institutes of Health Research New Investigator Award, Institute of Aging and Institute of Gender and Health. Total funding: $300,000. Grant term: 2007-2012.


Heisel MJ (PI) and Flett GL. "Psychological Resiliency and Suicide Risk Among Community-Residing Older Adults". Ontario Mental Health Foundation. Total funding: $150,000. Grant term: 2008-2010.

Heisel MJ (PI) and Moore S. "Canadian Coalition forSeniors’ Mental Health: Suicide Prevention in Older Adults Knowledge Translation Project". Canadian Institutes of Health Research, The Betty Havens Award for Knowledge Translation in Aging. Total funding: $50,000. Grant term: 2008-2009.


Lanius R (PI) and Neufeld RWJ. "Neural and Behavioural Correlates of Autobiographical Memory Performance in Patients with Post-Traumatic Stress Disorder and/or Major Depression Following Motor Vehicle Crash". Canadian Institutes of Health Research. Total funding: $354,985. Grant term: 2009-2013.


Leung L-W (PI) and Rajakumar N. "Hippocampal Theta Oscillations - Generation and Behavioral Functions". Canadian Institutes of Health Research. Total funding: $455,000. Grant term: 2007-2012.


Menon RS (PI) and Goodale M. "Functional Brain Imagining". Ontario Innovation Trust (OIT). Total funding: $1,440,000. Grant term: 2009-2010.


Mitchell D (PI), Williamson P and Osuch E. "Modulating Neural Responding to Positive and Negative Stimuli in Untreated Patients with Major Depression". Ontario Mental Health Foundation. Total funding: $105,000. Grant term: 2008-2011.


Montero-Odasso M (PI) and Bartha R. "Gait Variability as Predictor of Cognitive Decline and Risk of Falls in MCI. A Cohort Study". Canadian Institutes of Health Research. Total funding: $750,000. Grant term: 2010-2015.


Moynihan JA (PI) and Heisel MJ. "Mindfulness to Improve Elders’ Immune and Health Status". U.S. National Institute on Aging. Total funding: $1,766,690 USD. Grant term: 2006-2010.


Rushlow WJ (PI) and Rajakumar N. "Involvement of the PI-3K-AKT-GSK-3 Signal Transduction Pathway in the Manifestation and Amelioration of Schizophrenic Symptoms". Ontario Mental Health Foundation. Total funding: $150,000. Grant term: 2008-2010.


Singh S (PI), **O'Reilly R** and Scherer S. "Gene Discovery in Schizophrenia Using Copy Number Variations (CNVs) in High-Risk Monozygotic (MZ) and Dizygotic (DZ) Twins". Canadian Institutes of Health Research. Total funding: $549,498. Grant term: 2008-2010.


**Tibbo PG** (PI) and **Bartha R**. "Quantitative Proton Spectroscopy of White Matter at 4-Tesla in Frist Episode Psychosis, Part II: A Clinical Study". Nova Scotia Health Research Fund. Total funding: (applied) $150,000. Grant term: 2010-2013.


Womelsdorf T (PI) and Everling S. "Neural Mechanisms Underlying the Emergence of Selective Attentional Control". Canadian Institutes of Health Research. Total funding: $855,800. Grant term: 2010-2015.


INTERNAL GRANTS

Burneo J (PI) and Bartha R. "An Exploratory Study to Assess the Role of 7T Structural and Metabolic MR in the Evaluation of Patients with Non-Lesional Temporal Lobe Epilepsy". UWO, Clinical Neurological Sciences Department Internal Funds. Total funding: $15,000. Grant term: 2009-2011.


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


OTHER GRANTS


**Forchuk C (PI), Mitchell B and Reiss JP.** "Preventing Homelessness of Mental Health Patients Visiting Emergency Rooms ". UWO, SSHRC Internal Competition. Total funding: $7,000. Grant term: 2009-2010.


**Lanius R (Co-PI), McKinnon MC and Jetly LtCol R.** "Default Connectivity as a Predictor of Post-traumatic Stress Disorder Symptomatology and Behavioural Correlates of Autobiographical Memory in Post-Traumatic Stress Disorder". Department of National Defense Canada. Total funding: $358,000. Grant term: 2009-2011.


**Manchanda R (PI), Harricharan R and Northcott S.** "A 16 Week Randomized Controlled Trial of the Effect of Aripiprazole vs Standard of Care of Non-HDL Cholesterol among Patients with Schizophrenia and Bipolar I Disorder who have Pre-existing Metabolic Syndrome". Bristol-Myers Squibb Canada, Inc. Total funding: $9000. Grant term: 2009 (ongoing).


Swenson R (PI) and Rudnick A. "Survey of Mental Health Services in Smaller Communities in Northern Ontario". Ontario Psychiatric Outreach Programs, Ontario Ministry of Health. Total funding: $130,000. Grant term: 2008-2010.
Bioethics in the Department of Psychiatry

Dr. Abraham (Rami) Rudnick
Bioethics Director
Department of Psychiatry

The Bioethics Program of the Department of Psychiatry at the University of Western Ontario (UWO) continues to be a leading academic bioethics program in North American psychiatry. The Bioethics Program promotes teaching, research and development in various ways. In 2009/10, these academic initiatives included:

- The growth of the Canadian Unit of the International Network of the UNESCO Chair in Bioethics. The unit, established in 2009, focuses particularly on postgraduate and continuous professional education, and its head is Dr. Abraham (Rami) Rudnick. An advisory board with bioethics and education expertise from across UWO and its teaching hospitals as well as from other universities in Canada and from the Canadian Medical Association supports the unit. The unit’s research on intraprofessional (interspecialty) bioethics education and practice was presented at the International Conference on Bioethics Education in Israel in May 2010. More research on this topic and other relevant topics is in planning.
- The annual summer bioethics course for the new UWO psychiatry residents.
- Quarterly clinical ethics seminars, where junior and senior residents present and discuss ethically challenging cases. These seminars also included a session on organizational ethics, presented by LHSC bioethicist Robert Sibbald.
- Promotion of quarterly integrated bioethics rounds across the academic mental health care programs at RMHC and LHSC.
- Bioethics research, such as a current CIHR-funded study on dialogue in bioethics consultations in mental health care and other health care fields, led by Abraham (Rami) Rudnick.
- A bioethics research fellowship, with opportunities for the fellow to attend various bioethics forums; this fellowship, supervised by Dr. Abraham (Rami) Rudnick, is offered to interested psychiatrists and other physicians from Canada and elsewhere, and lasts 1 – 3 years per fellow. Dr. Kyoko Wada completed her first year of this fellowship, with peer-reviewed publication and presentations.
- Representation of psychiatry in many relevant bioethics committees and groups in London, such as the UWO Health Sciences Research Ethics Board (HSREB), the UWO University Council on Research Ethics (Chaired by Dr. Abraham (Rami) Rudnick), the SJHC Health Care Ethics Committee, and the RHC Ethics Committee.
- Consultation to regional partners and beyond as part of bioethics capacity building. An invited ethics consultation was provided to a community agency specializing in developmental disabilities.

The London Hospitals Mental Health Care Programs

Dr. Sandra Fisman, Chair/Chief and Chair/Chief and Senior Medical Director
Integrated Mental Health, London Health Sciences Centre and St. Joseph’s Health Care
Ms. Sandy Whittall Integrated Vice-President
London Health Sciences Centre and St. Joseph’s Health Care

A key success factor in our clinical academic enterprise is an alignment between the London Hospitals Clinical Services and the strategic direction of the academic department. In the
case of the Mental Health Care Programs at LHSC and RMHC and the Department of Psychiatry, we have these alignments. Top of mind is the development of ambulatory care to support inpatient and emergency services. The continuum of care is also a necessary substrate for the training of residents and medical students. While the mandates for the acute care and specialized mental health care ambulatory services at LHSC and RMHC will vary, the integration and collaboration of these services will be an ultimate goal, with the added vision of connecting these hospital services with a seamless network of community services.

After a decade of restructuring activities in London, we are finally at the end of this long journey. The Child & Adolescent Mental Health Care Program will be united as a comprehensive continuum of care at Victoria Hospital in the fall of 2010. The acute care Adult Mental Health Care Program, with its general and subspecialty streams, will move to Victoria Hospital in the spring of 2011. Ground breaking for the new specialized mental health care facilities will take place at the London Parkwood site and, for the Forensic Hospital at the St. Thomas site, in the spring of 2011 with an anticipated completion date of 2013.

These new facilities are beautifully designed, bright, modern and purpose built and will be an important component of the much needed destigmatization of mental illness. For the acute care programs across the life span, reunion with our medical, surgical, pediatrics, women’s, neurological and cancer clinical services will enhance the clinical and academic relationships that we have built, particularly over the past five years. Throughout the period of isolation and disconnection with the “home alone” experience at South Street, there has been an opportunity for team building and resilience which hopefully will stand the programs in good stead after the moves at Milestone 2 Phase 2. Our Consultation Liaison teams at University Hospital and Victoria Hospital have ensured our ongoing connection with the rest of the hospital at London Health Sciences Centre as has the Centralized Emergency Psychiatry Service (CEPS) at Victoria Hospital.

A key success factor for us at London Health Sciences Centre has been the additional funding through the Ministry of Health & Long Term Care and the Ontario Medical Association agreement and the Alternative Funding Plan. These funds have has allowed us to recruit a new cohort of faculty to provide clinical service and engage in academic activities across the life span. This new funding has also allowed us to establish specialty clinics for individuals who have mental illness and are also involved with the courts for people with addictions and mental health difficulties and to expand our child & adolescent and geriatric ambulatory services.

There is significant work ahead over the next 12 to 24 months as Tier 2 divestment occurs in accordance with the Health Services Restructuring Committee recommendations. Beds and services for specialized mental health care will be divested to Grand River Hospital in Kitchener, to Windsor Regional Hospital and to Hamilton. Schedule 1 services currently provided by Regional Mental Health Care will be repatriated to Cambridge Memorial Hospital and St. Thomas-Elgin General Hospital. Amidst this sea of change is a parallel shift in the model of specialized mental health care to a recovery based model that is client and family centred and emphasizes Psychosocial Rehabilitation. It is an important time and an opportunity for the hospital and community sector to come together and plan for a more integrated mental health care network.

We would like to thank our mental health leadership, both medical and administrative, at London Health Sciences Centre and Regional Mental Health Care for their contributions to creation of a better mental health care delivery system. Co-ordination of access to our bedded and non-bedded services, improvement in the quality of care and a safe
environment for patients and staff have been the goals of our leadership team. Thank you to the efforts of our Site Chief, Dr. Sarah Jarmain, Directors, Dr. Deb Corring, Janice Vandevoooren, Jill Mustin-Powell, Bonnie Kotnik and now, Jennifer Speziale, and our Physician Leaders, Drs. Abraham Rudnick, Robbie Campbell, Jack Ellis and Lisa Van Bussel. We would also like to acknowledge the leadership of Dr. Gregory McCarthy who, along with Janice Vandevoooren, has moved the Concurrent Disorder Program at Regional Mental Health Care to a non-bedded, integrated service to all programs. We are reaping the benefits of the capacity building that he has led both in our hospital and the region and the accessibility to the Concurrent Disorder Outpatient Team.

At London Health Sciences Centre, Drs. Margaret Steele and Jeffrey Reiss (Site Chiefs for the Child & Adolescent and Adult Mental Health Care Programs respectively) have led the M2P2 project toward its pending successful conclusion with Dr. Beth Mitchell, Director of the Mental Health Care Program. In addition to our appreciation to these dedicated leaders, we acknowledge the cascade of managers, co-ordinators and physician leaders who work together to meet daily challenges and ensure an optimum treatment experience for our patients whether they are inpatient or ambulatory. Their efforts continue to improve the emergency experience for mental health patients accessing the emergency room, to reduce wait times in so far as is possible and, most importantly to develop effective alternatives to the use of the emergency room for individuals in crisis without concurrent medical issues. For all of this, we are indebted to our dedicated leaders, physicians and staff.

Our academic support for interprofessional training and practice aligns well with the changes in our model of care. Mutual understanding of the bilateral benefits for educational scholarship and clinical research will facilitate the translation of academic endeavor into meaningful clinical practice ensuring a vibrant academic health sciences environment.

Finally, we remain committed to the benefits of early interventions for mental illness. Our Program for Early Intervention & Prevention in Psychosis (PEPP) remains a flagship program nationally and internationally. Our First Episode Mood & Anxiety Program remains a provincial and national innovation and is generating important research into the study of these disorders. Both of these programs provide a small “dent” in the identified need for early intervention services for transitional youth and young adults.

We have reached a point of no return – with the current strength in our leadership, physicians and staffs, we are well along the way to the vision of an integrated academic mental health network. There remains much to do – but we have the strength to do it and “together we can”.

Department of Psychiatry Faculty

Professor & Chair/Chief
Fisman, Sandra

Child and Adolescent Psychiatry Division

Professor & Chair
Steele, Margaret

Adjunct Faculty (cont’d)
De Oliveira, C.A.
Doey, Tamison

Professor Emeritus
Dubois, John (Jack)
Eichstedt, Julie
Elliott-Faust, D.
Evans, Barrie
### Assistant Professors
- Heintzman, John
- Hurley, Dermot
- Jeanson, Julie
- Jerome, Laurence
- Lazosky, Andrea
- Lee, Joanne
- Mclntosh, William
- McKinlay, Duncan
- Mirza, Rida
- Ouellette, Don
- Phoenix, Liz
- Presse, Monique
- Rabenstein, Stephanie
- Ralyea, Evan
- Rodenhurst, Mary
- Short, Judith
- Sigurdson, Craig
- Stare, Liga
- Stewart, Shannon
- Swart, Toni
- Thorpe, Marilyn
- Van Meyel, Rita
- Workman, Allan
- Wojakowski, Krystana
- Zayed, Richard

### Cross-Appointments
- Jaffe, Peter
- Mitchell, Clare

### Adjunct Faculty
- Bilkey, Timothy
- Braimoh, Gani
- Bresett, Alana
- Brisebois, Sharon
- Broadbent, Debra
- Brown, Alan
- Cane, Jessica
- Carter, Jeff
- Chovaz, Cathy

### Developmental Disabilities Division

**Associate Professor & Chair**
- Nicolson, Rob

**Professor Emeritus**
- Goldberg, Ben

**Associate Professors**
- Rao, Jay

### Members of Development Disabilities Research Group (Additional to Faculty)

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

**Associate Professor & Chair**
Mejia, Jose

**Assistant Professor**
Ellis, Jack

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

General Adult Psychiatry Division

**Professor & Chair**
Reiss, Jeffrey

**Professor Emeritus**
Lohrenz, John

**Professors**
Manchanda, Rahul
Norman, Ross

**Associate Professors**
Chamberlain, Charles
Chandarana, Praful
Devarajan, Siva
Harricharan, Rajendra

**Adjunct Faculty**
Brownstone, Desi
Campbell, Neil
Carr, Jason
Egan, Ray
Friesen, Walter
Gupta, Madhulika
Hanna, Ed
Hjertaas, Trevor
Francis, Judith
Jacob-Goldman, Therese

**Associate Professors**
Hocke, Volker
Lefcoe, Daniel
Northcott, Sandra
Robinson, David
Sanjeev, Doraiswamy

**Adjunct Faculty**
Isaac, Isaac
Jacob-Goldman, Therese
Lamoure, Joel
MacDonald, Michael
Mendonca, James
Merskey, Harold

**Assistant Professors**
Barr, Jennifer
Garcia, Carla
Haslam, David

**Adjunct Faculty**
Doering, Michele

Geriatric Psychiatry Division

**Associate Professor & Chair**
Van Bussel, Lisa

**Professor Emeritus**
Harris, David

**Associate Professors**
Doering, Michele

**Adjunct Faculty**
Burhan, Amer
Heisel, Marnin
LaPorte, Noel
Oates, Jennifer
Park, Hae-Ryun
Fisman, Michael
Fogarty, Jennifer
Le Clair, Ken
Trenker, David

Neuropsychiatry Division

**Professor & Chair**
Williamson, Peter

**Cross-Appointments**
Bartha, Rob
Drost, Dick

**Adjunct Faculty**
Gray, John
Hopper, James

2009-2010 Department of Psychiatry Annual Report
### Associate Professors
- Everling, Stefan
- Hampson, Elizabeth
- Menon, Ravi
- Neufeld, Richard
- Theberge, Jean

### Assistant Professors
- Frewen, Paul
- MacDonald, Kathryn
- Mitchell, Derek

#### Social and Rural Psychiatry Division

<table>
<thead>
<tr>
<th>Associate Professor &amp; Chair</th>
<th>Assistant Professors (cont'd)</th>
<th>Cross Appointments</th>
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<tr>
<td>Rudnick, Abraham</td>
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<td>O'Reilly, Richard</td>
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<td>Campbell, Robbie</td>
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<th>Assistant Professors</th>
<th>SWOMEN – Windsor Program</th>
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<tbody>
<tr>
<td>A. Ahmad, Saadia</td>
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<td>E. Catton, Bette</td>
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<td>F. Chandrasena, Ranjith</td>
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<td>L. Handelman, Ken</td>
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<tr>
<td>A. Akhta, Nadeem</td>
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<td>A. Hussey, Linda</td>
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<td>C. Jaychuk, Greg</td>
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<td>D. McAuley, Jeff</td>
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### Department of Psychiatry – Division Awards
#### Academic Year 2009-2010

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<tr>
<th>Awards</th>
<th>Winner</th>
<th>Adjudicator</th>
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<tr>
<td>Star of the Year A. Rudnick</td>
<td>Dept. Chair/Chief</td>
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<tr>
<td>Senior Faculty Award R. Norman</td>
<td>Final Selection Dept. Executives</td>
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<td>Junior Faculty Award A. Ninan</td>
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<td>Paul Patterson Resident Awards Aziz Haque</td>
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<td><strong>Education Awards</strong></td>
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<tr>
<td>UGE-Clerkship Supervisor of the Year Award – Local S. Northcott</td>
<td>R. Harricharan</td>
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<td>UGE-Clerkship Supervisor of the Year Award – Rural G. Guiana/P. Norris</td>
<td>R. Harricharan</td>
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<tr>
<td>UGE-Clerkship Child &amp; Adolescent Supervisor of the Year I. Bourque</td>
<td>R. Harricharan</td>
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<td>UGE-Clerkship Seminar Leader of the Year Award D. Robinson</td>
<td>R. Harricharan</td>
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<td>UGE-Clerkship Resident Teaching Award N. Aleem</td>
<td>R. Harricharan</td>
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<tr>
<td>PGE-Junior Resident of the Year Award Joel Shapiro</td>
<td>M. Doering</td>
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<td>PGE-Senior Resident of the Year Award Rebecca King</td>
<td>M. Doering</td>
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<tr>
<td>Best CME Presentation by a Junior Resident Aziz Haque V. Dua</td>
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<tr>
<td>Best CME Presentation by a Senior Resident Kevin Baird V. Dua</td>
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<tr>
<td>Best CME Presentation by Junior Faculty Joel Lamoure V. Dua</td>
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<tr>
<td>Best CME Presentation by Senior Faculty Ian Nicholson V. Dua</td>
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<tr>
<td>Division Awards – Child &amp; Adolescent Division</td>
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<tr>
<td>Award of Excellence in Postgraduate Teaching</td>
<td>N. Rizvi</td>
<td>M. Steele</td>
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<tr>
<td>Star of the Year Award</td>
<td>T. Doey</td>
<td>M. Steele</td>
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<tr>
<td>Clerkship Student of the Year</td>
<td>Rachel Reardon</td>
<td>M. Steele</td>
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<tr>
<th>Division Awards – Geriatric Division</th>
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<tbody>
<tr>
<td>Excellence in Postgraduate Education</td>
<td>A. Burhan</td>
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<tr>
<td>Dr. David Harris Award</td>
<td>A. Haque</td>
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<tr>
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<tr>
<td>Researcher of the Year</td>
<td>R. Manchanda</td>
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<tr>
<td>Clinician of the Year</td>
<td>S. Northcott</td>
</tr>
<tr>
<td>Undergraduate Educator of the Year</td>
<td>P. Chandarana</td>
</tr>
<tr>
<td>Postgraduate Educator of the Year</td>
<td>D. Robinson</td>
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<tr>
<td>Social &amp; Rural Faculty</td>
<td>Cheryl Forchuk</td>
</tr>
<tr>
<td>Social &amp; Rural Trainee</td>
<td>Priya Subramanian</td>
</tr>
<tr>
<td>Social &amp; Rural Administrative Staff</td>
<td>Anna Domingues</td>
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