Department of Psychiatry

Annual Report
July 1, 2014 – June 30, 2015
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Message from the Chair/Chief

In my year-end report, I will review some of our achievements over the last year in the areas of clinical service, education and research. My report will conclude with some of the plans for the upcoming year. Regarding our clinical services, the Department established “Enhancing Community Collaboration” as a strategic priority in June 2012. Out of the Department’s strategic initiative, Dr. Sarah Jarmain and colleagues developed a Project Management Proposal and working group in conjunction with Thames Valley Family Health Team. The project that was funded by the St. Joseph’s Health Centre Foundation, London, focused on developing strategies to utilize the unspent sessional dollars provided for psychiatric care to family health teams and community agencies in the London area. Arising from this strategic priority, we have initiated a plan for continuing professional development conferences on collaborative care, and Dr. Varinder Dua chaired the planning committee for the first event. The event was held on Wednesday October 7th, 2015 and Dr. Nick Kates, Chair of the Department of Psychiatry, McMaster University, and Dr. Kathy Gillis, Chair of the Department of Psychiatry, University of Ottawa, were the keynote speakers. As a result of this strategic focus, the Department has psychiatrists working collaboratively with the Canadian Mental Health Association Middlesex, the Addiction Services of Thames Valley, the Byron Family Health Team, St. Joseph’s Family Medical Centre, Victoria Family Medical Centre and the Southwest Middlesex Family Health Centre, Mount Brydges, Ontario.

At London Health Sciences Centre, we have been deeply involved in the Mental Health System Design (MHSD) project that has established three primary kaizens to improve effectiveness and efficiencies:

- The Emergency Department Mental Health Integrated Kaizen – This Kaizen was focused on modeling the “front bubble” in the redesigned LHSC Emergency Department.

- Ambulatory Kaizen – This Kaizen was charged with improving referral processes in the urgent and ambulatory care services and increasing ambulatory capacity by removing inefficiencies.

- Inpatient Mental Health Kaizen – This Kaizen was focused on improving rounding on patients on the inpatient service and enhancing the structured patient day for inpatients.

The MHSD Project has led to several notable improvements in the access and flow of Mental Health care pathways. External community partner projects have led to the establishment of Crisis Stabilization Beds that were opened 24/7 in January 2015 by the Canadian Mental Health Association Middlesex. We worked with the Dual Diagnosis sector in our community to facilitate the discharge of five long-stay patients back into the community. Members of our Mental Health Program continue to participate in the development of a Provincial
Bed Board for Mental Health and the Southwest LHIN Level 1 Bed Utilization Memorandum of Understanding. Under Dr. Jeff Reiss’ leadership, LHCS Mental Health Site Chief, we are also a participant in the LHIN 2 P4R committee, the London Middlesex Addictions and Mental Health Network (LMAMHN), and the Association of General Hospital Psychiatric Services.

Our internal projects continue work on the three primary kaizens outlined above; using P4R investment from 2015-6 to support our dedicated psychiatrist in CEPS and in bedding Transitional Case Managers in the ED. Through the integrated leadership, we continue to work on processes to redirect Parkwood Institute patients from presenting to the LHSC ED when in crisis and to develop alternate procedures for these patients to be medically cleared to avoid presentations to the LHSC Emergency Department. In addition, the LHSC leadership is developing a project proposal for an Extended Observation Unit to divert patients from needing an inpatient admission and providing a service to rapidly stabilize and return these patients to the community.

Parkwood Institute Specialized Mental Health Care moved into the new site in November 2014. The former Regional Mental Health Care London had completed the process of divestment of beds with the transfer of 15 beds to the St. Thomas Elgin General Hospital in 2013 and the discharge of over 90 long stay patients back into their communities. This divestment process had been completed with great care and attention; however, the work had consumed the energy and time of the staff and faculty. The move into the new building has allowed for a refocus on the principles of recovery and rehabilitation and the Department’s academic mandate.

In our Undergraduate Education Program, we have seen several new developments. Dr. Sandra Northcott led the UGE program from 2012 until June 2015. During her tenure, Dr. Northcott strengthened the program and her significant contributions were acknowledged with her receiving the Hippocratic Council Clinical Science Teaching Award that was awarded by the graduating class of 2013, Schulich School of Medicine & Dentistry. Dr. Carla Garcia, Clerkship Director, was recognized as the Schulich Educator Award recipient and for excellence in Undergraduate Education in June 2015. In July 2015, Dr. Sreelatha Varapravan was selected as the new UGE Program Director for a five-year term. Other faculty have taken on significant leadership roles in the UGE program including:

- Dr. Vadim Beletsky as the Clerkship Director succeeding Dr. Garcia.
- Dr. Raj Harricharan as the Clerkship Director for the entire Schulich UGE program in April 2015.

The Department has made concerted efforts to attract our undergraduates into Psychiatry and to have them do their training in our Department. To introduce the students to our Department and to members of our faculty, we have
established our “Taste of Psychiatry” evening as a regular event, and we have continued other events such as the “Meet the Professor Program” for the clinical clerks. In the last three years, eight members of the Western University undergraduate medical education program have selected and been accepted into our Residency Program.

Regarding our Postgraduate Program, in July 2014, we underwent an internal review and we received approval, and we are now scheduled for the regular external accreditation in 2018. As a measure of the Program’s success, 17 out of 17 of our Graduating Residents have passed the qualifying examinations over the last three years. In addition, our Program has grown from six positions per year to our current ten positions per year.

In keeping with our strategic plan, we have established a “free-standing” Psychiatric Residency Program in Windsor. The Program is being coordinated by Dr. Brian Burke, the Academic Director in Windsor. To create the Residency Program, Brian Burke has joined the central Resident Training Committee (RTC); a Windsor RTC and subcommittees have been established; various trips to Windsor by Jeff Reiss, Volker Hocke, other RPC portfolio leaders and myself have been completed; a separate Windsor CaRMS process was initiated; a Windsor administrative infrastructure was implemented to support the residency, supervisors and rotations to meet the Royal College requirements for the various core rotations that were put in place; and safety requirements for trainees were reviewed although they already existed based on previous student rotations. We continue our plans to fill the two residency slots per year, and we are currently finalizing our business plan for the long-term sustainability of the Windsor Program.

The Department successfully applied and was granted a Subspeciality Postgraduate Resident Training Program in Child and Adolescent Psychiatry in January 2012 and was one of the first such programs to be approved in Canada. Dr. Patty Hall was named the Program Director, and the Subspecialty Program in Child and Adolescent Psychiatry accepted their first resident in July 2013. Dr. Raymond Egan, our first resident, has completed his residency program and completed his final examination in September 2015. The Program has two residents who started their subspecialty training in 2014. The Program underwent a mandatory internal review that was completed in April 2015, and the Program received full accreditation and will be reviewed in the next regular survey in 2018. Dr. Michele Doering has assumed the position of Program Director for the Geriatric Psychiatry Subspecialty Program. She and members of the Geriatric Division completed and submitted the application for the Subspecialty Residency Program that was given approval in 2014. We anticipate that our first residency candidate will begin training in 2016. Dr. Brian Daly and members of the Forensic Division prepared the subspecialty application for the Forensic Psychiatry Subspecialty, and the application was submitted for approval in June 2014. Dr. Daly was chosen as the first Program Director for the Forensic
Psychiatry Subspecialty Program in 2014. Our application was not approved so we will continue to make improvements and consider our next steps towards creating a subspecialty program in Forensic Psychiatry.

Our Continuing Professional Development Program remains very active and in June 2015, Dr. Dua received the Schulich Continuing Medical Educator Award. In August 2015, Dr. Svetlana Kotin was appointed as the Assistant Director. I instituted a review of the CPD Program with the mandate of developing plans to enhance the coordination across the Department, extend the participation of our CPD activities with relevant stakeholder partners and propose a more sustainable model of high quality CPD for the future. The reviewers will be reporting to the Chair and Executive Committee in 2016.

The Department continues to support the London Psychiatry Review Course. This course prepares graduating residents for their final examination, attracts residents from across Canada and beyond and provides an outstanding learning experience by using many practice OSCE stations. After the death of Dr. Praful Chandarana, the course was renamed in his honor as “The P. Chandarana London Psychiatry Review Course.” The course is now lead by Drs. Carla Garcia and Mark Watling.

Regarding research, the Department has recruited a third new research intensive faculty member Dr. Lena Palaniyappan who joined the faculty at the end of 2015. Dr. Palaniyappan will be a Clinician Researcher, the Medical Director of the Prevention and Early Intervention Program for Psychosis at London Health Sciences Centre, Robarts Scientist with Robarts Imaging, an associate research scientist to the Lawson Health Research Institute and an Associate Professor, Department of Psychiatry. Previously, Dr. Palaniyappan was the Associate Director of the Centre for Translational Neuroimaging in Mental Health at the University of Nottingham, and he has an international reputation for his brain imaging research in schizophrenia and first episode psychosis. Many of our faculty have been successful as Principal Investigators and have been awarded significant peer-reviewed grants. These are listed in our annual research report below.

Plans for 2016

We will be encouraging the recruitment of international residents and fellows to develop an addition source of support for the Department. Our involvement will converge with the Dean’s plan to develop a collaborative relationship between the Royal College of Physicians and Surgeons, middle eastern institutions and the Schulich School of Medicine & Dentistry. The school is exploring how to best support and facilitate recruitment of fellows and residents. The monies accrued from these activities will be used to support the Department’s new educational programs.
Over the next year, we will be working on the Mental Health Program Integration Project under the leadership of Dr. Karima Velji, VP Quality and Patient Safety, and myself. The purpose of this project is to create and implement a single hospital-based governance and management structure that will support the full continuum of hospital-based mental health and addictions services that provide an evidence-based, consistent, integrated, high quality patient experience. The first phase of the project will be completed in the spring of 2016 and will provide a decision about the feasibility and the options for implementation.

We will be initiating a focus on a “Zerosuicide” Quality Assurance Project with the support of The St. Joseph's Health Care Foundation. In this regard, we eventually plan to implement and launch a comprehensive quality assurance approach to the care of suicidal patients “Zerosuicide” in mental health care across the Integrated Mental Health Care Program. The program will run for three-four years and will set an aspiration target of having no suicides among patients cared for within our Integrated Mental Health Care Program. We anticipate that we will be the Canadian leader in implementing a “zerosuicide” quality improvement project. In 2016, our objective is to roll out the program in the ambulatory care program with the Treatment and Rehabilitation Program at Parkwood Institute.

During 2016, the process for my re-appointment as Chair of the Department will be carried out. As part of this process, faculty should anticipate that we will have the opportunity to participate in an external review of the Department. In addition, we will be also refreshing our strategic plan during the first six months of 2016, and the following half-day retreats have been planned for this purpose:

- **Tuesday, March 8**th 2016  1:30 p.m. – 4:30 p.m.
  “Discussion/Renewal of the Strategic Goal: Enhance Community Collaboration”

- **Tuesday, April 19**th 2016  1:30 p.m. – 4:30 p.m.
  “Discussion/Renewal of the Strategic Goal: Be a Leader in Distance Education, fully engaging Windsor and DEN”

- **Tuesday, May 31**st 2016  1:30 p.m. – 4:30 p.m.
  “Discussion/Renewal of the Strategic Goal: Enhance Clinical Research Programs Directly Impacting Patient Care Across the Life Course”

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*Dr. Paul Links*

Chair/Chief, Department of Psychiatry
It is with great pleasure that I report on the activities of the academic Division of Child and Adolescent Psychiatry (DCAP). I will focus on some of the highlights for the past academic year and incorporate reports from our division academic leaders. In an Academic Health Science Centre/Network, which we are, it is difficult to delink academic activity from service delivery as they are so intimately tied together and reciprocally inform each other. While the focus of this annual report is on academic activity, relevant comments will be made to linked service delivery.

One such focus of the past year has been our Dialectical Behaviour Therapy (DBT) initiative. Funded by Children’s Health Foundation (CHF), this includes a clinical development component: DBT Capacity Building in both hospital programs (LHSC Children's and Parkwood Adolescent Mental Health) and community and a research initiative: DBT evaluation study combining LHSC and Parkwood DBT programs, looking at symptom change and functionality. DBT Capacity Building was launched with a 2 day consultation and training workshop in September 2014, led by Drs Laurence Katz and Elizabeth Dexter-Mazza, both certified DBT trainers from Behavioral Tech, Seattle, Washington. Although we had to limit registration to 180 participants, the focus on team rather than individual registration enabled these teams to continue their development after the workshop and for the community teams to have continued access to consultation with the hospital teams creating a community of practice. The community teams include Elgin, Oxford, Essex and Lambton counties.

Another academic and clinically linked initiative is the development of the Brief Adolescent Suicide Ideation Scale (BASIS) which is into the final phase of field testing and cross validation. This too has been funded by CHF and crosses LHSC/Children's and Parkwood Adolescent Mental Health Care Programs.

The Annual April Symposium, "Building Resilience for Children and Families" which took place on April 17th, 2015 at the Four Points by Sheraton was very well attended and evaluated, including Dr. Michael Unger our keynote speaker and other workshop leaders. Thank you to Dr. Naveed Rizvi our CPD director and to Faye Slote our dedicated DCAP administrator and the planning committee for the success of the symposium. Also thank you to Faye and Naveed for the active CPD program throughout the year. This is detailed in the CPD report and catalogue of CDP activities for the past year.
We had our first Royal College Accreditation Review last fall and have received full approval for the CAP Subspecialty program. The next evaluation will be in 2017 in the regular cycle of Royal College accreditation at Western. Thank you to our program director Dr. Patty Hall, Tracy Henebry our program administrator and the Residency Program Committee (RPC) as well as all of our interprofessional teachers and supervisors, for the program success. Congratulations to Dr. Ray Egan who is our first graduate from the CAP Subspecialty program. Dr. Hall details the Postgraduate report below.

Research growth and development is one of our very important strategic directions for the Division and the Department of Psychiatry. At the DCAP retreat this past March, we established that we would add a half hour to our regular DCAP meetings for the organic and intentional fostering of collaborative research between clinical researchers and clinicians with career researchers. We have had two meetings thus far and feel optimistic about the growth of opportunities over time. We also planned the pursuit of a less “painful” method of reporting research activities and building research literacy. To this end, a questionnaire and template has gone out to division members from Jeff Carter and Brenda Davidson to design a user friendly methodology. They will collate the feedback as they develop the new plan.

Our second annual Research half day in November focussed on partnership and collaboration in the Research into development of the ideal model of care for youth transitioning to the young adult service system. The day included many partners as presenters and attendees. Much like the symposium, the feedback was overwhelmingly positive.

Thank you to Jeff Carter, our DCAP Research leader and Brenda Davidson, Research Coordinator, for their spearheading of these initiatives and for their promotion of research development generally. Hold the date for the next Research half day which is confirmed for November 26, 2015 and which will focus on knowledge translation into clinical practice and again include our network partners.

A word about recruitment of child psychiatrists. Our Child and Adolescent Psychiatry resources are akin to a garden with some “planting and growing” our own psychiatrists in our training program, “transplantation" of faculty at different points in the "season" and bringing in new "species" from other geographic regions. With CAP Subspecialty now well established all of our new Child and Adolescent Psychiatry recruits will be required to be certified or be eligible and have intention to complete the Royal College CAP Subspecialty examination. In terms of “transplantation”, Dr. Pamela Horne will be joining the Child and Adolescent Mental Health Care Program at Children's LHSC on
July 1, 2015, and Dr. Ben Loveday is planning to move to community practice this fall, still retaining an adjunct appointment in the Division and Department of Psychiatry. We are currently interviewing applicants for the Parkwood position and advertising for the Vanier position that will be vacated. Thank you to Pam for the work she has done both clinically at Vanier and in developing the education experience for undergraduate and postgraduate students in a way that has made this a desirable and sought after placement. Thank you to Ben for his contributions to interprofessional care development at Parkwood and to his important work in coordinating the undergraduate clerkship Selectives and Seminar series, outlined below in his undergraduate report. Dr. Heidi Haensel will take over the reigns as Undergraduate Coordinator in July 2015. Dr. Horne will continue to coordinate the mandatory training in Child and Adolescent Psychiatry for Paediatric residents and the Paediatric Community Fellowship.

There is an ongoing tension between the heavy clinical demands for all of our services and academic productivity of our psychiatrists as well as other clinicians who contribute so actively to interprofessional teaching and research. Our local experience of these escalating demands is validated by the recent release of a Policy Statement, on May 8, 2015 by a consortium of CIHI – Canadian Institute for Health Information, OHA – Ontario Hospital Association, MHCC – Mental Health Commission of Canada (including the youth council) and CMHO – Children's Mental Health Ontario. They report a 48% increase in Emergency Department visits for children and adolescents, and higher for rural and remote populations. Similarly, there has been a 54% increase in utilization of acute care child and adolescent psychiatry beds for ages 5 to 24 years. This overall increase in rate is the same in Ontario as across the country and contrasts with the use of Pediatric beds for other medical problems which is flat or declining. In parallel, there has been an increase in medication use for the 15 to 24 age group translating to a 23% increase in prescriptions for Mental Health and Addiction Disorders from 2007/2008 to 2013/2014 in this age group, particularly SSRIs and quetiapine for non-psychotic disorders. In other words 1 in 12 youth (all youth) take psychotropic medication (mood/anxiety or antipsychotic medication). This is higher in Aboriginal Youth. The reason for these increases is uncertain. There is no evidence to suggest an increase in prevalence of mental health disorders since 2006. Postulated explanations include improvement in identification, and perhaps, reduction in stigma so that there is more likelihood of presentation for assessment and treatment. There are also reported difficulties in accessing community services. There is optimism that the creation of thirty three lead agencies created by the Ministry of Child and Youth Services, working through collaboration and redesign by local groups will improve access and availability of core community services. A crucial success factor will be our ability to building bridges to create solutions. It is not what services are provided but how they are
integrated and delivered. This is particularly the case in the context of hospital and community services.

Thank you to so many who do contribute to the success of our academic mission. A metric of how well we are doing is the recognition of our division members with awards. This year we did very well as a division at the Department Awards on June 9th. Congratulations to Dr. Patricia Hall and Dr. Aleksandra Nowicki who won the DCAP Awards for Postgraduate and Undergraduate Teaching. Dr. Rob Nicolson received the Department of Psychiatry Research Award and Dr. Javeed Sukhera received the Department Clinical Innovation award for his work with the emergency pathway between pediatric emergency and the community and the Transition Age Youth Program. Tracy Henebry received the Department Administrators Award.

This week Dr. Javeed Sukhera received notification that he was successful in his application for a provincial AMS Phoenix Award and his work as a fellow will focus on destigmatization related to mental health in the emergency room through education and change in workplace culture. Javeed will be our fourth Phoenix fellow at Western and the second Western fellow in mental health, the other being Dr. Lloyd Wylie who is a career researcher in Psychiatry and the School of Public Health and works in the area of cultural competency in Aboriginal mental health services and other diverse populations.

Individual Portfolio Reports follow:

**Dr. Ben Loveday: Undergraduate Medical Education Clerkship**

During the past academic year, the DCAP has continued to offer senior medical students the opportunity to spend two weeks in a clinical rotation with a Child and Adolescent psychiatry service. We also provide high quality elective experiences to both Western students seeking more exposure to child psychiatry, as well as visiting students from other centres. There are ten distinct services in London and one in Windsor that have been available. During rotations, senior medical students participate in mental health assessment interviews, participate in family assessments and meetings, attend group therapy sessions, and attend and participate in interprofessional case conferences or treatment planning sessions. Students are also encouraged to give case presentations to the interprofessional team and to facilitate at least one scholarly discussion about an important clinical aspect of a current case.
Medical students have consistently rated these clinical experiences as "excellent" or better, as we are fortunate to have very enthusiastic physicians and interprofessional staff within the DCAP. Our services hosted over a third of the medical school class.

In addition to clinical exposure to Child and Adolescent psychiatry practise, all senior medical students receive case-based seminars during their clerkship block in the following topics: 1. Interviewing skills particular to the assessment of young people, 2. Anxiety disorders among youth, 3. ADHD and disruptive behavior disorders, 4. Mood disorders, 5. Eating disorders, 6. Developmental disabilities, and 7. Childhood trauma. Our lecturers are consistently rated by students as "excellent" or better.

**Dr. Naveed Rizvi: Tele-Mental Health Service “CPRI Hub”**

Tele-Mental Health Service continue providing clinical consultations, program consultations and education and professional development services for professionals working with children and youths living in rural and underserved communities. Number of referrals to “CPRI Hub” continues to increase. While all publicly funded mental health professionals are now able to make referral for Telemental Health Consultation, most of the referrals for CPRI Hub in the year 2014-2015 were from MCYS Children’s Mental Health Agencies and Family Health Teams.

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<td>Clinical Consults</td>
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<tr>
<td>Program Consults</td>
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<td>Total Completed Services</td>
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Besides the clinical and program consultations, in 2014-2015, CPRI Hub provided 15 educational sessions at the regional as well as provincial level.

“CPRI Hub” maintains collaborative partnerships with Child and Parents Resource Institute (CPRI), Division of Child and Adolescent Psychiatry, Schulich School of Medicine and Dentistry, Western University, London Health Sciences Centre (LHSC), Parkwood Institute - St. Joseph’s Health Care, London and Hôtel-Dieu Grace Hospital in Windsor. CPRI Hub team have established strong collaboration with the Telemental Health Central intake and Coordinating agencies as well as with community providers to facilitate and promote Telemental Health services including access to clinical and program consultation. The team is extremely appreciative of the team of the consultants who continue to provide excellent clinical and program Telemental health consultations.
Residents in Family Medicine, Pediatrics and Psychiatry as well as Child & Adolescent Psychiatry fellows are welcomed to participate in Telepsychiatry consultation at any time during their training. PGY-III Psychiatry residents are required to do one Telepsychiatry consultation during the core child psychiatry rotation.

**Dr. Naveed Rizvi: Continued Professional Development (CPD) Report**

This has been a successful, yet a busy year for DCAP CPD activities. To promote competent inter-professional practices, within the Division as well as with in the community, a wide range of CPD events were offered. The topics addressed not only the clinical child and adolescent psychiatry knowledge gaps, but also provided skill development in, effective leadership as well as personal and professional growth.

While DCAP faculty members and residents presented at the CPD events, nationally and internationally renowned guest speakers were are also invited to present at the 2014-2015 CPD events. The CPD events were regularly attended by division members, allied health professionals, residents, medical and allied health students as well as community partners. Using OTN videoconferencing access to CPD events was provided to community partners including CPRI, Parkwood Institute, and the Children Mental Health Agencies associated with the CPRI Hub of the Tele-Mental Health. Attendees evaluated the CPD events as excellent learning opportunities.

During the year 2014-2015, the Division of Child and Adolescent Psychiatry organized the following CPD events: *(Please see the attached for details).*

1) **Complex Case Rounds (CCRs):** CCRs is an ongoing CPD event held on the 2nd Wednesday of the alternating month. The focus of CCRs is on promoting interdisciplinary strategies and community resources to improve functioning of the children and families presenting with complex mental health issues.

2) **DBT Training and Consultation – Strategies and Approach While Working with Youth and Families”**
   This two day advanced DBT training workshop was provided by Dr. Laurence Katz, MD & Dr. Elizabeth Dexter-Mazza, Psy.D, on September 22 & 23, 2014. With a practical, experiential teaching (role-plays, practice exercises) and case based approach, this interactional workshop provided training in effective use of DBT principles and strategies in individual therapy, consultation team, family therapy and skills groups.
3) On April 17, 2015, the **Child and Adolescent Psychiatry Annual Conference** was held “Community Collaboration-Promoting Resilience in at Risk Youths and Families”. This full day conference was an excellent example of inter-professional collaboration and partnership with community providers to promoting resilience in young people and their families facing complex challenges. Workshops and seminar were provided to identify practical application of strengths-based interventions sensitive to young people's cultural and contextual differences. Guest speaker was Dr. Michael Ungar, Ph.D., while Dr. Rob Nicolson, FRCPC, Dr. Susan Rodger, PhD., C.Psych. Dr. Alan Leschied, PhD., C.Psych., Kathryn Lambert, MSW, Tina Diamond, MSW & Joelene Bamford, MSW also presented the workshops at the annual conference. A very positive feedback was received from the attendees.

4) **Monthly Child and Adolescent Psychiatry Residents Rounds** on 3rd Thursday of the month. DCAP collaborates with the Department of Psychiatry CPD Committee to organize Child and Adolescent Psychiatry Resident Rounds on a monthly basis. Psychiatry residents presented a wide variety of child and adolescent topics.

5) **DCAP Research and CPD activities:**
   a. The Division of Child and Adolescent Psychiatry Research Half Day was held on November 7, 2015. Keynote Speaker was Dr. Simon Davidson and presented on "Developing Transitional Mental Health and Addictions Services for Youth and Emerging Adults". Local speaker was Dr. Javeed Sukhera who presented on "Planting seeds and building bridges: an update on transition age services in Southwestern Ontario".
   
   b. Division of Child and Adolescent Psychiatry Retreat. March 5, 2015.

6) **Upcoming Events**
   a. Division of Child and Adolescent Psychiatry Annual CPD Grand Rounds will be held on June 11, 2015. Guest Speaker will be Kathleen Pajer, FRCPC and will present on “Getting Things Right for Children and Youth with Mental Illness”.
   
   b. Division of Child and Adolescent Psychiatry Annual Meeting will be held on June 18, 2015. Guest Speaker will be Victoria Siu, FRCPC presenting on “Genetic Testing: Role in children’s mental health”.

We would like to thank Dr. Sandra Fisman, Chair of the Division of Child and Adolescent Psychiatry, members of the various CPD events planning Committees and Faye Slote for their ongoing support in organizing DCAP CPD events.
Dr. Patricia Hall: Postgraduate Education Child and Adolescent Psychiatry

With the arrival of Summer, I would like to express my gratitude to all the individuals who have participated in postgraduate education over the academic year. Thank you to all interprofessional staff for participating in teaching. It has been a busy year with Child and Adolescent Psychiatry lectures being provided for the PGY-1, PGY-3 and for the subspecialty program. The success of the academic curriculum over the past year was in part due to the excellent administrative support of Faye Slote, Carissa Peterson, Eva Adams, Suzy Mendes and Tracy Henebry. Clinically, there has been an increasing demand for rotations. I would like to thank Tracy Henebry for her efforts in maintaining the clinical rotation schedule.

I would also like to thank the residents for their hard work in providing an excellent year of Child and Adolescent Rounds.

The Postgraduate Education Committee in Child and Adolescent Psychiatry would like to congratulate Dr. Ray Egan for his successful completion of subspecialty residency training in Child and Adolescent Psychiatry. Dr. Egan is one of the first in Canada to graduate from subspecialty program in Canada. We wish Dr. Egan the best of luck on his exam in the fall of 2015. Dr. Egan also successfully presented his research at Journal Club in June entitled “Is change in symptomatology associated with change in function in adolescents who have received intensive DBT treatment?” Dr. Joy Abramson will be entering the second year of training in the subspecialty program starting July 1, 2014. We would like to congratulate Dr. Abramson for successfully completing her general psychiatry training and for passing her Royal College exam in Psychiatry.

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

I would like to take this opportunity to update the department on the membership of the CAP Resident Program Committee (RPC): Dr. Sarah Armstrong, Psychotherapy
Coordinator; Dr. Jeff Carter, Research Director; Dr. Javeed Sukhera, Curriculum Coordinator and LHSC Site Representative; Dr. Ben Loveday, RMHC Site representative; Dr. Sohail Makhdoom CPRI Site representative; Dr. Pamela Horne, Evaluations Coordinator, Vanier Children’s Services Representative and Safety Committee Representative; Dr. Yousha Mirza, Windsor Site Representative; and Dr. Sandra Fisman CAP Division Chair; Dr. Patricia Hall, Program Director; Ms. Tracy Henebry, Program Administrator. The RPC has been busy over the past year preparing for our internal review. Thank you to all faculty who have provided their time and expertise preparing the presurvey questionnaire for the Royal College. This review resulted in the status of “Accredited Program with follow up by Next Regular Survey” (i.e. full approval).

I would like to personally congratulate Tracy Henebry for winning the Department of Psychiatry Administrative Award for her instrumental role in the internal review and maintenance of our program.

As a reminder, Applications for July 2016 are due in September, 2015. Please refer to the department website for more information in regards to application requirements. For any questions concerning the subspecialty program, please contact Dr. Patricia Hall, Program Director, or Tracy Henebry, Program Administrator. Also, please be advised that information about the subspecialty program and other agenda items of the RPC is shared at CAP division meetings, CAP advisory meetings, Department of Psychiatry advisory committee meetings and departmental newsletters. If more specific information is required or if there are any questions please feel free to contact CAP postgraduate education office.

**Dr. Jeff Carter: Research**

The profile of research within the Division continues to grow. Developing research capacity was an important theme in the Child and Adolescent Psychiatry Half Day Retreat on March 5, 2015. I would like to thank Dr. Paul Links for his support of research initiatives. I would also like to thank Faye Slote and Brenda Davidson for all of their administrative and organizing work for research within the Division. We are continuing to align our annual reporting with Department reporting to reduce the administrative burden on researchers, and we are developing systems to help researchers coordinate their efforts and provide residents with current information about potential research opportunities. For example, the standing item regarding Research at the Division Psychiatrists’ meeting has been expanded, and we are working on how to best use this time.
Last year, the Division successfully held the Second Annual Research Half Day on November 7, 2013. The theme was “Transitions,” and Dr. Simon Davidson from the Children’s Hospital of Eastern Ontario provided the keynote address, “Developing Transitional Mental Health and Addictions Services Youth and Emerging Adults.” Dr. Javeed Sukhera presented on, “Planting seeds and building bridges: an update on transition age services in Southwestern Ontario.” We have even more posters than the previous year (14 instead of 9), and the award went to Dr. Elizabeth Osuch and her colleagues for, “Treatment Effectiveness of an Early Identification and Intervention Program for Mood and Anxiety Disorders in Transition-age Youth.”

This year, the Third Annual Research Half Day will be held the morning of Thursday November 26, 2015. Dr. Mario Cappelli from the Children’s Hospital of Eastern Ontario and our own Dr. Elizabeth Osuch will be presenting. The call for posters will come out over the summer.

The Journal Club had a couple of excellent presentations. In October, Dr. Sandra Fisman spoke on childhood bullying and its connection to self-harm in late adolescence. Dr. Colin King from the Thames Valley District School Board presented on the “The Science of the Individual” in February. In June, Dr. Ray Egan will be presenting related to his residency research project. A schedule for next year will be developed over the summer.

Best wishes to all for an energizing and restorative summer and we look forward to another successful academic year for 2015/16.

Sandra Fisman
Chair, Division of Child and Adolescent Psychiatry
DCAP CONTINUING PROFESSIONAL DEVELOPMENT – 2014/2015

Complex Case Rounds:

July 9, 2014 - Dr. Javeed Sukhera, “Subjectivity in Psychiatric Diagnosis: Psychosis versus Schizotypal Personality”.

November 12, 2014 - Dr. Sandra Fisman, Patrizia Travis & Colleen Howard, "It Can Take a Village…".

January 14, 2015 - Stephanie Rabenstein & Dr. Michelle Ngo, "....She's the kid that lived!": A family systems perspective on a family who has survived the suicide death of a child/sibling.

March 11, 2015 - Laura Reid, “Seven Year Old Boy in Intensive Milieu”.

May 13, 2015 - Dr. Simran Ahluwalia & Dr. Craig Ross, “Fitting a Square Peg in a Round Hole” – Lessons learned from a complex case (is it ASD? ID? ADHD? LD? Anxiety….).

Monthly Child and Adolescent Psychiatry Journal Club:

October 8, 2014 - Dr. Sandra Fisman, “Being Bullied During Childhood and the Prospective Pathways to Self-Harm in Late Adolescence”.


Monthly Child and Adolescent Psychiatry Residents Rounds:

September 18, 2014 - Dr. Joy Abramson, “Psychosocial interventions for ADHD”.

October 16, 2014 - Dr. Craig Stewart, “Waking Up is Hard To Do: Circadian Rhythm Sleep-Wake Disorders”.

November 20, 2014 - Dr. Nolan HopWo, “Attachment and Adoption”.

December 18, 2014 - Dr. Lauren Mussen, “Mothers and Daughters: examining attachment in patients with Anorexia Nervosa”.

January 15, 2015 - Dr. Priya Sharma, “Bipolar Disorder in Youth: Examining Controversy and Current Evidence”.


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April 16, 2015 - Dr. Pramudith Manujaya Maldeniya, “Factitious Disorders: Diagnostic, Management and Treatment considerations”.

Dr. Laurence Katz, MD & Dr. Elizabeth Dexter-Mazza, Psy.D.

**Division of Child and Adolescent Psychiatry Research Half Day** November 7, 2014

Keynote Speaker: Dr. Simon Davidson, “Developing Transitional Mental Health and Addictions Services for Youth and Emerging Adults”.

Local Presentation: Dr. Javeed Sukhera, "Planting seeds and building bridges: an update on transition age services in Southwestern Ontario".

**Division of Child and Adolescent Psychiatry Retreat** (Parkwood Institute- Mental Health Care Building, 2:00pm – 4:30pm) - March 5, 2015.

**Child and Adolescent Psychiatry Annual Conference**, April 17, 2015.
“Community Collaboration- Promoting Resilience in at Risk Youths and Families”

**Workshops:**

“Tough Conversations: Nurturing Resilience when Young People’s Problems are Very Complex ”. Dr. Michael Ungar, Ph.D.

“Consideration of Resilience and Family Factors in the Treatment of Children with Developmental Disabilities”. Rob Nicolson, FRCPC, Schulich School of Medicine & Dentistry, Western University.


“Supporting the Mental Health Needs of Students: Resilience Approaches in the School”. Dr. Susan Rodger, PhD., C.Psych. & Dr. Alan Leschied, PhD., C.Psych. Faculty of Education, Western University.

**Upcoming Events**

**Division of Child and Adolescent Psychiatry CPD Grand Rounds** (LHSC-VH C300, 8:30 – 10:30am)- June 11, 2015. Dr. Kathleen Pajer, “Getting Things Right for Children and Youth with Mental Illness”.

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Division of Child and Adolescent Psychiatry Annual Meeting (Best Western, 4:30 – 7:00pm) – June 18, 2015. Dr. Victoria Siu, “Genetic Testing: Role in children’s mental health”.

Developmental Disabilities Division (DDD)

History

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

Division Leadership

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

The DDD Advisory Board has representation from community service agencies, the college and university, school board and the Ontario Ministry of Community and Social Services. The board meets twice a year and advises the leadership of the division on potential areas of relevance to the DDD. Dr. Paul Links chairs this board.

Education

Educating physicians regarding developmental disabilities has been the division’s greatest priority. We continue to enhance the educational opportunities for physicians and allied professionals in developmental disabilities. The educational opportunities at all three levels (undergraduate, postgraduate, and continuing medical education) are unique across Canada and places the DDD on the vanguard of medical education at a national level regarding developmental disabilities.

In order to foster an interest in patients with developmental disabilities, the division continues to offer The Dr. Greta Toni Swart Essay Award in IDD annually in the amount of $1,000 to a medical student or resident at Western University who submits the best essay on developmental disabilities. This year the award winner is Oonagh Scallan, a third year medical student.

Many undergraduate students complete a two week rotation in developmental disabilities, either at CPRI or at Parkwood Institute during their clerkship. A lecture on developmental disabilities is also included in the child psychiatry lectures for third year clerks.

All psychiatry residents are now required to spend at least 2 weeks in the third year on a rotation devoted to developmental disabilities. Further, members of the division provide
lectures for psychiatry, pediatrics, and family medicine residents. The number of psychiatry residents requesting longer rotations in developmental disabilities continues to increase, a strong indicator of the quality of the teaching provided and the increasing recognition of the importance of developmental disabilities in psychiatric practice.

A master’s degree program in Applied Behavioural Analysis has been established in the Faculty of Education with the assistance and direction of members of the DDD. This is one of a very small number of such programs in Canada.

On April 22, 2015, the 13th Annual Developmental Disabilities’ Spring CPD afternoon was held at Windermere Manor with presentations by local faculty as follows: Dr. Pamela Frid, Associate Professor, Department of Paediatrics, and Medical Director, Thames Valley Children's Centre on “Issues related to the Assessment of the Child with Suspected Developmental Delay;” Dr. Simon Levin, Education Director, Paediatric Neurology, Department of Paediatrics, and Children's Hospital, LHSC on “The Treatment of Seizures in Children;” and Dr. Craig Campbell, Associate Professor, Department of Paediatrics - Head, Neurology, and Children’s Hospital, LHSC on: “Assessment and Treatment of Cerebral Palsy in Children.”

Every September, the DDD hosts the Department of Psychiatry’s Continuing Professional Development morning rounds. In 2014, Dr. David Wright, Professor of History, Canada Research Chair in the History of Health Policy, Institute of Health and Social Policy, McGill University, presented “Down Syndrome - History of a Disability.”

Drs. Nicolson, Rao, and Gillis continue to provide presentations to professional, community and advocacy groups.

The Division continues to meet the goal of increased education in developmental disabilities for professionals and advocates, and this strength has been recognized by individuals and organizations nationally. The DDD is a national leader in education on developmental disabilities for physicians and health professionals.

Research

Members of the DDD are involved in a number of research projects ranging from studies looking at genetics and brain imaging through clinical trials. These projects are “bench to bedside” in the true sense of the word. Currently, members of the DDD have received grants totaling over $20 million. In the coming years, we plan to shift the emphasis more towards research in order to enhance the visibility of developmental disabilities and the DDD at Western and across the country.

The Annual Dr. Benjamin Goldberg Research Award is intended to provide seed money in grants of $500 to $3,000 to students registered at a community college or university in southwestern Ontario who seek to gain a better understanding of the health and mental health conditions of people living with intellectual and developmental disabilities and/or conducting research of relevance to the field of intellectual and
developmental disabilities, thereby, helping to improve the lives of individuals with this condition.

This year’s winner, Vanessa Cox, PhD student in Health and Rehabilitation Sciences (health promotion field) at Western will receive $2,240 in funding for her project: "Exploring the development of independence, sexuality, and social relationships among adults with Down syndrome in London, Ontario." The abstract is as follows:

This critically informed qualitative research study will explore how adults with Down syndrome exercise independence in the development and negotiation of socio-sexual relationships, namely friendships and intimate relationships. These issues will be examined within the context of institutional care environments and/or caregivers, who exercise significant control over many aspects of their lives and whose influence may present challenges to the relationship formation of these adults. The following questions have been designed to achieve this research aim: 1) What role does the issue of independence play in the development of socio-sexual relationships among adults with Down syndrome? 2) To what (if any) extent do caregivers and others in the social/care environment create barriers in the development of these socio-sexual relationships? 3) How do these experiences with and potential challenges related to relationship formation affect the social and sexual health of adults with Down syndrome?

The C. Kingsley Allison Research Award is open to any student (undergraduate or graduate), faculty member or employee of the Western University community. Applications are also invited from non-Western University persons working with agencies in the London region providing services to people with intellectual and developmental disabilities and their families. In this latter case, a member of the Western University faculty must be listed as a co-investigator and the coordinator of the DDD will facilitate this if necessary. Applications from all departments of the university will be accepted, without preference to any department, school, or faculty within Western University. Value of an award may range up to $9,000, with the actual value of each award being determined by the number of funded proposals and the quality of each proposal. The awards are not limited in scope – rather they are for any and all research projects which are of relevance to the understanding of the causes, diagnosis, and treatment of intellectual and developmental disabilities. For more information, contact ddd@uwo.ca.

Summary
Interest in developmental disabilities, both academically and educationally, continues to grow at Western. We continue to enhance the visibility and importance of intellectual and developmental disabilities education and research at the university and within Ontario, and to solidify the role of the Division of Developmental Disabilities as a national leader in education and research.

Rob Nicolson, MD
Chair, Developmental Disabilities Division
Division of Forensic Psychiatry

A full report from the Division of Forensic Psychiatry is not available at this time because of the many changes that the program is undergoing currently. The program has gone through a series of changes since the resignation of Dr. Craig Beach in September 2015. The following steps have been taken to stabilize and move the Division forward:

1. Dr. Arun Prakash has assumed the role of Physician Leader, Southwest Centre for Forensic Mental Health Care

2. Dr. Gary Chaimowitz, Head of Service, Forensics, St. Joseph's Healthcare, Hamilton Ontario has been engaged to provide expert input into our current program and our plans for the future.

3. We have begun a search for the next Chair of the Division of Forensic Psychiatry and we are interviewing the first candidate at the end of October.

4. We have asked Dr. Brian Daly to continue in his role as Postgraduate Director, Forensic Psychiatry Subspecialty Program as we review and evaluate our next steps regarding re-applying with the Royal College (see the Department of Psychiatry Self-Evaluation for further details).

Dr. Paul Links
Chair/Chief, Department of Psychiatry
Division of General Adult Psychiatry

Overview

The Division of General Adult Psychiatry (DGAP) presently is primarily based out of the London Health Sciences Centre (LHSC), is the academic home of acute care psychiatry, and to an increasing extent involved in continuing mental health care, spanning a broad range of services, as described later in this report. The primary clinical catchment area for the divisional activities presently aligns with the LHSC mandate, i.e. the London-Middlesex area, though we have expanded regional mandates in several areas.

While this report will cover the activities of the Division over the 2014-2015 academic year, a most welcome and exciting development is expected to take place early in the 2015-2016 year. Although the DGAP is already the largest division in the Department, there are plans for it to expand considerably in scope and membership. We look forward to welcoming our colleagues from St. Joseph’s Health Care London into the DGAP, bringing together all the Adult psychiatrists into a single Division. There will be many academic advantages of linking the clinicians from the acute mental health care system with those primarily involved with those providing tertiary-rehabilitative care, not the least of which relating to the transition of patients moving between the two hospital streams. Clinical system-level research will be enabled, as well as new opportunities to establish more comprehensive specifically focused academic subgroups and collaborations within the broad world of adult psychiatry.

The DGAP has 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 producing competent general psychiatrists.

2014/2015 was a very productive academic year for the Division. DGAP faculty organizes and delivers much of the Department’s undergraduate, postgraduate, and continuing medical education/continuing professional development. For the first year after his untimely passing, Dr. Praful Chandarana’s nationally acclaimed UWO Psychiatry Exam Preparation Course (now named after him in his honour) continued on, skillfully coordinated by DGAP members Dr. Carla Garcia and Dr. Mark Watling. Another highlight occurred later in the spring, when the Division hosted the very well received CPD event on the evolution of antipsychotic medications and dosing over the years presented by our Visiting Professor, Dr. Gary Remington from the University of Toronto. One of the largest educational projects we have been working on for several years came to fruition at the end of the academic year. After a successful CaRMS match in the winter, two PGY-1 residents were accepted into our new General Psychiatry residency program located in Windsor, effective July 1, 2015. Establishing a new freestanding residency program is a major endeavour, and I’d like to especially acknowledge the work of three individuals in particular, while simultaneously acknowledging that the task was the result of the work of many. Dr. Brian Burke is the Winsor program PGME Director, who needed to quickly bring himself up to speed on the intricacies of managing a residency program. Fortunately, he had Dr. Pat Montaleone to assist him. Pat is a senior resident, who while presently in the London program, is a native of Windsor and doing much of his senior rotations in Windsor. He intends to practice in Windsor after the completion of his residency. Lastly, Dr. Volker Hocke, our London based PGME Director and his team, spent many hours working with
Dr. Burke and the Windsor contingent assisting them in the many requirements set out by the Royal College.

Details of the DGAPs multiple contributions to the Department’s research productivity can be found in the research section of this annual report. The DGAP continues to maintain strong collaborations with our Neuropsychiatry Division regarding brain imaging studies, particularly with the following clinical services: PEPP – Schizophrenia, FEMAP – Mood and Anxiety Disorders, and Traumatic Stress Service – PTSD. The PEPP and FEMAP services as well are at the forefront of producing high impact clinical outcomes and health services research. Health systems research additionally is exemplified in how the Division continues to be very active in SMART e-health technology research, evaluating new care models, suicide prevention, and global mental health strategies. Psychopharmacological research remains an important part of the DGAP’s mandate, with researchers actively spanning the range from the provincial population level (ICES) to the individual genome. A new initiative undertaken in the academic year was the targeted invitation and fostering of collaborations with basic scientists and cross-appointed scientists within our Department with clinicians and clinician-researchers within our Division. In addition to catalyzing research productivity, we hope to bridge the gap perceived in our Department between full-time researchers and clinicians, as well as to be more inclusive towards our basic scientists into the Departmental fabric.

Clinical demands have remained intense over the academic year, with insufficient access to inpatient beds causing intense downstream pressures on most other areas of the program from ambulatory services, Consultation-Liaison Service (CL), and of course our Centralized Emergency Psychiatry Service (CEPS) and the Emergency Department. In addition to adopting a number of innovative approaches to tackle this problem, we embarked in the Mental Health System Design (MHSD) project, based on the Toyota Production Stream (TPS) process. Our initial kaizens, or projects, were focused on the emergency department (ED), our inpatient unit, and our ambulatory care system. Most of the subprojects related to the ED involved how we would support the “Front Bubble” concept of seeing patients more rapidly upon presentation to the ED, as well as developing care pathways with our ED colleagues. We continue to be engaged in the work of the middle and back bubbles, where we need to spend more time assessing and/or looking after admitted patients. Most of our inpatient work has involved enabling more of a consistent multidisciplinary team-based approach. There have been several subprojects in the ambulatory care area, including developing more efficient access from the ED to our Urgent Care Service, developing processes for more timely and appropriate access to group psychotherapies, and streamlining our referral processes from primary care physicians. In terms of major endeavours for the upcoming year in relation to the clinical realm, we plan to be more involved in the provincial quality-based procedures (QBP) development as well as furthering our own internal quality and outcome indicators assessments. Somewhat related to my earlier comments about the anticipated expansion of the academic DGAP to include the psychiatrists at SJHC, on the clinical front, we expect to be engaged in planned discussions on the greater harmonization of the two hospital care systems in London.

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

Adult Eating Disorder Program

The Adult Eating Disorders Service (AEDS) is a community based program. This service has been developed to meet the needs of adults who require treatment for anorexia nervosa, bulimia nervosa, and eating disorders not otherwise specified. We offer a wide range of programming which reflects the diversity of our patients’ needs.

Services provided:
Assessment and Consultation: After a referral has been received, an assessment and consultation is then provided by members of our clinical team to help determine an appropriate care plan.

Psychoeducation Group: This group takes place once weekly for four weeks. It is tailored to provide support and education to the patient and others who will play an important role in recovery, including family members and friends. Information is presented about the nature and consequences of eating disorders as well as the process of normalized eating and recovery. These groups are primarily educational.

Day Treatment Service (DTS): The DTS involves intensive group based treatment for those who suffer from serious eating disorders. Those attending the DTS will work with a multidisciplinary team and participate in a wide range of group programming. The aim of treatment is to normalize eating and activity levels, facilitate weight restoration as needed, and increase participants’ quality of life.

Residential Treatment: This service allows individuals to participate in treatment for their eating disorder while living in a staffed, supportive environment.

A most exciting development is the purchase of the Bethesda House from the Salvation Army. This acquisition of the Riverview site will allow our entire program to be located at one site, including our residential beds. Renovations are underway to ensure that this facility provides state-of-the-art eating disorder treatment. It is anticipated that we will move in early 2016.

After providing leadership to the Program since its inception as its Physician Leader, Dr. Valerie Kaye has moved on to other opportunities elsewhere, and we wish her well. We welcome Dr. Robbie Campbell who will be the incoming Physician Leader of the AEDS. Dr. Campbell has a long distinguished track record of service and advocacy for Eating Disorders.

Centralized Emergency Psychiatry Service (CEPS) - Dr. Viraj Mehta

The CEPS team is an interdisciplinary team comprised of a variety of health care practitioners working together to provide emergency psychiatry to the London community. The weekday team includes psychiatric nurse case managers, psychiatrists, and a social worker. Outside of day-time hours it is residents, medical students, and on-call psychiatry staff providing additional support. The last year has seen successful integration of a number of community initiatives from the Canadian Mental Health Association and Addiction Services of Thames Valley (ADSTV), and progress towards better integration with the ER at large continues to be made. In the next year the team is moving forward with further integration with the ER and a
Nurse Practitioner program through ADSTV to help those with addictions access primary care if they have none. Additionally, our hope is to see an improvement in short-term care provision to reduce overall admission and readmission rates. Our long-term goals include better diversion of referrals that are more suited to outpatient services, redesign of the educational portion of the service, and exploring cross-departmental research opportunities.

Consultation-Liaison Service - Dr. Jennifer Barr

Consultation-Liaison Psychiatry is a specialized service that deals with the overlap of physical health and mental health care issues. The primary mandate is to provide timely psychiatric consultation to adult patients admitted to medical/surgical units at the University Hospital and Victoria Hospital sites. Accomplishments in the last year include: Mental Health Act education to non-psychiatric colleagues, enhanced educational opportunities for off-service residents, fellows, and elective medical students through rotation development. We would like to welcome Drs. Mak and Kumar, as well as Miranda Keay (RN) to our team in 2015.

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

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

Clinical:

FEMAP clinicians conducted 2898 patient visits, and saw 212 new patients from July 2014 to June 2015.

Academic activities and goals:

- Functional brain imaging into the pathophysiology of mood disorders, marijuana use, and other aspects involving the neurocircuitry of reward-processing.

- Analyze and publish findings on treatment effectiveness and cost comparisons of FEMAP treatment model.

- Carry out a short-term cost-effectiveness study and long-term clinical and cost effectiveness studies of FEMAP treatment model.

- Analyze and publish evaluations of individual aspects of treatment at FEMAP such as the young women’s stabilization group.

- Collaborative research related to the neurocircuitry of reward-processing and cannabis use in youth (Steve Laviolette).
- Expand on collaborative research related to using brain imaging and machine learning to differentiate unipolar depression from bipolar disorder (Vince Calhoun) by involving local expert in this area (Mark Daley).

- Work with stakeholders (Hospital, Ministries, Foundations) to implement beta-test hub for treatment of transition aged youth in London.

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

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

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

Physicians provide consultation and follow-up service, as needed, covering a wide range of diagnostic entities. ECT assessment and treatment are also provided. Urgent Consultation service (UCS) is also now a part of GAAMHS, which provides a timely response to patients in need of urgent ambulatory mental health assessment. Physicians work together with nurse case managers, seeing all new urgent referrals within 72 hours of notification. Similarly, the Traumatic Stress Service (TSS) has been incorporated into GAAMHS in a formal manner. TSS provides services 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.

In the last year (June 30, 2014 to June 30, 2015), physicians provided psychiatric care to about 12,000 patients and clinicians saw about 25,000 patients under GAAMHS.

Some of the achievements made in the last year are as follows. UCS replaced the direct booking of consults from the ER with telephone screens, and this has remarkably reduced the no show rate from 62% to 8% and has improved continuity of care of patients with their own psychiatrists at LHSC. This has led to increased availability of time for additional follow-up visits in UCS for those needing it. In addition, several changes have been made in the structure and process of delivery of the group therapies under GAAMHS in recent months, in order to cut down the no show rates and the waiting periods.
Goals for the upcoming year:

1. Implementation of a harmonized referral stream (triage/sort meeting) and new referral form for psychotherapies offered by clinicians that would include all referrals previously intended for DBT, CBT, Trauma, and expedited or special requests (e.g., for individual therapy). This is intended to help a number of issues (e.g., reduce duplicate referrals, ensure appropriate matches between client needs and available services, allow for inter-team clinical decision making and support, reduce wait times and increase therapy team and physician communication, and allow for equitable triage of expedited/special requests). It should also allow for better connection with and use of community resources.

2. More effective community links. It is hoped that the above will lead to efficient referrals to the community in cases when GAAMHS clinicians are not best suited to provide treatment (e.g., more chronic cases or needs that can’t be addressed). It is hoped that the community representatives will be available at the triage/sort meetings (e.g., CMHA).

3. Utilizing resources within the urgent consultation service to support referrals of patients from CEPS and the Consult Liaison Psychiatry service, who are suitable for psychotherapies provided by GAAMHS programs as well as for improved filtering of referrals to TTW from UCS with the hope of assisting in reducing non-compliance rates.

4. Rolling out of the new referral form for coordinated intake for more efficient triaging and linkage between the community and GAAMHS.

Long term goals:

1. Implementation of Quality Assurance indicators in the form of a feedback questionnaire completed by patients and/or their families based on their experience of quality of service delivered by GAAMHS.

2. Utilization of sessional dollars to provide community based care by psychiatrists, in order to improve the flow of patients from GAAMHS physicians to the community.

3. Organizing a CME day for primary care physicians to improve ties and making them aware of the services provided by GAAMHS, as well as an update on the new referral form for coordinated intake.

4. Updating the website for GAAMHS once all the processes are in place.

Inpatient Services - Dr. Volker Hocke

Crisis and short-term inpatient treatment for adults is the focus of this service of 74 beds located at Victoria Hospital B-Tower Level 7. 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 behavior, 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.

According to Service Leader, Dr. Volker Hocke, during the 2014-2015 year the process of implementing more therapeutic options continued with differentiating the contents of the groups and adding a patient handbook. Information groups about community resources with representatives from the agencies take place on a monthly basis; groups about emotion regulation, depression management, and relaxation are also very well regarded by patients and treatment teams. This last year a strong emphasis was put on developing a new team structure. The goal is to improve the consistency of having the same team members working together. Rounding with the team was introduced during this year.

In collaboration with CMHA we now have addiction transitional case managers in addition to the transitional case managers (TCMs) available. This new project has been a great success and is highly appreciated by patients, treatment teams and families. In turn, these same TCMs are part of a larger project funded by the Council of Academic Hospitals of Ontario (CAHO), Adopting Research to Improve Care (ARTIC) Program, entitled “Implementing the Transitional Discharge Model”, which also incorporates peer-support workers.

The HUGO (Healthcare Undergoing Optimization – electronic health record system) project has been implemented and continues to improve our documentation system to a new level. The system change had a deep impact on our charting system. Necessary steps of adaptations are still in progress and will take a longer period of time.

The inpatient unit is chronically challenged with high patient volumes and high admission rates. A major focus of the program is on improving patient flow, access and facilitating discharge. Additional surge space was built into the inpatient unit and is now providing 74 beds plus 6 surge unit beds.

**PEPP (Prevention & Early Intervention Program for Psychoses) – Dr. Raj Harricharan**

It has been an exciting and challenging year for PEPP. We have had many changes with Dr. Manchanda our director and Lori Hassal our coordinator leaving. We have also welcomed a number of new staff: Dr. Priya Subramanian replacing Dr. Sandra Northcott, Karen McCauley (NCM) replacing Dan Robinson, Jill Francis (NCM) replacing Tracey Melville, Heather Campbell (RN) replacing Cheryl Taylor, Erica Jovicieich (SW) replacing Lynette Heywood and Ashley Cochrane (SW) replacing Heidi Braaksma. Heidi joined PEPP permanently in April 2015 as the coordinator of PEPP, FEMAP and GMHP.

In June, Dr. Arlene MacDougall, MD, MSc and Dr. Jason Carr began a study, mindfulness-based group therapy for treating psychosis. The group includes twelve 1-hour mindfulness-based group sessions at PEPP and is done in collaboration with Mindfulness without Borders. Current research activities include:

1. A project evaluating the benefits of mindfulness training for patients in Early Intervention for Psychosis Program (PEPP).

2. A study of the course of negative symptoms over the first five years of treatment. We have developed and are analyzing a unique database which allows us to trace on a
weekly basis the course of separate aspects of negative symptoms – reduced expressiveness and reduced motivation/asociality and their relationship to other symptoms and clinical characteristics. The issue of negative symptoms is one of the most challenging in the field of psychotic disorders and this data should allow us to make a significant contribution to understanding the role of biological and psychosocial factors in determining their occurrence and course.

3. We are carrying out a ten year follow up of patients treated within PEPP. Such a long term outcome of patients in early interventions programs is rare. A primary objective is the better understanding of the factors that influence recovery from psychotic disorders.

4. A cross sectional study of predictors of negative symptoms in a large sample of first episode psychosis patients.

5. A project on the use of participatory video as a means of improving insight and recovery in early psychosis.

6. In collaboration with members of the Department of Psychology at Western, we are evaluating various approaches to stigma reduction using informational and values based approaches.

7. In May, Heather Campbell attended a Canadian Satellite Symposium on ‘Keeping the Body in Mind, in Youth with Psychosis’ - Improving Health Outcomes in Youth with First Episode Psychosis. This provided Heather with an opportunity to interact with world-renowned experts on managing weight gain, metabolic syndrome and diabetes in persons receiving early psychosis intervention (EPI). Heather presented her learning from the symposia to the PEPP staff and physicians.

All PEPP staff are trained in ACN (Advanced Clinical Notes) in preparation for our move to Bethesda.

PEPP has a small committee, including client and family participation to redevelop our external website. We are in the final stages of this project and our goal is to have the website up by the end of this year.

Heidi has joined EPION and we also have a client participating on this committee. The client has developed a proposal entitled “Ontario Recovery Fund” which EPION will be endorsing with the goal of presenting to the ministry.

We held our biennial Creative Minds Art Show at the Art Project in November 2014. The Art show was an excellent opportunity to showcase the talents of our clients and support recovery through the arts.

Clinically, PEPP reviews a busy active service. We screened about 160 referrals to the program and admitted 75 new patients into the program in 2014.

PEPP continues to be innovative in providing opportunities for clients to become connected to the community, some examples are: education, volunteer and vocational opportunities, Mental Health Run, London Majors Games, partnership with ECO PARK and Easter Seals Power Play.
tournament. We are also hoping to begin using the gymnasium at Parkwood Institute to further enhance engagement through activity, assessment and addressing metabolic syndrome through healthy living. At present, we are waiting for Parkwood Institute to get back to PEPP with their decision. We continue to use the community YMCA weekly which has been an essential engagement tool for our EPI clients (0-3 years).

Looking ahead:

In the coming year our focus will include moving our clients who are no longer in the first 2-3 years of treatment out into the community in terms of utilizing community based resources. Approximately 50% of our clients attending groups are post 4 years and this is creating additional strain on resources.

We have re-branded some of our groups. The Welcome to PEPP group was developed primarily for inpatients and those in the first three years of treatment. This group involves psychoeducation and skill building related to distress tolerance and understanding their illness. From this group clients will move on to RAP (recovery through action and participation) and eventually YES group (youth education and support group).

To meet the needs of our post 4 year clients we are developing a group that will support transitioning those clients out of our groups and into the community. The group is called “power up” and will begin in September 2015.

We are looking at developing further partnerships with CMHA and ADSTV in the coming year to further enhance our goal in supporting clients in their recovery and integration into the community.

PEPP has had a substantial increase in the number of indigenous clients whom we serve. A number of PEPP staff received Indigenous Cultural Competency (ICC) Training and we are also exploring the development of a partnership with Southwest Ontario Aboriginal Access Health Center (SOAAHC).

As well, we shall continue with the ongoing research activities.

Heidi is working closely with the foundation to develop funder cultivation events for PEPP and FEMAP. She also participates as a recipient representative on the Country Classic Auction committee.

**St. Joseph’s Health Care - Based Services**

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

Located at the Parkwood Hospital site, the OSI Clinic is part of a national network of ten OSI outpatient clinics funded by Veterans Affairs Canada. The OSI clinic provides specialized mental health services to Veterans, members of the Canadian Forces (Regular and Reserve), the Royal Canadian Mounted Police (RCMP) and their family with service related psychological/psychiatric illness. The clinic serves a very large catchment area including all of Southwest and Northwest Ontario, the Greater Toronto Area (GTA), Hamilton Niagara region, Lake Simcoe and Georgian Bay region including the city of Barrie.
The OSI clinic follows a standardized assessment and treatment protocol, including evidence-based psychotherapy and psychiatric care. Since 2013, the Parkwood OSI clinic has adopted an electronic treatment outcome monitoring system to further enhance treatment outcomes. The specialized team of psychiatrists, psychologists, family physician, nurse practitioner, mental health nurses, and social workers provides comprehensive assessment and treatment in collaboration with community providers. The clinic is also involved in providing education, outreach and research. Currently there are two psychiatrists Dr. J. Don Richardson working predominantly with younger veterans and Dr. David Harris seeing the older Korean and World War II veterans. In partnership with the Anxiety Treatment and Research Centre in Hamilton, the clinic has established a satellite clinic in Hamilton to provide psychiatric services to veterans living in the Hamilton Niagara Region. To better serve veterans in the Greater Toronto Area (GTA) a satellite clinic was also established in Toronto to provide direct services to veterans in the GTA.

The Parkwood OSI clinic will continue to strive to improve services and promote research in the area of posttraumatic stress disorder and other operational stress injuries. Future goals include enhancing services delivery through enhancing the shared/stepped model of care, continue to promote the use of Ontario Telemedicine Network (OTN) and develop training opportunity for residents and psychiatrists interested in veterans’ mental health.

New Appointments

**Dr. J. Don Richardson**

Although Dr. Richardson has been an adjunct member of our Division for several years, he recently became a full-time clinical academic. He is a consultant psychiatrist for the Veterans Affairs Canada (VAC) funded Parkwood OSI Injury Clinic in London, Ontario, and Senior Research Psychiatrist with the Directorate of Mental Health, Canadian Forces (CF) Health Services Group. He has a Social Work degree from McGill University and completed his medical degree at Queen’s University and his fellowship in psychiatry at the University of Ottawa. He has more than 18 years of experience in the assessment and treatment of Veterans and Canadian forces members suffering with PTSD and other operational stress injuries. His research interests include risk factors for PTSD and suicidal ideation, insomnia mental illness, health care utilization, treatment outcomes and quality of life assessment.

**Dr. Priya Subramanian**

Dr. Subramanian has been a faculty member in the Department since March 2010. She completed her medical training in Chidambaram, India in 2001 and her Psychiatry residency in Bristol, UK in 2007. She moved to Canada in 2008 to complete a Fellowship in Psychiatric Rehabilitation at Western University. Dr. Subramanian is a Certified Psychiatric Rehabilitation Practitioner (CPRP) in good standing with the US Psychiatric Rehabilitation Association. She is a passionate advocate for the integration of psychiatric rehabilitation approaches in the care of individuals with severe mental illnesses (SMI). She transferred to PEPP in our Division earlier this year, where she continues to utilize her skills in psychiatric rehabilitation early on in the recovery trajectory of individuals with psychotic disorders, with the purpose of helping them achieve their full potential in various aspects of their life.

The Division looks forward to the following people joining the Division in the forthcoming academic year. More details will be provided in next year’s report.
Dr. Robbie Campbell will be joining the Division in the fall as the incoming Physician Leader of the Adult Eating Disorders Service. Dr. Campbell has a long distinguished track record of service and advocacy for Eating Disorders.

Dr. Mohamad Elfakhani is one of our own graduates from the residency program, and will be joining our general inpatient and outpatient services.

Dr. Vijay Kumar is a seasoned psychiatrist who will be assisting us for the year in a locum position primarily providing service in our Adult and Geriatric CL services.

Dr. Michael Mak is another of our local graduates, who will be working with our Adult CL team, as well as completing a Fellowship program in Sleep Medicine.

Dr. Phillip Norris has been working with us in a locum capacity for the last year, but we look forward to his joining us a full-time clinical academic in the upcoming academic year. Dr. Norris will continue to work in the general inpatient and outpatient services, in addition to providing more specialized expertise in Forensic Psychiatry.

Dr. Lena Palaniyappan will be joining us in the fall, from the Institute of Mental Health, University of Nottingham Innovation Park, UK. Dr. Palaniyappan is a distinguished researcher, principally in the areas of neuroimaging and schizophrenia. We eagerly await his arrival and becoming the next Physician Leader of our Prevention & Early Intervention Program for Psychoses (PEPP).

Dr. Priya Sabesan will also be joining us later in the academic year. She has recently completed her training at the University of Nottingham and Nottinghamshire Healthcare Trust, UK, and will be working in ambulatory settings within our general adult services and to a lesser extent with our geriatric psychiatry service.

Departures

After providing leadership to the Program since its inception over the last couple years as its Physician Leader, Dr. Valerie Kaye has moved on to other opportunities elsewhere, and we wish her well.

We also bid a bittersweet farewell to Dr. Rahul Manchanda. Dr. Manchanda has been a longstanding member and role model in our Department, was one of the original members of PEPP (Prevention & Early Intervention Program for Psychoses), and has served in an exemplary manner as its Physician Leader for approximately the last half of the program’s existence. The Division, as well as the entire Department, wishes Dr. Manchanda a satisfying and well-earned retirement.

Divisional Awards

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

Division Member of the Year – Dr. Chris Tidd

Dr. Jeff Reiss
Chair, Division of General Adult Psychiatry
Vice Chair, Department of Psychiatry
The Division of Geriatric Psychiatry has been quite busy over the last year.

**Clinically** Drs. Burhan (Chair), VanBussel (physician lead, Parkwood Institute) and Vasudev (physician lead, LHSC) worked on mapping current geriatric mental health services over our two sites. We have identified challenges, as well as opportunities to streamline services for seniors with mental health needs in our region.

A summary document was circulated to the executive leadership teams of the Hospital and Department of Psychiatry. Discussions have begun to address some of the system issues to facilitate better flow of services at the highest level of quality care while providing optimum opportunities for education and research. Below are some highlights from our two main sites.

**Parkwood Institute – Mental Health Care Building Clinical Site:**

Since November 2014, the Geriatric Psychiatry Program at SJHC-London has been in its new home at the newly established, state of the art facility, Parkwood Institute - Mental Health Care Building.

This program has two inpatient units; one devoted to the care of patients with dementia and behavioral challenges (18 beds) and the other for general geriatric psychiatry mental health (24 beds). The program continues to run an active outpatient service composed of the discharge liaison team (outreach to LTC facilities), community outreach (home outreach), day program, and ambulatory clinics.

The program went through detailed process mapping of different services and streamlined the referral process to a single referral form to facilitate appropriate referral process.

The neuropsychiatry clinic and the newly developed geriatric psychiatry assessment clinic (GPAC) receive referrals from specialty clinics, consistent with our program specialized and tertiary care mandate.

The regional psychogeriatric program (RPP) and behavioral support Ontario (BSO) continues to support local teams around the South West LHIN and provide a mix of outreach and OTN visits. This includes clinical visits and also a wide range of inter-professional educational sessions.

Dr. Burhan continues to lead Therapeutic Brain Stimulation services at Parkwood Institute and the majority of the faculty members in this site also support this service including ECT (Drs. Park, Doering, Fisman and Burhan) and TMS (Dr. Burhan).
With the move to Parkwood Institute, opportunities to support geriatric and rehab medicine inpatient services increased. Faculty is providing consultations to inpatient units at Parkwood main building in addition to continuing to provide consultation to other psychiatric units at Parkwood.

Despite the fact that this site has considered few candidates from international sites and interviewed one Candidate from the UK, it continues to have a vacancy for a part-time position for a geriatric psychiatrist.

Dr. VanBussel was able to secure funding from the BSO initiative to train several clinicians in problem solving therapy in collaboration with Dr. Dallas Seitz (Providence care at Queens University, Kingston Ontario). This allows this site to provide another option for our seniors struggling with depression and cognitive issues. Dr. Helen Park was one of the early adopters and she continues to build on her other psychotherapeutic modalities such as CBT.

**LHSC Clinical Site:**
The LHSC Geriatric Mental Health Programs and outpatient clinics continue to receive a high volume of referrals that exceeds capacity of the current geriatric psychiatrist compliment. This site has seen the unexpected departure of Dr. Nalla Durai at the end of April, 2015 due to family reasons. In his short time in London, Dr. Durai provided high quality CL services and he will be missed. Also, this site will miss the excellent ambulatory service of Dr. Arany Shanmugalingam who moved on to her planned fellowship position at UBD in June, 2015. This left Dr. Akshya Vasudev to hold the banner in this site with the help of the excellent interprofessional team.

In collaboration with Parkwood Institute Geriatric Psychiatry program and the Division of Geriatric Psychiatry an interim plan was developed to manage the overflow of cases by setting up interim coverage by Parkwood Institute geriatric psychiatrists (Drs. Burhan and VanBussel) and by facilitating referrals of cases to Parkwood Institute clinics when appropriate. Dr. Durai’s CL duties will be covered by Drs. V. Dua and B. Surti, we are grateful for their support.

There was success in recruiting a full time academic geriatric psychiatrist from the United States (Dr. Vinod Bhatnagar), expected in the later part of 2015. Dr. Bhatnagar is an experienced geriatric psychiatrist with special focus on dementia care and clinical trials. We look forward to welcoming Dr. Bhatnagar to our program at LHSC and to our Division.

The site will continue to actively recruit another geriatric psychiatrist to reach full compliment.

Several members of our program at LHSC also received training from Dr. Dallas Seitz on PST and we have initiated and planned the first group of PST patients to be recruited in the community in collaboration with the City of London Library at Cherry Hill Mall.
**Undergraduate Medical Education:** We continue to offer high-quality experience in geriatric psychiatry across the two sites coordinated by Dr. Helen Park. This include medical clerks, elective medical students from Canada, international medical schools, allied health professionals; including psychology, Social work, nursing, occupational therapy, recreational therapy and many others.

**Postgraduate Medical Education:** We are able to place all our psychiatry residents in their core rotations across the two sites and accommodate residents from the Elderly Care residency (family residents doing an extra year of geriatric care) and geriatric medicine.

**Subspecialty Residency in Geriatric Psychiatry:**
Our Division is now fully accredited by the Royal College which is being directed by Dr. Michele Doering. Although we received applications from few international candidates none met the criteria for admission. We are now interviewing a candidate for our residency position starting July, 2016.

**Continuing Education:**
Geriatric psychiatry presented at the monthly Department of Psychiatry rounds on May 14, 2015. The session was moderated by Dr. Amer Burhan and featured a case presentation by Dr. Lauren Mussen. Our guest speaker Dr. Robert Teasell gave a thorough overview and update on “Depression Post Stroke”.

The twelfth Annual Geriatric Psychiatry Symposium, “Critical Issues: A Collaborative Approach” was held on Wednesday, November 5, 2014. It was a highly successful event, with over 200 participants in attendance from the surrounding areas and across the province.

A keynote presentation by Dr. Anton Porsteinsson from the University of Rochester on “Agitation and Aggression in Dementia: The Clinical Entity and its Management”, and a Plenary presentation by Judith Wahl from the Advocacy Centre for the Elderly spoke on “When Worlds Collide: Dementia and the Criminal Justice System.” In addition, there were twelve concurrent workshops on such topics as Alzheimer’s disease, aging in developmental disabilities and delirium.

Dr. Durai presented on clinical differences and etiology between Neuroleptic Malignant Syndrome and Serotonin syndrome at the LHSC rounds, feedback was excellent.

The SWOGAN team exchange was held on March 26, 2015.

**Upcoming Events:**
**Thirteenth Annual Geriatric Symposium** – Wednesday, November 4, 2015
Featuring keynote speakers Dr. Dallas Seitz and Dr. Andrea Moser, held at the Best Western Lamplighter Inn & Conference Centre.
Full program outline and registration details found here: [http://www.schulich.uwo.ca/psychiatry/about_us/events/index.html](http://www.schulich.uwo.ca/psychiatry/about_us/events/index.html)
Cognitive Vitality Rounds – Thursday, November 5, 2015
Presentation by Dr. Dalls Seitz from Queens University on “Using Population-Based Data to Understand the Relationship between Hip Fractures and Dementia in Ontario.” Held at the Parkwood Institute – Mental Health Care Building room F2-235 from 8:00 – 9:00 am.

Research Updates:
Drs. Heisel, A. Vasudev, Burhan and VanBussell continue to conduct clinical research related to the illnesses we care for. Main themes are:
- Psychological resiliency and suicide prevention (Dr. Heisel)
- Late-life mood disorders, novel therapeutics and underlying mechanism (Vasudev and Burhan)
- Prevention of neuropsychiatric symptoms of dementia, role of continuing education, management algorithms, use of technology to assess and monitor, trends of psychotropic drug prescription in LTC (Burhan, VanBussel and Vasudev)
- Use of technology to detect and monitor falls in advanced dementia patients (Drs. VanBussel and Burhan in collaboration with Dr. Iris Gutmanis from Aging Rehabilitation and Geriatric Care and Dr. Alex Mihailidis from the Toronto Rehab Institute)
- Quality improvement research within the BSO initiative (Drs. VanBussel and Gutmanis)
- Collaborative research with the cognitive vitality and brain health partners: late life depression and gait (Drs. Burhan, Vasudev with Dr. Manuel Montero-Oddasso from geriatric medicine), role of TMS in post stroke spasticity and depression (Dr. Burhan with Dr. Robert Teasell et al from Physical Medicine)

Our faculty have been awarded with several research grants, collaborating on several important national initiatives and are presenting their work in several national meetings and in peer-reviewed journals. Please refer to the report from Research program in the Department of psychiatry for more details.

Amer M. Burhan
Chair, Division of Geriatric Psychiatry
The Division of Neuropsychiatry was created in 2002 to provide academic leadership in neuroscience research within the Department of Psychiatry. It provides a home for basic science researchers within the department and facilitates more effective collaboration between imaging researchers at the Robarts Research Institute, the Lawson Health Research Institute and clinical research groups. The division also allows the development of advanced training opportunities within the department at resident, fellowship, MSc, PhD and postdoctoral levels through collaboration with the Departments of Medical Biophysics, Anatomy and Cell Biology, Psychology and the Neuroscience Graduate Program. The division 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**

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

**Schizophrenia:** Molecular genetic studies have dominated the investigation of neuropsychiatric conditions. Some promising genetic correlates of neuropsychiatric disorders have emerged but none explain more than a small fraction of cases. The challenge of our time is to find the neuronal circuits associated with these disorders. Dr. Williamson and Dr. John Allman, an evolutionary biologist at the California Institute of Technology, proposed in their book, *The Human Illnesses: Neuropsychiatric Disorders and the Nature of the Human Brain*, Oxford University Press, 2011, that the neuronal pathways that underlie neuropsychiatric conditions mirror unique human capabilities.
Central to understanding the human brain is the capacity for the representation of the thoughts, feelings and actions of self and others across time. Brain structures such as the frontal pole, temporal pole, and fronto-insular cortex are highly developed in humans and may be associated with these functions. This representational network receives input from a directed effort network and an emotional encoding network. Conditions like schizophrenia might result from a failure of the directed effort network while bipolar disorders may arise from failure of the emotional encoding network. From this perspective, neuropsychiatric disorders are seen as selective failures of brain networks involved in the integration of cognition, affect and perception.

This model is being evaluated in an ongoing $739,755 renewal grant from the Canadian Institutes of Health Research to examine the structural, functional, and metabolic correlates of these changes in first episode schizophrenic and depressed patients in collaboration with Dr. Osuch and the First Episode Mood and Anxiety Program (FEMAP) and Dr. Rahul Manchanda and the Prevention and Early Intervention in Psychosis Program (PEPP). Much of the equipment and overhead for this study is covered by a $6,235,244 grant from the Canadian Foundation for Innovation on which Dr. Williamson was a co-applicant. Figure 1 shows preliminary resting functional MRI (fMRI) data from the Canadian Institutes of Health Research study from 24 first episode schizophrenic and 24 first episode depressed patients. Note a decrease in directed effort networks in schizophrenic patients as predicted by the model.

![Figure 1: 3.0 T resting state differences (frontal pole seed) between 24 first episode schizophrenic patients and 24 first episode depressed patients compared to healthy controls showing a deficit in the emotional encoding network in depressed patients and a deficit in the directed effort network in schizophrenic patients as predicted by our model.](image)

Dr. Jean Théberge has been examining functional magnetic spectroscopy (fMRS) findings in these same patients with an exciting new technique which allows the measurement of synthesized glutamate in brain regions in response to psychological tasks. Figure 2 shows the response to a Stroop task in schizophrenic and depressed patients. Higher levels of glutamate were found in schizophrenic patients with an aberrant prolonged response. This is the first such study in the world and the preliminary paper in *NeuroReport* has received considerable media attention because of its implications for the understanding and potential alternative treatments of these disorders.
disorders. Drs. Théberge and Williamson continue to consult to similar brain imaging studies in a very large cohort of drug-naïve patients at the Lundbeck Foundation Center for Clinical Intervention and Neuropsychiatric Schizophrenia Research in Copenhagen, Denmark.

Figure 2: Four-minute moving average time courses of glutamate concentration estimates. Each point represents the percent change from resting concentration (averaged over four minutes) for (A) healthy, (B) Major Depressive Disorder, (C) Schizophrenia groups, and (D) all groups combined. Shaded areas indicate that the Stroop Task is being performed during that time. Error bars represent inter-individual standard error of the mean.

Posttraumatic Stress Disorders: Dr. Ruth Lanius and Dr. Paul Frewen continue to make groundbreaking contributions to the understanding of posttraumatic stress disorders. In the lead article of the June 2010 issue of the American Journal of Psychiatry, Dr. Lanius described a new subtype of posttraumatic stress disorder which was included in DSM-5 in 2013. The dissociative subtype is characterized by overmodulation of affect, while the more common undermodulated type involves the predominance of reexperiencing and hyperarousal symptoms. In this model, reexperiencing/hyperarousal reactivity is viewed as a form of emotion dysregulation that involves emotional undermodulation, mediated by failure of prefrontal inhibition of limbic regions. In contrast, the dissociative subtype of PTSD is described as a form of emotion dysregulation that involves emotional overmodulation mediated by midline prefrontal inhibition of the same limbic regions. Both types of modulation are involved in a dynamic interplay and lead to alternating symptom profiles in PTSD. These findings have important implications for treatment of PTSD, including the need to assess patients with PTSD for dissociative symptoms and to incorporate the treatment of dissociative symptoms into stage-oriented trauma treatment.
Dr. Lanius has published numerous articles on posttraumatic stress disorders in recent years in journals such as *Archives of General Psychiatry*, *Human Brain Mapping*, *Psychological Medicine*, *Journal of Clinical Psychiatry* and she has given invited lectures in Los Angeles, Chicago, Boston, Baltimore, Philadelphia, Tokyo, Japan, Zurich, Switzerland and Bologna, Turin and Padova, Italy, Stockholm, Sweden and Leiden, the Netherlands.

Dr. Frewen’s and Dr. Lanius’ new book was published by Norton in 2015: *Healing the Traumatized Self: Consciousness, Neuroscience, Treatment* and it has received stellar reviews. Dr. Chris Brewin of University College, London, U.K. wrote “This is a landmark book in the history of psychotraumatology. Frewen and Lanius have created a new intellectual blueprint for understanding dissociation. Their book is unique in providing a detailed integration of the latest neuroscientific findings with the experience of what it is like to be traumatized. It is a treasure trove of ideas for anyone pursuing the study or healing of the traumatized self.” Dr. Frewen also continues to publish innovative papers in high impact journals and he was selected as the inaugural international co-editor for the new journal *International Journal of Multidisciplinary Trauma Studies*.

**Mood and Anxiety Disorders:** The First Episode Mood and Anxiety Program provides an excellent base for both clinical and brain imaging research. Dr. Osuch has been studying neurofunctioning and cognitive interactions in major depression and marijuana use in youth with functional and structural brain imaging in a project funded by the *Ontario Mental Health Foundation*. In another project, funded by the *Pfizer Psychiatry Research Program*, Dr. Osuch is examining the potential of functional brain imaging techniques to diagnose first episode bipolar versus unipolar depression. The ability to do so would have important clinical implications as antidepressants given to bipolar depressed patients can exacerbate the illness. Dr. Osuch is also conducting genetic studies, in collaboration with Drs. Laviolette and Rushlow, to advance translational science in the study of cannabis use and the brain. The First Episode Mood and Anxiety Program was awarded a *Provincial Innovation Fund* grant from the Ontario government recognizing the innovative approach to care developed by Dr. Osuch. Dr. Osuch is a member of the *National Network of Depression Research Centres* to which the Federal Government pledged $5,000,000.

Dr. Mitchell has become well known for his work on decision making and emotional regulation supported by grants from *Natural Sciences and Engineering Research Council of Canada*, the *Social Sciences and Humanities Research Council of Canada* and the *Canadian Institutes of Health Research*. Of particular interest is some recent work from *Social Cognitive and Affective Neuroscience* on the neural correlates of
regulating positive and negative emotions in medication-free major depression. Depressive cognitive schemas play an important role in the emergence and persistence of major depressive disorder. This study adapted emotion regulation techniques to reflect elements of cognitive behavioural therapy to delineate neurocognitive abnormalities associated with modulating the negative cognitive style. The results suggest that depression is associated with both a reduced capacity to achieve relief from negative affect despite recruitment of ventral and dorsal prefrontal cortical regions implicated in emotion regulation, coupled with a disconnect between activity in reward-related regions and subjective positive affect. Dr. Mitchell is also co-principal investigator with Dr. Elizabeth Finger on a grant examining patients with frontotemporal dementia awarded from the Canadian Institutes of Health Research.

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

**Basic Science:** Basic science investigations include innovative signalling studies led by Dr. Rushlow and Dr. Raj Rajakumar. Dr. Rajakumar co-authored the 10th Edition of Barr’s Human Nervous System, a standard neuroanatomy textbook used around the world and published by Williams & Wilkins. He received a five year renewal of his Natural Sciences and Engineering Research Council of Canada grant on the molecular mechanisms of spatial memory. Dr. Rajakumar also plays an important role as a neuroanatomy consultant to the brain imaging studies. Dr. Rushlow collaborates on the basic science aspects of Dr. Lanius’ Canadian Institute of Military and Veterans Health Research study and also collaborates with Dr. Steve Laviolette on opiate addiction. Recent work with Dr. Laviolette has examined the long-term effects of adolescent THC exposure on adult psychopathology. Of particular interest is Rushlow’s work on the possible use cannabidiol as a novel antipsychotic.

**Educational Accomplishments**

Neuropsychiatry offers research training opportunities for residents within all core programs in order to prepare for a research fellowship or postgraduate degree. Of note this year was the work of Dr. Kara Dempster, a second year psychiatry resident, who published her paper with Dr. Williamson on neuropsychological correlates of glutamatergic changes in schizophrenia in Psychiatry Research: Neuroimaging. She has presented this work at the Biological Psychiatry meeting in New York and has won
a $2,000 PSI Foundation Resident Research Prize for her work. Both Dr. Williamson and Dr. Rushlow sit on the Royal College Clinical Investigator Program committee to facilitate transition from specialty training to an MSc or PhD degree at Western upon completion of core training requirements.

Over the last 20 years, Dr. Williamson has co-supervised MSc and PhD students in Medical Biophysics and the Neuroscience Graduate Program with Dr. Dick Drost, Dr. Jean Théberge and Dr. Terry Thompson. With this unique multidisciplinary approach, students develop a skill set in neurophysiology, neuroanatomy, clinical neuropsychiatry, medical biophysics and the application of brain imaging techniques. Dr. Rob Bartha at Robarts Research Institute was one of our first graduates, others have gone on to faculty positions at Harvard, Pittsburgh and Wayne State. Dr. Williamson continues to co-supervise a PhD student in Medical Biophysics and a postdoctoral student with Dr. Osuch. Over the previous year, Dr. Williamson supervised two visiting MD/PhD students from the University of Copenhagen in Denmark.

Dr. Lanius offers a very popular advanced postdoctoral training experience to postdoctoral students. Over the last few years, she has attracted MSc and postdoctoral fellows from the University of Mannheim in Germany and the University of London, UK. Dr. Lanius also provides research experience for residents in psychiatry and family practice. Dr. Frewen is active in undergraduate teaching in the Psychology Department and supervises MSc and PhD students in the Neuroscience program.

Dr. Mitchell has been very active in teaching at the undergraduate level in Anatomy and Cell Biology and supervises PhD students in Graduate Neuroscience Program and Anatomy and Cell Biology. Drs. Rushlow, Rajakumar, and Frewen also offer training at the MSc and PhD levels through the Neuroscience Graduate Program and Anatomy and Cell Biology. Both Dr. Rajakumar and Dr. Rushlow have an active teaching load in Anatomy and Cell Biology. Dr. Rushlow and Dr. Laviolette have established a very popular and well-received new 4th year Medical Science course entitled ‘Neurobiology of Mental Illness’.

**Editorial Appointments**

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

**Research Panel Appointments**

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

Media Coverage

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

Grants


11. Frewen, P. A. Randomized Controlled Trial of Internet-based Mindfulness Therapy as Adjunct to Evidence-based Treatment for Mood, Anxiety, and Emotion Regulation Problems across Child and Adolescent Mental Health Programming. Children's Health Foundations. $34,314, one year from March 2015.


Publications

Books:


Edited Book Chapters


Peer Reviewed Publications:


Selected Invited Presentations


4. Lanius, R. How traumatic stress can affect the individual, the family, and the community, OSISS Regional Conference, Novotel Toronto Centre, Toronto, Ontario, October 21, 2014.


8. Lanius, R. PTSD: Clinical and neurobiological perspectives, (Keynote Speaker) PTSD in Military and First Responder Communities, Canadian Depression Research and Intervention Network (CDRIN), Ottawa, Ontario, February 24, 2015.


19. Williamson, P. Keynote Speaker, Do the neural pathways that underlie neuropsychiatric disorders mirror unique human capabilities? CINS Symposium: Disruption of Neural Pathways and Cognitive Functions in Schizophrenia and other Neuropsychiatric Disorders, University of Copenhagen, Denmark. May 2014.

Abstracts


41. Taylor, R., Schaefer, B., Osuch, E., Densmore, M., Rajakumar, N., Théberge, J. and Williamson, P. Neurometabolic changes observed in the anterior cingulate cortex and the thalamus in schizophrenia and in unipolar mood disorder relative to healthy controls at 7T. International Society for Magnetic Resonance in Medicine Meeting, Toronto, Canada. 2015.


Invited Webinars


3. Lanius, R. Brain Series, (Discussant) National Institute for the Clinical Application of Behavioral Medicine (NICAMB), Broadcast globally, recorded March 30 and April 6, 2015.
Undergraduate Education in Psychiatry

It has been another exciting year in undergraduate education. Psychiatry continues to gain popularity and interest amongst medical students. We were very excited to learn that five of the Schulich School of Medicine and Dentistry’s graduating class chose a residency in Psychiatry. This is a reflection of the strength of the undergraduate education in Psychiatry and the excellent teaching faculty within our department.

Although there are no formal educational modules in Psychiatry for first year medical students, there are several opportunities for faculty to interact and influence the growing minds of medical students and address the stigma attached to mental health.

Last year a number of faculty participated in the Professional Portfolio Course for first and third year medical students. As of September 2014, the course was expanded to include second year students as well. Students are asked to write a reflective piece on a moment during their clinical training and the faculty then provide feedback. Educational sessions are provided for the faculty.

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

Psychiatry Patient Centred Clinical Methods, offered in second year, has undergone several successful changes under the direction of Dr. Sreelatha Varapravan. An ongoing challenge is the fact that Clinical Methods begins prior to the didactic lectures provided in Meds 5207. Dr. Varapravan advocated and ensured optimal placement of the PCCM and lecture schedules this year so that students’ theoretical and practical learning are aligned. The course was revised making it more practical and comprehensive. One student required remediation which was successfully completed.

Friday, May 29, 2015 wrapped up another year of Meds 5207 (Psychiatry and the Behavioural Sciences). For many medical students, Medicine 5207, Psychiatry and the Behavioural Sciences, is their first exposure to psychiatry, and we strive to make it a positive experience. During Medicine 5207, second year medical students are provided with five weeks of didactic lectures and small group sessions covering a variety of topics including child and adolescent mental health, anxiety disorders, mood disorders and psychotic disorders. Thanks to Dr. Mark Watling (London) and Dr. John Vilella (Windsor) for organizing the course. We need to acknowledge the hard work of the
week captains, Drs. Mark Watling, Sreelatha Varapravan, Priya Subramanian, Heidi Haensel, and Julie Richard.

This year, the pod structure was introduced in the Meds 5207 course to address overlap in teaching between different disciplines and to ensure there are no gaps in information provided. This will facilitate student learning of health care related issues in a comprehensive and realistic forum and experience integrated patient care approaches. Psychiatry will be considered as part of the neurology pod in London and Windsor. Thanks to Dr. Priya Subramanian for volunteering to be the Psychiatry pod representative.

This year we completed the fourth year of our revised clerkship under Dr. Carla Garcia’s excellent leadership and direction. Students are able to complete a two-week selective in child & adolescent, general adult, geriatric, psychosis, adult consultation-liaison, mood and anxiety disorders, urgent consultation service, ER Psychiatry (CEPS), or forensics. The Distributed Education Network (DEN) in Stratford, Chatham and Windsor continue to play an integral role in training our clerks. In the last year, we had clerks rotate in Windsor, Chatham, St. Thomas and Stratford. Site visits to the DEN were conducted by Dr. Garcia and administrative support Melanie VandeBorne in August 2014. The Wednesday Seminar Series continues to be teleconferenced to our various DEN sites with Windsor offering an equivalent series. We also teleconference the resident teaching series to the DEN sites. We are extremely pleased to welcome back Dr. Tam Doey as one of the supervisors in Windsor. We hope that the DEN can be expanded to Sarnia with Dr. Hussey and Dr. Jaychuk in the new academic year.

Thank you to senior residents, Dr’s. JC Lai, Maryna Mammoliti and Mohamad Elfakhani for their significant contributions during the past academic year in teaching clerks. The resident teaching sessions remain one of the most highly rated educational experiences within the clerkship. On call teaching by residents is another highly valued learning experience by clerks.

This year, all clerk evaluations became paperless and was switched to One45 in September 2014. This has been a successful and smooth transition after the initial challenges were addressed.

For the past four years, Dr. Rahul Manchanda has been organizing, “Meet the Professor” sessions for our clinical clerks. During each rotation the clerks have the opportunity to have lunch with a professor of national or international acclaim and learn about their research and clinical interests. The series helps highlight the breadth of opportunity within the Department.

On January 22, 2015, we held our fourth Taste of Psychiatry at the Windermere Manor. Fifty-nine medical students joined residents and faculty for presentations outlining the
various clinical and research opportunities available within the Department. It was great to see such interest from the medical students. I would like to thank the residents and faculty who came to share their enthusiasm about pursuing psychiatry as a career. Each year we try to have presentations from different Divisions and research interests.

As a Canadian undergraduate medical program, we are accredited by the Liaison Committee for Medical Education (LCME) and the Committee on Accreditation of Canadian Medical Schools (CACMS). Accreditation is an ongoing quality improvement process that culminates in an external site review once every eight years. Our index year was 2013-2014. The Schulich School of Medicine & Dentistry undergraduate medical program completed its full site survey from April 12-15, 2015. We are pleased to announce that our department passed the accreditation and the full report will become available in October 2015.

On June 9, 2015, the Department held its Annual Awards Night and Social. During the academic year, clinical clerks are asked to evaluate their lecturers and supervisors. These scores are tabulated annually to determine the clerkship seminar series leader and the clerkship clinical supervisor for London, DEN and Windsor. Once again, the award for the highest rated clerkship seminar series leader was awarded to Dr. Martyn Judson and the Clerkship Supervisor of the Year for London was awarded to Dr. Julie Richard. Dr. Akinlosotu was recognized as the Clerkship Supervisor of the Year in Windsor and Dr. Devarajan received the Clerkship supervisor of the year award for the rural sites. The Department of UGE feel honoured and privileged in congratulating Dr. Carla Garcia for receiving the Schulich Award of Excellence in teaching in April 2015. Congratulations to our winners for the well deserved awards.

A significant change in leadership in our department was seen as Dr. Sandra Northcott stepped down from the UGE director’s position as of June 30th 2015. I would like to take this opportunity to express my sincere gratitude on behalf of the medical students and faculty in our department for her outstanding contributions to education. Dr. Northcott’s passion, enthusiasm and dedication to undergraduate education is evidenced by the outstanding teaching evaluations and numerous teaching awards that she has received. Under Dr. Northcott’s leadership, the UGE program has flourished and attracted many students to a career in Psychiatry. Dr. Northcott’s significant contributions were recognized in 2013 when the graduating class conferred her with the Hippocratic Council Clinical Science Teaching award. I would also like to acknowledge and thank Ms. Melanie VandenBorre, undergraduate administrative assistant who was an asset to UGE due to her exceptional communication and organizational skills. I am also extremely pleased to announce that Ms. Michelle Steeper has assumed the role of UGE administrative assistant since April 2015 and Ms. Steeper has very quickly learnt the responsibilities of her new position with dexterity and passion.
I would like to express my sincere thanks to all the faculty members who supervised students and participated in lectures/small group sessions throughout the year. As outlined above, it is the contribution of our committed faculty members which makes our Department a dynamic learning opportunity for so many students.

Dr. Sreelatha Varapravan
Director, Undergraduate Education
Postgraduate Education

The academic year 2014-2015 began with the completion of our internal review by Western on July 9th. In April of 2015, the Royal College found our review satisfactory and approved our program’s accreditation. As strengths, the review team noted our program to have both a dedicated and effective program director, as well as dedicated faculty who are committed to teaching and providing clinical care. We would like to thank the residents, teaching faculty and the Residency Program Committee for their involvement and commitment to excellence in medical training. The next regular survey by the Royal College will be in 2018.

On July 1, 2014, we welcomed nine new residents to our program: Drs. Sumit Chaudhari, Jennifer Dela Paz, Kimberly Fielding, Sheena Ghoudasara, Jonathan Gregory, Nina McCurdy, Laura Powe, Elyse Ross, and Michael Thomson. They are a strong group of residents and we look forward to seeing them progress through residency with success.

During the 2014-15 academic year, we prepared for the start of the Windsor stream of our residency program. Two resident positions were included in this year’s CaRMS cycle for a start date of July 2015, in addition to the eight spots for the London program. Though we struggled to match all residency spots in first iteration, we did fill all ten positions with a 2nd iteration of interviews.

The Western Psychiatry Mentorship Program was an initiative that was implemented at the start of the academic cycle in 2013, created by a former resident of our program. The program was designed to help ensure that incoming residents experienced a smooth transition into residency, under the mentorship of a more senior resident. Starting residency can be a challenging time and it can be overwhelming to balance clinical duties with finding one’s way around a new city and adjusting to a new environment. The mentorship program aims to alleviate the stress that accompanies the leap from medical school to post-graduate training. The model as it currently stands, involves a PGY2 resident as the mentor and a new PGY1 resident as the mentee. This particular structure was based on the thought that as individuals who had recently made the transition into residency themselves, PGY2 residents would be able to provide the most current information and guidance for their mentees.

We had an organized and enthusiastic mentorship committee that was led by Dr. Rickinder Sethi (PGY2). The committee implemented new strategies to further build on the mentorship program with great success. They introduced shadow call guidelines to aid in the transition and outline expectations for residents on call. In addition, the program incorporated innovative concepts for the ‘meet and greet’ event aimed to welcome and integrate incoming residents. We are looking forward to upcoming years of success with this evolving program.

The PGE office continually works to improve the capabilities of the One45 system to meet our training needs. In the 2014-15 academic year, we piloted an on-call evaluation
system that allowed residents to anonymously evaluate their on-call supervisors and to issue on-call evaluation forms to supervisors for feedback. As a pilot, the process showed promise and the Evaluations Subcommittee, along with the PGE office, will work to further improve its efficacy in the coming academic year.

Last but not least, the 2014-15 academic year ended strong with all seven PGY5 residents successfully passing the Royal College exams. Congratulations to Drs. Joy Abramson, Mohammad Elfakhani, JC Lai, Michael Mak, Maryna Mammoliti, Ajay Prakash, and Rebecca Tudhope. We wish you all the best in your future professional endeavors.

Dr. Volker Hocke
Program Director, Postgraduate Education in Psychiatry
Continuing Professional Development

It is my pleasure to present to the Department, 2015 Annual Report on the CPD Activities that have occurred in the Department of Psychiatry over the past academic year.

I am very pleased to welcome Dr. Svetlana Kotin to our CPD team! Dr. Kotin was appointed to the Assistant Director of Continuing Professional Department effective August, 2015 and brings great enthusiasm and interest in co-leading the future development of our CPD Program.

The activities for Continuing Professional Development (CPD) for the academic year July 2014 to June 2015 are reflected in the following report. It is our ongoing goal to stimulate discussion on potential opportunities and future growth in psychiatry and mental health in the realms of education and research. The overarching goal of course has always been that attendees/consumers of our CPD events will apply/incorporate the knowledge learnt into their individual clinical practices keeping in mind the current evidence based trends and practices.

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

CPD programming continued to provide clinical educational activities and presentations featuring expert speakers from the Western University community, our region, as well as international guests. The Coordinated CPD Program continued to provide Monday weekly mental health rounds at noon, and the monthly Department of Psychiatry’s Thursday morning CPD program and the evening Learning After Five program continued to thrive. A successful fourth annual mental health symposium – “Best Practices in CTOs” was held at the Four Points by Sheraton in the fall 2014. (A full listing of the CPD events is listed later in this report.)

The monthly and weekly CPD Programs adhere to the guidelines to maintain self-approved accreditation status as group learning activities (Section 1) defined by The Royal College of Physicians and Surgeons of Canada (RCPSC). Other special events, for example, the annual Symposium met accreditation criteria for Section 1 Maintenance of Certification Program credits as defined by RCPSC, and Mainpro-M1 credits as defined by the College of Family Physicians of Canada.

I would like to remind specialist physicians (psychiatrists, residents) to consider Section 2 credits offered by the RCPSC to its Fellows to enhance your learning portfolio and provide evidence-based care to your patients. You are encouraged to use content of the CPD to generate Personal Learning Projects (PLPs) and to translate this knowledge in the care of your patients. Another learning opportunity is to invite your peers to participate in a focused chart audit and provide feedback so that you can also collect Section 3 credits. Engaging in these learning activities will also allow you to meet the requirements by the RCPSC that all Fellows and MOC Program participants are required to intentionally complete a minimum of 25 credits in each section
of the MOC Program during their new 5-year MOC cycle. The annual minimum of 40 credits and an overall minimum of 400 credits are still applicable. The 75% rule has been eliminated to encourage Fellows and MOC Program participants to intentionally integrate each section of the MOC Program as they develop and implement a continuing professional development (CPD) plan relevant to their professional practice. I would like to encourage Fellows and other MOC Program consumers to visit the RCPSC Maintenance of Certification Program website and learn more about how you can tap into Section 2 and 3 credits.

For many years, we have successfully delivered the Thursday morning CPD program, as well as the Coordinated CPD program at noon on Mondays by televideo to our participants in the outlying areas (Southwestern Ontario and Northern Ontario.)

We will strive to pursue opportunities for further growth, such as, expanding partnership links, access, and technological modes of delivery in the upcoming year.

We enjoy and maintain a collaborative working relationship with the Western, Schulich School of Medicine & Dentistry’s CPD office, and we are actively involved in some current CPD initiatives. We anticipate further engagement in planning future CPD initiatives/programs.

The following is a recap of all the CPD events held during this past academic year:

**Monthly Departmental Rounds**
The monthly *Continuing Professional Development Rounds* are a self-approved group learning activity (Section 1) as defined by the Maintenance of Certification Program of The Royal College of Physicians and Surgeons of Canada, and participants who engage in this activity are able to claim 2.0 MOC credits under Section 1.

The monthly *CPD Rounds* provide a learning forum for physicians, mental health professionals, residents and students. There were 10 presentations well attended that featured excellent speakers from within the Department, as well as one external speaker (Schulich School of Medicine & Dentistry), national and international experts in their field. The *CPD Rounds* continued to take place on the second Thursday of the month hosted from Victoria Hospital, London Health Sciences Centre.

<table>
<thead>
<tr>
<th>Dates</th>
<th>Speakers</th>
<th>Presentations</th>
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<tbody>
<tr>
<td>Sept 11, 2014</td>
<td>Dr. David Wright</td>
<td>Down Syndrome – History of a Disability</td>
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<tr>
<td>Oct 9, 2014</td>
<td>Dr. Pierre Chue</td>
<td>The Triple Burden of Bipolar Disorder, Anxiety Disorders and Substance Use Disorders: Negotiating the Complex Labyrinth of Some Common Biological Underpinnings to Inform Treatment</td>
</tr>
<tr>
<td>Nov 13, 2014</td>
<td>Dr. Margaret McKinnon</td>
<td>Autobiographical Memory and Social Cognition in Patients with Mood Disorders and Trauma Exposure</td>
</tr>
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### Learning After Five

*Learning After Five* is a self-approved group learning activity (Section 1) as defined by the Maintenance of Certification Program of The Royal College of Physicians and Surgeons of Canada. (2.0 credits)

*Learning After Five* events provide a forum for physicians, students, and allied health to engage in interactive learning through small group activities. The *Learning After Five* program is an evening event that generally takes place on the third Tuesday of each month at the Best Western Lamplighter Inn and Conference Centre. Please note that the date may vary dependent upon speaker availability – watch for the event flyer and/or check for details on the CPD webpage.

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<thead>
<tr>
<th>Dates</th>
<th>Speakers</th>
<th>Presentations</th>
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<tbody>
<tr>
<td>Sept 16, 2014</td>
<td>Dr. Pierre Chue</td>
<td>Improving Schizophrenia Outcomes: Clinical Perspectives</td>
</tr>
<tr>
<td>Oct 28, 2014</td>
<td>Dr. Amresh Srivistava</td>
<td>Outcome Measurement in Schizophrenia: The Illness, The Treatment and The Doctor</td>
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<tr>
<td>Nov 27, 2014</td>
<td>Dr. Ayal Schaffer</td>
<td>An Update on Depression in 2014: The Good, the Bad and the New</td>
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<tr>
<td>Dec 16, 2014</td>
<td>Dr. Marnin Heisel</td>
<td>Suicide Contagion: From Werther to the Modern Era</td>
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<tr>
<td>Jan 7, 2015</td>
<td>Dr. Leslie Citrome</td>
<td>Bipolar Depression: Assessing Medications Using the Tools of Evidence-Based Medicine</td>
</tr>
<tr>
<td>Jan 20, 2015</td>
<td>Dr. Naveed Rizvi</td>
<td>Drugs and Mood – A Worrisome Combination in Adolescents</td>
</tr>
<tr>
<td>Feb 17, 2015</td>
<td>Dr. Priya Subramanian</td>
<td>Demystifying Psych Rehab: Overview and Application</td>
</tr>
<tr>
<td>Mar 11, 2015</td>
<td>Dr. Paul Lysaker</td>
<td>Metacognitive Deficits in Severe Mental Illness: Implications for Treatment</td>
</tr>
<tr>
<td>Apr 21, 2015</td>
<td>Dr. Vadim Beletsky</td>
<td>Seizures in Psychiatry: Appetizer, Main Course and Dessert</td>
</tr>
<tr>
<td>May 25, 2015</td>
<td>Dr. Jennifer M. Poole</td>
<td>Breaking Open the Bone: Storying, Sanism and Mad Grief</td>
</tr>
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</table>
**Weekly Coordinated CPD Program**

The *Coordinated CPD Program* is a self-approved group learning activity (Section 1) as defined by the Maintenance of Certification Program of The Royal College of Physicians and Surgeons of Canada.

The *Coordinated CPD Program* provides weekly mental health rounds to health care professionals working at the Mental Health Care Program at Victoria Hospital, London Health Sciences Centre and the two mental health centres of St. Joseph’s Health Care London: Parkwood Institute Mental Health Care, formerly Regional Mental Health Care London (RMHCL) and the Southwest Centre for Forensic Mental Health Care in St. Thomas. Affiliated assertive community treatment (ACT) teams in Strathroy, St. Thomas and Woodstock also join by televideo.

The schedule was reduced by a brief interruption in November 2014 when RMHCL moved and settled at their new hospital, Parkwood Institute Mental Health Care. Twenty-eight presentations featured a diverse range of topics related to mental health and a variety of speakers that showcased the expertise of the psychiatry residents, staff and other invited specialists.

<table>
<thead>
<tr>
<th>Date</th>
<th>Speaker(s)</th>
<th>Title of Presentation</th>
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<tbody>
<tr>
<td>Sept. 8, 2014</td>
<td>Dr. Amresh Srivastava</td>
<td>Closing Treatment Gaps in Management of Suicide Behaviour in Clinical Psychiatry: New understanding, new hope</td>
</tr>
<tr>
<td>Sept. 15, 2014</td>
<td>Ms. Chantal Dubois, Ms. Catherine Glover</td>
<td>Building Addictions Capacity Within an Acute-Care Hospital</td>
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<tr>
<td>Sept. 22, 2014</td>
<td>Ms. Cathy Parsons</td>
<td>Resilient Teams.....Dynamic Organizational Culture</td>
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<tr>
<td>Oct. 6, 2014</td>
<td>Dr. Mohamad Elfakhani</td>
<td>&quot;Go to the Emergency Department!&quot; A look at interventions targeting frequent users of the ED</td>
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<tr>
<td>Oct. 20, 2014</td>
<td>Dr. Sarah Jarmain</td>
<td>Integrating Health Information Technology into Clinical Care: The Good, The Bad and The Ugly</td>
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<tr>
<td>Oct. 27, 2014</td>
<td>Dr. Petal Abdool</td>
<td>Developing an Integrated Care Pathway for a Late-Life Schizophrenia Clinic</td>
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<tr>
<td>Nov. 3, 2014</td>
<td>Dr. Maryna Mammoliti</td>
<td>Physician Health and Impairment</td>
</tr>
<tr>
<td>Dec. 8, 2014</td>
<td>Ms. Rita VanMeyl Dr. Hooman Ganjavi, Dr. Lloy Wylie</td>
<td>Collaborative Mental Health Care through a Transcultural Lens: <em>Moving toward an integrative and systemic response in the provision of mental health care to our refugee and immigrant populations in London and Middlesex</em></td>
</tr>
<tr>
<td>Jan. 5, 2015</td>
<td>Dr. Clark Heard, Mr. Jared Scott, Rev’d. Stephen</td>
<td>Walking the labyrinth</td>
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<tr>
<td>Date</td>
<td>Speaker(s)</td>
<td>Title of Presentation</td>
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<tr>
<td>Jan. 12, 2015</td>
<td>Dr. Gary Chaimowitz</td>
<td>Psychiatry in Ontario: What you need to know and why you need to know it</td>
</tr>
<tr>
<td>Jan. 19, 2015</td>
<td>Dr. Simon Chiu</td>
<td>New Frontier of Epigenetics in Alzheimer Disease: Role of Epigenetics Diet</td>
</tr>
<tr>
<td>Jan. 26, 2015</td>
<td>Dr. Amer Burhan, Dr. Amanda Arena</td>
<td>Automatic Self-transcending Meditation (ASTM) in late life depression</td>
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<tr>
<td>Feb. 2, 2015</td>
<td>Dr. Amresh Srivastava</td>
<td>Suicide Behaviour in First Episode Psychosis</td>
</tr>
<tr>
<td>Feb. 9, 2015</td>
<td>Dr. Steve Abdool</td>
<td><em>Bioethics Rounds</em>: Privileged Healers Safeguarding Integrity and Loyalty with the Sick and Marginalised</td>
</tr>
<tr>
<td>Feb. 23, 2015</td>
<td>Dr. Ross Norman</td>
<td>Are the effects of duration of untreated psychosis socially mediated?</td>
</tr>
<tr>
<td>Mar. 2, 2014</td>
<td>Dr. Cheryl Forchuk</td>
<td>Implementation of the Transitional Discharge Model (TDM)</td>
</tr>
<tr>
<td>Mar. 9, 2015</td>
<td>Dr. Kamini Vasudev</td>
<td>Valproate in Bipolar Disorder - What is new?</td>
</tr>
<tr>
<td>Mar. 23, 2015</td>
<td>Karen McGaw</td>
<td>Sexual Assault and Domestic Violence Treatment Program</td>
</tr>
<tr>
<td>Mar. 30, 2015</td>
<td>Dr. Eric Teboul</td>
<td>Gaining Insight into Lack Of Insight</td>
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<tr>
<td>Apr. 13, 2015</td>
<td>Dr. Ajay Prakash</td>
<td>An Introduction to Pedophilia</td>
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<tr>
<td>Apr. 20, 2015</td>
<td>Dr. Ben Loveday</td>
<td>Tug of War: Struggle for the Self-Esteem of Our Teens</td>
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<tr>
<td>Apr. 27, 2015</td>
<td>Dr. Brian Daly</td>
<td>Violence and Risk Management in Psychiatric Populations</td>
</tr>
<tr>
<td>May 4, 2015</td>
<td>Dr. Ken Rosenthal</td>
<td>New Understanding of HIV Pathogenesis and the Key Role of Immune Activation</td>
</tr>
<tr>
<td>May 11, 2015</td>
<td>Dr. Heather Flett</td>
<td>Adventures in Medical Education: Effective Large Group Teaching</td>
</tr>
<tr>
<td>May 25, 2015</td>
<td>Dr. Jennifer Poole</td>
<td>Madness, Gender And Sanism: Implications for research and practice</td>
</tr>
<tr>
<td>Jun. 1, 2015</td>
<td>Dr. Michael Mak</td>
<td>Evidence for use of Melatonin as a Hypnotic</td>
</tr>
<tr>
<td>Jun. 8, 2015</td>
<td>Dr. Rex Kay</td>
<td>Countertransference: Beyond the Blame</td>
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**Overview of ECT: A Practical & Interactive Workshop**

In October 2014, Dr. Amer Burhan and Dr. Varinder Dua repeated a half-day workshop that they designed to meet the learning needs of a clinical team embarking on the implementation of an ECT service in Windsor, Ontario and to provide the 5th-year psychiatry residents a learning experience in preparation for upcoming Royal College exams. The workshop was also attended by three staff psychiatrists with an identified interest in ECT therapy. The program was introduced with a “lunch and learn” informal presentation of objectives and an overview of ECT. Moving to the ECT Clinic at Regional Mental Health Care London, a practical hands-on training session ensued to cover initial referral and consultation through to ECT treatment and recovery with the assistance of...

The Evolution of Electroconvulsive Therapy:  *The Past, Present and Future*

A half-day symposium featuring presentations by experts in the field of electroconvulsive therapy was held on Tuesday, February 10th, 2015 at the Parkwood Institute Mental Health Care. The program was open to those in the practice of ECT therapy (meeting the educational credentialing requirement), those referring for service or interested to learn more about ECT and was designed in three parts:

Part 1: Evidence Informed ECT: An overview;
Part 2: Challenges in the Practice of ECT; and

Dr. Amer Burhan started with Part 1 and provided a comprehensive overview of ECT from the past to the present-day evidence behind the current model of care for ECT.

In Part 2, the challenges were further defined and well represented from the perspectives of the anesthesiologist, psychiatrists and ECT clinic nurses. Dr. Bobbi Jo Morrell presented on the Challenges related to Anesthesia in High Risk Patient Populations for ECT; followed by Dr. Varinder Dua presenting on the Challenges related to Patient Selection (addressing diagnostic – Axis I, Axis II issues, as well as issues related to cognitive, medications, alcohol and street drugs. Following a refreshment break and continuing with Part 2, Dr. Amer Burhan presented on Challenges related to ECT Procedure (parameter selection, inadequate seizure and prolonged seizure). Completing Part 2 was Ms. Krista Harloff presenting on the Challenges related to ECT Logistics and Recovery.

Part 3 featured the conference keynote speaker, Dr. Jeff Daskalakis, who presented on The Future of ECT and the Road Ahead.

Fourth Annual Mental Health Symposium – “Best Practices in CTOs”

A one-day symposium featuring experts in the fields of mental health legislation and the clinical application of community treatment orders was held on September 26, 2014. The day was a success and well attended with 120 participants and featured keynote presentations by Professor John Dawson, “Rationale for CTOs and How They are Used Globally;” and by Dr. Richard O’Reilly, “The Why, Who, When, What and How of CTOs.”

Participants had the opportunity to attend two of the seven workshops offered:

- Why CTOs are a Better Option than Jail – Justice Edward F. Ormston
- CTOs: Staying on the Right Side of the CCB – Dr. Sandra Northcott
- CTOs: Legislative and Policy Issues in Ontario – Anne Bowlby
- CTOs and the Role of the CTO Coordinator – Joe Skufca and Cathy Plyley
- What Interventions Can Be Required Under A CTO: Can A Specific Residence be Specified – Professor John Dawson and Dr. Richard O’Reilly
- A Fictional Case Illustrating Problems and Potential Solutions – Dr. Varinder Dua
- Using CTOs in the Early Stage of Psychosis – Dr. Raj Harricharan

Positive feedback and comments assist with development of future symposia.

2014-2015 CPD Awards
Best CPD Presentation by Faculty - Dr. Marnin Heisel
Best CPD Presentation by Resident - Dr. Sonia Wadhwa
Criteria for Awards: Highest overall average peer and audience evaluations from live site. This is based on the Likert scale based evaluation tools that cover the Guidelines and principles of both adult and postgraduate education and focus on 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

Upcoming Events:
**Illuminating Collaborative Care**
The Departments of Psychiatry and Family Medicine are pleased to announce an exciting full day conference on October 7, 2015 at the Best Western Lamplighter Inn & Conference Centre.

The day will offer plenary presentations by Dr. Nick Kates and Dr. Katherine Gillis and will feature an update on local initiatives as well as a CERI Team Building session.

Workshops will include the following:
"Pharmacotherapy of Psychosis Disorders: Clinical Pearls" - Dr. Mehtaab Uppal and Dr. Varinder Dua
"Motivational Interviewing in Primary Care" - Chantal Dubois
“Pharmacotherapy of Depression and Anxiety Disorders: Clinical Pearls” - Dr. Mark Watling
“CBT for Depression in Primary Care” - Dr. James Ross
“An Approach to Assessing Sick Leave and Disability in Patients with Mental Health Disorders and Medical Illness” - Dr. Katherine Gillis
“Managing Addictions in Primary Care: Clinical Pearls” - Dr. Sharon Koivu
“Pharmacotherapy of Bipolar Disorder: Clinical Pearls” - Dr. Verinder Sharma

Overall Conference Goals:
1. Awareness of our strategic initiative to have more collaboration between Primary Care and Mental Health Care
2. Skills to manage common Mental Health disorders encountered in Family Care Settings

**Fifth Annual Mental Health Symposium**
We are very excited to announce on November 20, 2015, we will host our Fifth Annual Mental Health symposium on "Psychosomatic Medicine: Charting New Frontiers". Plenary presentations by Dr. Rebecca Anglin “Managing the Psychiatric Comorbidity of Gastrointestinal Disorders” and by Dr. Sanjeev Sockalingam “Hepatitis: State of the Art Clinical Care”.

The symposium is open to all psychiatrists, physicians and allied health members. More details will be posted on our Department website.
For Registration Details visit: http://www.schulich.uwo.ca/psychiatry/about_us/events/index.html

Continuing Professional Development in the Department of Psychiatry is committed to fostering collaborative learning and incorporating inter-professional activities that rely on the organization and skills of our strong support staff, and I would like to extend thanks to Bela Franze and Faye Slote with the Department, and Joanne Chapman with St. Joseph’s Regional Mental Health Care. And lastly, with thanks to both Dr. Paul Links and Mr. Roland Kriening for their guidance and support.

Dr. Varinder Dua
Director, CPD
Research Report

Peer-Reviewed Publications


Bluhm, R., Covin, R., Chow, M., Wrath, A., & Osuch, E. (2014). I just have to stick with it and it’ll work: Experiences of adolescents and young adults with mental health concerns. Community Mental Health Journal, 50(7), 778-86.


Books and Book Chapters


Other Publications


Bhullar, G., & **Heisel, M.J.** (2015). *Suicide contagion among older adults: A systematic review.* Presented at the 28th World Congress of the International Association for Suicide Prevention, Montreal, PQ. [Abstracted in Electronic Abstracts for the 28th World Congress of the International Association for Suicide Prevention, OP18-31].


Espinet, S.D., Steele, M., & Lingard, L. (2014). *Utilizing an evidence based, multi-informant approach to developing a child and youth mental health curriculum for primary care physicians.* Poster presented at the Association for Medical Education in Europe, Milan, Italy.


Guiana, G. (2015). *Below the tip of the iceberg: Why a systematic review should really be systematic.* Invited Lecture at the Department of Epidemiology and Biostatics, Western University, London, ON, Canada.


Heisel, M.J. (2014). If suicide prevention is everyone’s business, how can I help? Invited keynote address at the Suicide Prevention Awareness Conference, Hosted by the Horizon Cross Cultural Center and the Jacquelyn Bogue Foundation, Orange County, CA, U.S.A.


Heisel, M.J. (2015). A Brief update on research in the Department of Psychiatry at Western. Invited presentation at the Lawson Mental Health Annual Retreat, London, ON, Canada.


Heisel, M.J., & Schroeder, B. (2014). *Preventing Suicide among Older Adults: From Assessment of Risk to Sensitive Care*. Workshop presented at the Canadian Coalition for Seniors’ Mental Health-Canadian Academy of Geriatric Psychiatry Joint Scientific Meeting, Toronto, ON, Canada.


Lanius, R.A. (2014). *Translating military members’ concerns regarding the onset and maintenance of PTSD to a novel research agenda*. Presented at the Military Veterans Health Research Forum Toronto, ON, Canada.


Richardson, J.D., & Roth, M. (2014). Managing insomnia in military-related PTSD. Presented at the Pre-Meeting at the Institute for the Annual Canadian and Military Veteran Health Research Forum, Toronto, ON, Canada.


Steele, M. (2014). *Southwestern Ontario Academic Health Network: Transforming health in Southwestern Ontario through integrative excellence in research, education and clinical practice*. Invited lecture at the School of Pharmacy, University of Waterloo, Waterloo, ON, Canada.


Steele, M. (2015). *Integrating interprofessional education and research into practice*. Keynote speaker at the Hospice of Windsor & Essex County Inc. 1st Annual Conference, Coming Together: Creating an Interprofessional Model in Hospice Care, Windsor, ON, Canada.


Stewart, S.L. (2014). *Prioritization and triaging collaborative action plan.* Presented at the interRAI instrument and systems development committee conference, Maui, HI, U.S.A.


Stewart, S.L. (2014). *Videogaming collaborative action plan.* Presented at the interRAI instrument and systems development committee conference, Maui, HI, U.S.A.


Stewart, S.L. (2015). Overview of the interRAI child and youth suite of instruments. Presented at the Canadian Institute of Health Information Annual Meeting with the Canadian Association of Paediatric Health Centres, Ottawa, ON, Canada.


Taylor, R., Schaefer, B., Osuch, E., Densmore, M., Rajakumar, N., Théberge, J., & Williamson, P. (2015). Neurometabolic changes observed in the anterior cingulate cortex and the thalamus in schizophrenia and in unipolar mood disorder relative to healthy controls at 7T. Poster presented at the International Society for Magnetic Resonance in Medicine Meeting, Toronto, ON, Canada. [Abstract published in the ISMRM program, p6170].


External Grant Funding


**Hampson, E.** (Principal Investigator). *Androgens and estrogens in the human nervous system.* Canadian Institutes for Health Research. $500,000; 2015-2020.


Links, P.S. (Principal Investigator). Affective lability in recurrent suicidal patients. St. Michael’s Hospital Foundation. $33,000; 2001-present.


Stewart, S.L., & Kelly, T. (Principal Investigators). Development, piloting, statistical analysis of interRAI child and youth mental health (ChYMH) and child and youth mental health-developmental disability suite of tools. London Community Foundation. $100,000; 2013-2015.


INTERNAL GRANT FUNDING

Armstrong, S., (Principal Investigator). Wammes, M., Arcaro, J., Summerhurst, C., & Osuch, E. (Co-Investigators). Patient expectations of outpatient psychiatric treatment. University of Western Ontario, Department of Psychiatry Seed Funding Competition. $6,945; 2014.


Dozois, D.J.A. (Principal Investigator). Cognitive schemas as longitudinal predictors of depressive relapse. Agnes Dark Cole, Western University Internal Social Science Award. $10,000; 2015-2016.

Dozois, D.J.A. (Principal Investigator). Cognitive schemas as longitudinal predictors of depressive relapse. Social Science Research Fund, Western University. $10,000; 2014-2015.


Espinet, S. (Principal Investigator). Steele, M., & Lingard, L. (Co-Investigators). Faculty support for research in education. Schullich School of Medicine & Dentistry. $9,147; 2014-2016.


Heisel, M.J. (Principal Investigator). Evaluating measurement characteristics of the Geriatric Suicide Ideation Scale (GSIS) in an older inpatient sample University of Western Ontario, Department of Psychiatry Seed Funding Competition. $5,000; 2008-2016.


Wylie, L. (Principal Investigator). *Culturally based programming to promote the emotional, spiritual, physical and mental health of indigenous youth*. Western Strategic Support for Canadian Institutes for Health Research Success. $24,747.80; 2014.

Industry Funded Grants


Media Appearances and Other Knowledge Translation Activities


Heisel, M.J.  (Television Interview) – Supreme Court of Canada’s decision to lift the ban on assisted suicide. (2015, February 6). CTV news with Gerry Dewan.


Heisel, M.J.  (Radio Interview) – Supreme Court of Canada’s decision to lift the ban on assisted suicide. (2015, February 6). CJBK London with Mike Stubbs.

Heisel, M.J.  (Newspaper Interview) – More action sought to stop suicide in Canada. (2014, November 3). Toronto Star, Olivia Carville

Heisel, M.J.  (Magazine Article) – Ending the stigma around teen suicide. (October, 2014). Canadian Living Magazine, Kate Rae.


Osuch, E.  (Television Interview) – Published paper in Frontiers in Psychiatry, Neuropharmacology; Marijuana use in youth with major depressive disorder. (2014, October 23). CTV News with Jan Sims.


Vasudev, A.  (Radio Interview) - Preliminary results of ongoing study on automatic self transcending meditation in late life depression. (2015, May 11). 102.9 FM.
<table>
<thead>
<tr>
<th>AWARDS</th>
<th>WINNER</th>
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<tbody>
<tr>
<td>Paul Patterson Resident Awards ($100.00) *</td>
<td>Charles Ho</td>
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<tr>
<td>Administrative Staff Award</td>
<td>Tracy Henebry</td>
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<tr>
<td>Clinical Innovation Award</td>
<td>Dr. Javeed Sukhera</td>
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<td>Clinical Innovation Award 1</td>
<td>Dr. Sreelatha Varapravan</td>
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<td>PROMOTIONS</td>
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<tr>
<td>Promotion to Associate Professor with Continuing Appointment (July 1, 2015)</td>
<td>Dr. Amer Burhan</td>
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<tr>
<td>Promotion to Associate Professor with Continuing Appointment (July 1, 2015)</td>
<td>Dr. Jennifer Barr</td>
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<td>EDUCATION AWARDS</td>
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<td>UGE - EDUCATION AWARDS</td>
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<td>UGE-Clerkship Supervisor of the Year Award</td>
<td>Dr. Julie Richard</td>
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<td>UGE-Clerkship Supervisor of the Year Award - Rural</td>
<td>Dr. Sivakumaran Devarajan</td>
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<td>UGE-Clerkship Supervisor of the Year Award - Windsor</td>
<td>Dr. Adewale Akinlosotu</td>
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<td>UGE-Clerkship Seminar Leader of the Year Award</td>
<td>Dr. Martyn Judson</td>
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<td>PGE - EDUCATION AWARDS</td>
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<td>PGE-Junior Resident of the Year Award</td>
<td>Aturan Shanmugalingam</td>
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<td>PGE-Senior Resident of the Year Awards</td>
<td>Pat Montaleone</td>
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<td>CPD AWARDS</td>
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<tr>
<td>Best CPD Presentation by a Resident</td>
<td>Sonia Wadhwa</td>
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<td>Best CPD Presentation by Faculty</td>
<td>Dr. Marnin Heisel</td>
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<td>DIVISION AWARDS</td>
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<td>CHILD &amp; ADOLESCENT DIVISION</td>
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<td>Award of Excellence in Postgraduate Teaching</td>
<td>Dr. Patricia Hall</td>
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<td>Award of Excellence in Undergrad Teaching</td>
<td>Dr. Aleksandra Nowicki</td>
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<td>GERIATRIC DIVISION</td>
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<tr>
<td>Excellence in Postgraduate Education</td>
<td>Dr. Hae Ryun Park</td>
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<td>dr. David Harris Award</td>
<td>Lauren Mussen</td>
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<td>GENERAL ADULT PSYCHIATRY</td>
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<td>Division Member of the Year</td>
<td>Dr. Christopher Tidd</td>
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<td>RESEARCH</td>
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<td>Research Award</td>
<td>Dr. Rob Nicolson</td>
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<td>HONOURABLE MENTIONS</td>
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<td>Over 25 years of service with Western University</td>
<td>Dr. Ross Norman</td>
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<tr>
<td>Schulich Excellence in Education Award for Undergraduate Education</td>
<td>Dr. Carla Garcia</td>
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<td>Schulich Continuing Medical Educator Award</td>
<td>Dr. Varinder Dua</td>
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<tr>
<td>Fellow of the American Psychiatric Association</td>
<td>Dr. Amresh Srivastava</td>
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Notes: 1. * Paul Patterson Award - In Paul Patterson's memory to a Resident who has demonstrated enthusiasm and ability as an educator. $100 prize attached.