



Department of Psychiatry

Annual Report
July 1, 2015 – June 30, 2016

**Department of Psychiatry
Schulich School of Medicine & Dentistry
Western University**

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July 1, 2015 – June 30, 2016

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Message from the Chair/Chief

As I write this annual report, you will be aware that I will not be seeking a second term as Chair/Chief. Given my family situation, I decided to focus my time and energy on my wife and family. However over the last year and over my term, I believe that we have developed several important initiatives that I wish to highlight in my annual report. I believe that these initiatives will strengthen, stabilize and solidify the Department as an academic leader in Canada.

Stabilize the Department's Budget

The Department has to develop extra income to offset the reductions from the Schulich School of Medicine and Dentistry budget and from the non-envelope funding from the hospitals. These reductions will not be recovered by reducing expenditures as the Department's major expenditures are related to salary commitments (e.g. salary support for Basic Scientists and Research Chairs). In addition, reducing our support for the Department's Basic Scientists and Research Chairs will undermine our academic agenda, reduce our academic deliverables and make the Department less attractive to medical students, residents and new Faculty recruits. Therefore, our budgetary plan was to increase in the tithe rate and currently, our budget model recommends the following: the introduction of the increased tithe rate in 2016-7 to 7.5%; increasing in 2017-8 to 8.5% and increasing to 10% in 2018-2019.

To increase Faculty engagement related to our academic deliverables, we adopted the recommendations from the MBR-Tithe Workgroup Report. Based on the report, we increased and broaden the MBR payments provided to Faculty and this was implemented in 2016-17. The new MBR payment structure will provide more incentive for Faculty to produce and report their academic deliverables.

We have developed a plan to be much more active in attracting internationally supported residents and fellows to develop an addition source of revenue for the Department. The monies accrued from these activities will be used to support our new educational programs and to support our Division's activities. To create the infrastructure needed to attract more internationally supported fellows, we have developed a role description for a Fellowship Director who will oversee our fellowship program and be a member of our Residency Training Program Committee. We are working closely with the Schulich School of Medicine and Dentistry on this plan as the Dean is supporting initiatives to attract more internationally supported residents and fellows.

Support and sustain our subspecialty and Windsor Postgraduate Programs

The main directions related to education will be to support and sustain our new Postgraduate Programs. Our Child and Adolescent Subspecialty Program has been through its initial review and will need continued support particularly with regards to regularly recruiting candidates for the residency program. The Geriatric Subspecialty Program has a resident in training and will need support to prepare for the initial internal review. The Forensic Division will not seek approval for subspecialty program status until adequate Faculty has been recruited to make the application viable. Over the last year, we have focus on attracting some young psychiatrists as Fellows and creating more stability in the program leadership.

We have made some initial inquiries about partnering with the McMaster Department of Psychiatry to determine if such collaboration is a more sustainable approach to offer Forensic Subspecialty training to our psychiatric residents. As we have been informed that there are no limits on the number of Forensic Subspecialty programs that will be approved, before any re-application, we should ensure our application is strong and adequately resourced.

The Windsor residency program has been launched and we are in the process of finalizing our detailed business plan for the sustainability of the program. The business plan for the sustainability of the program will capture the current and future resources that are needed as the program grows to full capacity. The main risks identified for the program are meeting the accreditation documentation requirements and securing the resources required as the program grows to full capacity (10 residents). In addition, we have to maintain the engagement of the Windsor Faculty and determine the best methods to reinforce their engagement. For some Faculty, this will mean facilitating access to Full Time Clinical Faculty appointments based on the revisions to the policy for Clinical Faculty Appointments. As stated above, a robust Fellowship program will be needed to create the income to support these new educational programs.

The Research Mandates of the Department will be Strengthened by the Following Initiatives over the Next Five Years:

- Develop a sustainability plan for all research intensive Faculty – Our current Research Chairs will be completing their terms over the next five years and we will plan to move our younger research intensive Faculty into these positions while retaining our current Research Chairs as active members of our Department.
- Enhancing clinical research programs by recruiting one or two more research intensive Faculty in areas that impact our clinical research programs and our international reputation. Certain areas within the Department are primed for future growth and recruitment. For example, the collaboration between Dr. Lanius and the Operational Stress Injury Clinic has been enhanced. This collaboration will boost our academic reputation on trauma related disorders and workplace mental health. We continue to advance our research activities in neuropsychopharmacology, neuromodulation, brain imaging and understanding the pathophysiologic mechanisms leading to mental illness. Also we will support our emerging reputation in the areas of transitional aged youth mental health, interventions related to preventing suicide and innovative approaches to psychiatric rehabilitation.
- Commit to training Clinical Investigators Program residents over next term – The Department has not made any gains on attracting residents into the Clinical Investigators Program. Providing the support and recruiting a resident into this program should be a priority for the next Chair.
- Encourage Faculty to apply for the CIHR Foundation Scheme – We will work with our Research Chairs, Basic Scientists and our new research intensive Faculty to encourage the development of proposals for the CIHR Foundation Scheme competitions.

Clinical Service Strategies that Should be Undertaken in the Next Five Years

include:

- Continue work on Mental Health Program Integration Feasibility Project – Under the leadership of Dr. Karima Velji, (add title), and myself, we have initiated the Mental Health and Addictions Integration Feasibility Project. Decisions about the feasibility and the options for integration and implementation are being formulated this fall and must be enacted going forward to improve patient care.
- Improve quality assurance with a focus on “Zerosuicide” – The St. Joseph’s Health Care Foundation has provided support for a pilot program with the Treatment and Rehabilitation Ambulatory care program. We have implemented the plan and are working on processes to improve screening, assessment and management of patients at high risk for suicide. The program will run for 3-4 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.
- Develop the next medical leaders for major clinical leadership roles – The focus on recruitment over the next couple of years will be to recruit outstanding leaders to fill our major clinical/academic leadership positions. This plan also includes retaining our senior leaders and fostering their careers within the Department within other major leadership roles.
- Continue to improve community collaboration and share care activities – We plan to extend our collaborative/shared care activities to other sites e.g. Middlesex Centre Family Medicine Clinic, Ilderton and continue to improve our collaborations with the primary care physicians in the area.

Lastly, I want to express my thanks to the Faculty who have always been available, supportive and committed to making our program better. I particularly want to thank the members of the Department Executive Committee and Dr. Jeff Reiss, Vice Chair, for their tireless work on creating all the changes undertaken over the last 5 years. I want to thank Roland Kriening and all the Department staff for their support and commitment to our academic activities. Finally I want to thank Colleen Chryssoulakis for keeping my head above water for these years and her unfailing ability to find a solution to any problem that I presented to her. To all of you, I wish you all the best over the next 5 years.

Dr. Paul Links

Professor & Chair, Department of Psychiatry
Schulich School of Medicine & Dentistry, Western University
Chief of Psychiatry, London Health Sciences Centre and St. Joseph’s Health Care
London

Division of Child and Adolescent Psychiatry Annual Report 2015-2016

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

CAP Undergraduate Medical Education

Beginning with our academic reports, we are most appreciative to Dr. Heidi Haensel, who stepped into the role of Undergraduate Coordinator for Child and Adolescent Psychiatry (CAP) in July 2015. She has embraced the role with vision and enthusiasm and was the winner of the Department of Psychiatry Clinical Clerkship Award at the Annual Awards dinner this June. Dr. Haensel's report on activities of the past academic year:

Clerkship Selectives and Electives

1. ACCOMPLISHMENTS:

Case Based Seminars

Child and adolescent psychiatry case based seminars continue to receive high ratings from clerks evaluating the teaching. During the past year, new presenters have joined the teams responsible for delivering the lecture topics. Presenters were encouraged to review the power point slides that are utilized in the seminars to ensure that the content was clinically relevant, updated to DSM V and appropriate for clerks. Any revisions were submitted for review and updated on the Web CT site.

Clinical Experience - Selectives

Throughout this academic year, Child and Adolescent psychiatry has offered 2-week long selective experiences for clinical clerks in nine separate services. We supervised more than 45 clinical clerks, providing exposure and involvement in psychiatric assessments, group/family sessions, interprofessional case conferences, and "bedside" teaching. Active recruitment of new psychiatry staff and interprofessional staff to the team of clerkship supervisors has continued. The addition of new members is accompanied by the provision of an orientation to the objectives of the clerkship experience, and the matching of the supervisor's availability with their assignment of clerks.

Electives

Child and adolescent psychiatry continues to be a popular choice for visiting student electives. With the help of our enthusiastic supervisors, we continue to provide an excellent educational experience for many medical students from other centres.

2. CHALLENGES:

Maintaining interest in teaching seminars with a clerkship cohort that may be less focused on the cognitive specialties.

Decrease in general adult psychiatrists offering core rotations to clerks, with these clerks then being placed with willing child and adolescent supervisors. This increased the numbers of needed clerk rotations, but at times clerks were less prepared for their rotations as this was not an area of interest.

3. OBJECTIVES FOR THE UPCOMING YEAR:

Review of selective objectives and deliverables to ensure consistency among supervisors.

Review and revise the suggested reading list for clerks in Child and Adolescent Psychiatry.

Support our staff providing selectives to share students between services when applicable in order to provide a broader range of high-yield clinical experiences to medical students.

Facilitate child and adolescent psychiatry representation in the Spring 2017 “Interest in Psychiatry” event and in the “Taste of Psychiatry” events in order to promote interest in this exciting field.

Liaise with the coordinator of child psychiatry in Windsor-Schulich to ensure equivalent clinical and teaching experiences between the two sites.

Update descriptions to medical students of each child and adolescent psychiatry service available for selective rotations. Arrange to have the descriptions posted on the UGME website for reference when medical students are making their choice of psychiatry clerkship selectives.

Review Med 2 and clerkship lecture materials to ensure appropriate topics and information level and avoid duplication.

Initiate Child and Adolescent Psychiatry Interest groups on social media to promote and maintain interest in the field.

CAP Postgraduate Medical Education

Dr. Patty Hall continues to ably lead Postgraduate Education for Child and Adolescent Psychiatry. She was also the residents' selection for the DCAP Annual Award: Postgraduate Child and Adolescent Psychiatry Teacher of the Year at the June 2016 Department of Psychiatry Awards Dinner.

Dr. Hall's report on DCAP Postgraduate Education for the year:

1. APPRECIATION

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 so willingly in teaching. It has been a busy year with Child and Adolescent Psychiatry lectures being provided for the PGY-1, PGY-3 and 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 for our psychiatry residents as well as family medicine and paediatric trainees. I would also like to thank the PGY-3 residents for their hard work in providing an excellent year of Child and Adolescent Rounds.

The RPC would like to make a special note of thanks to Dr. Margaret Steele for all her support to our subspecialty program. We wish her the best in her upcoming role as Dean of Medicine at Memorial University.

2. CONGRATULATIONS

The Postgraduate Education Committee in Child and Adolescent Psychiatry would like to congratulate Dr. Ray Egan for his successful completion of the Child and Adolescent Psychiatry Subspecialty exam of the Royal College of Physician of Canada in fall 2015. Also, we are excited to express congratulations to our PGY-6 resident, Dr. Joy Abramson. Dr. Abramson and her husband welcomed a healthy baby girl to their family in May 2016. Dr. Abramson is now on a well-deserved maternity leave and will complete her program in November 2016. Dr. Abramson was the recipient in the fall of 2015 of a Schulich School of Medicine and Dentistry Travel Award for her participation in a panel for the American Academy of Child and Adolescent Psychiatry Conference. Dr. Abramson presented on the topic of Weight Stigma in Medicine.

3. PROGRAM REVIEW

In the summer of 2017, the Child and Adolescent Psychiatry will undergo an internal review of the program. Our last review in 2014 resulted in the status of “Accredited Program with follow up by Next Regular Survey” (i.e. full approval). Our program administrator, Tracy Henebry, and the CAP Residency Program Committee will work hard over the next year to ensure we have a successful review.

4. APPLICATIONS FOR CAP SUBSPECIALTY RESIDENCY POSITIONS

As a reminder, applications for July 2017 are due in September 2016. 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.

Continued Professional Development (CPD) Report

Dr. Naveed Rizvi continues to tirelessly lead the CAP Continued Professional Development Program, ably assisted by Faye Slote. We are very fortunate to have such a rich CPD program and so appreciative of Dr Rizve's capable and committed leadership.

Dr. Rizvi's report on the CDP activities for the past year:

The DCAP continues to offer CPD activities with an emphasis on inter-professional learning to address knowledge gaps, promote evidence-based practices, facilitate professional development and build community capacity with collaboration and partnerships.

2015-2016 has been a busy and successful year for the DCAP CPD activities. While DCAP faculty members and Psychiatry Residents presented regularly at the CPD events, nationally and internationally, well known guest speakers also presented at 2015-2016 CPD events.

The CPD events were regularly attended by faculty members, allied health professionals, residents, medical and allied health students as well as by various community partners. Attendees evaluated the CPD events as excellent learning opportunities promoting knowledge acquirement, skill development and in improving practice attitudes.

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

During the year 2015-2016 DCAP organized the following CPD events: (Please refer to the attached document for details).

Complex Case Rounds (CCRs): ‘CCRs’ is an ongoing CPD event being 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.

Child and Adolescent Psychiatry Annual Conference held on April 29, 2016: “Creating a Care Continuum: Integrating Child and Youth Mental Health, Primary Health Care and Community Services”

Plenary: Dr. Sandra Fisman, “Joining the Dots: Building an Integrated Child and Youth Mental Health System”

Keynote: Dr. Karima Velji, “Integrated Youth Mental Health: Role of Organizational Leadership”

Workshops: Please see the attached for details.

CPD Department Grand Rounds hosted by DCAP held on June 9, 2016 on “Cardiac Side Effects of Psychotropic Medications in Children”. Resident Case presentation by Dr. Nina McCurdy (PGY-II Psychiatry) and guest speaker Dr. Michael Grattan.

DCAP Annual Meeting held on June 23, 2016, on “Concussion in children: Role of mental health professionals in managing the psychiatric and neuropsychological sequelae” by guest speaker Dr. Douglas Fraser.

Monthly Child and Adolescent Psychiatry Residents Rounds: DCAP collaborates with the Department of Psychiatry CPD Committee in organizing Child and Adolescent Psychiatry Resident Rounds on a monthly basis. Psychiatry residents presented a wide variety of child and adolescent topics.

While we look forward to another exciting and successful year for DCAP CPD activities, I would like to express my appreciation and thanks to the Department of Psychiatry, Chair of the Division of Child and Adolescent Psychiatry, DCAP Conference planning Committee members, and to DCAP Faculty members for their ongoing support, advice and participation.

I specially would like express my appreciation and thanks to Faye Slote, for her dedication and efforts in arranging and organizing DCAP CPD events.

Research

The profile of research within the Division continues to grow. This is in no small part a tribute to the research leadership of Dr. Jeff Carter, who continues to actively promote the DCAP Research agenda together with his growing responsibilities with the MCYS Lead Agency Development.

Dr. Carter's report on research activities over the past year:

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 have aligned our reporting with Department reporting to reduce the administrative burden on researchers, and we will be adding a section to our semi-annual reports to help researchers coordinate their efforts and provide residents with current information about potential research opportunities. The standing item on Research is now established as the first half hour in Psychiatrist meetings.

The Division successfully held the Third Annual Research Half Day on November 26, 2015. Dr. Mario Cappelli from the Children's Hospital of Eastern Ontario provided the keynote address on, "The Emergency Department (ED) as the gateway for hospital and community-based mental health services for children and youth: The Reluctant Navigator." Dr. Elizabeth Osuch presented on, "An integrated youth wellness hub in London--is there a vision?" The poster session included ten excellent posters. Winners of the poster competition were Dr. Javeed Sukera (Sukhera, Fahim, & Chahine, "Development of a brief and reliable scale for assessing stigmatizing attitudes towards patients with psychiatric illness: The Brief Mental Illness Attitudes Scale"), Sandra Gotovac (Gotaovac, Espinet, Ninan, Scott, Horne, Stretch, Robinson, Lingard, & Steele, "Improving primary care capacity to manage mental health care through training in child and adolescent psychiatry"), and Dr. Ajit Ninan (Ninan, Tehall, Willoughby, &

Meraj, "Engaging caregivers and youth in side effect monitoring with a responsive website"). Honourable mention went to Carolyn Summerhurst (Summerhurst, Swammes, Arcaro, & Osuch, "Embracing technology: Text message communication between a first episode mood and anxiety program and the youth they serve"). The Fourth Annual Research Half Day is being arranged for November 2016. The call for posters will come out over the summer.

The Journal Club is held on the 2nd Wednesday of alternating months. The focus is on promoting interdisciplinary research to promote evidence based knowledge and practices and this was a productive year with many interesting discussions. Dr. John Strang opened the year in October with a presentation on, "The Maryvale Mindfulness Study (2015)." In December, resident Dr. Joy Abramson presented on, "The Circle of Security parenting intervention". Dr. Peng Pang presented on the "Mobile Bridge Therapy Program" in February and Dr. Javeed Sukhera ended the season with a discussion on, "Resolving mental illness stigma: Should we seek normalcy or solidarity". A schedule for next year will be developed over the summer.

Clinical academic linkages

1. EXPLORATION OF CHILDRENS AND MENTAL HEALTH ADMINISTRATIVE MODELS

There has been a senior leadership initiative at LHSC and SJHC over this past year to explore the optimum governance model in the London Hospitals for Mental Health and Children's Health. Child and Adolescent/Youth Mental Health has had affiliations with both of these processes, being an important component of Children's Health within a Children's Hospital and a partner with Adult Mental Health in ensuring developmentally appropriate mental health care for Transitional Age Youth. It has been determined through a Children's Hospital Roadmap Steering Committee at LHSC that Child and Adolescent Mental Health will be part of the future Children's Hospital along with other Children's Health Services. The Mental Health Feasibility Study, exploring governance and siting of Mental Health services across the lifespan and the continuum from acute to tertiary care and linkages with the community, is in progress.

We are appreciative to Drs Ellen Lipman and Peter Fitzgerald who hosted a visit at MacKids in Hamilton in February 2016, that was very helpful in informing our future models of care and opened the way for collaboration between our two centres.

2. OTHER CLINICAL ACADEMIC INITIATIVES

Continued Dialectical Behaviour Therapy Development

A continued focus of the past year has been our Dialectical Behaviour Therapy (DBT) initiative. Beginning in 2013, Children's Health Foundation (CHF) has contributed to funding the development of Dialectical Behavior Therapy (DBT), an evidence-based treatment modality for patients that historically have been difficult to treat and characteristically have frequent Emergency Department (ED) visits, crisis admissions and struggle to make progress towards recovery due to self-harm behaviours and suicidality. Our project has aimed to further increase

the capacity of our clinical teams to integrate DBT as a treatment modality across our Child and Adolescent programs at LHSC/Children's and SJHC/Parkwood Adolescent Program. The project has been divided into three phases:

In September 2014 we offered "DBT Training and Consultation: A 2-Day course in partnership with experts at Behavioural Tech LLC". Support from CHF enabled subsidized registration fees for participants from London and the region to attend DBT training with experts (that were last in London area in 2005). Partners and agencies learned about both adopting and adapting DBT as a service model, to meet the needs of adolescents in their own community. 80 participants consisting of medical students, physicians, residents, psychologists, social workers, nurses and child and youth workers attended from Southwestern Ontario. Participants evaluated the workshops and the majority of respondents "agreed to strongly agreed" that both workshops were a success, were relevant to their practice; and provided new knowledge, new skills, and changed their attitudes. Participants also "agreed to strongly agreed" that their motivation to attend was "high", the training day was an effective learning experience and they would be interested in attending the workshop(s) again.

There were several other positive outcomes:

a) The development of a standard DBT assessment form that allows teams to make patient-informed treatment decisions and recommendations is one successful initiative. The form is utilized across each area of service within CAMHCP and the Parkwood Intensive DBT Group Program and has become a standard of practice.

b) A standard chain analysis form was also developed and is used in both Inpatient and Outpatient settings across both hospital Child and Adolescent programs, where clinicians work closely with the patient to understand the chain of events that lead to their impulsive behaviour. We continue to focus on completing chain analyses as a standard of practice when a patient experiences life-threatening thoughts or actions. It is a valuable tool used in DBT as it informs assessment, skills teaching and treatment recommendations.

c) A comprehensive DBT group skills binder has been created for patients attending the intensive ambulatory program and it includes individualized diary cards, treatment agreement and safety plan. We have adapted a set of DBT skills teaching handouts and practice worksheet for the Inpatient DBT programs and Eating Disorder Day Treatment Program at LHSC. Mindfulness binders have been created and distributed across the program to provide a standard resource for staff to teach and practice mindfulness with their patients.

d) The Oxford Elgin Child and Youth Centre (OECYC) St Thomas site presented a workshop at the DCAP Annual Symposium this past April outlining their successful implementation of DBT Skills Group at their agency.

This past year CAMHCP developed a team of seven committed clinicians to provide structured, comprehensive DBT programming in our ambulatory setting at LHSC. Adolescent patients and

their parent/caregiver attend 3 hours/week of combined individual and group therapy over 14-16 weeks in the DBT program. To successfully deliver this modality clinicians completed on-line DBT training modules, attended the 2-day DBT training workshop with the trainers from B-Tech) and were supervised in the implementation phase to advance their competency in DBT. CHF funds supported the purchase of copies of DBT® Skills Manual for Adolescents (Rathus & Miller 2014) which is an optimal clinical resource to sustain fidelity to the model.

The Outpatient program at LHSC now also offers a less intensive DBT informed stream of treatment called “Let’s Learn Emotion Regulation Now” (LLERN). Development of LLERN has reduced the wait times for service, increased the therapeutic group programming available and utilizes clinical resources effectively. The LLERN program is available to our patients and their families as a result of CHF funding that supported the cost of DBT training for our program staff.

Other DBT Program expansions

Adolescent Inpatient Services

LHSC: Various professionals and disciplines, from psychiatry, psychology, nursing, child and youth work, social work, and management, with a dedicated DBT trained clinician came together as a team to develop a new structured treatment schedule and model for the B8-200 inpatient unit. DBT has been adopted and combined with a Collaborative Problem Solving approach. For example patients can expect to attend mindfulness training, therapeutic skills group, homework sessions, safety planning and relaxation group daily during their admission.

Parkwood H-5: The DBT Intensive Group Skills program for parents/caregivers and Youth, provided by Adolescent Outreach has been in place since 2006 and more recently was expanded to the inpatient program following the recent comprehensive training and staff completion of on-line training modules. Group is provided twice a week in modular format and coupled with individual DBT and daily supervised homework completion.

Eating Disorder Program

A DBT skills group was adapted and implemented for patients in the Eating Disorder(ED) Day Treatment Program at LHSC; patients attend weekly group sessions. The ED team attended DBT training (funded through CHF) and the staff continue to receive weekly supervision and consultation to further improve their DBT skills teaching.

General Adult Ambulatory Mental Health Service

A team of clinicians from General Adult Ambulatory Mental Health Service was trained in DBT which allowed this group intervention to be delivered to Transition Age youth (17-24). In the past at LHSC we were not able to offer a structured evidence-based treatment to youth in this age group and it was very difficult to expect young patients to attend group interventions with adults.

DBT Outcome Evaluation Study

In a true spirit of collaboration, the Child and Adolescent Mental Healthcare Program (CAMHCP), Children's Hospital, London Health Sciences (LHSC), Parkwood Institute, Mental Health Care Building (PARKWOOD), and Dr. Shannon Stewart and Dr. Chloe Halmza, Faculty of Education, Western University are moving forward with DBT Phase 3 development, Outcome Evaluation Study.

Dr. Shannon Stewart is a Psychologist, in the Department of the Faculty of Education, Western University and an Associate Scientist at the Children's Health Research Institute. One of Dr. Stewart's focuses is contributing to increased evidence-informed care planning to improve the functionality of mental health services across multiple service sectors. Dr. Chloe Hamza, Ph.D. is a Canadian Institutes of Health Research Postdoctoral Fellow, Faculty of Education, Western University is presently working with Dr. Stewart.

In addition, the DBT therapists/consultants at CAMHCP have come forward and volunteered to administer the interRAI ChYMH – Suicidality and Purposeful Self-Harm Items Only (CAP) on their clinical time. They also agreed to take time from their busy demanding clinical schedules to be trained on the CAP without remuneration.

A DBT model in adolescents has not been studied in Ontario and minimally in the adolescent population as a whole. In this research partnership we hope to evaluate treatment outcome across both hospital programs, LHSC and PARKWOOD delivering DBT, to enhance our study methodology. This evidence will be crucial to support our intention to use DBT as a treatment modality to sustain the highest quality and safest management of this patient population and simultaneously enhance our research reputation and profile at LHSC and Parkwood.

Treatment in adolescent mental health is not a “quick fix” and it is imperative that program evaluations and continuous training are essential to safeguard the highest quality of mental health care for adolescents in such destructive life situations.

As of the present, our enrollment has been:

Principal Site, Child and Adolescent Mental Healthcare Program (CAMHCP), Children's Hospital, London Health Sciences

Number of participants enrolled in the study: 13

Number of participants withdrawn from the study: 4

Number of participants put on hold in participating in the study: 0

Number of participants completed the study: 3

Study visits are on-going.

Co-Site, Parkwood Institute, Mental Health Care Building

Number of participants enrolled in the study: 18

Number of participants withdrawn from the study: 8

Number of participants put on hold in participating in the study:

Number of participants completed the study: 3

Study visits are on-going.

Study Team, Roles and Responsibilities

Dr. Sandra Fisman, Principal Investigator: Oversees both sites, study protocol; responsible and active for all aspects of the research study.

Brenda Davidson, Study Coordinator/Research Support: Assists in protocol, liaise with REB, modifications, data collecting/input, consent, and administering/reviewing study measures, quality control for both sites.

Dr. Javeed Sukhera, Co-Investigator: Screening, consent, administering/reviewing measures.

Julie Jeanson, Co-Investigator, Managing LHSC site, implementation of study protocol, consent, administering/reviewing study measures.

Jennifer Wilson, Co-Investigator: Managing Parkwood Institute, Mental Health Care Building Site, implementation of study protocol, consent, administering/reviewing study measures.

Patrizia Travis, Co-Investigator: Managing Parkwood Institute, Mental Health Care Building Site, implementation of study protocol, consent, administering/reviewing study measures.

David Bogaert, Co-Investigator: Consent, administering/reviewing study measures. Parkwood Institute, Mental Health Care Building Site.

Dr. Raymond Egan, Co-Investigator: Reviewing MAFS, administering BIS and reviewing BIS.

Dr. Shannon Stewart, Co-Investigator: (CAP), Data analysis

Chloe Hamza, Co-Investigator: Data analysis.

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

2015-2016 has been another successful year for CPRI Hub of the Tele-Mental Health Services. CPRI hub continues to provide clinical consultations, program consults and education to all publicly funded community professionals, working with children and youths in the rural and remote communities.

While during 2015-2016, majority of referrals were from MCYCS Children’s Mental Health Agencies, Family Health Teams and Family Physicians for clinical consultations, the number of program consults, particularly to MCYCS mental health agencies have increased. CPRI Hub provided 9 educational sessions at the regional as well as provincial level.

Fiscal Year	June 1, 2015 – May 31, 2016
Clinical Consults	415
Program Consults	61
Education Sessions	9
Total Completed Services	485

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

To facilitate and promote Telemental Health Services, CPRI hub Team have established strong collaboration with the “Telemental Health Coordinating Agencies” and “Telemental Health Central Intake” as well as with Community Providers. This has successfully improved awareness and utilization of Telemental Health Services and as a direct result, we are now seeing an increase in the number of referrals.

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

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.

Last but not least.....

There continues to be an ongoing tension between the heavy clinical demands for all of our services and academic productivity of our psychiatrists as well as other clinicians who contribute so actively to interprofessional teaching and research. I would like to take this opportunity to thank you for your commitment to our academic and clinical care missions.

Sandra Fisman

Professor and Chair, DCAP
Department of Psychiatry
Schulich School of Medicine and Dentistry
Western University

July 1, 2015 to June 30, 2016: Child and Adolescent Psychiatry CPD Events

Complex Case Rounds (B8-035, 12:00 – 1:00pm)

September 16, 2015- Dr. Naveed Rizvi & Julie Jeanson, "Challenges in Treatment Planning and Provision for Transgender Youth"

November 18, 2015- Michelle Gallagher, "Challenges in Residential Treatment for 12 year-old Youth"

January 13, 2016- Stephanie Rabenstein, ""Multiple threads, one needle: trauma-focused treatment for siblings sexually and physically abused by a stepfather"

March 9, 2016- Dr. Javeed Sukhera, ""The Boy Who Would Not Eat: A Complex Case of food refusal and major depression"

May 11, 2016- Dr. Sandra Fisman, "Mental Illness Is No Excuse For Bad Behaviour: When Biology and Behaviour Collide"

Journal Club (B8-035, 12:00 – 1:00pm)

October 14, 2015- Dr. John Stang, "The Maryvale Mindfulness Study (2015)"

December 9, 2015- Dr. Joy Abramson, ""The Circle of Security Parenting Intervention"

February 10, 2016- Dr. Peng Pang, "Mobile Bridge Therapy Program"

June 8, 2016- Dr. Javeed Sukhera, ""Resolving mental illness stigma: should we seek normalcy or solidarity?"

DCAP Resident Rounds (B2-116, 8:30 – 10:00am)

September 17, 2015- Dr. Kara Dempster, ""Disruptive Mood Dysregulation Disorder: What is it and How will it Effect My Practice?"

October 15, 2015- Dr. Joy Abramson, "Trichotillomania: Diagnosis and Treatment"

November 19, 2015- Dr. Rickinder Sethi, "Video Game Addictions"

December 17, 2015- Dr. Aturan Shanmugalingam, "The Hunger for Competition"

January 21, 2016- Dr. Sonia Wadhwa, "Sensory Processing Concerns in Children"

February 18, 2016- Dr. Russlan Abouhassan, "Selective Mutism"

April 21, 2016- Dr. Charles Ho, ""Suicidality in Young Children: An Overview"

DCAP Research Half Day (E7 Amphitheatre, 8:45 – 12:30pm)- November 26, 2015

Keynote Speaker: Dr. Mario Cappelli, "The Emergency Department (ED) as the gateway for hospital and community-based mental health services for children and youth: The "Reluctant Navigator"

Local Presentation: Dr. Elizabeth Osuch, "An integrated youth wellness hub in London--is there a vision?"

DCAP Annual Conference (Best Western, 8:30 – 4:00pm)- April 29, 2016

“Creating a Care Continuum: Integrating Child and Youth Mental Health, Primary Health Care and Community Services”

Plenary: Dr. Sandra Fisman, “Joining the Dots: Building an Integrated Child and Youth Mental Health System”

Keynote: Dr. Karima Velji, “Integrated Youth Mental Health: Role of Organizational Leadership”

Workshops:

1. Dr. Stacey Espinet & Dr. Margaret Steele, “Physician Training in Child and Adolescent Psychiatry (PT-CAP): Building Knowledge and Skills of Primary Care Providers Through Education”
2. Dr. Lloy Wylie, Heather Harder & Rita VanMeyel, “Mental Health Services for Immigrants and Refugees: Strategies Learnt in the RBC Diversity Project to Work With Incoming Refugees From War-torn Countries
3. Julie Jeanson, “Successes and Challenges in Integrating Dialectical Behavioural Therapy in a Community setting for Complex Adolescents at Risk for Life-Threatening and Self-Harming Behaviours”
4. Dr. Javeed Sukhera, “Utilizing a Collaborative Model to Link Hospital based (ER) and Community based (C-IT) Crisis Intervention Services ”

CPD Department Grand Rounds- hosted by Division of Child and Adolescent Psychiatry (C3-301, 8:30 – 10:30am)- June 9, 2016

Dr. Nina McCurdy & Dr. Michael Grattan, “Cardiac Side Effects of Psychotropic Medications in Children”

DCAP Annual Meeting (Best Western, 5:00 – 7:00pm) – June 23, 2016

Dr. Douglas Fraser, “Concussion in children: Role of mental health professionals in managing the psychiatric and neuropsychological sequelae”

Division of General Adult Psychiatry

Overview

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

Towards the end of the academic year, we held our first retreat of the newly expanded division, which was well attended. There were four desired outcomes that were to come of the retreat:

1. Working towards forging an identity for the new Division, as well as planning and advocating for its development.
2. Planning how our clinical structures could be adapted to further our academic mission.
3. Planning how we could adapt our delivery of education (UG, PG, CPD) for optimal results.
4. Planning how we could further our research activities for maximum productivity.

While it's beyond the scope of this annual report to summarize all of the proceedings discussed at the retreat (although a summary document exists), there are some points related to our new identity that will be mentioned. It is still the case that the Division has the responsibility to provide the core educational experiences in adult psychiatry required by medical students, psychiatry residents, as well as those from family medicine and other specialties, in addition to trainees in related health disciplines. As such, the Division's influence continues to extend beyond producing competent general psychiatrists. However, the formal recognition of our division being that of the Royal College primary specialty means that it now has oversight over the residency program in the primary specialty. Another consequence of the Division now representing the primary specialty, and to a lesser extent with the acknowledgment of our services and psychiatrists often working with populations below and above the traditional ages of 18-64, a proposal of changing our Divisional name to "the Division of General Psychiatry", which was subsequently endorsed by the Department Executive. Consequently, over the 2016-2017 academic year our Division will be known by our new name.

Somewhat related to latter three objectives of our retreat as they pertain to opportunities arising as a result of the Division now spanning both hospitals, there has been a major clinical initiative that commenced over the academic year. The mental health programs within the two major hospital systems, SJHC and LHSC, had started what has come to be referred to as the Feasibility Study. This initiative has been endorsed by both hospital boards and is being facilitated by the healthcare consultancy group, Corpus Sanchez International. In brief, this process is to determine the feasibility and subsequent plans to realign clinical services between the two hospitals such that they operate in a more integrated manner with one another and with community mental health and addictions service partners. Of the five initial areas identified, three have significant impact on our Division: Adult Ambulatory Care, Transitional Stage Youth, and long-stay patients within the hospital systems. Initial plans were just being conceptualized by the end of the academic year, so I look forward to providing an update in next year's report.

2015/2016 was a very productive academic year for the Division. Division faculty organize and deliver much of the Department's undergraduate, postgraduate, and continuing medical education/continuing professional development. Dr. Praful Chandarana's nationally acclaimed Western Psychiatry Exam Preparation Course (now named in his honour) continued on with great success. In the spring, the Division hosted the very well received CPD event entitled "Not for Human Consumption": Novel Psychoactive Substances in the Internet Age. This year was unique in that as opposed to most other years where we bring in a visiting professor, we used local divisional faculty to facilitate the discussion of what was otherwise a resident led presentation. After the presentation of a challenging related case by Dr. Kimberly Fielding, Dr. Jonathon Gregory delivered an enlightening talk on unregulated psychoactive substances readily available to the public online (Jon later went on to win the Best Poster Award at the Canadian Psychiatric Association Annual Meeting for his poster on the same topic). After some initial growing pains, our new General Psychiatry residency program based in Windsor, is growing successfully with both junior and senior residents complementing the established undergraduate medical education program. Congratulations to Drs. Brian Burke, Volker Hocke and a cast of other supporters for making this happen.

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

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

London Health Sciences Centre - Based Services

Adult Eating Disorder Program – Dr. Robbie Campbell

Current Program:

The Phase I (Day Care) Program offers group CBT and has recently expanded to Riverview in April to operate 8 residential beds as part of the daily 12-week program. As of October 2016, the Program will be able to accommodate 12 patients (capacity). The residential beds are not at capacity and this bed utilization is being reviewed as there has been allotment for a 4-week stay in residence prior to moving back into the community and completing the program "off campus".

The Phase II Follow-up Program (2 days/week for 12 weeks) follows Phase I care.

The Phase III (Maintenance) Program that involves weekly visits and occurs post-Phase II care.

We have started a Youth Transition Program (starting age 17) that offers individual CBT weekly for 20 weeks. Currently, there are 3 Transition Age Youth (TAY) enrolled.

There is a CBT Bulimia Group offered weekly for 20 weeks.

We have recently introduced a CBT Binge Eating Disorder (BED) Weekly Program.

Program Changes:

We are looking at ways to increase the number of patients seen and the possible addition of case management services to bring more flexibility to accommodate those who do not fit into the current CBT model.

Already there has been a review of clinician and patient feedback, and we are moving forward to include individual, family and community support groups, such as CMHA and Hope's Garden. Preliminary meetings have already been held to pave the way for the addition of individual therapy, a decrease in the number of CBT style groups and the introduction of Bullet rounds that include electronic charting. This change in program format will take time, and we hope to implement these suggested changes over the next several months. The changes will be evaluated with clinician and patient input. It is hoped that the changes will allow us to improve our reach to such a complex and diversified illness and accommodate their comorbidities that often render them refractory to treatment.

The Vision:

Our service is still growing and as such we'll need to allocate our dedicated clinicians wisely. They have offered valuable feedback, and we are proceeding with their input as we strive to develop a world class Eating Disorder Treatment Centre that will continue to expand education and research opportunities, provide equal access to all and be able to provide a service that offers a true person-(patient/client) centered approach.

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

The CEPS team is an interdisciplinary team comprised of a variety of health care practitioners working together to provide emergency psychiatry to the London community. The weekday team includes psychiatric nurse case managers, psychiatrists, and a social worker. Outside of day-time hours it is residents, medical students, and on-call psychiatry staff providing additional support. Our last year has been eventful with record high volumes and tremendous response by residents and staff. Closer integration with the ER has happened, with a psychiatric nurse screening MH patients as part of the ER team. This is hoped to reduce non-emergent referral rates and facilitate community resource access. We have worked with the outpatient department to increase access to urgent follow-up as well as added access to outpatient group referrals. Future plans involve reassessment of the recent changes, implementation of a new patient information board, as well as ongoing advocacy for improvement in the physical patient areas.

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

Consultation-Liaison Psychiatry is a specialized service that deals with the overlap of physical health and mental health care issues. The primary mandate is to provide timely Psychiatric consultation to adult patients admitted to medical/surgical units at the University Hospital and Victoria Hospital sites. Accomplishments in the last year include: Mental Health Act education to non-psychiatric colleagues, enhanced educational opportunities for off-service residents, fellows, and elective medical students through rotation development.

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 productivity:

FEMAP clinicians conducted 2658 patient visits, and saw 369 new patients from July 1, 2015 to June 30, 2016.

Academic activities and goals:

- Published several articles on research conducted at FEMAP. List of publications in time-frame available upon request
- Analyze and publish findings on treatment effectiveness and cost comparisons of FEMAP treatment model (AMOSO Innovation Fund, versions 2 and 3)
- Publish the short-term cost-effectiveness study and long-term clinical and cost effectiveness studies of FEMAP treatment model with collaborators from Epidemiology and Biostatistics
- Analyze and publish evaluations of individual aspects of treatment at FEMAP such as the young women's stabilization group.
- 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). This included a grant funding request to the PSI
- Move FEMAP into larger space that will allow for expansion of services and collaboration with community partners.
- 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 General Adult Ambulatory Mental health service (GAAMHS) consists of physicians (6 FTE) and clinicians (allied health professionals, 22 FTE) who provide a variety of outpatient services 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. The Traumatic Stress Service (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.

Between June 30, 2015 to June 30, 2016, physicians attended to about 18,000 patient visits (including consultation and follow-ups) and a similar number of visits were offered by the clinicians.

In the last year, we made some achievements worth mentioning. The wait times for various group therapies including Track to wellness, CBT, Trauma service and DBT have reduced as a result of the changes made in the structure and process of referral and delivery of the group therapies. Wait period for DBT remains challenging though. More effective community links have been developed. DBT psychologist has collaborated with CMHA to train staff in DBT and so DBT groups are now run by CMHA staff with supervision from our psychologist. A member of our Trauma team has collaborated with Thames valley family health team to train their staff in trauma stabilization techniques so that the staff can run their own group. These efforts may reduce referrals and wait times in GAAMHS. Urgent Consultation Service (UCS) nurses are now also providing brief group interventions to improve filtering referrals to other group therapies at GAAMHS.

The GAAMHS physicians have been meeting every two months to address any clinical or administrative issues. These meetings have improved communication within the physicians and with clinician groups. Dr. Charles Chamberlaine retired from urgent consultation service this year, leaving behind a huge caseload. He has now been replaced by two physicians (0.4 and 0.7 FTE each).

An exciting development this year is the initiation of the ambulatory integrated care feasibility project between LHSC and SJHC ambulatory mental health programs. There have been two meetings of staff representing the two sites and our community partners (CMHA), so far. In the upcoming year(s), there may be major changes in the organization of ambulatory mental health services in London, depending upon the outcome of this integration project. It is hoped that integration of services will improve accessibility and will meet patient needs more efficiently.

Inpatient Services – Dr. 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 2015-2016 year the process of implementing more therapeutic options continued with differentiating the contents of the groups. 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 changing the model of care structure. A survey was conducted to identify areas in need of improvement. Communication between care team members will be the focus of our efforts of improvement. Early in the fall of 2016 we will have open forum meetings with nurses and physicians to discuss options for improvement.

In collaboration with CMHA we continue to have transitional and addiction transitional case managers available for community support directly after discharge. This project has been a great success and is

highly appreciated by patients, treatment teams and families. In turn, these same TCMs were 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”. While the additional peer support program associated with this project was discontinued after the project was completed, new support from the LHIN will be forthcoming for this valuable contribution.

The HUGO (Healthcare Undergoing Optimization – electronic health record system) project has been implemented and continues to improve our documentation system to a new level. Recently, a ECT multiphase plan was added.

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 providing 74 beds plus 6 surge unit beds.

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

The PEPP program, under the direction of our new Medical Director, Dr. Lena Palaniyappan, continues to be a strong support group for those with psychosis. At our retreat held in February 2016, a staff ‘think tank’ provided us with several new initiatives for the program. A PEPP Workbook is being developed to foster independence and confidence in clients, and we are moving to a more youth-friendly environment by developing new youth groups, communicating by cell phone with clients, and increasing our social media presence.

Several exciting projects have been developed including POWER-Up (supporting clients, who have been with the program greater than four years, in their transition to support groups in the community), the COST group (workplace training for clients), as well as client-engaging partnerships with several London community agencies (e.g., CMHA, Southwest Ontario Aboriginal Health Access Centre and Goodwill), to provide support and training for clients. Businesses in London have offered support to PEPP clients in the form of employment and volunteer programs. These include MicroCad, London Hospital Linen Supply, Habitat for Humanity, HomeSense and Mission Services, to name a few.

We have also taken positive steps to integrate patient services across two hospital sites, Parkwood and Victoria Hospital. For example, our PEPP clients are able to access the gymnasium at Parkwood for physical rehabilitation. Our Employment Counsellor has developed strong links with other vocational programs across the city, including CMHA.

Two staff members were awarded with high honors: Dr. Julie Richard won the Divisional Faculty Member of the Year Award for LHSC Department of Psychiatry, and Karen McCauley received the LHSC Outstanding Preceptor Award.

Through LHSF we are indebted to our donors whose charitable support has been a key factor in many of our patient-centered initiatives. As well, the Province of Ontario, through Hike Ontario, has provided funding for ‘Mood Walks’, facilitating the link between mental health programs and local hiking resources.

We continue to contribute to education in the Department of Psychiatry. This year we hosted Dr. Christopher Bowie who delivered an educational session focused on recovery. We also engaged with the pharmaceutical industry in providing training and preceptorship in early intervention.

PEPP continues to be a successful hub for research activities within the Department of Psychiatry. A number of our projects have attracted attention from media, both locally and globally. Our Mindfulness Program, facilitated by Dr. Arlene MacDougall, was recently covered by CTV. Our imaging research in early intervention in psychosis has attracted the attention of global media. These projects are having a

measurable impact on patients' lives, as evidenced by the wider uptake of our program by early intervention teams across Ontario.

Dr. Jason Carr, Clinical Psychologist, moved to take a position at Parkwood Hospital after many years of service to PEPP clients. We wish him all the best. PEPP is very excited to welcome Dr. Maya Gupta, a full-time Clinical Psychologist, who will be joining the program in September 2016.

Future Direction:

1. We are implementing a measurement-based care approach to improve the matching of patient needs with available resources.
2. We are moving forward to assess the feasibility of offering youth-friendly services across the city with the Translational Age Project.
3. We are continuing to work with the services at Parkwood Hospital to improve the continuity of care between early intervention and community treatment.
4. Our Intake Coordinator is developing programs to improve student outreach by working closely with the two major educational providers in the city, Western University and Fanshawe College.
5. We are planning to strengthen our ties with the Canadian Consortia of Early Intervention for Psychosis (CCEIP) and the Early Psychosis Intervention Ontario Network (EPION) to improve the standards of care offered to patients with psychosis in the City of London.

We will continue to pursue innovative research and improve the standard of clinical care within the PEPP program.

St. Joseph's Health Care - Based Services

Collaborative Mental Health Care services – Dr. Jatinder Takhar

Background

The implementation of this clinical service functions within the Adult Ambulatory Care program based in Parkwood Institute, Mental Health Care Building which provides service to approximately 1,100 outpatients. The service models are predicated on the development of a comprehensive continuum of service supporting a seamless transition between hospital- and community-based care delivery, with the goals of more efficient use of resources, better coordination of services, and community tenure. The service strives to help solve the problems faced by primary care providers in London and area; there is also a need to provide support for primary care practitioners in primary care settings. Successful models of primary specialty care partnership and service delivery have been developed to enrich the training and mentoring arrangements between general practitioners and psychiatrists, and to ensure that clients with multiple problems that cross a variety of service jurisdictions will receive coordinated services based on the underlying principles of client-centered care.

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

The Service provides an enriched training environment, meeting the needs of the senior undergraduate and postgraduate students.

The Benefits of Collaborative Care Models

A psychiatric consultation team visits a primary care practice on a regular basis to see and discuss patients, and to provide educational input and advice for primary care providers, which have the

potential to increase accessibility to psychiatric consultation, strengthen the support for primary care providers, and improve communication between psychiatrists and primary care providers.

The service aims to:

- a) Improve the quality of care and treatment outcomes for adults 16 to 65 years of age with severe mental illness who are managed by their primary care providers;
- b) Increase the opportunity for primary care providers to have case discussions and reviews with mental health practitioners in a direct and indirect manner.
- c) Increase access to timely mental health service provision and useful management recommendations.
- d) Meet the demands of the RCPSC mandatory training requirements available for residents, including exposure to addictions.

Overview of Collaborative Care Services

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

Achievements in 2015/2016

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

- The service provided clinical experiences in the hospital/community to approximately 15-20 clinical clerks.
- Assisted with the content development of the first collaborative care conference providing education to community primary care physicians and other community health care workers. The second conference will take place in October of 2016.
- Collaboration in an on-line survey to develop an expert consensus on core competencies for psychiatrists' training in collaborative mental health care (aka integrated care), which resulted in a publication.
- Input into content development of the Collaborative care curriculum for the senior residents which is implemented on an annual basis directed by the PGE program.
- Collaboration in developing a multisource feedback tool for psychiatric residents in collaborative care (in progress)

Future directions

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

Concurrent Disorders Program (CDP) – Dr. Gregory McCarthy

The CDP's clinical focus is on providing consultative support and care to patients with concurrent serious mental health and addictions concerns.

This year has been a challenging one for the Concurrent Disorders Program at the Parkwood Institute Mental Health Care building. There has been a significant turnover of staff in which we lost our social worker, two senior nurse case managers and our therapeutic recreationist. Unfortunately, there have been multiple delays in replacing lost members of staff. We anticipate that we will be back to a full complement of staff by the end of September 2016, however there will still be a need for the newest member of the team to orientate. Our new social worker has been a real asset.

Despite the above challenges, referrals for assessment continue to come in on a daily basis. Because of the staff shortages, we have been compelled to start a wait list.

Dual Diagnosis Research and Treatment Program (DDP) – Dr. Jay Rao

The Dual Diagnosis Program has an in-patient component and an extensive ambulatory care component. 2015-2016 has been a very busy year for the program. The program has a regional mandate and has strong affiliation with community based organizations within the Southern Network of Specialized Care.

Services provided:

In-patient: DDP is a 12 bedded program. DDP provides specialized assessments and treatment interventions to a heterogeneous group of individuals. Diagnosing psychiatric illness is a challenge in this verbally impaired population. 70 % of these patients do not have a psychiatric diagnosis and have complex Dys-executive syndromes and sensory modulation difficulties. Diagnosing and treating these conditions requires expertise and trans-disciplinary work.

Innovations:

We have developed Multi-Factor assessment Tools and Multi-Factor care plans that are to be published in the near future.

We provide specialized Sensory Modulation assessments.

We provide specialized Executive and Neuro-cognitive assessments.

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

Ambulatory Care:

We have a large volume of registered out-patients. We provide specialized consultations and assessments. We are known nationally for the work we do.

Teaching:

Apart from the regular seminars, modules and clinical supervision that we provide for Medical students and Residents, we are also working on developing provincial networks of teaching. We already supervise students from Macmaster and provide seminars to U of T Mississauga students and residents.

We have also developed and refined Foundation Courses in Dual Diagnosis.

Provincial Policy initiatives:

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

Research:

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

Collaborative care Models:

We have developed innovative collaborative models of care that we have implemented successfully in the Central West Region. We are taking the experience and are adapting it to the South west.

We have participated in international Research development committees such as the Prader-Willi Foundation for Research.

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

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

The OSI clinic follows a standardized assessment and treatment protocol, including evidence-based psychotherapy and psychiatric care based on clinical practice PTSD guidelines developed by the Canadian and American Psychiatric Association, the Australian Centre for Posttraumatic Mental Health, and the US Department of Veterans Affairs(DVA)/Department Of Defense (DoD) treatment guidelines. Furthermore, to enhance treatment outcomes the Parkwood OSI clinic has also makes use of an electronic treatment outcome monitoring system to enhance treatment outcomes.

The specialized team of psychiatrists, psychologists, mental health nurses, family physician, nurse practitioner and social workers provides comprehensive assessment and treatment in collaboration with community providers. The clinic is also involved in providing education, outreach and research. Currently there are three full-time psychiatrists, Dr. J. Don Richardson, Dr. Brian Daly, Dr. Michelle Marlborough (starting March 2017) and two part-time psychiatrists Dr. Heather Flett and Dr. Ruth Lanius affiliated with the Parkwood OSI clinic.

As Physician Clinical Lead, Dr. Don Richardson states, “The Parkwood OSI clinic will continue to strive to improve services and support research in Military and Veteran Mental Health; especially military related posttraumatic stress disorder.” Future goals include working closely with the Institute for Military and Veteran Health Research (CIMVHR) and establish a research consortium of clinicians and researchers from Western, University of Toronto, Ryerson, and McMaster interested in better understanding military related PTSD. Additional goals include enhancing services to the community through the Ontario Telemedicine Network (OTN), enhancing collaborative care with community providers; improving outreach services to the GTA, Hamilton and Niagara region and further develop training opportunity for residents and psychiatrists interested in veterans’ mental health.

Treatment and Rehabilitation Program – Dr. Sandra Northcott

The Treatment and Rehabilitation Program is one of our largest ones, comprised of subcomponents in ambulatory and inpatient care.

The Adult Ambulatory Program at Parkwood Institute provides services based on a Flex model of care. It is comprised of four interdisciplinary teams who offer care to patients living in Middlesex and Elgin County. The teams are interdisciplinary; comprised of nurses, social workers, occupational therapists, psychologists, psychiatrists and recreation therapists.

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

Because St. Joseph's is dedicated to the relentless pursuit of safety for patients, family and staff, we are embarking on piloting Canada's first Zero Suicide initiative within our Adult Ambulatory Program. Zero Suicide aims to improve care and outcomes for individuals at risk of suicide in health care systems, and relies on a system-wide approach to improve outcomes. A workplace survey and ASIST training have been completed for all ambulatory clinicians. Phase one of this program including revised screening and assessment tools, coping plans and suicide risk plans will begin January 3, 2017.

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

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

With a philosophy of Recovery and Rehabilitation there have been efforts to improve the patient experience, in particular access to meaningful activities. This will be a focus for the upcoming year.

New Appointments

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

Dr. Mohamad Elfakhani is one of our own graduates from the residency program, and joined our LHSC general inpatient and outpatient services. Mohamad undertook his undergraduate and medical training from the American University of Beirut. Prior to his residency he also undertook a 2-year Certificate program in Alcohol and Addiction Studies at Wayne State University in Detroit. In addition to taking an active role in clinical service (including transcultural work) and education, Dr. Elfakhani is involved in health system and suicide prevention research.

Dr. H. Vijay Kumar is a seasoned psychiatrist who joined us initially for a locum position and then transitioned into a permanent one, providing clinical services in both our LHSC Adult and Geriatric CL services. Dr. Kumar undertook his medical training at the Medical College of Sri Venkateshwara in Tirupati, India. He subsequently obtained his DPM at the National Institute of Mental Health & Neurosciences, Bangalore, India, prior to receiving his MRCPsych (UK) and FRCPC. He has well over 30 years of clinical experience, having worked in India and Ireland prior to working in BC, Nova Scotia, and various parts of Ontario. He still provides occasional locums to remote parts of Canada, as well as charitable work in India.

Dr. Michael Mak is another of our local residency program graduates, who joined us this last year working with our LHSC Adult CL team, as well as completing a Fellowship program in Sleep Medicine. He will come on as a full-time clinical academic in the upcoming months. Mike completed his undergraduate and medical training at Queen's University in Kingston. In addition to general CL and Sleep Medicine work, he is developing a special interest in psychiatric conditions associated with COPD and other chronic medical conditions, as well as pursuing research opportunities with colleagues in Respiriology, Medicine, and Family Medicine.

Dr. Phillip Norris had originally been working with us in a locum capacity, but transitioned into a full-time clinical academic role over the academic year. Dr. Norris has continued to work in the LHSC general inpatient and outpatient services, in addition to providing more specialized expertise in Forensic Psychiatry. Dr. Norris undertook his medical training and residency at the University of Leicester, England. He subsequently engaged in further post-graduate residency training in the UWO program before working mainly in Forensic and Addictions settings, prior to his general psychiatry work at LHSC.

Dr. Lena Palaniyappan joined us in the fall, from the Institute of Mental Health, University of Nottingham Innovation Park, UK. Lena has come on as a Full Time Clinical Academic & Medical Director for the PEPP Program. Lena has background in Psychiatry, neuroimaging and systems approach in neurosciences. His clinical research has aimed to apply brain imaging to investigate symptom burden, treatment response and prognostic accuracy in major psychiatric disorders such as schizophrenia, bipolar disorder and depression. Dr. Palaniyappan completed his MD from Stanley Medical College Chennai, India and his MRCPsych from Royal College of Psychiatrists, London UK. He also has achieved his MMedSci in Psychiatry and his PhD in Neuroimaging in Psychiatry from the University of Nottingham. His last work experience was that of an Associate Professor at the University of Nottingham, UK, where his role was as a director of Translational Neuroimaging Program in Mental Health. In recent years, Dr. Palaniyappan's work has received external grant funding from the Wellcome Trust and the Medical Research Council, UK. In addition, he has been providing medical leadership to the Early Intervention in Psychosis Team in Nottingham City South in his last 3 years in the UK.

Dr. Robert Renwick joined us to work with the Inpatient Care and Ambulatory Care areas at Victoria Hospital. Rob joins us after experience with North Bay Regional Health Centre, where he has been working with a very busy inpatient psychiatry unit and active outpatient general psychiatry practice. His role there also included Early intervention in Psychosis Program, the CL service, the ECT Service, as well as a significant part of his practice had been devoted to the treatment of Canadian Forces service members and veterans with PTSD and other psychiatric illnesses. Dr. Renwick did his undergraduate studies at McGill University, and medical school at the University of Toronto before returning to McGill for his residency training.

Transitions

Dr. Robbie Campbell joined the Division in the fall as the incoming Physician Leader of the LHSC Adult Eating Disorders Service. Dr. Campbell has a long distinguished track record of service and advocacy for Eating Disorders. Shortly prior to this he was the Physician Leader of the Assessment, Treatment and Rehabilitation Program at the Parkwood Institute, SJHC. Robbie is continuing in his involvement with Telehealth and student mental health.

Dr. Karin Kerfoot will be staying with the Department but transitioning out of our Division and into the Geriatric Psychiatry one over the 2016-17 academic year. After a number of years with the inpatient and outpatient services at LHSC, she will be doing her new clinical work with the Geriatric and Neuromodulation services at the Parkwood Institute site of SJHC.

Departures

After approximately 30 years of stalwart service, **Dr. Charles Chamberlaine** retired at the end of the academic year. Having worked in a variety of settings over the course of his career, the last period of which he spent working at LHSC in the Urgent Consultation Service, as well as providing support to Student Health Services at the Western University main campus, he will not be easily replaced. Dr. Chamberlaine was a devoted and exceptionally busy clinician, and guided countless numbers of medical students and residents in Psychiatry and Family Medicine over the course of his long career. There were several occasions to fete Charlie in his retirement, though he will retain the status as

Professor Emeritus. The Division, as well as the entire Department, wishes Dr. Chamberlaine a satisfying and well-earned retirement.

The Division was saddened to see the departure of **Dr. Carla Garcia**, who moved on to the University of Toronto hospital system. Dr. Garcia served in the Inpatient and Psycho-oncology Consultation Liaison services at LHSC. She was heavily involved in educational delivery within our department and at Schulich. Dr. Garcia provided clinical supervision to many clinical clerks and senior residents on the service, provided a great number of lectures and seminars, and designed extensive curricular experiences. She also co-led the nationally acclaimed, Dr. Praful Chandarana Psychiatry Exam Preparation Course. We wish Carla the very best in this next phase of her career.

Dr. David Haslam had decided to move on from our urban academic setting to a more rural setting on the BC coast. There he will be primarily be supporting local family physicians in providing care to patients with mental illness, which is a role he is very familiar with after providing shared care for much of his career here in London. David's last clinical role with us was in both the WSIB clinic at LHSC and the OSI clinic at SJHC. He also served as a previous PG Director within our department. We're sure that he will adapt well to the coastal lifestyle, as he brings his high quality, evidence-based care approach to his new patients.

Divisional Awards

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

Division Member of the Year, SJHC – **Dr. Sandra Northcott**
Division Member of the Year, LHSC – **Dr. Julie Richard**

Dr. Jeff Reiss
Chair, Division of General Adult Psychiatry
Vice Chair, Department of Psychiatry

Division of Geriatric Psychiatry

ACCOMPLISHMENTS:

Our Division continues to contribute to the academic mission of the Department in all spheres and at all levels.

Clinically, our Division continues to provide high-standard care to London-Middlesex and the South West LIHN through the two clinical sites at LHSC Geriatric Mental Health Program and Parkwood Institute-Mental Health Building Geriatric Psychiatry Program. Physician leads of the clinical sites and chair of the Division have been active in the feasibility study to explore opportunities for better integration of mental health services in our region. Geriatric Psychiatry was considered an area that is likely to be an early adapter to the proposed change towards more streamlined process of intake, triage and service for seniors with mental health issues. With the return of Dr. Vinod Bhatnagar to LHSC and with the move of Dr. Karin Kerfoot to geriatric psychiatry at Parkwood Institute-Mental Health, we are now at full capacity with two full time geriatric psychiatrists at LHSC site and 5.6 FTE geriatric psychiatrists at Parkwood Institute-Mental Health building. We continue to need help to cover essential services like CL geriatric psychiatry at LHSC and have been utilizing services offered by general psychiatrists who are kind to support this service including Drs. Bhadresh Surti, Varinder Dua and Kumar. We are exploring ways to facilitate rapid access to assessment and triage in our area including a proposal for rapid assessment clinic that Dr. Burhan put forward to physician leads and site chiefs. On the educational front, we offer a broad range of clinical experience to trainees at all levels. At the level of **Undergraduate Medical Education (UME)**, Dr. Helen Park continues to coordinate placement of medical clerks and elective medical students at both LHSC and PI site. At any given month, we had at least one or two students. We provided teaching via the seminar series run every 6 weeks for medical clerks, including a lecture on dementia and one on therapeutics in geriatric mental health. From September 2015-August 2016, we have been able to accommodate 29 third-year clinical clerks on two-week selective rotations. One year-4 student did a two-week elective rotation and there was a student from an international medical school. Also, we were able to accommodate 2 volunteer students on elective research projects.

Dr. Park continues to give two lectures (Dementia and Therapeutics in Geriatric Mental Health) to clinical clerks and Dr. Van Bussel gives lectures on Delirium to clinical clerks during their surgery block.

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

On the **Postgraduate Education (PGE)** level, Dr. Lisa Van Bussel continues to coordinate this portfolio. We continue to support a core rotation in Geriatric Psychiatry for 6 blocks (7 psychiatry residents) in addition to elective experiences for other residents (2 geriatric medicine and 2 family medicine residents). We continue to run a seminar series covering different topics in Geriatric Psychiatry in PGY1 and PGY3 years. (Last year, we delivered 30 lectures in total delivered by faculty from our Division in addition to faculty from Cognitive Neurology, Geriatric Medicine and Allied Health Professionals). Our faculty members also participate in the interview skill seminar and transition to practice seminar. Additionally, our faculty members participate in other aspects of PGE, including CaRMS and curriculum development.

The **Sub-specialty Residency in Geriatric Psychiatry** is lead by Dr. Michele Doering. Our first candidate, Dr. Lauren Mussen, started April, 2016 in our fully accredited program. Residency Program Committee including members of our Division and corresponding members continue to meet every two months, and we are actively recruiting for up to two residency positions. To date we have received 4 applications and interviews are planned for October 2016.

Our Division continues to be active at the **Continuing Professional Education (CPD)** level. Geriatric psychiatry presented at the monthly Department of Psychiatry rounds in April 2015. The session was moderated by Dr. Akshya Vasudev and featured a case presentation by Dr. Sumit Chaudhari followed by a presentation by Dr. Penny MacDonald (Movement Disorders Neurologist, Canada Research Chair Tier II in Cognitive Neuroscience and Neuroimaging, and Assistant Professor in Neurology in the Department of Clinical Neurological Sciences at the University of Western Ontario), who gave a an overview on cognitive challenges in Parkinson disease and neuroimaging research in that field. The LHSC Geriatric Psychiatry CPD program conceived in 2012 continues to be able to provide quality education in a relaxed environment for the multidisciplinary team at LHSC. The program is broadcasted to partners at PI and the Alzheimer's Society and has had a number of quality speakers through the year.

Once again, the Geriatric Psychiatry Symposium was held in November 2015, which was a highly successful event, with over 270 participants (an increase from previous years). This year's focus was on "Demystifying the Grey Zone: Taking on Tough Topics." Our key note guest speakers were Dr. Dallas Seitz from Geriatric Psychiatry at Providence Care and Queens University (Kingston Ontario) and Dr. Andrea Moser from Family and Community Medicine at the University of Toronto. They covered latest evidence of the assessment and management of neuropsychiatric symptoms of dementia, problem solving therapy for depression in seniors, antipsychotic use issues, and home based management of behavioral symptoms on dementia. Dr. A. Vasudev delivered his popular "Top Papers in Geriatric Psychiatry" update and Drs. Burhan and Park piloted "Simulated Case Reasoning in Psycho-geriatrics Training (SCRIPT)" using the virtual interactive case (VIC) program to interact with participants while navigating through a complex Geriatric Psychiatry case, which was well received by the participants.

Dr. Burhan was invited and participated in one of Health Quality Ontario (HQP) expert panels to develop quality statements and metrics regarding the assessment and care of patients with agitation and aggression related to dementia.

Dr. Burhan was also invited as an expert on HQO economic analysis for the use of TMS to treat resistant depression.

Members of our Division including Dr. VanBussel, Dr. Gutmanis and Dr. Burhan are active partners in the Cognitive Vitality and Brain Health initiative, a partnership between geriatric medicine, cognitive neurology and rehab medicine to develop excellence in care, education and translational research for brain disorders. Dr. Burhan and Dr. Van Bussel participated in the PI Mental health research strategic plan including developing a model for the assessment and treatment of difficult to treat depression and for Technology and mental health strategic plan.

Dr. Burhan and Dr. Van Bussel continue to actively participate as co-investigators on the Canadian Consortium on Neurodegeneration and Aging (CCNA) team, working on the prevention of neuropsychiatric symptoms of dementia. They were able to recruit two long-term care facilities in London to complete the national survey, which represents milestone one of the study. Dr. Burhan is in the process of finalizing milestone 2; including a systematic review on the efficacy of LTC staff, continuing education on reducing inappropriate psychotropic drug use in

LTC. Both Dr. Burhan and Dr. A. Vasudev continue to be co-investigators on the mobility and cognition team of the CCNA initiative. Dr. A Vasudev (PI), Dr. Burhan (Co-I) and team continue to successfully recruit for his study funded by AMOSO to investigate the benefit of Automatic Self-transcending Meditation (ASTM) on autonomic function and mood in late life depression, and have published their work in two peer reviewed paper and in several meeting abstracts nationally and internationally. This study will conclude fall 2016 after successfully reaching its recruitment target.

Members of the Division are co-investigators and collaborators on several major grant submissions to local, provincial and national agencies. The following are some of publications authored by members of the Division in the period covered in this report:

Peer Reviewed Journal Papers:

1. Thornley J, Hirjee H, **Vasudev A**. Music therapy in patients with dementia and behavioral disturbance on an inpatient psychiatry unit: results from a pilot randomized controlled study. *Int Psychogeriatr*, 2015 Nov 17: 1-3, DOI: 10.1017/S1041610215001866.
2. **Vasudev A**, Shariff SZ, Liu K, **Burhan AM**, Herrmann N, Leonard S, and Mamdani M. "Trends in Psychotropic Dispensing Among Older Adults with Dementia Living in Long-Term Care Facilities: 2004–2013." *The American Journal of Geriatric Psychiatry* (2015).
3. **Van Bussel L**, Reed S, Smith J, Li J, Black E, Ross T, Brar S, and Wright N. Barriers to Discharge form: A tool for ensuring realism in discharge planning for a geriatric psychiatry setting. , *Research Insights*, Oct 2015, vol12, No3 pages 9-15
4. **Gutmanis, I.**, Speziale, J., **Van Bussel, L.**, Girard, J., Hillier, L., & Simpson, K. (2016). The South West Local Health Integration Network Behavioural Supports Ontario Experience. *Healthcare Quarterly*, 18, 50-56.
5. Marlatt, N. M., **Gutmanis, I.**, & **Van Bussel, L.** Introducing Problem-Solving Therapy Training: Changing current practices of care for older adults living with mental health issues. *Research Insights*, 2016,13(1),10-16.
6. Blair, M., Gill, S., **Gutmanis, I.**, Smolewska, K., Warriner, E., & Morrow, S.A. (2016). The mediating role of processing speed in the relationship between depressive symptoms and cognitive function in multiple sclerosis. *J Clin Exp Neuropsychol*. 2016 May 4:1-13. [Epub ahead of print]
7. Speechley, M., DeForge, R.T., Ward-Griffin, C., Marlatt N.M., **Gutmanis, I.** (2015). Creating an Ethnodrama to Catalyze Dialogue in Home-Based Dementia Care Qual Health Res. 2015 Nov;25(11):1551-9. doi: 10.1177/[1049732315609572](https://doi.org/10.1177/1049732315609572)
8. **Fogarty, J.N.**, Murphy, K.J., McFarlane, B., Montero-Odasso, M., Wells, J., Troyer, A.K., Trinh, D., **Gutmanis, I.**, & Hansen, K.T. (2016). Taoist Tai Chi(R) and Memory Intervention for Individuals with Mild Cognitive Impairment. *J Aging Phys Act*, 24(2), 169-180. doi:10.1123/japa.2014-0062
9. Woolmore-Goodwin S, Kloseck M, Zecevic A, **Fogarty J**, **Gutmanis I.** (2015) Caring for a Person With Amnesic Mild Cognitive Impairment. *Am J Alzheimers Dis Other Dement*. 2015 Aug 18. pii: [1533317515594507](https://doi.org/10.1177/1533317515594507). [Epub ahead of print]
10. **Fogarty, J.** & Roth, R. (2016). Validation of the Behavior Rating Inventory of Executive Function – Adult Version (BRIEF-A) in Mild Alzheimer’s Disease. *Aging and Mental Health*. DOI: 10.1080/13607863.2016.1207750
11. **Vasudev, A.**, Arena, A., **Burhan A.M.**, Ionson, E., Hirjee, H., Maldeniya, P., Wetmore, S., & Newman, R.I. (2016). A training programme involving automatic self-transcending meditation in late-life depression: preliminary analysis of an ongoing randomised controlled trial. *British Journal of Psychiatry Open*, 2(2), 195-198. doi: 10.1192/bjpo.bp.115.002394.

12. **Burhan, A.M.**, Anazodo, U.C., Chung, J.K., Arena, A., Graff-Guererro, A., & Mitchell, D.G.V. (2016). The effect of task-irrelevant fearful face distractor on working memory processing in mild cognitive impairment versus healthy controls: An exploratory fMRI study in female participants. *Behavioural Neurology*, 2016. Retrieved from <http://www.hindawi.com/journals/bn/2016/1637392/>.
13. **Burhan, A.M.**, Marlatt, N.M., Palaniyappan, L., Anazodo, U.C., & Prato, F.S. (2015). Role of hybrid brain imaging in neuropsychiatric disorders. *Diagnostics*, 5(4), 577-614. doi: 10.3390/diagnostics5040577.
14. **Vasudev, A.**, Shariff S.Z., Liu, K., **Burhan, A.M.**, Herrmann, N., Leonard, S., & Mamdani, M. (2015). Trends in psychotropic dispensing among older adults with dementia living in long-term care facilities: 2004–2013. *The American Journal of Geriatric Psychiatry*, 23(2), 1259-1269.
15. Tudhope, R., & **Burhan, A.M.** (2015). Cholinesterase inhibitors as a treatment for post-stroke anxiety: a case report. *Acta Psychopathologica*, 1(4), 1-4.
16. **Burhan, A. M.**, Subramanian, P., Pallaveshi, L., Barnes, B., & Montero-Odasso, M. (2015). Modulation of the left prefrontal cortex with high frequency repetitive transcranial magnetic stimulation facilitates gait in multiple sclerosis. *Case reports in neurological medicine*, 2015. Retrieved from <http://www.hindawi.com/journals/crinm/2015/251829/>.

Conferences

1. **VanBussel, L.**, Mihailidis, A., Coahran, M., Churchyard, R., Michael, K., Hillier, L.M., Ross, T., Gutmanis, I., Black, E., & **Burhan, AM.** Nurse's perceptions of the use of artificial intelligence to detect falls in a geriatric psychiatry inpatient care setting. Canadian Association on Gerontology, Calgary, Alberta, 2015, Oct.
2. Kilik, L., **Fogarty J.** and Hopkins, R. Predicting medical driving assessment outcomes in seniors using the KSCA-Drive: An in-office screening tool to assist clinicians in deciding who to refer for driving assessments. Canadian Conference on Dementia. Ottawa, ON. 2015 Oct.
3. Phillips, N. **Fogarty, J.**, Anderson, N., Belleville, S., Best, S., Borrie, M., McLaughlin, P., Tierney, M., Troyer, A., Whitehead, V., and Chertkow, H. Can Geriatr J. 2015; 18(4):250-300 (poster to the 8th Canadian Conference on Dementia, Ottawa, ON October 2015).
4. Dhanani, H. Marlatt, N.M. and **Gutmanis, I.** Identifying Prognostic Factors Associated with poor outcomes for geriatric rehabilitation in in-patients. Lawson research day. London, ON. 2016 Mar.
5. Maldeniya, P., Arena, A., Ionson, E., **Burhan, A.**, Wetmore, S. Newman, R., & Vasudev, A. (September, 2015). Sahaj Samadhi Meditation May Improve Depressive Symptoms in Late-Life Depression: a Preliminary Analysis of an Ongoing RCT Study. Canadian Academy of Geriatric Psychiatry annual meeting, Vancouver BC. [Abstracted in: Canadian Geriatrics Journal. 2016, 19(1), 20].
6. **Burhan, A.M.**, Knuff, A., Pallaveshi, L., Ross, T., & Seitz, D. (October, 2015). Utility of Actigraphy as an Agitation-Monitoring Tool in Advanced Dementia Patients: a Pilot Study. Presented at the Canadian Conference on Dementia, Ottawa, ON. [Abstracted in: Canadian Geriatrics Journal, 18(4), 250–300].
7. McIntyre, A., Thompson, S.R., Mirkowski, M.N., **Burhan, A.M.**, Miller, T., & Teasell, R.W. (October, 2015). The Use of Repetitive Transcranial Magnetic Stimulation for Spasticity Post Stroke. Presented at the 92nd Annual American Congress of Rehabilitation Medicine (ACRM). Dallas, TX. [Abstracted in: Archives of Physical Medicine and Rehabilitation, 10(96), 118].
8. Thompson, S.R., McIntyre, A., Mehta, S., **Burhan, A.M.**, Janzen, S., & Teasell, R.W. (October, 2015). Treatment of vascular depression and post stroke depression using repetitive transcranial magnetic stimulation: systematic review. Presented at the 92nd

- Annual American Congress of Rehabilitation Medicine (ACRM). Dallas, TX. [Abstracted in: Archives of Physical Medicine and Rehabilitation, 10(96), 118].
9. **Burhan, A.M., & Park, H.** (November, 2015). Simulated Complex Reasoning in Psychogeriatric Training (SCRIPT): Interactive Case Session. Presented at the 13th Annual Geriatric Psychiatry Symposium, London, ON.
 10. **Burhan, A.M.** (November, 2015). Delirium. Presented at Owen Sound Hospital Physician and Staff Monthly Grand Rounds, Owen Sound, ON.
 11. Al-Qadhi, S., Chawla, T., Seabrook, J., & **Burhan, A.M.** (April, 2016). Competency by Design Curriculum for Electroconvulsive Therapy for Canadian Residency Training. Presented at the Canadian Conference on Medical Education, Montreal, QC.
 12. **Burhan, A.M.** (May, 2016). Origins of rTMS and its mechanism of action. Presented at the rTMS: Its origins, current practice and future direction workshop, Parkwood Institute-Mental Health.
 13. **Burhan, A.M.** (June, 2016). Repetitive Transcranial Magnetic Stimulation (rTMS) in Psychiatry: Basics and Current Indications. Presented at the Goderich Mental Health Annual Educational Day.
 14. Chan, E., Subramanian, P., Varapravan, S., Rybak, I., Pallaveshi, L., & **Burhan, A.M.** (June, 2016). *Enhancing suicide risk assessment skills through simulation in a virtual environment*. Presented at the Academic Research Day, Department of Psychiatry, Western University, London, ON.
 15. Al-Qadhi, S., Chawla, T., Seabrook, J.A., & **Burhan, A.M.** (June, 2016). *Competency-by-design curriculum for electroconvulsive therapy in Canadian psychiatry residency*. Presented at the Academic Research Day, Department of Psychiatry, Western University, London, ON.

Grants

1. Forchuk, C., Booth, R., **Burhan, A.M.**, Hoch, J., Isaranwatchai, W., Lewis, M., Lizotte, D., Reiss, J., Rudnick, A., Seth, P., Vasudev, A., Chambers, M., Heisel, M., Nolan, F., Flint, A., Looper, K., Rej, S. TELEPROM-G: A multicentre study evaluating access and care delivery of telehealth services among community-based seniors. Canadian Frailty Network (previously TVN). \$100,000; 2016-2017.
2. Palaniyappan, L., St. Lawrence, K., Theberg, J., Finger, E., **Burhan, A.M.**, Sharma, V., Poolacheria, R. Inflammation-related excitotoxicity in neuropsychiatric disorders. Lawson's Annual Strategic Research Fund Competition, Lawson Health Research Institute. \$49,800; 2016-2018.
3. Borrie, M., **Burhan, A.M.**, **Fogarty, J.**, Pasternak, S., Bartha, R. Jazzercise to improve physical fitness and brain function in sedentary post-menopausal women with subjective cognitive impairment: a pre/post feasibility study. Cognitive Vitality and Brain Health Research Seed Fund Competition, St. Joseph's Health Care Foundation. \$24,779; 2016-2018.
4. Dasgupta, M., **I. Gutmanis**, K. Schlegal, L. Beker. A novel approach to manage challenging behaviours in confused, hospitalized seniors. AMOSO, \$22,750. (2016-2018).
5. Montero-Oddasso, M., **Burhan, A.M.**, Hachinski, V., Speechley, M., & Doherty, T. Non-invasive brain stimulation, mobility and executive dysfunction in older adults. Dean's Research Grant Initiative. \$40,000; 2015-2017.
6. **Van Bussel, L.**, Gutmanis, I., Marlatt, N.M. Problem Solving Therapy (PST) Education: Providing Excellence in Mental Health Care through Staff Skill Development. St. Joseph's Health Care Foundation. \$19,124; 2016-2018.

7. Barel, A., **Van Bussel, L., Gutmanis, I.,** & Marlatt, N.M. Surveillance of Responsive Behaviours in Older Adults with Mental Health Issues. President's Grant for Innovation, St. Joseph's Health Care London. \$6,040; 2016-2017.

CHALLENGES:

A few important challenges need to be highlighted:

- The faculty compliment we have continue to struggle to deliver the increasing clinical and academic demands. Some of this is related to the small number of available positions but also because due to the increasing clinical and teaching demands on our small faculty.
- We had some added admin support (0.4 in total between sub-specialty and Division). This is a great improvement but needs to be maintained and complimented by continuing to optimize secretarial support to our faculty to facilitate timely capturing of academic deliverables by our faculty.
- Limited protection for academic time. This is an ongoing challenge Department wide. This makes it difficult to have faculty with independent research careers in our Division with the exception of one who is hired as a basic scientist (Marnin Heisel).
- There is a limited pool of residents to attract to sub-specialty education in geriatric psychiatry in Canada, and the appeal is great for them to go to bigger centers, although this year we have received more applications than the previous year, which is a good sign.

OBJECTIVES FOR UPCOMING YEAR:

Our main objectives for the coming year are: Continue to optimize our clinical care delivery model by working with all stakeholders and participate in the feasibility study towards amalgamated geriatric mental health services in SW LIHN.

- Retain our faculty compliment and increase the engagement of current faculty in the academic mission of our division.
- Explore strategies to increase our attractiveness for candidates to the sub-specialty residency in geriatric psychiatry and to expand our capacity to deliver high-quality sub-specialty residency program.
- Explore ways to optimize the experience of medical trainees rotating through our services on core and elective geriatric mental health experiences
- Continue to provide high quality CPD experience to health and medical practitioners in geriatric mental health via our annual symposium, monthly interprofessional Geriatric Mental Health CPD rounds at LHSC and Department of Psychiatry CPD rounds.
- Facilitate further faculty development leveraging the Royal College Competency by Design CPD initiative tools such as the performance assessment model and development of unique clinical skills, such as problem solving therapy and trans-cranial magnetic stimulation. And facilitate academic promotion of our junior faculty entering mid-career stage.
- Continue to collaborate within the cognitive vitality initiative and with our mental health and national partners to increase our research productivity and explore strategies to develop unique clinical translational research niche for our group.

Respectfully submitted by,
Dr. Amer M. Burhan
Chair, Division of Geriatric Psychiatry

Neuropsychiatry Research Group

Leadership in Neuroscience Research



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

Peter Williamson

The Neuropsychiatry Research Group was created in 2002 to provide academic leadership in neuroscience research within the Department of Psychiatry. It provides a home for basic science researchers within the department and facilitates more effective collaboration between imaging researchers at the Robarts Research Institute, the Lawson Health Research Institute and clinical research groups. The 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.

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. In the last year Dr. Lena Palaniyappan has joined the group from the University of Nottingham, U.K. Highlights of collaborative clinical and basic science research over the last year in each of these areas are reviewed below.

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

Dr. Williamson and his collaborators have been evaluating this model with an ongoing longitudinal study of early schizophrenic and mood disordered patients funded by a grant from the *Canadian Institutes of Health Research* with equipment and overhead support from grants from the *Canada Foundation for Innovation*, *Ontario Research Fund* and *Brain Canada Foundation* on which Dr. Williamson is a co-applicant. In the first part of the study resting state fMRI networks in these patients and healthy controls were evaluated. Compared to controls, patients with schizophrenia show reduced connectivity with regions associated with directed effort such as the dorsal anterior cingulate cortex and auditory cortex whereas patients with major depressive disorder show reduced connectivity with emotion encoding regions such as the ventral prefrontal cortex. More importantly, it was demonstrated that there are measurable differences between schizophrenic patients and patients with major depressive disorder in regions associated with directed effort. These findings have been published this year in *Frontiers in Human Neuroscience* and provide a possible explanation for why patients with schizophrenia perceive their own thoughts as hallucinations and feel like their actions are controlled by others.

Work over the last year has quantified glutamatergic metabolites in these patients with magnetic resonance spectroscopy. Preliminary data has produced some potentially important findings. The use of Robarts' 7T MRI has opened a window on metabolites which have not been visible before on less advanced scanners. Dr. Williamson and his collaborators were able to show that schizophrenic patients have reduced glycine levels in the thalamus, a key part of the directed effort network hypothesized to be dysfunctional in schizophrenia compared to both controls and mood disordered patients. This is important because glycine modulates glutamate neurotransmission which is likely affected in schizophrenia and there are ways of correcting this deficiency with novel pharmaceuticals. Reggie Taylor, a PhD candidate in medical biophysics co-supervised by Dr. Théberge and Dr. Williamson, successfully defended his thesis on this project. 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.

Dr. Lena Palaniyappan has joined the group from the University of Nottingham. Dr. Palaniyappan has published more than 50 papers, many in very high impact journals such as *Neuron*. His work on neurodevelopmental and salience network anomalies in schizophrenic patients is internationally recognized. At Western he is embarking on an ambitious program of research aimed at understanding the underlying mechanisms of psychotic disorders and why some patients do well and others do not. During the course of the coming year he will be applying for a *Foundation Scheme* grant from the *Canadian Institutes of Health Research*.

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 *Acta Psychiatrica Scandinavica*, *Human Brain Mapping*, *Psychological Medicine*, *Journal of Clinical Psychiatry*. In an article in *Neuropsychopharmacology* last September Dr. Lanius has demonstrated the unique resting-state functional connectivity of the basolateral and centromedial amygdala complexes in the dissociative subtype of posttraumatic stress disorder. Dr. Lanius has given numerous invited lectures in Milan, Italy, Hamburg, Germany, New York, Los Angeles, Chicago, Boston, Baltimore, Philadelphia, Zurich, Switzerland, Bologna, Turin and Padova, Italy, Stockholm, Sweden and Leiden, the Netherlands.

Dr. Frewen's and Dr. Lanius' latest 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 on posttraumatic disorders and mindfulness. He was selected as the inaugural international co-editor for the new journal *International Journal of Multidisciplinary Trauma Studies*. His work is supported by a grant from the Ontario Mental Health Foundation.

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 examined the potential of functional brain imaging techniques to diagnose first episode bipolar versus unipolar depression leading to a publication in *IEEE Transactions on Autonomous Mental Development*. 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. Mitchell has become well known for his work on decision making and emotional regulation. He received a grant from the Ontario Mental Health Foundation on amplifying empathy-related activity in youth with callous and unemotional traits this year. Dr. Mitchell is co-principal investigator with Dr. Elizabeth Finger on a grant examining patients with frontotemporal dementia awarded from the Canadian Institutes of Health Research. He has also received a grant on the effects of oxytocin on frontotemporal dementia from Natural Sciences and Engineering Research Council of Canada this year. Publications this year number eight and include papers in *Behavioural Neurology*, *Emotion and Cognition and Emotion*. Of particular interest is a recent paper in *Human Brain Mapping* suggesting that a network of amygdala connections predicts individual differences in trait anxiety (see Figure 1).

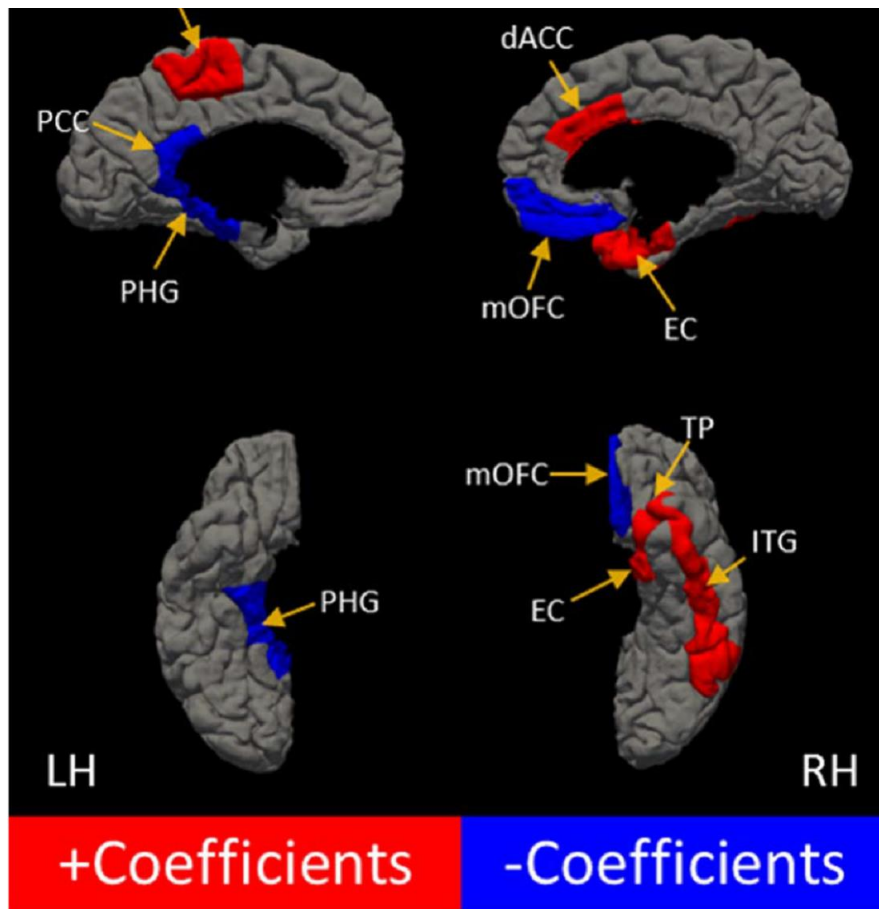
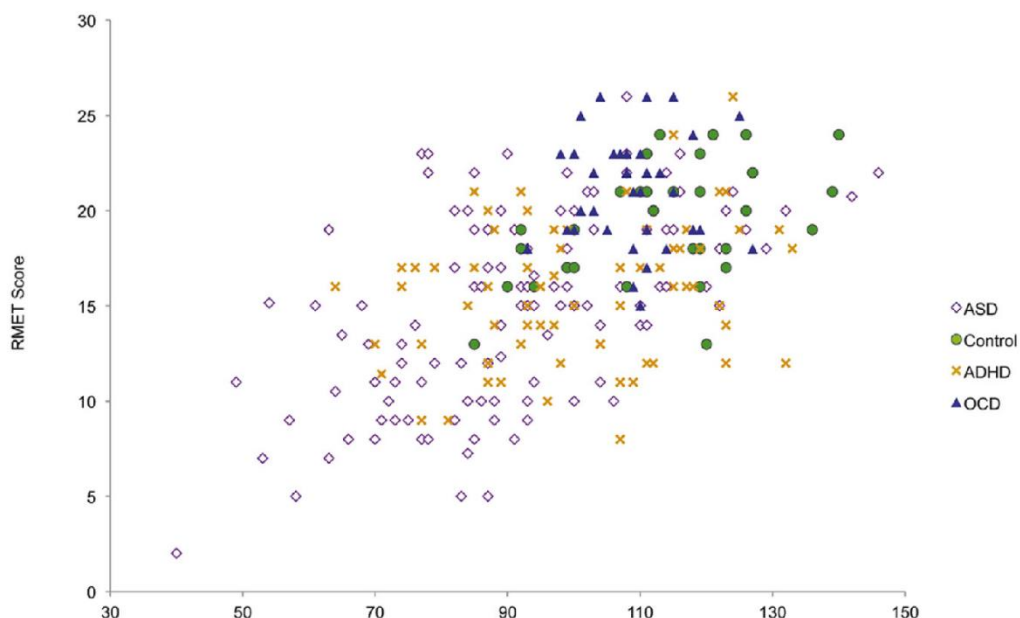


FIGURE 1: Features making the most reliable contribution to a generalized full regression model for predicting trait anxiety. Higher trait anxiety was associated with greater connectivity between the amygdala and regions with positive coefficients (in red). Higher trait anxiety was also associated with weaker connectivity between the amygdala and regions with negative coefficients (in blue). Images on the left correspond to the left hemisphere and ipsilateral connections with left amygdala. Images on the right correspond to the right hemisphere and ipsilateral connections with the right amygdala. Regions displayed are: dorsal anterior cingulate cortex (dACC), entorhinal cortex (EC), posterior cingulate cortex (PCC), inferior temporal gyrus (ITG), medial orbitofrontal cortex (mOFC), paracentral lobule (PCL), parahippocampal gyrus (PHG), temporal pole (TP). NB: right caudate is not displayed.

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.

In a paper in the *Journal of the American Academy of Child and Adolescent Psychiatry*, Dr. Nicolson and his colleagues showed that social perception abilities in neurodevelopmental disorders exist along a continuum. Children with autism spectrum disorders have the greatest deficits, whereas children with obsessive-compulsive disorders may be hypersensitive to social information. Social communication deficits and hyperactive/impulsive traits are associated with impaired social perception abilities; these findings highlight overlapping cognitive and behavioral manifestations across disorders (see Figure 2).

FIGURE 2: *Reading the Mind in the Eyes Test (RMET) scores by IQ in children and youth across diagnostic groups. Note: The y-axis portrays the total raw RMET score out of 28 items. ADHD = attention-deficit/hyperactivity disorder; ASD = autism spectrum disorder; OCD = obsessive-compulsive disorder.*



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 with Dr. Steve Laviolette on several opiate addiction studies. Recent work has examined the long-term effects of adolescent THC exposure on adult psychopathology. Of particular interest is Rushlow's work on the possible use cannabidiol as a novel antipsychotic. Both Dr. Rushlow and Dr. Laviolette have recently been awarded an *Ontario Mental Health Foundation* grant on the effects of adolescent cannabinoid exposure on dopamine function.

Educational Accomplishments

Neuropsychiatry offers research training opportunities for residents within all core programs in order to prepare for a research fellowship or postgraduate degree. Of note this year was the work of Dr. Kara Dempster, a third year psychiatry resident, who published her paper with Dr.

Williamson on neuropsychological correlates of glutamatergic changes in schizophrenia in *Psychiatry Research: Neuroimaging* and presented her work at the *Biological Psychiatry* meeting in Atlanta. 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. In recent years Dr. Williamson supervised two visiting MD/PhD students from the University of Copenhagen in Denmark.

Dr. Lanius offers a very popular advanced postdoctoral training experience to postdoctoral students. In recent years she has attracted MSc and postdoctoral fellows from the University of Mannheim in Germany and the University of London, UK. Dr. Lanius also provides research experience for residents in psychiatry and family practice. Dr. 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 and postdoctoral students in the Graduate Neuroscience Program and Anatomy and Cell Biology. One of his postdoctoral students, Dr. Joana Vieira, was awarded a highly competitive postdoctoral scholarship from the *Canadian Institutes of Health Research* this year. 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 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. He currently serves as a Project Scheme reviewer for the *Canadian Institutes of Health Research*. 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

1. Anagnostou, E., Arnold, P., Lerch, J., Nicolson, R., Schachar, R., Scherer, S. and Szatmari, P. Province of Ontario neurodevelopmental disorders network. Ontario Brain Institute. \$18,750,000, 2013 – 2018.
2. Anagnostou, E., Lerch, J., Foster, J., Greenberg, B., Weksberg, R., Scherer, S., Bennett, T. and Nicolson, R. Co-clinical trials in mice and humans in autism. Brain Canada. \$2,500,000, 2014 – 2019.
3. Anderson, K., Osuch, E., MacDougall, A. and Kurdyak, P. Cost-consequence analysis of the First Episode Mood & Anxiety Program. Department of Psychiatry; University of Western Ontario. \$7,467, 2016 – 2018.
4. Anderson, K., Osuch, E., MacDougall, A. and Kurdyak, P. Health service use and outcomes for youth with mood/anxiety disorders: Comparing FEMAP with other services. Lawson Health Services Research Institute, Internal Research Fund. \$14,812, 2016 – 2017.
5. Bartha, R. (PI); Rajakumar, N. and Borrie, M.J. Predicting progression to dementia in the ADNI cohort. CIHR (Catalyst Grant), \$99,576, 2014 – 2015.
6. Finger, E. and Mitchell, D. (Co-PI). The impact of emotional mimicry and oxytocin on frontotemporal dementia. CIHR Operating Grant. \$293,408, 2013 -2017.
7. Fombonne, E., Bryson, S.E., Burack, J.A., Evans, A.C., Iarocci, G., Mirenda, P., Mottron, L., Roberts, S.W.G., Rouleau, G.A., Scherer, S.W., Smith, I.M., Szatmari, P., Volden, J., Zwaigenbaum, L., Anagnostou, E., Boyle, M.H., Brian, J.A., Couture, M., Drapeau, P., Enns, J.T., Fahnestock, M., Johnson, S.A., Kelley, E.A., Kennedy, T.J., Kingstone, A.F., Mazer, B.D., Moore, C., Muckle, G., Nicholas, B., Nicolson, R., Patterson, A.D., Tanaka, J.W., Vaillancourt, T., and Weksberg, R. CIHR training grant in autism research. Canadian Institutes of Health Research. \$1,950,000, 2009 – 2016.
8. Frewen P., Neufeld, R.W.J., Richardson, D. and Lanius, R. Randomized controlled trial of internet-based mindfulness therapy for PTSD as adjunct to evidence-based treatment. Ontario Mental Health Foundation. \$118,214, 2014 – 2016.
9. Hargraves, H., Frewen P., Lanius, R. and Leschied, A. RCT of mindfulness meditation for PTSD symptoms with vs without neurofeedback augmentation. Schulich School of Medicine and Dentistry, Department of Psychiatry Seed Grant, Western University of Canada. \$5,000, 2015 – 2017.
10. John-Baptiste, A., Osuch, E. and Martin, J. Economic evaluation of early intervention mood/anxiety. Intramural Research Fund; Lawson Health Science. \$15,000, 2015 – 2016.
11. Lanius, R.A. Intergenerational Transmission of Trauma, Judith Harris Foundation. \$750,000, 2008 – 2016.

12. Lanius, R. Functional neuroanatomy of bilateral eye movements during trauma script imagery. Commonweal Foundation. \$20,000, USD, 2014 – 2016.
13. Lanius, R. Functional neuroanatomy of bilateral eye movements during trauma script imagery. Commonweal Foundation/Wilfried Busse. 70,000, USD, 2014 – 2016.
14. Lanius, R.A. (Co-PI), McKinnon, M. (Co-PI), Foster, J., Frewen, P., Gonzalez, A., MacQueen, G., Neufeld, R.W.J., Schmahl, C., Streiner, D. and Théberge J A longitudinal study of risk factors for the development of the dissociative subtype of posttraumatic stress disorder following trauma exposure. Canadian Institutes of Health Research. \$100,000, (bridge grant), 2014 – 2015.
15. Lanius, R.A., Frewen, P.A., McKinnon, M. and Rhind, S. Effectiveness of neurofeedback therapy for military posttraumatic stress disorder. (Task 1). Canadian Institute of Military and Veterans Health Research (CIMVHR). \$1,010,137.43, 2015 – 2018.
16. Lanius, R.A. Neural and autonomic correlates of post-traumatic stress disorder during processing of trauma-related stimuli. Mitacs. \$90,000, 2015 – 2017.
17. Laviolette, S.R. (PI), Rushlow, W. (Co-PI). The Effects of Adolescent Cannabinoid Exposure on Dopamine Function: Implications for Neuropsychiatric Disorders: Ontario Mental Health Foundation. \$150,000, 2016 – 2018.
18. Menon, R. (PL), Ansari, D., Chronik, B., Culham, J., Cusack, R., Everling, S., Goodale, M., Han, V., Owen, A. and Williamson, P.C. Centre for Functional and Metabolic Mapping. Canada Foundation for Innovation. \$6,234,244. Ontario Research Fund. \$2,494,098, 2012 - 2017.
19. Menon, R. (PL), Ansari, D., Bartha, R., Cusack, R., Everling, S., Goodale, M., Kohler, S., Lomber, S., Owen, A. and Williamson, P. Centre for Functional and Metabolic Mapping. Brain Canada Foundation. \$1,500,000. Western University. \$1,500,000, 2015 - 2018.
20. Mitchell, D. Amplifying empathy-related brain activity in youth with callous and unemotional traits. Type A grant. The Ontario Mental Health Foundation. \$110,284, 2016 - 2018.
21. Mitchell, D. Diverse effects of emotionally salient stimuli on brain and behaviour. NSERC Discovery Grant. \$165,000, 2013 - 2018.
22. Osuch, E., Vingilis, E. and John-Baptiste, A. Long-term clinical and economic effectiveness of secondary prevention for mood and anxiety disorders in transition-age youth. CDRIN, Central Hub. \$34,948, 2015 – 2017.
23. Osuch, E., Vingilis, E. and John-Baptiste, A. Long-term effectiveness and economics secondary prevention in mood/anxiety. AMOSO 2014-2015 Provincial Innovation Fund. \$99,770, 2015 – 2017.
24. Palaniyappan, L., St. Lawrence, K., Théberge, J., Finger, E., Burhan, A. Sharma, V. and Poolacherla, R. Strategic Research Fund, Lawson Health Research Institute. \$49,800, 2016-2018.
25. Palaniyappan, L. Pathophysiology of thought disorder in psychosis. AMOSO Opportunity Fund. \$146,250, 2016 – 2019.
26. Rajakumar, N. Molecular mechanisms of spatial memory. NSERC. \$125,000, 2013 – 2018.
27. Théberge, J. Optimizing detection of glutamate functional magnetic resonance spectroscopy signals. Natural Sciences and Engineering Research Council of Canada – Discovery Grants. \$105,000, 2016 - 2021.
28. Williamson, P.C. (PI), Manchanda, R., Menon, R., Neufeld, R., Osuch, E., Pavlosky, W., Rajakumar, N. and Théberge, J. Candidate Neuronal Circuits in Schizophrenia. Canadian Institutes of Health Research. \$739,755, 2012 - 2017.

Publications

Chapters and Invited Publications

1. Rajakumar, N. Prefrontal Cortical Abnormalities in Cognitive Deficits of Schizophrenia. The Cerebral Cortex in Neurodegenerative and Neuropsychiatric Disorders. Eds. Cechetti, D.F. and Weishaupt, N. Elsevier. 2016.
2. Taylor, R., Théberge, J., Williamson, P., Densmore, M. and Neufeld, R.W.J. System-factorial-technology-disclosed Stochastic Dynamics of Stroop Processing, in the Cognitive Neuroscience of Schizophrenia. In: Little, D.; Altieri, N.; Fific, M. and Yang, C.T. (eds). Systems Factorial Technology, Elsevier, Philadelphia, PA, U.S.A. (In Press).

Peer-Reviewed Publications

1. Baribeau, D.A., Doyle-Thomas, K.A., Dupuis, A., Iaboni, A., Crosbie, J., McGinn, H., Arnold, P.D., Brian, J., Kushki, A., Nicolson, R., Schachar, R.J., Soreni, N., Szatmari, P. and Anagnostou, E. Examining and comparing affect recognition in patients with autism spectrum disorder, attention deficit hyperactivity disorder and obsessive compulsive disorder. Journal of the American Academy of Child and Adolescent Psychiatry, 54: 479 – 486, 2015.
2. Burhan, A.M., Marlatt, N.M., Palaniyappan, L., Anazodo, U.C. and Prato, F.S. Role of Hybrid Brain Imaging in Neuropsychiatric Disorders. Diagnostics (Basel), 5 (4): 577 - 614, 2015.
3. Burhan, A.M., Anazodo, U., Chung, J.K., Arena, A., Graff-Guerrero, A., and Mitchell, D.G.V. The effect of task-irrelevant fearful face distractor on working memory processing in mild cognitive impairment versus healthy controls: An exploratory fMRI study in female participants. Behavioural Neurology, 1 – 13, 2016.
4. Daniels, J.K., Frewen, P., Théberge, J. and Lanius RA. Structural brain aberrations associated with the dissociative subtype of post-traumatic stress disorder. Acta Psychiatrica Scandinavica, 133(3): 232 - 40, 2016.
5. Dempster, K., Norman, R., Théberge, J., Densmore, M., Schaefer, B. and Williamson, P. Glutamatergic Metabolite Correlation with Neuropsychological Tests in First Episode Schizophrenia. Psychiatry Research: Neuroimaging, 233: 180 - 185, 2015.
6. Frewen, P., Hegadoren, K., Coupland, N.J., Rowe, B.H., Neufeld, R.W.J. and Lanius, R. Trauma-related altered states of consciousness (TRASC) and functional impairment I: Prospective study in acutely traumatized persons. Journal of Trauma and Dissociation, 16(5): 500 - 519, 2015.
7. Frewen, P.A., Brown, M.F.D., Steuwe, C. and Lanius, R.A. Latent profile analysis and principal axis factoring of the DSM-5 dissociative subtype. European Journal of Psychotraumatology, 6: 26406, 2015.
8. Frewen, P., Rogers, N., Flordrowski, L. and Lanius, R. Mindfulness and metta-based trauma therapy (MMTT): Initial development and proof-of-concept of an internet resource. Mindfulness (N.Y.), 6(6): 1322 - 1334, 2015.
9. Gawronski, B., Mitchell, D.G.V., and Balas, R. Is evaluative conditioning really controllable? A comparative test of three strategies to prevent the acquisition of conditioned attitudes. Emotion, 15(5): 556 - 568, 2015. Guo, S., Iwabuchi, S., Balain, V., Feng, J., Liddle, P. and Palaniyappan, L. Cortical folding and the potential for prognostic neuroimaging in schizophrenia. British Journal of Psychiatry, 207 (5): 458 - 459, 2015.
10. Guo, S., Palaniyappan, L., Liddle, P.F. and Feng, J.F. Dynamic cerebral reorganization in the pathophysiology of schizophrenia: A MRI-derived cortical thickness study.

Psychological Medicine, 46(10): 2201 – 14, 2016.

11. Greening, S.G. and Mitchell, D.G.V. A network of amygdala connections predict individual differences in trait anxiety. Human Brain Mapping, 36(12): 4819 - 4830, 2015.
12. Hardy, S., Bastick, L., O'Neill-Kerr, A., Sabesan, P., Lankappa, S. and Palaniyappan, L. Transcranial Magnetic Stimulation. British Journal of Psychiatry Advances. (In Press).
13. Jie, N.F., Zhu, M.H., Ma, X.Y., Osuch, E.A., Wammes, M., Théberge, J., Li, H.D., Zhang, Y., Jiang, T.Z., Sui, J. and Calhoun, V.D. Discriminating Bipolar Disorder From Major Depression Based on SVM-FoBa: Efficient Feature Selection With Multimodal Brain Imaging Data. IEEE Trans Autonomous Mental Development, (4): 320 - 331, 2015.
14. Jie, N., Osuch, E.A., Zhu, M., Ma, X., Wammes, M., Jiang, T., Sui, J. and Calhoun, V. Discriminating Bipolar Disorder From Major Depression Using Whole-Brain Functional Connectivity: A feature selection analysis with SVM-FOBA algorithm. Journal of Signal Processing Systems. (In Press).
15. Lanius, R.A. What's next for treating anxiety, PTSD, OCD? (Guest Editorial). The Chronicle of Neurology and Psychiatry, Chronicle Information Resources Ltd, Toronto, Ontario. April 18(2) page 3, 2015.
16. Lanius, R., Frewen, P.A., Tursich, M., Jetly, R. and McKinnon, M.C. Restoring large scale brain networks in PTSD and related disorders: a proposal for neuroscientifically-informed treatment interventions. European Journal of Psychotraumatology, 6: 27313, 2015.
17. Lanius, R.A. Trauma-related dissociation and altered states of consciousness: a call for clinical, treatment, and neuroscience research. European Journal of Psychotraumatology, 6: 27905, 2015.
18. Liddle, E.B., Price, D., Palaniyappan, L., Brookes, M.J., Robson, S.E., Hall, E.L., Morris, P.G. and Liddle, P.F. Abnormal salience signaling in schizophrenia: The role of integrative beta oscillations. Human Brain Mapping, 37 (4): 1361-1374, 2016.
19. Liu, C., Xue, Z., Palaniyappan, L., Zhou, L., Liu, H., Qi, C., Wu, G., Mwansisya, T.E., Tao, H., Chen, X., Huang, X., Liu, Z. and Pu, W. Abnormally increased and incoherent resting-state activity is shared between patients with schizophrenia and their unaffected siblings. Schizophrenia Research, 171 (1-3): 158 - 165, 2016.
20. Lowther, C., Speevak, M., Armour, C.M., Goh, E.S., Graham, G.E., Li, C., Zeeman, S., Nowaczyk, M.J.M., Schultz, L., Morra, A., Nicolson, R., Bikangaga, P., Samdup, M., Zaazou, M., Boyd, K., Jung, J.H., Siu, V., Rajguru, M., Goobie, S., Tarnopolsky, M.A., Prasad, C., Dick, P.T., Hussain, A.S., Walinga, M.J., Groenendijk, R.M., Gazzellone, M., Lionel, A.C., Marshall, C.R., Scherer, S.W., Stavropoulos, D.J., McCready, E. and Bassett, A. Molecular characterization of NRXN1 deletions from 19,263 clinical microarray cases identifies exons important for neurodevelopmental disease expression. Genetics in Medicine, (In Press).
21. Myrick, A.C., Chasson, G.S., Lanius, R.A., Leventhal, B. and Brand, B.L. Treatment of complex dissociative disorders: A comparison of interventions reported by community therapists versus those recommended by experts. Journal Trauma Dissociation, 16(1): 51 - 67, 2015.
22. Nazarov, A., Jetly, R., McNeely, H., Kiang, M., Lanius, R. and McKinnon, M.C. Role of morality in the experience of guilt and shame within the armed forces. Acta Psychiatrica Scandinavica, 132(1): 4 - 19, 2015.
23. Nazarov, A., Frewen, P., Oremus, C., Schellenberg, E.G., McKinnon, M.C. and Lanius, R. Comprehension of affective prosody in women with posttraumatic stress disorder related to childhood abuse. Acta Psychiatrica Scandinavica, 131(5): 342 - 9, 2015.
24. Nicholson, A.A., Sapru, I., Densmore, M., Frewen, P.A., Neufeld, R.W., Théberge, J., McKinnon, M.C. and Lanius, R.A. Unique insula subregion resting-state functional

- connectivity with amygdala complexes in posttraumatic stress disorder and its dissociative subtype. Psychiatry Research, 250: 61 - 72, 2016.
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Abstracts

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 10. Lanius, R.A., Nicholson, A.A., Densmore, M., Sapru, I., Frewen, P., Théberge, J., Neufeld, R.W.J. and McKinnon, M.C. Altered Amygdala and Insula Connectivity in PTSD and its Dissociative Subtype. Society of Biological Psychiatry, 71st Annual Meeting, Atlanta, Georgia, U.S.A. 2016.
 11. Lanius, R.A., Nicholson, A.A., Rabellino, D., Ros, T., Densmore, M., Frewen, P., Paret, C., Schmahl, C., Théberge, J. and Klumetsch, R.C. EEG and Real Time fMRI Neurofeedback Recruits Emotion Regulation Regions in PTSD. 22nd Annual Meeting of the Organization for Human Brain Mapping (OHBM) in Geneva, Switzerland, 2016.
 12. Manion, I., Iyer, S., Cheung, A., Osuch, E. and Mathias, S. Group Presentation, Systems Transformation. Transforming youth mental health services through accelerating the adoption of integrated service hubs to achieve value for youth experiencing mental health challenges, 2-part series. National Health Leadership Conference, Ottawa, Ontario. 2016.

13. Nicholson, A.A., Densmore, M., Sapru, I., Frewen, P.A., Théberge, J., Neufeld, R.W.J., McKinnon, M.C. and Lanius, R.A. Altered amygdala and insula connectivity in PTSD and its dissociative subtype. 71st Annual meeting of the Society of Biological Psychiatry, Atlanta, Georgia, U.S.A. 2016.
14. Oliver, L.D., Vieira, J.B. and Mitchell, D.G.V. The neurocognitive correlates of distinct facets of empathy: Mirror regions recruited during cognitive and emotional empathy. Presented at The Social & Affective Neuroscience Society, New York, USA. 2016.
15. Osuch, E., Summerhurst, C., Wammes, M. and Arcaro, J. Treatment effectiveness of an early identification and intervention program for mood and anxiety disorders in late adolescents and young adults. 3rd International Conference on Youth Mental Health Transformation: Next General Youth Mental Health Conference; Montreal, Quebec. 2015.
16. Osuch, E.A., Summerhurst, C., Wammes, M. and Arcaro, J. Presenting Concerns and Profiles of Youth Seeking Treatment at an Early Intervention Outpatient Mood and Anxiety Program. 3rd International Conference: International Association for Youth Mental Health. Montreal, Quebec. 2015.
17. Penner, J., Ford, K., Arcaro, J., Wammes, M., Neufeld, R.W.J., Mitchell, D., Théberge, J., Williamson, P. and Osuch, E. Neural Circuitry Underlying Major Depression and Marijuana Use: An Emotional Regulation fMRI Task Shows Ventrolateral Prefrontal Cortex. Society of Biological Psychiatry Meeting, Toronto, Canada. 2015.
18. Penner, J., Ford, K., Taylor, R., Schaefer, B., Théberge, J., Neufeld, R.W.J., Osuch, E., Menon, R., Rajakumar, N., Allman, J. and Williamson, P. Medial Prefrontal and Anterior Insular Connectivity in First Episode Schizophrenia and Major Depressive Disorder: A Resting Functional MRI Evaluation of Large-scale Brain Network Models. Society of Biological Psychiatry Meeting, Atlanta, GA, U.S.A. 2016.
19. Ros, T., Kluetsch, R., Théberge, J., Frewen, P., Candrian, G., Mueller, A., Vuilleumier, P. and Lanius, R.A. Neurofeedback normalizes brain oscillatory dynamics in PTSD. Symposium. The effect of neurofeedback in PTSD: Why, When and How. 31st Annual meeting of the International Society for Traumatic Stress Studies, New Orleans, Louisiana, 2015.
20. Summerhurst, C., Wammes, M., Arcaro, J. and Osuch, E.A. Embracing Technology: Text Message Communication Between a First Episode Mood and Anxiety Program and the Youth They Serve. 3rd International Conference: International Association for Youth Mental Health. Montreal, Quebec. 2015.
21. Taylor, R., Schaefer, B., Osuch, E., Densmore, M., Rajakumar, N., Théberge, J. and Williamson, P. Neurometabolic Abnormalities in Schizophrenia and Depression Observed with Magnetic Resonance Spectroscopy at 7T. International Society for Magnetic Resonance in Medicine Meeting, Toronto, Canada. 2015.
22. Taylor, R., Théberge, J., Williamson, P. and Neufeld, R.W.J. Modeling Stroop Performance in Cognitive Neuroimaging of Schizophrenia: A Case Study of Systems Factorial Technology in Clinical Science. Society for Mathematical Psychology, Newport Beach, California, U.S.A. 2015.
23. Théberge, J., Taylor, R., Osuch, E.A. and Williamson, P.C. Contrasting Glutamatergic Response Related to a Stroop Task Between Depressive and Schizophrenia Patients. Society of Biological Psychiatry Meeting, Atlanta, GA, U.S.A. 2016.
24. Vieira, J.B., Tavares, T.P. and Mitchell, D.G.V. Emotion and Personal Space Regulation: fMRI Correlates of approach-avoidance Tendencies to Distinct Facial Expressions. Presented at The Social & Affective Neuroscience Society, New York, USA. 2016.

Selected Invited Presentations

1. Lanius, R.A. Healing the traumatized self: consciousness, neuroscience, treatment. (Keynote Speaker) EMDR International Association (EMDRIA) 2015 Conference, Philadelphia, PA, U.S.A. August 29, 2015.
2. Lanius, R.A. Neuroscience II: consciousness, neuroscience, treatment. (2-day workshop), Centromoses/Btl Workshop, Milan, Italy. October 16 & 17, 2015.
3. Lanius, R.A. Family perspectives in PTSD. (Invited presentation-Chair), 31th Annual Meeting of the International Society for Traumatic Stress Studies, New Orleans, LA, U.S.A. November 5, 2015.
4. Lanius, R.A. The dissociative subtype of PTSD: theory, clinical and biological studies, and treatment implications. (Chair/Discussant), 31th Annual Meeting of the International Society for Traumatic Stress Studies, New Orleans, LA, U.S.A. November 5, 2015
5. Lanius, R.A. Treating trauma-related alterations in consciousness: a four-dimensional model. Leading Edge Seminars, YMCE Elm Centre, Toronto, Ontario. December 3, 2015
6. Lanius, R.A. Posttraumatic dissociation: neurobiology and treatment. 18th Annual Conference of the DeGPT, University of Hamburg, Hamburg, Germany. March 12, 2016.
7. Lanius, R.A. Seeing the invisible: why you just can't 'just get over' psychological trauma. Martha A Mitten Lecture Series on Trauma, Towson University, Towson, Maryland, U.S.A. March 23, 2016.
8. Lanius, R.A. Healing the traumatized self. 4th Annual Attachment and Trauma Conference, The Attachment and Trauma Treatment Centre for Healing (ATTCH), St. Catharines, Ontario. April 11, 2016.
9. Lanius, R.A. Rebirth of the shattered self: clinical and neurobiological perspectives. (Featured Speaker) Relational trauma: psychobiological consequences and clinical implications, 5th Annual PsyBc New York Conference on Affect Regulation, CUNY Graduate center, New York, New York, U.S.A. April 16, 2016.
10. Lanius, R.A. Seeing the Invisible: The Effects of Neurofeedback on Brain Functioning. Neurofeedback Interchange Conference on Default Mode Network, Atlanta, Georgia, U.S.A. May 5, 2016.
11. Lanius, R.A. Posttraumatic stress disorder: technological advances in diagnostics and monitoring. Traumatic Stress Research: Enabling bedside implementation, A Joint ISTSS/CIMVHR Conference, Toronto, Ontario. May 10, 2016.
12. Lanius, R.A. Healing the traumatized self: consciousness, neuroscience, treatment. Modum Bad Clinic, Vikersund, Norway. May 26, 2016.
13. Palaniyappan, L.K. All is not lost: The neglected aspect of compensatory brain remodelling in schizophrenia. Canadian Psychological Association Annual Meeting, Victoria, B.C. June 10, 2016.
14. Palaniyappan, L.K. Unfolding the subtypes of treatment response using cortical folding in first episode psychosis. Presented in Symposium 6: The psychosis continuum: Neuroimaging explorations of at-risk and first episode populations. Annual Meeting of the Canadian College of Neuropsychopharmacology (CCNP), Halifax, Nova Scotia. June 17, 2016.
15. Théberge, J. Current Topics in MR Safety: Certification, Implant Evaluations, Emergency Quenches. Siemens Canada Innovation Symposium 2015, Toronto, Ontario, Canada. Oct. 25, 2015.
16. Théberge, J., Taylor, R., Osuch, E.A., and Williamson, P.C. Contrasting Glutamatergic Response Related to a Stroop Task Between Depressive and Schizophrenia Patients. Atlanta, Georgia, U.S.A. May 12, 2016.

17. Williamson, P. Do Neuropsychiatric Disorders, Language and Religion Emerge from Adaptions in the Human Brain that Allow the Consideration of Consequences of Two or More Courses of Action. Protolanguage and Protoreligion Co-evolution Symposium, Protolang 4, Rome, Italy. 2015.

Dr. Peter Williamson

Chair, Neuropsychiatry Research Group

Developmental Disabilities Program

History and Program Focus

The Developmental Disabilities Program (DDP) was established within Western University's Department of Psychiatry in 2003, with the primary focus of the program being to provide clinical education to physicians and health care providers around causes of, diagnoses of, and treatment and care for people with developmental disabilities, and facilitating and producing scholarly research around developmental disabilities.

Division Leadership and Administration

Dr. Rob Nicolson is the Chair of the Developmental Disabilities Program, as well as the Undergraduate Medical Education Director.

Dr. Jay Rao is the Postgraduate Education Director, and Dr. Greg Gillis is the Community and Continuing Medical Education Director for the Program.

This past academic year, Sarah O'Flanagan joined the DDP as the Program Coordinator. Sarah joined the program in November 2015, and came from the research portfolio in the Department of Psychiatry.

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

Education

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

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

In order to foster an interest in working with people with developmental disabilities, the program continues to offer the **Dr. Greta T. Swart Essay Award** in IDD annually, in the amount of \$1000, to a medical student or resident at Western University. This year's winner was Abdullah Nasser, a medical student at the Schulich School of Medicine & Dentistry here at Western. All the essays submitted will be published in our Clinical Bulletin in the upcoming months.

The program also focuses on education with our faculty members supervising undergraduate medical students and residents. Undergraduate students are able to complete two week rotations in developmental disabilities during their clerkships. A lecture on DD is also included in the psychiatry lectures for second year students and third year clerks.

All psychiatry residents now spend at least 2 weeks in their third year of residency devoted to developmental disabilities. Further, our faculty members provide lectures for residents in psychiatry, paediatrics and family medicine, and often supervise residents from those disciplines as well.

On April 13, 2016, the DDP hosted our 14th Annual Spring CPD event at Windermere Manor. We had presentations by invited speakers: Heather Baily, Occupational Therapist, who spoke about Sensory Disorders in people with DD/ID. Joan Gardiner, Speech Language Pathologist, Faculty member, Developmental Disabilities Program, Department of Psychiatry, Schulich School of Medicine & Dentistry, Western University, who spoke about Communication Disorders. Stephanie Gratton, Developmental Services Ontario, who spoke about navigating the Developmental Services Ontario system.

Every September, the DDP hosts the Department of Psychiatry's Grand Rounds. In September 2015, the program welcomed Peter Tyrer, the Professor of Community Psychiatry in the Center for Mental Health in the Division of Experimental Medicine at Imperial College, London, England.

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

Research

The Faculty Members of the DDP are involved in a number of research projects ranging from studies looking at genetics and brain imaging, to clinical trials.

We are currently shifting the emphasis of the program to focus much more heavily on research in the upcoming academic year. We have recently partnered with Dr. Julio Martinez, Provincial Endowed Academic Chair in Autism, at the Schulich School of Medicine & Dentistry at Western University, and together held the premier Developmental Disabilities/Autism Spectrum Disorder Research Day at Western on May 5, 2016. The day featured oral presentations from different researchers, and a keynote address from Dr. Caroline Robertson from the Harvard Society of Fellows, whose research seeks to understand the marriage of sensory and cognitive signals in the human brain, and its relevance to our understanding of Autism Spectrum Disorders. Moving forward, we are hoping to create a research consortium that includes people conducting research in the field from different disciplines throughout the University.

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

This year's winner was Lara Genik from the University of Guelph. Lara will use the funds to test the effectiveness of a previously developed and piloted pain training program for respite workers using a randomized controlled trial.

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

This year's winner of the C. Kingsley Allison Award was Renee Philips, a student in the Graduate Program in Neuroscience at Western University. Her study is entitled; "Sensory Filtering in Children with and Without Autism Spectrum Disorder", and the abstract is as follows; An enormous amount of information is received from our senses daily. It is necessary to filter out unnecessary sensory information so as to focus on the most meaningful information. Though the autism spectrum disorder (ASD) population is diverse, it is estimated that over 96% of those with ASD have difficulties filtering sensory information which can trigger aggressive, self-harming or repetitive behaviours typical for this condition. It is hypothesized that physiological sensory filtering deficits contribute to the characteristic behaviours observed in ASD, and that differences in physiology account for some of the heterogeneity of symptoms in the patient population. Therefore, understanding the physiological mechanisms of sensory filtering is necessary. This study will use electromyograph (EMG) recordings in response to startling acoustic stimuli to directly measure and characterize physiological filtering abilities of ASD children as compared to age- and IQ- matched controls. Physiological assessments will be compared to traditional, qualitative, subjective measures of sensory-related behaviours. It is predicted that the heterogeneous ASD population may be sub-divided into meaningful clinical groups based on sensory filtering characteristics. Should subgroups within the autism spectrum exist, there will be significant and direct implications for those working to develop effective treatments and interventions.

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

Dr. Rob Nicolson
Chair, Developmental Disabilities Program

Undergraduate Education in Psychiatry

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

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

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

Psychiatry Patient Centred Clinical Methods, offered in second year, has undergone several successful changes under the direction of Dr. Iouri Rybak. Focus groups were held with the facilitators on the last day of the course and the results will be shared. Dr. Rybak has revised the objectives as per the new CBME (Competency Based Medical Education) guidelines being developed at the UGE national level.

Friday, May 27, 2016 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, Mohamad Elfakhani, Priya Subramanian, Heidi Haensel, and Julie Richard. This year, another small group session was introduced in the last week to consolidate the learning from all the 5 weeks.

Last 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 and musculoskeletal pod in London and Windsor.

This year we completed the first year of clerkship under Dr. Vadim Beletsky's excellent leadership and direction. Students are able to complete a two-week selective in child and adolescent, general adult, geriatric, psychosis, adult consultation-liaison, mood and anxiety disorders, urgent consultation service, ER Psychiatry (CEPS), or forensics. The Distributed Education Network (DEN) in Stratford, Chatham and Windsor continue to play an integral role in

training our clerks. Last year, we had clerks rotate in Windsor, Chatham, St. Thomas and Stratford. Site visits to the DEN were conducted by Dr. Varapravan, Dr. Beletsky and administrative support Michelle Steeper in the fall of 2015. 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 hope that the DEN can be expanded to Sarnia with Dr. Hussey and Dr. Jaychuk in the new academic year. All clerk evaluations became paperless and were switched to One45 in September 2014. This has been a successful and smooth transition.

Dr. Lisa Shepherd and team completed the psychiatry clerkship block review on April 27th which was successful. This is completed every 5 years.

Areas reviewed included: structure of the rotation, formal teaching, objectives, administration/resources, assessment of students, and block assessment by students. In summary, the review team felt that the Psychiatry Clerkship Block is a very good experience for the students. The commitment of Drs. Beletsky, Akinlosotu and Varapravan to this program was reported as outstanding and well supported by the administrative team. The review team felt that present and future challenges will be thoughtfully managed and that this rotation will continue to excel.

The highlights of the report are as follows:

I. STRENGTHS

- a. **The quality and passion of the leadership and teachers** is undoubtedly a strength of this rotation. Despite being new to their positions, Drs. Beletsky and Varapravan work well together and seem well supported by their department. The review team would expect that together with Dr. Akinlosotu, the program will continue to improve and develop over the next few years.
- b. **The organization of the block** is outstanding supported by excellent administration coordinators in both London and Windsor. With many more moving parts than most, this block relies heavily on this support.
- c. **The comprehensive assessment process** is admirable. It is reviewed by the Rotation Director transparently with the students and is acted upon which results in acceptance by both faculty and students.
- d. **The awareness of mental health challenges facing clinical clerks** is important to both preceptors and the Rotation Director on this block. They actively seek out these students and work to link them with appropriate resources such as the Learner Equity and Wellness (LEW) office.
- e. **The adaptability of the Windsor block** is noteworthy. Their ability to work with the available community based resources and adjust to the different needs of their preceptors and students shapes the Windsor rotation into an excellent student experience.
- f. **The amount of one on one consultant teaching** is acknowledged and appreciated by the students.
- g. **On-call learning** receives high praise from the students. They value the teaching they receive from the residents and the variety of experience to which they are exposed.

II. RECOMMENDATIONS TO ADDRESS WEAKNESSES

- a. The reviewers suggest that the Department of Psychiatry **make a designated number of teaching hours mandatory within Undergraduate Education** and explicitly describe these hours in the faculty Academic Role Categories (ARCs).

This will serve to increase the number of preceptors available for teaching clinical clerks and strengthen the undergraduate program within their department.

- b. **Improve the timeliness of preceptor evaluations.** Delinquent evaluations can erode the very robust and transparent face to face interviews which are a strength of this rotation.
- c. The current rotation system does leave some students with an exposure to psychiatry that's too focused. **Continued exploration of opportunities for students to experience more population prevalent disorders (ie. depression and anxiety) and their treatment** will help achieve the overarching curriculum competencies directed at the undifferentiated physician.
- d. The nature of psychiatry makes certain types of hands-on exposure impractical. As such, this block is considered service light by both students and faculty. The leadership must continue their push towards teaching excellence to keep student engagement high. The reviewers suggest that **efforts to improve the seminar didactic sessions be continued.** Recognizing that the program director and the undergraduate director have been in place for only a short time, we hope that this will become a priority in the near future with revisions that offer a more case-based approach and a more considered integration with pre-clinical teaching.
- e. Consideration should be given to **moving the seminar series into the afternoon.** Students and faculty agree that the majority of the clinical work is done in the mornings. Preserving six more mornings of clinical exposure could benefit the block.
- f. Students are instructed to contact their preceptors prior to beginning their rotation. **Providing contact emails for preceptors in addition to phone numbers** would make this process more student-centered.

III. CHALLENGES IN THE NEXT FIVE YEARS

- a. The **insidious university funding reduction** will continue to challenge all undergraduate programs in the next five years. With the expansion of the postgraduate Psychiatry program, leaders in the undergraduate program will be especially challenged to 'do more with less'.
- b. The impending **implementation of Competency Based Education** will confront all undergraduate and postgraduate programs in the near future. However, the amount of one on one consultant time in this rotation should give this program a head start in the workplace observation that is required. Also Dr. Varapravan's involvement at the National Undergraduate Education Committee level will position Western well moving forward.
- c. The recent medical school accreditation has highlighted **the need for training residents to teach students.** There will likely be a Schulich-wide approach to this at the postgraduate level but this department should remain aware and involved in this process to ensure that their unique undergraduate needs are met.
- d. The didactic teaching component of this block, specifically the **seminar series, will need to be constantly examined and revised.** Continued attention to expansion of the second year curriculum in case based manner could change this didactic teaching from a weakness into a strength.

IV. OPPORTUNITIES IN THE NEXT FIVE YEARS

- a. **Windsor will be introducing psychiatry residents** into their program in the upcoming academic year. This will offer yet another resource for the Windsor leadership team to adapt and integrate into their excellent student experience.

- b. The leadership should **continue to explore opportunities for clerkship site expansion in the DEN** beyond Stratford and Chatham. Other sites have been trialed in the past with mixed success. Reexamination of previous sites and consideration of other sites could offer increased opportunities for student learning and could reduce the teaching load in London. This block would appear to have the organizational and administrative framework to support this expansion.
- c. A stated wish of the leadership team was **to attract excellent psychiatry-keen medical students into the residency program at Western**. Continued attention to increasing resident exposure to the students would be an important step in this direction. This would supplement current programs such as the Taste of Psychiatry already in place.

END-OF-ROTATION SURVEY REPORT 2015–16 QUALITATIVE ANALYSIS

Strengths	L	W
Good breadth of experiences and variety of patient seen	16	6
High quality of teaching by preceptors and consultant staff	16	6
Administratively well organized	9	0
High quality of instruction by residents	8	0
Rotation structure conducive to student learning, allowing variety of experiences and exposure to diverse patient populations	6	2
Supportive learning environment	4	3
Call as a good learning experience – see undifferentiated patients in ER, present case to resident, and develop formulation and plan	4	0
Great opportunity to develop interviewing skills	4	1
Weaknesses	L	W
Differences in role and learning expectations between preceptors and services	6	1
Limited diversity of experience and patient populations seen (e.g., limited psychosis, ADHD, autism, pediatrics)	6	0
Clerk taking on more of an observer role	5	0
Overlap in consultant and resident teaching	4	0

Limited exposure to child psychiatry	2	4
Seminar quality variable (engagement, participation)	3	1
Call system – having to repeat interview with resident, time from start of consult to review with consultant	2	0
Seminars via OTN	0	2
Call/clinical duties on the last weekend of the rotation – no time to prepare for next rotation	0	1

The UGE has been actively involved in discussion with the department to address the concerns raised thus far. An ongoing challenge is the recruitment of faculty as facilitators for the PCCM course and as supervisors for clerkship. UGE will work with PGE to include senior residents as facilitators. We have been successful in advocating for increasing the MBR credits for UGE related activities recognizing the increase in work and time involved. We will be strongly advocating for increasing the DEN sites and considering the involvement of community psychiatrists in teaching. We have revised the clerkship seminar exams and are working on the addressing the variability in seminar quality as well as the overlap in consultant and resident teaching. We have introduced Emergency Psychiatry as a new rotation this year. The option of moving seminar series to the afternoon was explored as well but not changed this year due to conflicts in schedules.

For the last few years, we have organized the “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.

As a Canadian undergraduate medical program, we are accredited by the Liaison Committee for Medical Education (LCME) and the Committee on Accreditation of Canadian Medical Schools (CACMS). Accreditation is an ongoing quality improvement process that culminates in an external site review once every eight years. We are pleased to announce that the Department of Psychiatry passed the Schulich School of Medicine and Dentistry accreditation and the full report became available in October 2015. At the national level, COUPE has been engaging in active discussions in designing the Competency based objectives at the Undergraduate level and I am representing Western University in the small working group and working closely with the COUPE chair.

On February 11th 2016, we held our fifth “Taste of Psychiatry” at the Windermere Manor. Fifty three 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 despite a blustery storm that night. I would like to thank the residents and faculty who came to share their enthusiasm about pursuing psychiatry as a career. This year we had a panel discussion for the first time and the students got an opportunity to ask questions freely. The feedback received was overwhelmingly positive.

On June 14, 2016, 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. The award for the highest rated clerkship seminar series leader was awarded to Dr. Vadim Beletsky and the Clerkship Supervisor of the Year for London was awarded to Dr. Hooman Ganjavi. Dr. Omoseni 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. Dr. Heidi Haensel was the recipient of the clerkship supervisor award for the Division of Child and Adolescent Psychiatry. Dr. Priya Sharma received the clerkship resident teaching award. Dr. Sandra Northcott's significant contributions were recognized when the 2015 graduating class conferred her with the Hippocratic Council Clinical Science Teaching award. Congratulations to all our winners for the well-deserved awards.

I would like to express my sincere thanks to all the faculty members who supervised students and participated in lectures/small group sessions throughout the year. As outlined above, it is the contribution of our committed faculty members which makes our Department a dynamic learning opportunity for so many students. I would also like to acknowledge and thank Ms. Michelle Steeper who 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 thank her for being a vital part of the UGE department. Thank you to Hanna Siemiarczuk for her contributions as the DEN coordinator for many years and welcome to Ms. Shanna Peters who has taken over as the DEN coordinator this year.

Thank you to senior residents, Drs. Mehtaab Uppal, Pramudith Maldeniya and Priya Sharma for their significant contributions during the past academic year in teaching clerks. Thank you to Dr. Kara Dempster for the leadership and advocacy efforts as a chief resident. The resident teaching sessions remain one of the most highly rated educational experiences within the clerkship. On call teaching by residents is another highly valued learning experience by clerks. I would like to extend a warm welcome to Drs. Charles Ho, Aturan Shanmugalingam and Rickinder Sethi for volunteering their time and efforts to teaching students this academic year. Thank you to Dr. Sumit Chaudhari for his leadership and advocacy as the chief resident this year.

Dr. Sreelatha Varapran
Director, Undergraduate Education

Postgraduate Education

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

On July 1, 2016, we welcomed eleven new residents to our program, eight in London and three in Windsor: Drs. Mohammad Alolayan, Sahand Babapoor-Farrokhran, Zainab Bhojani, James Charbonneau, Ashley Galloway, Julia Mastrangelo, Ryan Parker, Karan Shan, Melissa Sheehan, Shivani Sriitharan and Israel Spivak. They are a strong group of residents and we look forward to seeing them progress through residency with success. We also welcome Dr. Cara Collins, who transferred to our residency program in her second year of residency from Memorial University of Newfoundland.

We would like to thank Carissa Peterson who played an important role as a Postgrad Coordinator for the program for several years. Carissa has helped to improve many aspects of the program during her time with us. She has moved to the States and is pursuing law school. We welcome Bela Franze to this role who many of you may have met in her previous role as CPD Coordinator for the Department.

Last but not least, the 2015-16 academic year ended strongly with all four PGY5 residents successfully passing the Royal College exams. Congratulations to Drs. Mehtaab Uppal, Sharon Grace Ferreria, Habiba Nayyer and Pasquale Montaleone. We wish you all the best in your future professional endeavors.

As we move forward, the program is currently preparing for the next Internal Review scheduled for January 2017.

CaRMS preparations are also in motion. This year, we will be accepting eight resident positions in London and two in Windsor to start in July 2017. We have posted the Windsor stream through CaRMS and will hold CaRMS interviews for both London and Windsor together on January 27 and February 3, 2017.

Dr. Volker Hocke
Psychiatry Residency Program Director
and the Postgraduate Education Office

Continuing Professional Development

“Tell me and I forget. Teach me and I remember. Involve me and I learn.” Benjamin Franklin

The concept of lifelong learning is captured beautifully in this quote by Jiddu Krishnamurti, a famous philosopher, speaker and writer: “There is no end to education. It is not that you read a book, pass an examination, and finish with education. The whole of life, from the moment you are born to the moment you die, is a process of learning. “

Lifelong learning is at the heart and soul of what we endeavour to provide through the various programs that we organize through the Continuing Professional Development Program in the Department of Psychiatry here at Western University.

It is my pleasure to present to the Department, 2015/2016 Annual Report on the CPD Activities that have occurred in the Department of Psychiatry over the past academic year.

We have had a significant turnover of staff here in the CPD office. First and foremost, I would like to welcome Dr. Svetlana Kotin, psychiatrist at Parkwood Institute Mental Health Care, who has been appointed as the Assistant Director of Continuing Professional Development.

Second, I would like to thank both Bela Franze, Administrative CPD Education Coordinator, Department of Psychiatry, Schulich School of Medicine & Dentistry, and Joanne Chapman, Secretary, Coordinated CPD Program, Research and Education Unit, Parkwood Institute, Mental Health Care Building, for their untiring work and dedication to the CPD Program during the tenure of their service. They have both been wonderful.

I also want to thank Faye Slote, CPD Education Coordinator, for her work with the Department, and I and I want to welcome Kate Hayes, who has joined us as the CPD Education Coordinator. Both Dr. Kotin and I look forward to working with her.

The activities for Continuing Professional Development (CPD) for the academic year July 2015 to June 2016 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 by our consumers. 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

academia. 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 that continued to thrive. A successful sixth annual mental health symposium – "Sleep and Sleep Disorders Across The Life Span" will be held at the Best Western, Lamplighter Inn on November 18, 2016. (A full listing of the CPD events is listed later in this report.)

The monthly and weekly CPD Programs that we provide adhere to the 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 Mental Health Symposium and the First Annual Collaborative Care Conference met accreditation criteria for Section 1 Maintenance of Certification Program credits as defined by RCPSC, and Mainpro-M1 credits as defined by the College of Family Physicians of Canada.

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 application of clinical care that you provide to your patients. Another learning opportunity that the RCPSC encourages its Fellows is to invite your peers to participate in focused chart audits and provide feedback to you (you can do this in various domains – clinical/quality of care) 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 the cycle overall minimum of 400 credits are still applicable. The 75% rule has been eliminated to encourage you to log all of your CPD activities.

This initiative is being pursued by RCPSC 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 the specialist physicians 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.

The RCPSC has started a new initiative, Competence by Design (CBD) to improve physician training and lifelong learning. As is noted on the RCPSC website, "The greater goal of CBD is to enhance patient care by improving learning and assessment across the continuum from residency to retirement. This will ensure that physicians continue to demonstrate the skills and behaviours needed to meet evolving patient needs."

The benefits to the Fellows as per the RCPSC (from their website)

CBD will better align education and lifelong learning with 21st century, competency-based practices, making it easier for practicing physicians to:

- assess their own abilities,
- address gaps in their knowledge through continuing medical education,
- stay current with evolving medical research, technologies and procedures,
- know when to adopt new skills and technologies into their practice, and
- plan and track learning activities to demonstrate their competence throughout multiple career transitions.

We look forward to incorporating CBD into our CPD over the coming years.

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 Schulich School of Medicine & Dentistry's CPD office at Western University, 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 external (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.

Dates	Speakers	Presentations
Sept 10, 2015	Dr. Peter Tyrer	Managing Challenging Behaviour in People with Intellectual Disability
Oct 8, 2015	Dr. Graham Glancy	Witness Protection: A Matter of Training
Nov 12, 2015	Dr. Peter Williamson	General Theme: Classification of Major Psychiatric Disorders
Dec 10, 2015	Dr. Varinder Dua	Not Criminally Responsible on Account of Mental Disorder (NCRMD): The Concept, The Myths & The Facts
Jan 14, 2016	Dr. Jaan Reitav	Practical Approaches to Management of Adult Sleep Disorders
Feb 11, 2016	Dr. Mary Nixon	Non Suicidal Self Injury in Youth: From Evidence to Practice
Mar 10, 2016	Dr. Diana Kljenak	Harnessing the Power of Transference and countertransference in Cognitive Behavioural Therapy
Apr 14, 2016	Drs. Fielding and Gregory jointed by Dr. Viraj Mehta and Dr. Julie	Not for Human consumption: Novel Psychoactive Substances in the Internet Age

May 12, 2016	Dr. Penny MacDonald	Cognition in Parkinson's Disease
June 9, 2016	Dr. Michael Gratran	Cardiac Side Effects of Psychotropic Medications in Children

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. There have been months where two Learning After Five events have taken place. 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.

Dates	Speakers	Presentations
Sept 16, 2015	Dr. Nassir Ghaemi	Bipolar Spectrum: Conceptions and Misconceptions
Oct 14, 2015	Dr. Lakshmi Yatham	Contemporary Conundrums in the Management of Bipolar Disorder
Oct 20, 2015	Dr. John Bradford	Managing High-Risk Patients in the Community
Nov 17, 2015	Dr. Viraj Mehta	The Chilling Effects of Crystal Meth Use
Dec 8, 2015	Dr. Sandra Northcott	The role of Narrative Psychiatry
Jan 12, 2016	Dr. Zahinoor Ismail	Schizophrenia and Hospital Length of Stay
Feb 2, 2016	Dr. Philip Tibbo	OPTICS: Optimizing Preventative Treatments in the Care of Schizophrenia
Feb 11, 2016	Dr. Mary Nixon	The Rational Use of Pharmacology in the Treatment of Non Suicidal Self Injury in Youth
Mar 9, 2016	Dr. Diana Kljenak	OPA Presidential Tour collaborative Care – Our Social Responsibility
Apr 25, 2016	Dr. Pierre Assalian	Sexuality and Psychiatry
May 24, 2016	Dr. David Ndeti	The Benefits of Global Mental for Both High Income and Low and Middle Income Countries
May 30, 2016	Dr. Simon Hatcher	Is Medical Research Broken? (And Can We Fix It)
June 28, 2016	Dr. Jason Bermak Dr. Andrea Schreiner Dr. Kenneth Subotnik	A Novel Long-Acting Treatment Strategy for Patients with Schizophrenia

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.

Thirty-three 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.

Date	Speaker(s)	Title of Presentation
Sep 14, 2015	Ms. Heather Fredin	Adolescent Suicide and Social Media: Risk and prevention
Sep 21, 2015	Dr. Priya Sharma	Mixed Features in Major Depressive Disorder: Where the poles end and the continuum begins
Sep 25, 2015	Dr. Edward Coffey	An Overview on Neurostimulation: Current and Future Approaches
Sep 28, 2015	Prof. Dermot Hurley	Resilience & Community Mental Health Teams
Oct 05, 2015	Dr. Craig Stewart	Beyond Sleep Hygiene: Cognitive Behavioural Therapy for Insomnia
Oct 19, 2015	Dr. John Bradford	Managing High Risk Patients in the Community
Oct 26, 2015	Dr. Richard O'Reilly, Ms. Julie Jung	Communicating with the Families of Patients with Serious Mental Illness
Nov 02, 2015	Dr. S. Grace Ferreria	Survivors of Suicide
Nov 09, 2015	Dr. Julie Richard	Outcomes for Adults with High Functioning Autism
Nov 16, 2015	Dr. James Ross	Empathetic Psychiatry in the Age of Neurobiology
Nov 23, 2015	Dr. Lloy Wylie	Issues and Innovations in Indigenous Peoples Health: Results from London, Reflections from BC
Nov 30, 2015	Dr. Rahel Eynan, Dr. Paul Links	Southwestern Ontario Suicide Study (SOSS) for Quality Improvement: Preliminary findings
Dec 07, 2015	Dr. Mehtab Uppal	Culturally Safe Care - It's Time!
Dec 14, 2015	Dr. Benicio Frey	Effects of Psychotropics on Obstetric and Neonatal Outcomes
Jan 11, 2016	Dr. Zohar Waisman	Duty to Warn
Jan 18, 2016	Dr. Nolan Hop Wo	Implantable Cardioverter Defibrillators and Post

Date	Speaker(s)	Title of Presentation
		Traumatic Stress Disorder
Jan 25, 2016	Family Advisory Council et al	Family Involvement in Care
Feb 01, 2016	LHSC Child & Adolescent Eating Disorders Team	Treatment of Eating Disorders in Children and Adolescent
Feb 08, 2016	Mental Health Ethics Committee	Bioethics Rounds: Physician-Assisted Suicide - What does this mean for mental health care?
Feb 22, 2016	Dr. Habiba Nayer, Dr. Heidi Haensel	Post-Traumatic Stress Disorder in the Perinatal Period
Feb 29, 2016	Dr. Sharon Koivu	Managing Addictions in Primary Care: Clinical Pearls
Mar 07, 2016	Dr. Javeed Sukhera	Authentic Youth/Consumer Engagement in Mental Health System Design
Mar 21, 2016	Dr. Pram Maldeniya	Cannabis nation: Parting through the haze
Apr 04, 2016	Dr. Kamini Vasudev	Genetic Determinants of Clozapine-induced Metabolic Side-effects
Apr 11, 2016	Dr. Christoph Correll	Management of Schizophrenia Throughout the Illness Course: Impacting disease trajectories & creating opportunities
Apr 18, 2016	Dr. Senthuran Gunaratnam	QT Prolongation in Psychiatry
Apr 25, 2016	Dr. Pierre Assalian	Gender Dysphoria: Choice or pathology
May 02, 2016	Dr. Varinder Dua	Narcolepsy and its Psychiatric Dimensions
May 16, 2016	Dr. Sujata Ojha	Is there a role for Rational Polyantipsychotic Therapy?
May 30, 2016	Dr. Simon Hatcher	Managing Medically Unexplained Symptoms
Jun 13, 2016	Dr. Sonu Gaiind	"Do no harm....help me die": Navigating Mental Health Issues in the Turbulent Waters of Intolerable Suffering and (Ir)remediability
Jun 28, 2016	Dr. Jason Bermak	Schizophrenia: Current Treatments and Future Explorations

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 ECT registered nurses: Ms. Karen Groot and Ms. Cathy Russell.

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
- Part 3: The Future of ECT and the Road Ahead.

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.

2015-2016 CPD Awards

Best CPD Presentation by Faculty - Dr. Sandra Northcott

Best CPD Presentation by Resident – November - Dr. Sheena Ghodasara

Best CPD Presentation by Resident – April - Dr. Jonathan Gregory

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:

Collaborative Care: Planting the Seeds of Change

The Departments of Psychiatry and Family Medicine are pleased to announce an exciting full day conference on October 19, 2016 at the Best Western Lamplighter Inn & Conference Centre.

The day will offer plenary presentations by Dr. Diana Kljenak and Dr. Mel Kahan, Dr. Paul Links will feature an update on local initiatives as well as a Dr. Lorelei Lingard will present for CERI Team Building session.

Workshops will include the following:

“Challenges of Managing Treatment Resistant Depression in Primary Care” - Dr. Verinder Sharma

“Psychotherapies of OCD and OCD Spectrum Disorders (Individual and Group Settings)” – Dr. Mark Watling

“Collaboration and Innovation in Mental Health: Use of Digital Technology” - Lawrence Murphy

“Medical Marijuana in Primary Care: The Do's and Dont's” – Dr. Janel Gracey

“Managing Couples’ Emotional Health in a Busy Primary Practice” – Dr. Sid Freedman

“Medical Marijuana in Primary Care: The Do's and Dont's” - Dr. James Ross

“Managing Perinatal Depression and Anxiety”– Dr. Cindy-Lee Dennis

“Transitional Age Mental Health: A Shared Responsibility” – Dr. Javeed Sukhera

Overall Conference Goals:

1. Update 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.

For Registration Details:

http://www.schulich.uwo.ca/psychiatry/about_us/events/index.html

The 6th Annual Mental Health Symposium: Sleep and Sleep Disorders Across the Life Span

A one-day symposium featuring experts in the fields of mental health legislation and the clinical application of community treatment orders will be held on November 18, 2016.

We are very excited to announce on November 18, 2016, we will host our Sixth Annual Mental Health symposium on “Sleep and Sleep Disorders Across the Lifespan”. Planning for this initiative began in January 2016.

The day will offer plenary presentations by Dr. Colin Shapiro and Dr. Stuart Fogel and Dr. Ruet Gruber, with a welcome and introduction by Dr. Paul Links.

Workshops will include the following:

“Behavioral Management of Sleep Disorders” - Dr. Jaan Reitav

“Sleep Apnea: Diagnosis and Management (Role of CPAP, Dental Appliances and Oral surgery)” -Dr. Marcus Povitz

“Sleep Disturbance, Obesity and Diabetes: The Emerging Epidemic” – Dr. Michael Mak

“The Shifting Evidence in Shift Work Sleep Disorder” – Dr. Colin Shapiro

“Cognitive Behavior Therapy for Insomnia (CBTi): Practical Tips and Tools” - Dr. Jennifer Barr

“Measuring Sleep and Waking: Why Does It Matter”- Dr. Michael Mak

“Sleep Disorders In The Elderly: Diagnostic and Management Issues”– Dr. Amer Burhan

“Management of Sleep Disorders in Children & Adolescents” – Dr. Ruet Gruber

Overall Conference Goals:

1. Appreciate the interface between psyche and soma
2. Assimilate and integrate the current trends and knowledge learned in the field of psychosomatic medicine and apply it to their respective patient populations
3. Be able to interpolate the current research trends and evidence based perspectives when managing their patients

The symposium is open to all psychiatrists, physicians and allied health members. More details will be posted on our Department website shortly.

Psychotherapy Workshop

A one-day workshop arranged with Dr. Nancy McWilliams will take place on March 31, 2017 here at Parkwood Mental Health Institute. More information to come. Please check out our event page or contact Kate Hayes at: CPDpsychiatry@lhsc.on.ca:

http://www.schulich.uwo.ca/psychiatry/about_us/events/index.html

For Registration Details:

http://www.schulich.uwo.ca/psychiatry/about_us/events/index.html

Projects we are working on:

1. MAID Conference
2. Psychosocial Rehabilitation
3. Debates

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.

RESEARCH

Peer-Reviewed Publications

Addington, D. E., **Norman, R.**, Bond, G. R., Sale, T., Melton, R., McKenzie, E., & Wang, J. (2016). Development and testing of the first-episode psychosis services fidelity scale. *Psychiatric Services*, 67(9), 1023-1025.

Annweiler, C., Denis, S., Duval, G., Ferland, G., **Bartha, R.**, & Beauchet, O. (2015). Use of vitamin K antagonists and brain volumetry in older adults: preliminary results from the GAIT study. *Journal of the American Geriatrics Society*, 63(10), 2199-2202.

Armiento, J., Hamza, C. A., **Stewart, S. L.**, & Leschied, A. (2016). Direct and indirect forms of childhood maltreatment and nonsuicidal self-injury among clinically-referred children and youth. *Journal of Affective Disorders*, 200, 212-217.

Batty, M. J., **Palaniyappan, L.**, Scerif, G., Groom, M. J., Liddle, E. B., Liddle, P. F., Hollis, C. (2015). Morphological abnormalities in prefrontal surface area and thalamic volume in attention deficit/hyperactivity disorder. *Psychiatry Research*, 233(2), 225-32.

Benbow, S., **Forchuk, C.**, Gorlick, C., Berman, H., & Ward-Griffin, C. (2015). Social exclusion and health: The development of nursing knowledge. *Canadian Journal of Nursing Research*, 47(3), 26-72.

Bender, A., **Eynan, R.**, O'Grady, J., Nisenbaum, R., **Shah, R.**, & **Links, P. S** (2016). Best practice intervention for post-traumatic stress disorder among transit workers. *Work: A Journal of Prevention, Assessment & Rehabilitation*, 54(1), 59-71.

Bighelli, I., Trespidi, C., Castellazzi, M., Cipriani, A., Furukawa, T. A., Girlanda, F., **Guaiana, G.**, Koesters, M., Barbui, C. (2015). Antidepressants and benzodiazepines for panic disorder in adults [protocol]. *Cochrane Database of Systematic Reviews*, 9.

Blair, M., Gill, S., **Gutmanis, I.**, Smolewska, K., Warriner, E., & Morrow, S. A. (2016). The mediating role of processing speed in the relationship between depressive symptoms and cognitive function in multiple sclerosis. *Journal of Clinical and Experimental Neuropsychology*, 38(7), 782-794.

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Boughner, E., Thornley, E., Kharlas, D., & **Frewen, P.** (2016). Mindfulness-related traits partially mediate the association between lifetime and childhood trauma exposure and PTSD and dissociative symptoms in a community sample assessed online. *Mindfulness*, 7, 672-679.

Bucciari, K., Warner, L., **Norman, R.**, Jeng, M., Wright, A. & **Forchuk, C.** (2016). Apples to apples: A comparative demographic analysis of homeless and housed youth in Canada. *Canadian Journal of Family and Youth*, 8(1), 19-45.

Burhan, A. M., Anazodo, U., Chung, J. K., Arena, A., Graff-Guerrero, A., & **Mitchell, D. G. V.** (2016). The effect of task-irrelevant fearful face distractor on working memory processing in mild cognitive impairment versus healthy controls: An exploratory fMRI study in female participants. *Behavioural Neurology*, 1-13.

Burhan A. M., Marlatt, N. M., **Palaniyappan, L.**, & Anazodo U. C., (2015). Prato FS. role of hybrid brain imaging in neuropsychiatric disorders. *Diagnostics (Basel)*, 5(4), 577-614.

Burhan, A. M., **Subramanian, P.**, Pallaveshi, L., Barnes, B., & Montero-Odasso, M. (2015). Modulation of the left prefrontal cortex with high frequency repetitive transcranial magnetic stimulation facilitates gait in multiple sclerosis. *Case Reports in Neurological Medicine*, 2015. 1-6.

Campbell, D. R., O'Gorman, J., Thomas, A. W., **Chiu, S.**, & **Cernovsky, Z. Z.** (2015). Brief transcranial pulsed electromagnetic stimulation in patients with anorexia and in those with anxiety. *The Internet Journal of Psychiatry*. 4(1).

Campbell, D. W., Wallace, M. G., Modirrousta, M., Polimeni, J. O., McKeen, N. A., & **Reiss, J. P.** (2015). The neural basis of humour comprehension and humour appreciation: The roles of the temporoparietal junction and superior frontal gyrus. *Neuropsychologia*, 79(Pt A),10-20.

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Castellani, C. A., Melka, M. G., Gui, J. L., **O'Reilly, R. L.**, & **Singh, S.** (2015). Integration of DNA sequence and DNA methylation changes in two monozygotic twin pairs discordant for schizophrenia. *Schizophrenia Research*, 169(1-3), 433-440.

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Chiu, S., Raheb, H., Terpstra, K., Vaughan, J., Farina-Woodbury, M., Bureau, Y., **Cernovsky, Z.**, Hou, J., Copen, J., Husni, M., Badmeav, V., Hategan, A., Shad, M., Suntras, Z., & Gericke, N. (2015). Exploring zembrin extract derived from South African plant, *Sceletium tortuosum* in targeting cAMP-driven phosphodiesterase (PDE)

signaling in Alzheimer's disease: synthesis of evidence. *International Journal of Mental Health & Psychiatry*, 1(2). 2.

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Csiernik, R., **Forchuk, C.**, Buccieri, K., Richardson, J., Rudnick, H., Warner, L., & Wright, A. (2016). Substance use of homelessness and precariously housed youth in a Canadian context. *International Journal of Mental Health and Addiction*, 1-15.

Daniels, J. K., **Frewen, P.**, **Theberge, J.**, & **Lanius, R. A.** (2016). Structural brain aberrations associated with the dissociative subtype of posttraumatic stress disorder. *Acta Psychiatrica Scandinavica*, 133(3), 232-240.

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Ferrari, M., Flora, N., **Anderson, K. K.**, Haughton, A., Tuck, A., Archie, S., Kidd, S., McKenzie, K., & ACE Project Team (2016). Gender differences in pathways to care for early psychosis. *Early Intervention in Psychiatry*, E-Pub.

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Letter to the Editor / Correspondence

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Al-Qadhi, S., Chawla, T., Seabrook, J., & **Burhan, A. M.** (2016). *Competency by design curriculum for electroconvulsive therapy for Canadian residency training*. Presented at the Canadian Conference on Medical Education, Montreal, QC, Canada.

Anderson, K. K. (2016). *The Higher Risk of Psychosis among Immigrants and Refugees in Canada: Current Hypotheses*. UK-Canada Royal Society Frontiers of Science Meeting, Whistler, BC, Canada.

Anderson K. K., & Kurdyak P. (2015). *Factors Associated with Physician Follow-up After a First Diagnosis of Psychotic Disorder*. Poster presented at the Canadian Academy of Psychiatric Epidemiology Annual Symposium, Vancouver, BC, Canada.

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Armiento, J., Hamza, C., Klassen, J., & **Stewart, S. L.** (2016). *Nonsuicidal self-injury: Assessment and intervention using the Child and Youth Mental Health Assessment (ChYMH)*. World interRAI Conference, Toronto, ON, Canada.

Armiento, J., Hamza, C., & **Stewart, S. L.** (2015). *An examination of peer criticism and non-suicidal self-injury*. Poster Presented at PREVnet conference, Toronto, ON, Canada.

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Baribeau, D. A., **Dupuis, A.**, Paton, T. A., Scherer, S.W., Schachar, R., Arnold, P.D., Szatmari, P., **Nicolson, R.**, Georgiades, S., Soreni, N., Crosbie, J., Brian, J.A., Iaboni, A., & Anagnostou, E. A. (2016). *Common Genetic Variation in Neuropeptide Receptors and Social Processing Across Neurodevelopmental Disorders*, Poster presented at the International Meeting for Autism Research, Baltimore, U.S.A.

Billawala, A., & **Stewart, S. L.** (2016). *An Examination of Risk among Children and Youth with Complex Special Needs*. Poster presented at the World interRAI Conference, Toronto, ON, Canada.

Boughner, E., Thornley, E., Kharlas, D., & **Frewen, P.** (2016). *Associations Between Childhood and Lifetime Trauma Exposure and PTSD and Dissociative Symptoms are Partially Mediated by Mindfulness-Related Traits*, Poster presented at the Canadian Psychological Association, Victoria, BC, Canada

Brown, M., Boughner, E., Thronley, E., & **Frewen, P.** (2016). *Distress versus dissociation in traumatized women and men: Sex differences in relation to the 4-D model of trauma-related psychopathology*, Canadian Psychological Association, Victoria, BC, Canada.

Burhan, A. M. (2015). *Delirium*. Presented at Owen Sound Hospital Physician and Staff Monthly Grand Rounds, Owen Sound, ON, Canada.

Burhan, A. M. (2016). *Origins of rTMS and its mechanism of action*. Presented at the rTMS: Its origins, current practice and future direction workshop, Parkwood Institute-Mental Health, London, ON, Canada.

Burhan, A. M. (2016). *Repetitive transcranial magnetic stimulation (rTMS) in psychiatry: Basics and current indications*. Presented at the Goderich Mental Health Annual Educational Day, Goderich, ON, Canada.

Burhan, A. M., Knuff, A., **Pallaveshi, L.**, Ross, T., & Seitz, D. (2015). *Utility of actigraphy as an agitation-monitoring tool in advanced dementia patients: a pilot study*. Presented at the Canadian Conference on Dementia, Ottawa, ON, Canada. [Abstract published in: Canadian Geriatrics Journal, 18(4), 250–300].

Burhan, A. M., & **Park, H.** (2015). *Simulated complex reasoning in psycho-geriatric training (SCRIPT), interactive case session*. Presented at the 13th Annual Geriatric Psychiatry Symposium, London, ON, Canada.

Cairncross, M., Peterson, A., **Lazosky, A.**, Weijer, C., & Owen, A. M. (2015). *Neuropsychological assessment of decision-making capacity in patients with barriers to communication*. Poster presented at the Forty Third Annual Meeting of the International Neuropsychological Society, Denver, Colorado, U.S.A.

Calhoun, V., **Osuch, E.**, Nanfeng, J., & Sui, J. (2016). *Discriminating first-episode bipolar disorder from unipolar depression by feature selection from whole-brain functional connectivity*. 71st Annual Scientific Convention, Society of Biological Psychiatry, Atlanta, GA, U.S.A.

Campbell, R., Kaushai, M., Johnston, M., & **Srivastava, A.** (2016). *Behavioral traits of eating disorder amongst psychiatric patients with high BMI*. Presented at the American Psychiatric Association, Annual Conference, Atlanta, GA, U.S.A.

Castelanni, C. A., Melka, M. G., Gui, J. L., Laufer, B. I., Diehl, E. J., **O'Reilly, R. L.**, & Singh S.M. (2015). *Assessing the threshold model for schizophrenia using the in-depth genome sequence and methylation differences in monozygotic twins discordant for the disease*. Presented at the World Congress Psychiatric Genetics (WCPG) Conference. Toronto, ON, Canada.

Chiu, S. (2015). *Exploring the kaleidoscopic oasis of epigenetics-based diet, brain games and physical exercise in cognitive aging and Alzheimer Dementia: evidence, promises and challenges*. Presented at the 3rd International Conference on Alzheimer's Disease and Dementia, Toronto, ON, Canada.

Chiu, S., Cernovsky, Z., Husni, M., Copen, J., Terpstra, K., Raheb, H., Jirui, H., Bureau, Y., & Woodbury-Farina, M. (2016). *Pilot study of cardio-vascular risks and insulin resistance in neuroleptic-induced parkinsonism in schizophrenia: a post-hoc secondary analysis of RCT Ginsana-115 study*. Poster presented at the American Psychiatric Association Annual Meeting, Atlanta, GA, U.S.A.

Chiu, S., Cernovsky, Z., Sadek, G., Husni, M., Copen, J., & Bureau, Y. (2015). *How is Gambling craving linked to Smoking-nicotine and Alcohol craving? Results of an exploratory study of clients with methadone-maintained opiate dependence*. Presented at the 16th Annual NCRG Conference on Gambling and Addiction, Las Vegas, NV, U.S.A.

Chiu S., & Khan, A. (2015). *Pilot study of Sulmedol (patented Sublimed sulfur) for hyper-homocysteinemia: implications for cognitive decline in Alzheimer's disease*. Presented at the Natural Health Product (NHP) Research Society of Canada Annual Conference, Western University, London, ON, Canada.

Chovaz, C. (2016). *Centre of deaf education and accessibility forum: CDEAF*. Mental Health Conference 2016: Here and Beyond. Kings University College at Western University, London, ON, Canada.

Chovaz, C. (2016). *Mental Health and Deaf People*, Poster presented at the Inclusive Communities Summit 2016, St. John's, Newfoundland, Canada.

Corring, D., Forchuk, C., Rudnick, A., **Reiss, J.,** Hoch, J., Donelle, L., Godin, M., Osaka, W., **Campbell, R.,** Capretz, M., Reed, J., & McKillop, M. (2016). *Smart technologies in mental health: The MHEN project*. Presented at the Med-e-Tel Conference, Luxembourg City, Luxembourg.

Corring, D., Lamarre, L. Ruddell, M.E., & Basnett, C. (2016). *The importance of family inclusion: A vital partnership for recovery oriented mental health care*. St. Joseph's Health Care London, London. ON, Canada.

Corring, D., Meier, A., Rudnick, A., & **Forchuk, C.** (2016). *Using smart technology to support rehabilitation: A feasibility study*. Presented at the Med-e-Tel Conference, Luxembourg City, Luxembourg.

Corring, D., & O'Reilly, R. (2015). *A systematic review of qualitative research on community treatment Orders*. Presented at the 34th International Congress on Law and Mental Health, Vienna, Austria.

Corring, D., O'Reilly, R., & Sommerdyk, C. (2015). *A systematic review of qualitative research and the lived experience of community treatment orders*. Presented at the International Academy of Law and Mental Health Conference, Vienna, Austria.

Corring, D., O'Reilly, R., & Sommerdyk, C. (2015). *A systematic review of qualitative research and the lived experience of community treatment orders*. Presented at St. Joseph's Health Care London Parkwood Institute 16th Annual Research Half Day. London, ON, Canada.

Currie, M., Kerr, I., Moody, K., Lambert, L., Hawes, G., & Britton, L., & **Stewart, S. L.** (2016). *Supporting successful implementation of interRAI tools: Preparing, executing and learning*. World interRAI Conference, Toronto, ON, Canada.

Dhanani, H., **Marlatt, N. M., & Gutmanis, I.** (2016). *Identifying prognostic factors associated with poor outcomes for geriatric rehabilitation in in-patients*. Poster presented at the Lawson Research Day, London, ON, Canada.

Dozois, D. J. A. (2016). *A multi-modal examination of interpersonal factors in the development and maintenance of depression*. Discussant, Canadian Psychological Association (annual meeting), Victoria, BC, Canada.

Elrofaie, A., Lapshina, N., **Stewart, S. L., & Schwean, V.** (2015). *Child abuse and domestic violence: An examination of mental health outcomes in a clinical sample*. International Society for the Study of Individual Differences Conference, London, ON, Canada.

Elrofaie, A., **Stewart, S. L., & Lapshina, N.** (2016). *Internalizing problems and challenges: Examining child and youth victims of emotional abuse and bullying*. Poster presented at the World InterRAI Conference, Toronto, ON, Canada.

Erickson, P., Vingilis, E., **Stewart, S. L.,** Hamilton, H., Bondy, S., Kolla, N. J., Carlisle, C., Seeley, J., Lapshina, N., & Einerson, K. (2016). *Connecting youth in custody with mental health services*. Poster presentation at the Department of Psychiatry Annual Retreat, Western University, London ON, Canada.

Espinet, S., Gotovac, S., Lingard, L., & **Steele, M.** (2015). *Improving rural primary care practice in child mental health through educational innovation*. The Centre for Education Research and Innovation Annual Research Conference, London, ON, Canada.

Espinet, S., Gotovac, S., & **Steele, M.** (2015). *Improving primary care capacity to manage mental health here through training in child and adolescent psychiatry*. Poster presented at the Canadian Academy of Child and Adolescent Psychiatry Conference, Quebec City, QC, Canada.

Espinet, S. D., Gotovac, S., & **Steele, M.** (2016). *Canadian rural remote primary care physicians perspectives on child/adolescent mental health care service delivery.* Division of Child and Adolescent Psychiatry Annual Conference, London, ON, Canada.

Espinet, S. D., Gotovac, S., & **Steele, M.** (2016). *Physician training in child and adolescent psychiatry (PT-CAP), building knowledge and skills of primary care providers through education.* Division of Child and Adolescent Psychiatry Annual Conference, London, ON, Canada.

Espinet, S., Gotovac, S. & **Steele, M.** (2016). *Preparing “first responders” to promote positive mental health in children and youth: What is happening, what is needed?* Collaborative Mental Health Care Conference, Kelowna, BC, Canada.

Espinet, S., McKerlie, A., & **Steele, M.,** (2015). *Improving primary care capacity in child and adolescent psychiatry through training.* Canadian Academy of Child and Adolescent Psychiatry Annual Conference, Quebec City, QC, Canada,

Fadiya, B. & **Stewart, S. L.** (2016). *Determinants of self-harm among children and youth receiving treatment in mental health facilities across Ontario.* World interRAI Conference, Toronto, ON, Canada.

Fadiya, B. & **Stewart, S. L.** (2016). *Self-harm as a predictor of service use.* Poster presented at the World interRAI Conference, Toronto, ON, Canada.

Fisman, S. (2016). *Joining the Dots: Building an Intergrated Child and Youth Mental Health System,* DCAP Annual Symposium, London, ON, Canada.

Fisman, S., Heisel, M., Eichstedt, E., Collins, K., Rabenstein, R., Jacques, H., **Singh, D., Eynan, R.,** Kramer, C., Davidson, B., Ethridge, P., & Bhullar, G. (2015). *The Development of the Brief Adolescent Suicide Ideation Scale (BASIS).* Poster presented at the Canadian Academy of Child and Adolescent Psychiatry 35th Annual Meeting, Quebec City, QC, Canada.

Forchuk, C. (2015). *Mental Health, Poverty, & Homelessness: Playing Musical Chairs.* Western University School of Nursing Homecoming Brunch, London, ON, Canada.

Forchuk, C. (2015). *Moving from research to practice: Understanding urgency and time, A Café Scientifique Experience: Making Canada a Leader in Health Care, Again.* Windermere Manor, London, ON, Canada.

Forchuk, C. (2015). *Smart Technologies for Mental Health Management.* 4th European Conference on Mental Health, Riga, Latvia.

Forchuk, C. (2015). *Smart Technology Workshop: New Technologies and Mental Health: separating the Promise from The Perils.* Radical Collaborations Conference: Forensic Psychiatry Research Event, St. Joseph's Healthcare-West 5th Campus, Hamilton, ON, Canada.

Forchuk, C. (2016). *Workshop on Veteran Homelessness*. Community Development and Homelessness Partnership Directorate (CDHPD) Conference, Gatineau, QC, Canada.

Forchuk, C., & Corring, D. (2015). *Transitions in vocational engagement*. Presented at St. Joseph's Health Care London Parkwood Institute 16th Annual Research Half Day. London, ON, Canada.

Forchuk, C. Donelle, L & Capretz, M. (2016). *Iris Scanning: An Alternative Way of Identification for People*. Poster presented at the Western University Department of Psychiatry Academic Research Day, London, ON, Canada.

Forchuk, C., Leipert, B., & Booth, R., (2016). *The art and pragmatics of research interviewing*. Western University, London, ON., Canada.

Forchuk, C., Rudnick, A., Jeng, M., Montgomery, P., Hall, P., & **Corring, D.** (2015). *The transitions in vocational engagement project*. Presented at St. Joseph's Health Care London Parkwood Institute 16th Annual Research Half Day, London, ON, Canada.

Forchuk, C., Rudnick, A., MacIntosh, J., Bukair, F. & Hoch, J. (2016). *Evaluation Framework for Smart Technology Mental Health Interventions*. International Conference on Smart Homes and Health Telematics (ICOST), Wuhan, China. [Abstract published in C.K Chang et al (Eds) Inclusive Smart Cities and Digital Health. LNCS 9677, 203-210.

Forchuk, C. & Sherman, D. (2016). *Implementing the transitional discharge Model A CAHO - Artic Project*. The National Conference on Peer Support: Shaping the Future of Peer Support in North America: Leading Recovery, Toronto, ON, Canada.

Frewen, P. (2016). *Neuroimaging the traumatized self*, Boston Trauma Conference, Boston, MA, U.S.A.

Frewen, P., Brown, M., Schmahl, C., & **Lanius, R.** (2015). *Empirical studies of the 4-D model of trauma-related dissociation in PTSD, BPD, ER, and community samples*, International Society for Traumatic Stress Studies, New Orleans, LA, U.S.A.

Frewen, P., Brown, M., Steuwe, C., & **Lanius, R.** (2015). *Symptomatology and neurobiology of the dissociative subtype of PTSD: Self-report and fMRI studies*, International Society for Traumatic Stress Studies New Orleans, Louisiana.

Gariscsak, S., Berardi, F., Arbeau, K., Theall, L., & **Stewart, S. L.** (2016). *The impact of perceived autonomy on the potential for violent behaviour in adolescents receiving mental health services*. Poster presented at the Western Student Research Conference, London, ON, Canada.

Georgiades, S., Shaikh, M., Duku, E., Szatmari, P., Anagnostou, E., Arnold, P., Lerch, J., **Nicolson, R.**, Scherer, S., Bennett, T., Dupuis, A., Soreni, N., Charach, A., Crosbie, J., Reitzel, J., Hall, G., Woodbury-Smith, M., Beyene, H., Chrysler, C., Chalupka, M., Greco, A., Russell, C., O'Connor, I., Colli, L., Al Balkhi, S., & Schachar, R. (2016). *Emotional and behavioural problems in children with neurodevelopmental disorders: using cross-disorder phenotypes to identify informative subgroups*. Poster presented at the International Meeting for Autism Research, Baltimore, Md, U.S.A.

Gotovac, S., **Espinet, S.**, Lingard, L., & **Steele, M.** Child (2016). *Adolescent mental health training in primary care in Canada: Where have we been and where can we go?* Poster presented at the Collaborative Mental Health Care Conference, Kelowna, BC, Canada.

Gotovac, S., **Espinet, S.**, **Ninan, A.**, Scott, K., Horne, PI, Stretch, N., Robinson, C., Lingard, L., & **Steele, M.** (2015). *Improving primary care capacity to manage mental health care through training in child and adolescent psychiatry*. Third Annual Division of Child and Adolescent Psychiatry Research Half Day, London, ON, Canada.

Gotovac, S., **Espinet, S.**, & **Steele, M.** (2016). *Supporting child and youth mental health in primary care – Common elements, skills for depression/anxiety*. Society of Rural Physicians of Canada Conference Quebec, ON, Canada.

Gunaratnam, S., **Heisel, M. J.**, **McCarthy, G.**, & **Sapru, A.** (2015). *A retrospective evaluation of intensive case management for patients with concurrent disorders*. Poster presented at the 2015 Parkwood Mental Health Research Day, London, ON, Canada.

Gupta M. A., & Gupta A.K. (2016). *Association of neurogenic rosacea and chronic post-traumatic stress disorder (PTSD), Possible role of autonomic nervous system dysregulation and high sympathetic tone in PTSD*. Poster presented at the 71st Annual Meeting of the Society of Biological Psychiatry, SOBP 2016, Atlanta, GA, USA. [*Biological Psychiatry*. 79 (9 SUPPL. 1), 277S, 2016].

Gupta M. A., & Gupta A.K. (2016). *Association of neurogenic rosacea and chronic post-traumatic stress disorder (PTSD), Possible role of autonomic nervous system dysregulation and high sympathetic tone in PTSD*. Poster presented at the 74th American Academy of Dermatology Annual Meeting (AAD 2016). [Abstract published in the *Journal of the American Academy of Dermatology*. 74; (5, Supplement 1),AB44].

Gupta M. A., Gupta, A.K., & Vujcic, B. (2016). *Body-focused repetitive behaviors (BFRB) (trichotillomania, skin picking, onychophagia) and eating disorders (ED), Preliminary findings in a nondermatologic sample*. Poster presented at the 74th American Academy of Dermatology Annual Meeting (AAD 2016). [Abstract published in the *Journal of the American Academy of Dermatology*. 74 (5, Supplement 1), AB46].

Gupta, M. A., Hall, A.J., & Gupta, A.K. (2016). *Direct correlation between percentage deep sleep and percentage REM sleep across the spectrum of autonomic nervous system (ANS) activation in post-traumatic stress disorder (PTSD), Preliminary results using home sleep testing.* Poster presented at the American Academy of Sleep Medicine Meeting, SLEEP 2016, Denver, CO, Canada. [Abstract published in *Biological Psychiatry* 79, 9 SUPPL. 1, pp 49S, 2016].

Gupta, M. A., Hall, A.J., & Gupta, A.K. (2016). *Direct correlation between percentage deep sleep and percentage REM sleep across the spectrum of autonomic nervous system (ANS) activation in posttraumatic stress disorder (PTSD), Preliminary results using home sleep testing.* 71st Annual Meeting of the Society of Biological Psychiatry, SOBP 2016. Atlanta, GA, USA. [Abstract published in *SLEEP*, Vol 39, Abstract no. 0805, Abstract Supplement 2016, A288].

Gupta, M. A., & Vujcic, B. (2016). Posttraumatic stress disorder (PTSD) and intentional self-harm (ISH) in a nationally representative US sample: Possible mediation by antidepressants, 71st Annual Meeting of the Society of Biological Psychiatry, SOBP 2016, Atlanta, GA, U.S.A. [Abstract published in *Biological Psychiatry*. 2016;79 (9 SUPPL 1),403S-404].

Gupta, M. A., Vujcic, B., Pavri, F.R., & Pur, D.R. (2016). *Gastro-esophageal reflux disease (GERD) and sleep disorders: results from a nationally representative US sample.* [Abstract published in *SLEEP*, Vol 39, Abstract no. 0745, Abstract Supplement 2016, A265].

Hamilton, H. A., Erickson, P. G., **Stewart, S. L.,** Vingilis, E., Wheeler, P., Bondy, S., Carlisle, C., Kolla, N., Seeley, J., & Einarson, K. M. (2015). *Connecting Youth in Custody with Mental Health Services.* Poster presented at Social and Epidemiological Research Day, Centre for Addiction and Mental Health (CAMH) Toronto, ON, Canada.

Hampson, E. (2015). *Estrogens and the aging brain: Maintenance functions of sex steroids in the female frontal cortex.* Presented at the Annual Meeting of the International Behavioral Neuroscience Society, Victoria, BC, Canada. [Abstract published in the *Abstracts of the International Behavioral Neuroscience Society*, 24, pp.115].

Hampson, E., & Duff-Canning, S.J. (2015). *Salivary cortisol in postmenopausal women using conjugated equine estrogens.* Poster presented at the Society for Behavioral Neuroendocrinology, Pacific Grove, CA, U.S.A.

Hargraves, H., & **Frewen, P.** (2016). *Meditation breath attention scores (MBAS), development and investigation of an internet---based assemssment of focused attention during meditation practice.* Canadian Psychological Association, Victoria, B.C., Canada.

Heard, C.P., Scott, J., & Yeo, S. (2016). *Walking the labyrinth: Considering mental health consumer experience, meaning making, and the illumination of the sacred in a forensic mental health context.* Presented at the 2016 Psychosocial Rehabilitation Canada National Conference, Thunder Bay, ON, Canada.

Heisel, M. J. (2015). *Suicide prevention among older adults: From research to practice. "From Possibility to Practice in Aging: Shaping a Future for All."* 44th Annual Scientific and Educational Meeting of the Canadian Association on Gerontology, Calgary, AB, Canada. [Abstract published in the Abstract book of the 44th Annual Scientific and Educational Meeting of the Canadian Association on Gerontology, W21].

Heisel, M. J. (2015). *Suicide prevention among older adults: What do I need to know?*. Presented at the CAGP 24th Annual Scientific Meeting, Vancouver, BC, Canada. [Abstract published in the CAGP 24th Annual Scientific Meeting Program "The Spectrum of Geriatric Psychiatry: From Prevention to Palliation," p. 41].

Heisel, M. J., Fisman, S., Eichstedt, J., Rabenstein, S., Jacques, H., Collins, K., Singh, D., Kramer, C., Davidson, B., Bhullar, G., Ethridge, P., Eynan, R., & Flett, G. (2015). *The development and initial validation of the Brief Adolescent Suicide Ideation Scale (BASIS)*. Poster presented at the IASR/AFSP International Summit on Suicide Research, New York, N.Y., USA.

Heisel, M. J., Flett, G. L., Links, P. S., Norman, R., Sarma, S., Moore, S. L., O'Rourke, N., & Eynan, R. (2015). *Aiming to reduce suicide risk with meaning-centered Men's groups for men facing retirement: Preliminary findings*. *The Gerontologist*, 55(Suppl 2), 148.

Heisel, M. J., Flett, G., Links, P., Norman, R. M. G., Sarma, S., Moore, S. L., O'Rourke, N., & Eynan, R. (2015). *Meaning-Centered Men's Groups for men facing retirement: A community outreach intervention designed to prevent the onset of suicide risk in later life*. CAGP 24th Annual Scientific Meeting [Abstract published in the CAGP 24th Annual Scientific Meeting Program "The Spectrum of Geriatric Psychiatry: From Prevention to Palliation," p. 38].

Heisel, M. J., Flett, G., Links, P., Norman, R. M. G., Moore, S. L., O'Rourke, N., Sarma, S., Eynan, R., Wilson, K., Fairlie, P., Farrell, B., Harris, K., Kerr, M., & Schroeder, B. (2015). *Meaning-Centered Men's Groups for men facing retirement: An upstream intervention designed to prevent the onset of suicide risk in later life. "From Possibility to Practice in Aging: Shaping a Future for All."* 44th Annual Scientific and Educational Meeting of the Canadian Association on Gerontology, Calgary, AB, Canada. [Abstract published in the Abstract book of the 44th Annual Scientific and Educational Meeting of the Canadian Association on Gerontology, O20].

Heisel, M. J., Flett, G., Links, P., Norman, R. M. G., Sarma, S., Moore, S. L., O'Rourke, N., Eynan, R., Wilson, K., Fairlie, P., Farrell, B., Harris, K., Kerr, M., & Schroeder, B. (2015). *Meaning-Centered Men's Groups (MCMG) for men facing retirement: An upstream intervention to decrease risk for onset of suicide ideation*. Poster presented at the IASR/AFSP (International Summit on Suicide Research), New York, N.Y., U.S.A.

Heisel, M. J., Flett, G., Links, P., Norman, R. M. G., Sarma, S., Moore, S. L., O'Rourke, N., Eynan, R., Wilson, K., Fairlie, P., Farrell, B., Harris, K., Kerr, M., Schroeder, B., & Grunau, M. (2015). *Aiming to reduce suicide risk with Meaning-Centered Men's Groups (MCMG) for men facing retirement: Preliminary findings.* Annual Scientific Meeting of the Gerontological Society of America (GSA), Orlando, Florida, U.S.A.

Heisel, M. J., Flett, G., Links, P., Norman, R. M. G., Sarma, S., Moore, S. L., O'Rourke, N., Eynan, R., Wilson, K., Fairlie, P., Farrell, B., Harris, K., Kerr, M., Schroeder, B., & Grunau, M. (2015). *Meaning-Centered Men's Groups (MCMG) for men facing retirement: A community outreach intervention designed to prevent the onset of suicide risk in later life.* Canadian Academy of Geriatric Psychiatry (CAGP) Annual Scientific Meeting, Vancouver, BC, Canada.

Heisel, M. J., Flett, G., Links, P., Norman, R. M. G., Sarma, S., Moore, S. L., O'Rourke, N., Eynan, R., Wilson, K., Fairlie, P., Farrell, B., Harris, K., Kerr, M., Schroeder, B., & Grunau, M. (2016). *An upstream approach to reducing the onset of suicide risk among men in retirement: Preliminary findings from the Meaning-Centered Men's Groups (MCMG) Study.* 49th annual conference of the American Association of Suicidology, Chicago, IL, U.S.A.

Heisel, M. J., Flett, G., Norman, R. M. G., Moore, S. L., Links, P., Sarma, S., O'Rourke, N., & Eynan, R. (2016). *Meaning-Centered Men's Groups for men facing retirement: Striving to promote meaning in life among men making the transition to retirement.* Round-Table Conversation Session presented at the 77th Annual Convention of the Canadian Psychological Association, Victoria, BC, Canada.

Heisel, M. J., Squires, S. D., & Flett, G. L. (2016). *Investigating the psychometric properties of the Social Hopelessness Questionnaire (SHQ) among community-residing older adults.* 49th annual conference of the American Association of Suicidology, Chicago, IL, U.S.A.

Hemmet, J., Edwards, A., Emmerton-Coughlin, H., Sibbald, R., & Sukhera, J. (2015). *A mock patient safety and quality improvement undergraduate curriculum,* CERI Annual Research Conference, London, ON, Canada.

Hop Wo, N. K., Anderson, K. K., Wylie, L., & MacDougall, A. (2016). *The Prevalence of Mental Illness and Substance Use among Indigenous Post-Secondary Students in Canada.* Poster presented at Academic Research Day, Parkwood Institute Mental Health Care Building, London, ON, Canada.

Isaranuwatthai, W., Warner, L., Ethridge, P., Hoch J. S., & Forchuk C. (2015). *Economic Evaluation of a Mental Health Engagement Network.* International Society for Pharmacoeconomics and Outcomes Research (ISPOR) 21st Annual International Meeting, Washington, DC, U.S.A.

Jeanson, J., & Davidson, B. (2015). *“Skilling up” DBT in our Community Partners: Workshop Series Evaluation*. Third Annual Division of Child and Adolescent Psychiatry Research Half Day, London, ON, Canada

Jerome, L. (2016). *ADHD and distracted driving*, Poster presented at the Canadian Coalition on Distracted Driving, Ottawa, ON, Canada.

Jie, N., **Osuch, E.**, Zhu, M., Ma, X., Wammes, M., Jiang, T., Sui, J., & Calhoun, V. (2015). *Discriminating Bipolar Disorder From Major Depression Using Whole-Brain Functional Connectivity: A feature selection analysis with SVM-FOBA algorithm*. Poster presented at the IEEE International workshop on machine learning for signal processing Boston, MA, U.S.A. [Abstract published in the Journal of Signal Processing Systems, 4, pp. 320-331].

Judson, T., Flett, G.L., & **Heisel, M. J.**, (2016). *Investigating psychometric properties of the Revised Center for Epidemiologic Studies-Depression Scale (CESD-R) among community-residing older adults*. Poster presented at the 2016 London Health Research Day, London, ON, Canada.

Kerr, I., Paller, C., & **Stewart, S. L.** (2016). *Development of the interRAI Child and Youth Suite of Assessments*. Accreditation Canada Quality. Montreal, QC, Canada.

Kerr, I., Paller, C., & **Stewart, S. L.** (2016). *It starts with kids: An overview of the interRAI Child and Youth Suite of Assessments*. World interRAI Conference, Toronto, ON, Canada.

Kerry, A. & **Stewart, S. L.** (2016). *Children and Youth at Risk of Criminal Involvement Based On The interRAI ChYMH: Descriptive Analysis*. Poster presented at the World interRAI Conference, Toronto, ON, Canada.

Kharlas, D., & **Frewen, P.** (2016). *Trait mindfulness correlated with individual differences in multisensory imagery vividness*. Canadian Psychological Association, Victoria, BC, Canada.

Klassen, J., Aslam, A., Jones-Chick, R., Wheatley, M., Arbeau, A., Paller, C., & **Stewart, S. L.** (2016). *Foster care and complex trauma: Behavioural safety concerns among clinically referred children and youth*. Poster presented at the World interRAI Conference, Toronto, ON, Canada.

Klassen, J. A., Aslam, A., Jones-Click, R., Wheatley, M., Paller, C., & **Stewart, S. L.** (2015). *Is a history of foster care placement and complex trauma related to the risk of harm to others among a clinically referred sample of children and youth in the Province of Ontario*. Schulich Psychiatry Half Day Research Symposium. London, ON, Canada.

Klassen, J., Hamza, C., & **Stewart, S. L.** (2016). *Emerging mental health diagnoses and school disruption: An examination among clinically referred children and youth*. Poster presented at the World interRAI Conference. Toronto, ON, Canada.

Kolla, N., Dunlop, K., Downar, J., **Links, P. S.**, Bagby, M., Simpson, A., & Meyer, J. (2015). *Ventral striatum monoamine oxidase A level relates to functional connectivity of ventral striatum in violent offenders with antisocial personality disorder*. International Society for the Study of Personality Disorders (ISSPD) XIV: Personality Disorders Across the Lifespan. Montreal, QC, Canada.

Krishnan, R., Jones, D., Jawaid, N., Porcellato, R., & **Steele, M.** (2016). *Mentoring needs of distributed medical education faculty at one Canadian medical school: A mixed methods study*. Poster presented at the Society of Rural Physicians of Canada Conference, Charlevoix, QC, Canada.

Lam, J., Zaheer, J., Law, S., Shera, W., Tsang, A.K., Fung, A., Zhang, A., Liu, P., **Eynan, R.**, & **Links, P. S.** (2016). *The role of filial piety in mediating risk and recovery in Chinese women with a history of suicidal behaviour: a cross-cultural qualitative study*. Presented at the 6th Qualitative Research on Mental Health Conference, Chania, Greece. [Abstract published in: 6th Qualitative Research on Mental Health Conference, *Conference Timetable & Abstracts*, 20-21].

Lambert, L., McKnight, M., Kerr, I., Moody, K., Kerr, I., & **Stewart, S. L.** (2016). *Training....More than a free lunch!* World interRAI Conference, Toronto, ON, Canada.

Lanius, R., Nicholson, A., Densmore, M. **Frewen, P.**, **Theberge, J.**, **Neufeld, R. W.J.**, & McKinnon, M. (2015). *The dissociative subtype of posttraumatic stress disorder: unique resting-state functional connectivity of basolateral and centromedial amygdala complexes*, International Society for Traumatic Stress Studies New Orleans, LA, U.S.A.

Lanius, R. A., Nicholson, A.A., Densmore, M., Sapru, I., **Frewen, P.A.**, **Theberge, J.**, **Neufeld, R. W. J.**, & McKinnon, M.C. (2016). *Altered amygdala and insula connectivity in PTSD and its dissociative subtype*. Presented at the 71st Annual Scientific Meeting of the Society of Biological Psychiatry, Atlanta, GA, U.S.A. [Abstract published in the *Biological Psychiatry*, 79(9) (Supp May 9th), pp. S281-S416].

Lanius, R., Rabellino, D., Densmore, M., Nicholson, A., **Theberge, J.**, Kluetsch, R., & Schmahl, C. (2015). *Real-time fMRI emotion regulation training in PTSD: altered amygdala activity and connectivity as a function of depersonalization*. Presented at the 54th Annual Meeting of the American College of Neuropsychopharmacology, Hollywood, FL, Canada.

Lau, C., & **Stewart, S. L.** (2016). *Evaluating the diagnostic sensitivity of interRAI-ChYMH questions on DSM-IV criteria*. World interRAI Conference, Toronto, ON, Canada.

Lau, C., **Stewart, S. L.**, Tremblay, P.F., & Saklofske, D. H. (2016). *Evaluating the validity of interRAI-ChYMH scales in children diagnosed with externalizing disorders*. Canadian Psychological Association 76th Annual Conference, Victoria, BC, Canada.

Lazosky, A., Vasudev, A., Zirul, S., Paterson, T., & Liu, I. (2015). *Benefit of neuropsychology referral for late life depression.* Poster presented at Professional Practice at its Best 2015: Fostering a Culture of Quality Healthcare, London, ON, Canada.

Links, P. S., Eynan, R., Shah, R., & Heisel, M. J., (2015). *Southwestern Ontario Suicide Study (SOSS) for Quality Improvement: Preliminary Findings.* Presented at the coordinated CPD program. Parkwood Institute Mental Health Care Program Southwest Centre for Forensic Mental Health Care & the Mental Health Care Program, Victoria Hospital, London, ON, Canada.

Links, P. S., Eynan, R., Shah, R., & Heisel, M. J. (2016). *Southwestern Ontario Suicide Study (SOSS) for Quality Improvement.* Presented at the Lawson Mental Health Annual Research Day Retreat, London, ON, Canada.

Links, P. S., Eynan, R., Shah, R., Schiavone, F., Bergman, Y., & Heisel, M. J., (2015). *Narcissistic pathology in a multidimensional theory of suicide among middle-age men.* Presented at the 14th Congress of International Society for the Study of Personality Disorder, Montreal, QC, Canada.

Links, P. S., Ross, J., & Gunderson, J.G. (2015). *Good Psychiatric Management (GPM) of BPD: A generalist model.* Presented at the International Society for the Study of Personality Disorders (ISSPD) XIV: Personality Disorders Across the Lifespan. Montreal, QC, Canada.

Lloyd, C., Vandermeer, M., MacDougall, A., & Norman, R. (2016). *Theory of Mind as a Moderator of the Relationship of Perceived Social Support with Personal Recovery and Life Satisfaction in Patients with a Psychotic Disorder.* Poster presented at Academic Research Day, Parkwood Institute Mental Health Care Building, London, ON, Canada.

Loft, M., Forchuk, C., Kerr, M., & Harris, S. (2015). *The influence of best practice guidelines with the initiation of insulin in Type 2 Diabetes.* World Diabetes Congress, Vancouver, BC, Canada.

Lynch, J., Sukhera, J., Barger, I., & Wardrop, N. (2015). *Not Just Talk: Promoting Authentic youth engagement in hospital and community based service transformation,* Poster presented at the IAYMH, Montreal, QC, Canada.

Lysaght, R. Krupa, T. Casey, R. Ndeti, D. Mutiso, V. Kidd, S., & MacDougall, A. (2015). *Integrating community economic development, peer support and illness self-management strategies to advance social participation of people with mental illness in Kenya. Moving Forward Together: Advancing Rehabilitation in a Global Context.* Global Health Program Montreal, QC, Canada.

MacDougall, A. (2016). *Global mental health: The burden, challenges and need for transdisciplinary innovation.* Hungry for Change Gala, Western University, London, ON, Canada.

MacDougall, A., Bird, R., Vandermeer, M., **Lloyd, C., Sethi, R., Shanmugalingam, A., Carr, J., Anderson, K.,** Gardiner, L., Koffler, T., & **Norman, R.** (2016). *Group mindfulness-based intervention improves affective symptoms in individuals with early psychosis: A pilot randomized controlled trial.* Poster presented at Academic Research Day, Parkwood Institute Mental Health Care Building, London, ON, Canada.

MacDougall, A., & Gardiner, L. (2015). *Mindfulness group-based intervention for early psychosis: A pilot study.* Early Psychosis Intervention Ontario Network (EPION)'s 10th Anniversary Celebration and Conference, Toronto, ON, Canada.

MacDougall, A., Glen, S., Bird, R., Powe, L., Lysaker, P., **Anderson, K., & Norman, R.** (2016). *The Novel Use of Participatory Videos as a Recovery-Oriented Intervention in Early Psychosis: A Pilot Study.* Poster presented at Academic Research Day, Parkwood Institute Mental Health Care Building, London, ON, Canada.

MacDougall, A., Krupa, T., Lysaght, R., & Branzei O, R. (2015). *Employing people with mental health problems or illnesses evidence-informed emerging and trending practices on the social and business outcomes of social businesses: A national forum for social businesses.* Mental Health Commission of Canada, Ottawa, ON, Canada.

MacDougall, A., Krupa, T., Lysaght, R., & Casey, R. (2015). *The CREATE Initiative: Using market-based strategies to promote recovery of people living with mental illness in low resource settings.* Canadian Conference on Global Health, Montreal, QC, Canada.

MacDougall, A., Krupa, T., Lysaght, R., Casey, R., Bird, R, Le Ber, M. J., Branzei, O., Mutiso, V., Kidd, S., & Ndeti, D. (2016). *Community Recovery Achieved Through Entrepreneurism (CREATE), A new paradigm for promoting recovery from serious mental illness in low-income settings.* Poster presented at Academic Research Day, London, ON, Canada.

MacDougall, A., Vandermeer, M. J., & **Norman, R.** (2016). *Determinants of self-esteem in early psychosis: The role of perceived social dominance.* Poster presented at the Western University, Department of Psychiatry Academic Research Day, London, ON, Canada.

Maldeniya, P., Arena, A., Ionson, E., **Burhan, A.,** Wetmore, S. Newman, R., & **Vasudev, A.** (2015). *Sahaj Samadhi meditation may improve depressive symptoms in late-life depression: A preliminary analysis of an ongoing RCT Study.* Poster presented at the Canadian Academy of Geriatric Psychiatry annual meeting, Vancouver, BC, Canada. [Abstract published in the *Canadian Geriatrics Journal*. 2016, 19(1), 20].

Maldeniya, P., & Vasudev, A. (2015). *Sahaj Samadhi meditation in late life depression.* Poster presented at Canadian Academy of Geriatric Psychiatry, Vancouver, BC, Canada.

Manion, I., Iyer, S., Cheung, A., **Osuch, E.**, & Mathias, S. (2016). *Systems Transformation. Transforming youth mental health services through accelerating the adoption of integrated service hubs to achieve value for youth experiencing mental health challenges, 2-part series*. Poster presented at the National Health Leadership Conference, Ottawa, ON, Canada.

McIntyre, A., Thompson, S.R., Mirkowski, M.N., **Burhan, A. M.**, Miller, T., & Teasell, R.W. (2015). *The Use of Repetitive Transcranial Magnetic Stimulation for Spasticity Post Stroke*. Presented at the 92nd Annual American Congress of Rehabilitation Medicine (ACRM). Dallas, TX, U.S.A. [Abstract published in: Archives of Physical Medicine and Rehabilitation, 10(96), 118].

McKnight, M., Kerr, I., Theall, L., Moody, K., & **Stewart, S. L.** (2016). Making it Meaningful: Moving from data to utility in the Children's Mental Health Sector. World interRAI Conference, Toronto, ON, Canada.

Misbah, S., **Anderson, K.**, & **Sharma, V.** (2016). *Rates of Recurrence of Bipolar Disorder during Pregnancy: A Systematic Review*. Presented at the Academic Research Day, Department of Psychiatry, University of Western Ontario, London, ON, Canada.

Ninan, A. (2016). *Diagnosis and Management of PTSD and ADHD*. Ontario College of Family Physicians Regional Meeting in conjunction with Collaborative Mental Health Network and Medical Mentoring for Addictions and Pain, Windsor, ON, Canada.

Ninan, A., Theall-Honey, L., Willoughby, K., & Meraj, N. (2015). *Engaging caregivers and youth in side effect monitoring with a responsive website*. Poster presented at the Division of Child and Adolescent Psychiatry's Third Annual Research Half Day, LHSC Victoria Hospital, London, ON, Canada.

Norman, R. (2015). *Addressing the gaps between research and efforts to reduce the stigma of psychosis*. ESAS 5th European Conference on Schizophrenia Research Berlin, Germany. [Abstract published in the European Archives of Psychiatry & Clinical Neuroscience 265 (Suppl.1),S49].

Norman, R. (2015). *Stigma associated with psychotic disorders: Some potential levers for change*. Third International Youth Mental Health Conference. Montreal, QC, Canada.

Norman, R. (2016). *Understanding two dimensions of negative symptoms in psychotic disorders*. Poster presented at the 77th Canadian Psychological Association National Convention, Victoria, BC, Canada.

Norman, R., **MacDougall, A.**, Bird, R., & Lloyd, C. (2016). *Understanding Two Dimensions of Negative Symptoms in Psychotic Disorders*. Poster presented at the Western University, Department of Psychiatry Academic Research Day, London, ON, Canada.

Norman, R., MacDougall, A., Manchanda, R., Harricharan, R., & Northcott, S. (2016). *How Critical is the "Critical Period"?* Poster presented at the Western University, Department of Psychiatry Academic Research Day, London, ON, Canada.

Norman, R., MacDougall, A., Manchanda, R., Harricharan, R., & Northcott, S. (2016). *Recovery at five years from initial treatment of a schizophrenia spectrum disorder.* Poster presented at the Western University, Department of Psychiatry Academic Research Day, London, ON, Canada.

Nowicki, A. (2016). *Streamlining the child and adolescent eating disorders assessment.* Talent Management Conference, Best Western Lamplighter Inn, London, ON, Canada.

O'Reilly, R. (2015). *Are community treatment orders really necessary for patients on ACT teams?* Presented at the 34th International Congress on Law and Mental Health, Vienna, Austria.

O'Reilly, R. (2015). *Buying into RCTs of CTO: caveat emptor.* Presented at the 34th International Congress on Law and Mental Health, Vienna, Austria.

O'Reilly, R. & Corring, D. (2015). *Are community treatment orders really necessary for patients on ACT teams?* Presented at the International Academy of Law and Mental Health Conference, Vienna, Austria.

O'Reilly, R., Gray, J., & Shum, J. (2016). *How many psychiatric beds per capita do we need?* Presented at the Academic Research Day, Department of Psychiatry, Western University, London, ON, Canada.

O'Reilly, R., Gray, J., & Shum, J. (2016). *How many psychiatric beds per capita do we need?* Presented at the Schizophrenia International Research Society 2016 Biennial Meeting. Florence, Italy.

Oliver, L. D., Vieira, J. B., & Mitchell, D. G. V. (2016). *The neurocognitive correlates of distinct facets of empathy: Mirror regions recruited during cognitive and emotional empathy.* Poster presented at The Social & Affective Neuroscience Society, New York City, New York, USA.

Osuch, E. A., Summerhurst, C., Wammes, M., & Arcaro, J. (2015). *Presenting Concerns and Profiles of Youth Seeking Treatment at an Early Intervention Outpatient Mood and Anxiety Program.* 3rd International Conference: International Association for Youth Mental Health, Montreal, QC, Canada.

Osuch, E., Summerhurst, C., Wammes, M., & Arcaro, J. (2016). *Treatment effectiveness of an early identification and intervention program for mood and anxiety disorders in late adolescents and young adults.* 3rd International Conference on Youth Mental Health Transformation: Next General Youth Mental Health Conference, Montreal, QC, Canada.

Palaniyappan, L. (2015). *rTMS for major depressive disorder*, Magstim Annual Conference, Oxfordshire, UK.

Palaniyappan, L. (2016). *All is not lost: The neglected aspect of compensatory brain remodelling in Schizophrenia*. Canadian Psychological Association Annual Meeting, Victoria, BC, Canada.

Palaniyappan, L. (2016). *Translating brain imaging to clinical psychiatry: Are we there yet?* Neuropsychiatry Research Seminars, Western University, London, ON, Canada.

Palaniyappan, L. (2016). *Unfolding the subtypes of treatment response using cortical folding in first episode psychosis*. Canadian College of Neuropsychopharmacology Annual Meeting, Halifax, NS, Canada.

Paller, C., Yu, S., Currie, M., & **Stewart, S. L.** (2016). *Telling your organization's story: Using a framework for reporting*. World interRAI Conference, Toronto, ON, Canada.

Pandori, J., & **Stewart, S. L.** (2016). *Examining the Parent-Youth Relationship across Different High-risk Samples*. Poster presented at the World interRAI Conference, Toronto, ON, Canada.

Penner, J., Ford, K., Taylor, R., Schaefer, B., **Théberge, J.**, **Neufeld, R.W.J.**, **Osuch, E.**, **Menon, R.**, Rajakumar, N., Allman, J. & **Williamson, P.** (2016). *Medial Prefrontal and Anterior Insular Connectivity in First Episode Schizophrenia and Major Depressive Disorder: A Resting Functional MRI Evaluation of Large-scale Brain Network Models*. Society of Biological Psychiatry Meeting, Atlanta, GA, U.S.A.

Pope, C. J., Mazmanian, D., & **Sharma, V.** (2016). *Suicidal Ideation and Mood Disorders*. 77th Annual Conference of the Canadian Psychological Association, Victoria, BC, Canada.

Pope, C.J., **Sharma, V.**, Sharma, S., & Mazmanian, D. (2016). *Psychiatric Disturbances and Endometriosis: A Systematic Review*. Poster presented at the Annual Conference of the Canadian Psychological Association, Victoria, BC, Canada.

Reid, G.J., Wade, T., Stewart, M., Vingilis, E., **Dozois, D. J. A.**, Wetmore, S., Jordan, J., Dickie, G., Osmun, T., Brown, J.B., & Zaric G. (2015). *Clinical significance and treatment of sleep problems amongst preschoolers*. Poster presented at the Pediatric Sleep Medicine Conference, Amelia Island, FL, U.S.A.

Reiss, J. (2016). Moderator, Opening and closing comments: *Not for Human Consumption: Novel Psychoactive Substances in the Internet Age*. Continuing Professional Development Rounds, University of Western Ontario, Schulich School of Medicine, London, ON, Canada.

Reiss, J., Forchuk, C., Sherman, D., Campbell, R., Cheng, R., **Corring, D.,** Martin, M-L., Mustin-Powell, J., McIntosh, L., Glover, C., & **Srivastava, A.** (2015). *Adopting research to improve care (ARTIC), implementation of the Transitional Discharge Model (TDM).* Canadian Psychiatric Association 2015 Annual Conference. Vancouver, BC, Canada.

Richardson, J. D., Contractor, A., Armour, C., St Cyr, K. C., & Elhai, J. D. (2015). Sareen, J. *Predictors of long-term treatment outcome in veterans with military-related PTSD.* International Society for Traumatic Stress Studies Conference. New Orleans, Louisiana, USA.

Richardson, J. D., Contractor, A., Armour, C., St Cyr, K. C., Elhai, J. D., & Sareen, J. (2015). *General Combat Experiences, Feeling Responsible for Death, and Suicidal Ideation in Treatment-Seeking Veterans and Actively Serving Canadian Forces Members.* 65th Canadian Psychiatric Association Annual Conference. Vancouver, BC, Canada.

Richardson, J., & Forchuk, C. (2015). *Housing first - ending homelessness for Veterans.* 6th Annual Military and Veteran Health Research Forum, Quebec City, QC, Canada.

Richardson, J. D., King, L., Corbett, B., Shnaider, P., Elhai, J., & Zamorski, M. (2015). *Sleep disturbances and suicidal ideation in a national Canadian military sample.* International Society for Traumatic Stress Studies Conference. New Orleans, LA, U.S.A.

Richardson, J. D., King, L., Corbett, B., Shnaider, P., Elhai, J., & Zamorski, M. (2015). *Sleep disturbances and suicidal ideation in active Canadian Forces members.* Military & Veteran Health Research Forum, Québec City, QC, Canada.

Richardson, J. D., & Roth, M. (2016). *Traumatic stress treatment options for military, veterans and their families.* Traumatic Stress Research: Enabling Bedside Implementation-Joint ISTSS/CIMVHR Conference. Toronto, ON, Canada.

Rnic, K., Cunningham, S., Hanna, J., & **Dozois, D. J. A.** (2015). *Persistence of effects of social rejection in depressed individuals.* Association for Behavioral and Cognitive Therapies (Annual Meeting). Chicago, ILL, U.S.A.

Rnic, K., & **Dozois, D. J. A.** (2015). *Behavioural, not cognitive, avoidance predicts interpersonal stress generation in depressed adults.* American Psychological Association (Annual Meeting), Toronto, ON, Canada.

Rnic, K., **Dozois, D. J. A.,** & Machado, D. (2015). *A meta-analytic review of stress generation in unipolar depression.* Society for Research in Psychopathology (Annual Meeting), New Orleans, LA, U.S.A.

Rnic, K., **Dozois, D. J. A.,** & Martin, R. A. (2016). *Cognitive distortions, humor styles and depression.* Poster presented at the Canadian Association of Cognitive and Behavioural Therapies (annual meeting), Hamilton, ON, Canada.

Rnic, K., Hanna, J., Cunningham, S., & **Dozois, D. J. A.** (2016). *Social rejection influences theory of mind abilities in women with depressive symptoms*. Canadian Psychological Association (annual meeting), Victoria, BC, Canada.

Ros, T., Kluetsch, R., **Theberge, J.**, **Frewen, P.**, Candrian, G., Mueller, A., Vuilleumier, P., & **Lanius, R.** (2015). *Neurofeedback normalizes brain oscillatory dynamics in PTSD*. International Society for Traumatic Stress Studies, New Orleans, LA, U.S.A.

Salim, M., Qureshi, R., **Sharma, V.**, & **Anderson, K.** (2016). *Recurrence of bipolar disorder during pregnancy: A systematic review*. London Health Research Day. London, ON, Canada.

Shah, R., **Eynan, R.**, **Heisel, M. J.**, & **Links, P.S.** (2016). *Southwestern Ontario Suicide (SOS) study for Quality Improvement*. Presented at the Western University, Departement of Psychiatry Academic Research Day, London, ON, Canada.

Sharma, V., **Sommerdyk, C.**, & Xie B. (2016). *Quetiapine in the acute treatment of bipolar postpartum depression*. Poster presented at the International Society for Bipolar Disorders. Presented at the International Society for Bipolar Disorders, Toronto, ON, Canada. [Abstract published in *Bipolar Disorders*, 17(suppl.1), 79].

Shrivastava, A. (2016). *Deconstructing depression*. Presented at the American Psychiatric Association, Annual Conference, Atlanta, GA, U.S.A.

Shrivastava, A. (2016). *Engaging the Unengaged Patient With Severe Mental Illness*. Presented at the American Psychiatric Association, Annual Conference, Atlanta, GA, U.S.A.

Shrivastava, A., Kaushal M., Jonhston, M., Campbell, R., & Nelson, C. (2016). *Assessment of suicidality in Psychiatric patients using a new scale: SISMAP – Brief Scanner*. Presented at the American Psychiatric Association, Annual Conference, Atlanta, GA, U.S.A.

Sotskova, A., **Heisel, M.J.**, & Flett, G.L. (2016). *Loss of self, meaning in life, and suicide ideation in older adults*. Paper presented in Sotskova, A. (Chair), Risk factors for suicide ideation and behaviours: Hopelessness, perfectionism, perceived meaning, and loss of self. Symposium at the 77th Annual Convention of the Canadian Psychological Association, Victoria, British Columbia.

Sotskova, A., **Heisel, M. J.**, & Flett, G. L. (2016). The loss of self and suicide ideation in older adults. Paper presented at the 49th annual conference of the American Association of Suicidology, Chicago, IL, USA.

Stewart, S. L. (2015). *Adolescent Addictions Supplement*. International interRAI Network of Excellence for Mental Health (iNEMH) Conference, New Paltz, NY, United States

Stewart, S. L. (2015). *Child and Youth Mental Health - Screener*. International interRAI Network of Excellence for Mental Health (iNEMH) Conference, New Paltz, NY, United States

Stewart, S. L. (2015). *Emergency Screener for Psychiatry for Children and Youth*. International interRAI Network of Excellence for Mental Health (iNEMH) Conference, New Paltz, NY, United States

Stewart, S. L. (2015). *interRAI 0-3*. International interRAI Network of Excellence for Mental Health (iNEMH) Conference, New Paltz, NY, United States

Stewart, S. L. (2015). *interRAI Child and Youth suite update from Canada*. International interRAI Network of Excellence for Mental Health (iNEMH) Conference, New Paltz, NY, United States

Stewart, S. L. (2015). *Non-suicidal and suicidal self-injury: Utilizing the interRAI Child and Youth suite of instruments for identification and care planning*. London Youth Suicide Prevention Advisory Committee London, ON, Canada.

Stewart, S. L. (2015). *The interRAI 0-3 development efforts*. Poster presented at interRAI International Network of Excellence for Mental Health, New Paltz, NY, U.S.A.

Stewart, S. L. (2015). *The interRAI Addictions Supplement*. International Instrument and Survey Development Committee, Auckland, New Zealand.

Stewart, S. L. (2015). *The interRAI Child and Youth Mental Health and Developmental Disability Instrument (ChYMH-DD), Use and utility for eligibility requirements*. School of Social Welfare, Centre for Research on Aging and Disability Options, Kansas, UT, U.S.A.

Stewart, S. L. (2015). *The interRAI Emergency Room Screener for Children and Youth*. Paper presented at the International Instrument and Survey Development Committee, Auckland, New Zealand.

Stewart, S. L. (2016). *Mental health screening in schools: Examining sex differences using the interRAI Child and Youth Mental Health Screener*. World interRAI Conference, Toronto, ON, Canada.

Stewart, S. L., & Iantosa, J. A. (2015). *The interRAI 0-3: Assessing individual differences in temperament, early childhood mental health and development*. International Society for the Study of Individual Differences. London, ON, Canada.

Stewart, S. L., Klassen, J., & Toivonen, G. (2015). *The interRAI School Disruption Scale: A new scale to measure school engagement and disruption*. Poster presented at the 2015 American Psychological Association Annual Meeting, Toronto, ON, Canada.

Stewart, S. L., Klassen, J., & Tohvner, G. (2015). *The interRAI School Disruption Scale: A new scale to measure school engagement and disruption.* Poster presented at the International Society for the Study of Individual Differences Conference, London, ON, Canada

Stewart, S. L., Tohvner, G., & Klassen, J. (2015). *The validation of the interRAI ChYMH Internalizing Subscale in Canadian Children and Youth.* Poster Presented at International Society for the Study of Individual Differences Conference, London, ON, Canada.

Sukhera, J. (2015). *Reducing mental illness stigma through unconscious bias education,* Association of American Medical Colleges Annual Meeting, Baltimore, MA, USA,

Sukhera, J. (2015). *Reducing undergraduate medical student stigma through unconscious bias,* Oral Presentation for CERI Annual Research Conference, London, Ontario,

Sukhera, J. (2016). *Integrating Unconscious Bias into Medical Education,* Association of American Medical Colleges Council on Faculty and Academic Societies Spring Professional Development Conference, Salt Lake City, UT, U.S.A.

Sukhera, J., & Chahine, S. (2016). *Reducing Mental Illness Stigma through Unconscious Bias Education,* Canadian Conference on Medical Education, Montreal, QC, Canada.

Sukhera, J., Fahim, F., & Chahine, S. (2015). *Development of Brief and Reliable Scale for Assessing Stigmatizing Attitudes towards Patients with Psychiatric Illness: The Brief Mental Illness Attitudes Scale.* Schulich School of Medicine and Dentistry Department of Psychiatry, Poster Presented at Division of Child and Adolescent Psychiatry Research Half Day, London, ON, Canada.

Sukhera, J., Lynch, J. (2016). *Authentic Youth Engagement in Mental Health System Design,* Ontario Psychiatric Association Annual Conference, Toronto, ON, Canada.

Sukhera, J., Lynch, J., Miller, K., & Wardrop, N. (2015). *Exploring hospital and community perceptions regarding mental health services for transition age youth.* International Association for Youth Mental Health, Montreal, QC, Canada.

Sukhera, J., Lynch, J., & Wardrop, N. (2015). *Authentic Community Engagement: An essential ingredient to improve mental health services for transition age youth.* International Association for Youth Mental Health, Montreal, QC, Canada.

Summerhurst, C., Wammes, M., Arcaro, J., **Osuch, E. A.** (2015). *Embracing Technology: Text Message Communication Between a First, Episode Mood and Anxiety Program and the Youth They Serve.* Poster presented at the 3rd International Conference: International Association for Youth Mental Health. Montreal, QC, Canada.

Taylor, R., **Théberge, J.**, **Williamson, P.** & **Neufeld, R.W.J.** (2015). *Modeling Stroop Performance in Cognitive Neuroimaging of Schizophrenia: A Case Study of Systems Factorial Technology in Clinical Science*. Society for Mathematical Psychology. Newport Beach, California, U.S.A.

Theall, L., Kerr, I., & Paller, C., & **Stewart, S. L.** (2016). *Client-centered tools to hear the voices of children, youth and their families*. Accreditation Canada Quality Conference, Montreal, QC, Canada.

Theall, L., & **Stewart, S. L.** (2016). *Families and Kids “ChYMH” in with the interRAI Quality of Life*. Poster presented at the World interRAI Conference, Toronto, ON, Canada.

Theall, L. & **Stewart, S. L.** (2016). *interRAI Quality of Life Tools: Hearing the Voices of Children/Youth and Their Families*. Poster presented at the World interRAI Conference, Toronto, ON, Canada.

Theall, L., **Stewart, S. L.**, & Aslam, A. (2016). *Collaborative Action Plans (CAPs), Best practice for Mental Health Intervention with Children and Youth*. World interRAI Conference, Toronto, ON, Canada.

Théberge, J., Taylor, R., **Osuch, E.A.**, & **Williamson, P.C.** (2016). *Contrasting Glutamatergic Response Related to a Stroop Task Between Depressive and Schizophrenia Patients*, Poster presented at the Society of Biological Psychiatry Meeting, Atlanta, Georgia, U.S.A.

Thompson, S. R., McIntyre, A., Mehta, S., **Burhan, A. M.**, Janzen, S., & Teasell, R. W. (2015). *Treatment of vascular depression and post stroke depression using repetitive transcranial magnetic stimulation: systematic review*. Presented at the 92nd Annual American Congress of Rehabilitation Medicine (ACRM). Dallas, TX. [Abstract published in: Archives of Physical Medicine and Rehabilitation, 10(96), 118].

Thornley, L. & **Stewart, S. L.** (2016). *Understanding comorbid mental health disorders in children using a network approach to symptom-level analyses*. Poster presented at the World interRAI Conference, Toronto, ON, Canada.

Tohver, G., Chen, S., & **Stewart, S. L.** (2015). *Resiliency and Practice: Does Type of Clinician Contacted Mediate Resiliency's Protective Function Against Psychopathologic Diagnoses?* Poster presented at the International Society for the Study of Individual Differences Conference.

Van Bussel, L., Mihailidis, A., Coahran, M., Churchyard, R., Michael, K., Hillier, L., Ross, T., **Gutmanis, I.**, **Black, E.**, & **Burhan, A. M.** (2015). *Nurse's Perceptions of the Use of Artificial Intelligence to Detect Falls in a Geriatric Psychiatry Inpatient Care Setting*. Poster presented at the Canadian Association on Gerontology, Calgary, AB.

Van der Kolk., B., Hamlin, E., Collura, T., Hagedorn, D., Hirshberg, L., **Frewen, P.**, Cannon, R. L., Fisher, S., & Jacobs, R. (2016). *Frontiers of Applied Neuroscience: The Capacity of Brain-Computer Interfaces (EEG neurofeedback) to Change the Fear Driven Brain and Enhance Executive Functioning*, Boston Trauma Conference, Boston, MA.

Varghese, J., Terpstra, K., **Chiu, S.**, Mishra, R., & Bureau, Y. (2016). *Differential expression of cerebral dopamine neurotrophic factor (CDNF) in the hippocampus and in the striatum of LRRK-2 mutant rat model of Parkinson's disease*. Presented at the 20th International Congress of Parkinson's Disease and Movement Disorders, Berlin, Germany. [Abstract published in *Movement Disorders*, 31(suppl. 2)].

Vasudev, A., Schlegel, K., & Seitz, D. (2015). *Non pharmacological treatment options in the treatment of late life depression and dementia*. Canadian Academy of Geriatric Psychiatry, Vancouver, BC, Canada.

Vieira, J. B., Tavares, T. P., & **Mitchell, D. G. V.** (2016). *Emotion and Personal Space Regulation: fMRI Correlates of approach-avoidance Tendencies to Distinct Facial Expressions*. Poster presented at The Social & Affective Neuroscience Society, New York, U.S.A.

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Evans, A. C. (Principal Investigator). Group Grant (Western University Representative: **Menon, R.**) (Co-Investigators). *CBRAIN: A national platform for brain research*. CFI Cyberinfrastructure Fund. \$1,500,000; 2015-2016.

Fehlings, D. (Principal Investigator). Ansari, D., Biddiss, E., Campbell, C., Carter, M., Chau, R., Chen, R., Cheyne, D., Ferro, M., Frid, P., Gorter, J.W., Graham, N., Hall, G., Henkelman, M., Kawamura, A., Kingsnorth, S., McCormick, A., Mesterman, R., Miller, S., Morshead, C., Palisano, R., Paterson, A., Pelland, L., Raybaud, C., Samdup, D., Scott, S., Segalowitz, S., Shroff, M., Strothers, S., Taylor, M., Van der Kooy, D., Wintle, R., Wright, V., **Menon, R.** (Co-Investigators). *Childhood Hemiplegic Cerebral Palsy Integrated Neuroscience Discovery Network "CP-NET"*. Ontario Brain Institute (OBI) [Group Grant]. \$1,500,000.00; 2015-2016.

Fombonne, E., Zwaigenbaum, L. (Principal Investigators). Bryson, S. E., Burack, J.A., Evans, A.C., Iarocci, G., Mirenda, P., Mottron, L., Roberts, S.W.G., Rouleau, G.A., Scherer, S.W., Smith, I.M., Szatmari, P., Volden, J., Anagnostou, E., Boyle, M.H., Brian, J.A., Couture, M., Drapeau, P., Enns, J.T., Fahnestock, M., Kelley, E. A., Kennedy, T.J., Nicholas, B., **Nicolson, R.**, Patterson, A.D., Tanaka, J.W., Vaillancourt, T., Weksberg, R. (Co-Investigators). *CIHR Training grant in autism research*. Canadian Institutes of Health Research, \$27,850; 2015-2016.

Forchuk, C. (Principal Investigator). Abdulrazak, B., Campbell, R., Capretz, M., **Corring, D.**, Donelle, L., Eagleson, R., Hoch, J. S., Jeng, M.S., Neal, D., **Norman, R.**, Oudshoorn, A., Petrenko, M., Ray, S., **Reiss, J.**, **Richardson, J. D.**, Rudnick, A., Vingilis, E., & Wang, X. (Co-Investigators). *The Study of Complex Community Relationships, Inadequate Income, Homelessness, and Broad Determinants of Health, for Improved Mental Health Outcomes*. Canada Foundation for Innovation (40%) and Co-Sponsors (60%), \$63,427; 2015-2016.

Forchuk, C. (Principal Investigator). Booth, R., **Burhan, A.**, Hoch, J., Isaranwatchai, W., Lewis, M., Lizotte, D., **Reiss, J.**, Rudnick, A., Seth, P., **Vasudev, A.**, Chambers, M., **Heisel, M.**, Nolan, F., Flint, A., Looper, K., & Rej, S. (Co-Investigators). *TELEPROM-G: A Multicenter Study Evaluating Access and Care Delivery of Telehealth Services Among Community-Based Seniors*, TVN Transformative Research Grant, \$42,500; 2015-2016.

Forchuk, C. (Principal Investigator). Capretz, M., & Donelle, L. (Co-Investigators). Evaluating Methods to Link Data Related to Homelessness and other Disadvantaged Populations with Mental Illness and Addiction, Canadian Depression Research and Intervention Network (CDRIN) Seed Funding, \$10,867; 2015-2016;

Forchuk, C. (Principal Investigator). Martin, M., **Corring, D.**, Mustin-Powell, J., Campbell, R., McIntosh, L., Sherman, D., Cheng, R., **Srivastava, R.**, Ouseley, S., Edwards, B., **Reiss, J.**, & **Mitchell, B.** (Co-Investigators). *Implementing The Transitional Discharge Model (TDM)*. The Council of Academic Hospitals of Ontario (CAHO) Adopting Research To Improve Care (ARTIC) program. \$466,666; 2015.

Forchuk, C. (Principal Investigator). **Richardson, J. D.**, & Russell, G. (Co-Investigators). *Family Matters in London, Ontario: Understanding and Addressing Family Homelessness*. Local Poverty Reduction fund. \$44,604; 2015-2016.

Frewen, P. (Principal Investigator). **Lanius, R.**, **Neufeld, R.**, & **Reiss, J. P.** (Co-Investigators). Psychological Assessment of Symptom Causal Relations Canadian Institutes of Health Research. \$43,444; 2015-2016.

Frewen, P. (Principal Investigator). **Lanius, R.**, **Richardson, D.**, & **Reiss, J.** (Co-Investigators). *A Randomized Controlled Trial of Internet-based Mindfulness*. Ontario Mental Health Foundation (OMHF), \$59,107; 2015-2016.

Hatcher, S., & **Heisel, M. J.** (Principal Investigators). *Suicide Prevention in Men: A Cluster Randomized Control Trial of Smartphone Assisted Problem Solving Therapy Compared to Usual Care in Men Who Present with Intentional Self-Harm to Emergency Departments*. Ontario SPOR Support Unit OSSU IMPACT Award. \$583,333; 2015-2016.

Heisel, M. J. (Principal Investigator). Moore, S. L., Flett, G. L., Sarma, S., **Norman, R.**, Norman, R., **Eynan, R.**, O'Rourke, N., & Links, P.S. (Co-Investigators). *Enhancing Psychological Resiliency in Older Men Facing Retirement: Testing a Meaning-Centered Group Intervention*, Movember Canada. \$143,813; 2015-2016.

Hampson, E. (Principal Investigator). *Androgens and Estrogens in the Human Nervous System*. NSERC, \$49,000; 2015-2016.

Lanius, R. A. (Principal Investigator). **Frewen, P. A.**, McKinnon, M. A., & Rhind, S. (Co-Investigators). Effectiveness of neurofeedback therapy for military posttraumatic stress disorder (Task 1), Canadian Institute of Military and Veterans Health Research (CIMVHR), \$183,151; 2015-2016.

Lanius, R. A. & McKinnon, M. (Principal Investigators). Foster, J., **Frewen, P.**, Gonzalez, A., MacQueen, G., **Neufeld, R. W. J.**, Schmahl, C., Streiner, D., & **Theberge, J.** (Co-Investigators). A longitudinal study of risk factors for the development of the dissociative subtype of posttraumatic stress disorder following trauma exposure, Canadian Institutes of Health Research, \$100,000; 2015-2016.

Lanius, R. A. (Principal Investigator). Rabellino, D. (Co-Investigator). Neural and autonomic correlates of post-traumatic stress disorder during processing of trauma-related stimuli, Mitacs, \$15,000; 2015-2016,

Lomber, S.G. (Principal Investigator). **Menon, R. S.** (Co-Investigator). *Functional Organization of Auditory Cortex following Cochlear Implant*. Canadian Institutes of Health Research (CIHR). Transitional Operating Grant. \$253,649; 2015-2016.

MacDougall, A. (Principal Investigator). Kidd, S., Ndeti, D., Snowdon, A., Krupa, T., & Lysaght, R. (Co-Investigators). *Grand Challenges Canada Stars in Global Health Round 7*, \$61,000; 2015-2016.

Menon, R. S. (Principal Investigator). *Canada Research Chair in Functional and Molecular Imaging*, Canada Research Chair, \$200,000; 2015-2016

Menon, R. S. (Principal Investigator). *Centre for Functional and Metabolic Mapping*, Canada Foundation for Innovation – Leading Edge Fund, \$498,819; 2015-2016

Menon, R. S. (Principal Investigator). *Radio Frequency Coil Design for Ultra High Field MRI*, Natural Sciences and Engineering Research Council of Canada, Discovery Grant, \$61,000; 2015-2016.

Menon, R. S. (Principal Investigator). Ansari, D., Bartho, R., Cusack, R., Everling, S., Goodale, M., Kohler, S., Lomber, S., Owen, A. and **Williamson, P.** (Co-Investigators). *Centre for Functional and Metabolic Mapping*, Brain Canada Platform Support Grant/ Western University; \$229,166; 2016.

Menon, R. S. (Principal Investigator). Ansari, D., Chronik, B., Culham, J., Cusack, R., Everling, S., Goodale, M., Han, V., Owen, A. and **Williamson, P.C.** (Co-Investigators). *Centre for Functional and Metabolic Mapping*, Ontario Research Fund, 498,819; 2015-2016

Menon, R. S., & Chronik, B., *Centre for the Development and Testing of MR-compatible Medical Devices and Technology*, Canada Foundation for Innovation – New Initiatives Fund, 141. \$182.00; 2015-2016.

Menon, R. S., Kremenutzky, M., & Lee, D., *Beyond the McDonald Criteria. Can MRI Diagnose Multiple Sclerosis at the Onset of Initial Symptoms?* Canadian Institutes of Health Research (CIHR), Operating Grant, \$128,956; 2015-2016

Menon, R. S., Kremenutzky, M., & Lee, S., *Ultra High Field MRI Measurements of Tissue Magnetic Susceptibility in Multiple Sclerosis*, Canadian Institutes of Health Research, Operating Grant. \$82,527.00; 2015-2016.

O'Reilly, R. Gray, J., & Shum, J. *Psychiatric bed numbers: An analysis of available public information*. The Coalition of Ontario Psychiatrists. \$5,000; 2015-2016.

O'Rourke, N. (Principal Investigator). Borwein, P.B., Anita, D., Depp, C.A., Glässer, U. P., **Heisel, M. J.**, Hole, R. D., Hoppmann, C. A., Khatri, N., Kirkpatrick, A. E., Loken, T., Wendy, J ; Mahmood, A. N., Mihailidis, A., Torres, I. (Co-Investigators). *Bipolar Disorder in Later Life: A Mixed-Methods, Experiential Sampling Study of Health and Well-Being over Time*, CIHR Institute of Aging. \$ 180,600; 2015-2016.

Oudshoorn, A. (Principal Investigator). **Forchuk, C.**, Berman, H. A., & Gaetz, S. A. (Co-Investigators). *Framework for Ending Women's and Girls' Homelessness*. The Social Sciences and Humanities Research Council. \$7,219; 2015-2016.

Prado, M. (Principal Investigator). **Bartha, R.** (Co-Investigator). Novel Mechanisms Regulating Functional Recovery in Stroke, Canadian Institutes of Health Research, Operating Grant, \$142,311; 2015-2016,

Reid, G. J. (Principal Investigator). Barwick, M., Cairney, J., Carter, P., Kurdyak, P., Neufeld, R., Schraeder, K., St.Pierre, J., **Stewart, S. L.**, Tobon, J., Vingilis, E., & Zaric, G. (Co-Investigators). *Before, during, and after: Service use in the mental health and health sectors within Ontario for children and youth with mental health problems*. Canadian Institutes of Health Research (CIHR); \$210,077; 2015-2016.

Reiss, J. P. (Principal Investigator). Glover, C., & **Mehta, V.** (Co-Investigators). Dedicated psychiatrist model in the Emergency Department. Ontario Ministry of Health Pay-for-Results Funding, \$200,000; 2015-2016.

Reiss, J. P. (Principal Investigator). Glover, C., & **Mehta, V.** (Co-Investigators). Transition case managers in the Emergency Department, Ontario Ministry of Health Pay-for-Results Funding. \$150,000; 2015-2016.

Sharma, V. (Principal Investigator). **Anderson, K.**, Bureau, Y., & **Khan, M.** (Co-Investigators). *Adjunctive use of celecoxib in the treatment of postpartum depression: a randomized, double-blind, placebo-controlled trial*. The Stanley Medical Research Institute, \$51,727; 2015-2016.

Stewart, S. L. (Principal Investigator). Iantosca, J., & Wittstein, A. (Co-Investigators). Construction and Validation of the interRAI 0-3, London Community Foundation Grant, \$55,666; 2015-2016.

Stewart, S. L. (Principal Investigator). Schwean, V., Bax, K., & Crooks, C. (Co-Investigators). interRAI 0-3 Care planning development for high risk infants, toddlers and preschoolers, Funded by the Poverty Reduction Grant, \$156,788; 2015-2016.

Strong, M. (Principal Investigator). **Bartha, R.**, Schmid, S., & Volkening, K. (Co-Investigators). *The Role of Phosphothreonine 175 (pThr175) Tau in The Induction of Frontotemporal Degeneration in ALS*. Ontario Brain Institute, Basic Science Proposal, \$197,216; 2015-2016.

Sukhera, J. (Principal Investigator). *AMS Phoenix Fellowship*, Associated Medical Services, \$25,000; 2015–2016.

Tibbo, P., **Bartha, R.**, Bernier, D., Beyea, S., McAllindon, D., Purdon, S., Rusak, B., & Song, X., NPAS3 Variants in Schizophrenia: A Neuroimaging Study, Nova Scotia Health Research Foundation, Establishment Grant, \$50,000; 2015–2016,

Williamson, P. (Principal Investigator). Manchanda, R., **Menon, R., Neufeld, R., Osuch, E.,** Pavlosky, W., **Rajakumar, N.,** and **Theberge, J.** (Co-Investigators). Candidate neuronal circuits in mental illness, Canadian Institutes of Health Research. \$140,269; 2015-2016.

Williamson, P. (Principle Investigator). **Osuch, E.,** Drost, D., **Menon, R. S., Theberge, J., Neufeld, R. W. J., Rajakumar, R.,** & Pavlosky, W. (Co-investigators). Candidate Neuronal Circuits in Schizophrenia, Canadian Institutes of Health Research, Operating Grant, \$147,950; 2015-2016.

Zelcer, S. (Principal Investigator). Cataudella, D., Nesin, A., Johnston, D., Fernandez, C., **Heisel, M. J.,** Streiner, D. L., & Sung, L. (Co-Investigators). *Development of the P-SCS: The Pediatric Supportive Care Scale, an instrument for measuring health related quality of life (HRQL) and health care satisfaction in children with terminal malignancy and development of a child self-report (age 8-12 years), teen self report (age 13-18 years), and parent proxy measures (age 2-4 and 5-18).* C17 Research Network. \$17,624; 2015-2016.

INTERNAL GRANT FUNDING

Addington, D., Pringsheim, T., (Principal Investigators). Addington, J., Ismail, Z., **Norman, R.**, & Remington, G. (Co-Investigators). *Canadian Clinical Practice Guidelines for the Treatment of Schizophrenia and other Psychotic Disorders*. Hotchkiss Brain Institute, Mathison Centre Seed Grant. \$40,452; 2015-2016.

Addington, D., (Principal Investigator) Wang, J-L Wang, & **Norman, R.** (Co-Investigators). *Reliability and Validity of Calgary First Episode Psychosis Fidelity Scales*. Hotchkiss Brain Institute, Mathison Centre Pilot Research Fund Program. \$6,600; 2015-2016

Anderson, K. (Principal Investigator). John-Baptiste, A., Kurdyak, P., **MacDougall, A.**, & **Osuch, E.** (Co Investigators). *A Cost-Consequence Analysis of the First-Episode Mood and Anxiety Program*, Western University Department of Psychiatry Seed Funding Competition. \$3,733; 2015-2016.

Anderson K. K. (Principal Investigator). **MacDougall, A.**, Kurdyak, P., & **Osuch, E.** (Co-Investigators). *Health Service Use and Outcomes for Young People with Mood and Anxiety Disorders: A Comparison of Users and Non-Users of the First-Episode Mood and Anxiety Program (FEMAP)*. Lawson Health Research Institute – Internal Research Fund, \$14,812; 2016-2017

Barel, A., **Van Bussel, L. (Principle Investigators)**. Gutmanis, I., & Marlatt, N.M. (Co-investigators). *Surveillance of Responsive Behaviours in Older Adults with Mental Health Issues*. President's Grant for Innovation, St. Joseph's Health Care London. \$3,020; 2016.

Borrie, M., **Burhan, A. M.**, **Fogarty, J.**, Pasternak, S., **Bartha, R.** *Jazzercise to improve physical fitness and brain function in sedentary post-menopausal women with subjective cognitive impairment: A pre/post feasibility study*. Cognitive Vitality and Brain Health Research Seed Fund Competition, St. Joseph's Health Care Foundation. \$24,779; 2016-2018.

Calhoun, V. (Principal Investigator). Liu, J., **Osuch, E.**, Plis, S., Adali, T., Salakhutdinov, R. (Co-Investigators). Multivariate methods for identifying multi-task/multimodal brain imaging. NIH/National Institute of Biomedical Imaging & Bioengineering, \$200,000; 2015-2016.

Calvin, J. (Principal Investigator). Zwarenstein, M., **Forchuk, C.**, & **Petrella, R.** (Co-Investigators). Comparing Coaches and Smart Phone Technology to Optimize Chronic Disease Management in Congestive Heart Failure, Academic Medical Organization of Southwestern Ontario (AMOSO). 2015-2016; \$185,259.

Dasgupta, M. (Principal Investigator). **Gutmanis, I.**, Schlegal, K., & Beker, L. (Co-Investigators). *A novel approach to manage challenging behaviours in confused, hospitalized seniors*. AMOSO. \$3,791; 2016

Desjardins, N., Tomlinson, M., & Duzois, D. *Designing and evaluating a modified Dialectical Behavioral Skills Training Program for Forensic Psychiatric Patients.* St. Joseph's Health Care Foundation. \$5,549; 2015-2016.

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

Dozois, D. J. A. (Principal Investigator). Interpersonal and cognitive dynamics of stress generation. Western Research. *Social Sciences and Humanities Research Board.* \$25,000; 2015-2016.

Eichstedt, J. Collins, K., Singh, D. (Principal Investigators). Reducing Wait Times for Children's Mental Health Service, Children's Health Foundation, \$93,435; 2015-2016.

Eichstedt, J., Singh, D., & Collins, K. (Principal Investigators). *PREP: A mobile application to increase readiness for mental health treatment in wait listed youth.* Children's Health Foundation; \$111,028; 2015-2016.

Espinet, S. (Principal Investigator). **Steele, M.** & Lingard, L. (Co-Investigators). Physician Training in Child and Adolescent Psychiatry: Using the "gold-standard" to assess training uptake. Faculty Support for Research in Education. \$9,147; 2015-2016.

Fisman, S. (Principal Investigator). **Eichstedt, J., Collins, K., Ravenstein, S., Jacques, H., Singh, D., Eynan, R., Flett, G., & Bhullar G.** (Co-Investigators). *Brief Adolescent Suicide Interview Scale (BASIS),* Children's Health Foundation \$35,552; 2015-2016

Fisman, S. (Principal Investigator). Jeanson, J., & **Sukhera, J.** (Co-Investigators). Enhanced Dialectical Behaviour Therapy Program Clinical Training and Research Initiative, Children's Health Foundation, 2015-2016; \$105,164.

Fisman, S. (Principal Investigator). Jeanson, J., **Sukhera, J.** & **Stewart, S. L.** (Co-Investigators). *Enhancing dialectical behaviour therapy: Program training and research initiative.* Children's Health Foundation, 2015-2016; \$105,164.

Fisman, S. (Principal Investigator). **Sukhera, J.,** Jeanson, J., *Enhanced Dialectical Behaviour Therapy Program Clinical Training and Research Initiative.* AMOSO. \$65,000; 2015-2016.

Hargraves, H., & **Frewen, P.** *Mindfulness Meditation With vs. Without Augmentation by EEG Neurofeedback.* Department of Psychiatry, Western University, Seed Grant. \$2,500; 2015-2016.

Hayden, E., (Principal Investigator). Barch, D. M., **Dozois, D. J. A.,** Joanisse, M. F., & Singh, S. M. Children's neural and cortisol reactivity in depression-relevant contexts: A high-risk offspring study, *Social Sciences and Humanities Research Council of Canada,* Insights Grants, 2015-2016; \$149,694.

Heisel, M. J. (Principal Investigator). Schreier, G., **Norman, R., Links, P., Eynan, R.** (Co-Investigators). *The development and validation of the Desire to Hasten Death scale for older adults*, Lawson Health Research Institute (LHRI) Internal Research Fund Award. \$5,000; 2015-2016.

Heisel, M. J. (Principal Investigator). *Evaluating the Measurement Characteristics of the Geriatric Suicide Ideation Scale (GSIS) in an Older Inpatient Sample*. Western University, Department of Psychiatry Seed Funding grant. \$625; 2015-2016.

John-Baptiste, A. (Principal Investigator). **Osuch, E., & Martin, J.** (Co-Investigators). Economic evaluation of early intervention mood/anxiety. Intramural Research Fund, Lawson Health Sciences, \$15,000; 2015-2016.

Links, P. S. (Principal Investigator). *Zero Suicide Pilot Year 1 for Parkwood Institute Specialized Mental Health Care*. St. Joseph's Health Care Foundation. \$46,225; 2016.

Links, P. (Principal Investigator). **MacDougall, A.,** Wetmore, S., **Forchuk, C.,** Licskai, C., **Vasudev, A.,** Valiquet, S., Zwarenstein, M., & Wilton, P. (Co-Investigators). *Chronic Disease Management and Health Promotion Program (CDMHPP), Using smart technologies to manage patients with multimorbidity in primary care*. Dean's Research Initiative Grant, Schulich School of Medicine & Dentistry. \$109,202; 2015-2016.

MacDougall, A. (Principal Investigator). **Anderson, K. K., Norman, R., & Carr, J.** (Co-Investigators). *Mindfulness Group-based Intervention for Early Psychosis: A Pilot Study*. Lawson Internal Research Fund Pilot Study, \$7,500; 2015-2016.

MacDougall, A. (Principal Investigator). Kidd, S., Ndeti, D., Krupa, T., Lysaght, R., Mutiso, V., & Casey, R. (Co-Investigators). *Extending the CREATE Psychosocial Rehabilitation Toolkit to Kenyan Mental Healthcare Professionals: A feasibility study*. Western University, Department of Psychiatry Seed Funding grant, \$3,750; 2015-2016.

MacDougall, A. (Principle Investigator). Canes, M., Kidd, S., Ndeti, D., Krupa, T., Lysaght, R., Mutiso, V., & Casey, R. (Co-Investigators). *The Feasibility of Implementing a Low-cost Evidence-based Psychosocial Rehabilitation Toolkit for Serious Mental Illnesses in Kenya's National Psychiatric Hospital*, Global Research Opportunities in Health, Schulich School of Medicine & Dentistry. 2016; \$5,000.

MacDougall, A. (Principal Investigator). Little, J., Kidd, S., Ndeti, D., Krupa, T., Lysaght, R., Mutiso, V., & Casey, R. (Co-Investigators). *Community REcovery Achieved Through Entrepreneurism (CREATE)*. Global Research Opportunities in Health - Winter 2015 Competition, Schulich School of Medicine and Dentistry, Western University, \$2,500; 2015-2016.

MacDougall, A. (Principal Investigator). **Steele, M., Sukhera, S., Thind, A., Anderson, K., Wylie, L., Links, P., Lanius, R.,** Rodger, S., Wathen, N., Kothari, A., **Forchuk, C.,** Berman, H., Le Ber, M. J., Branzei, O., Creed, I., Richmond, C., **Frewen, P.,** Ndeti, D., & Mutiso, V. (Co-Investigators). *Global MINDS @ Western*. The University of Western Ontario Interdisciplinary Development Initiatives Program. 2015-2016; \$66,666.

Montero-Oddasso, M., **Burhan, A. M.,** Hachinski, V., Speechley, M., & Doherty, T. *Non-invasive brain stimulation, mobility and executive dysfunction in older adults*. Dean's Research Grant Initiative. \$20,000; 2015-2016.

Osuch E., & John-Baptiste A. (Principal Investigators). **Anderson K. K.** (Co-Investigator). *A Cost Consequence Analysis of the First-Episode Mood and Anxiety Program*. Western University, Department of Psychiatry Seed Funding grant, \$3,733; 2015-2016.

Osuch, E. (Principal Investigator). Vingilis, E., & John-Baptiste, A. (Co-Investigators). Long-term clinical and economic effectiveness of secondary prevention for mood and anxiety disorders in transition-age youth, CDRIN, Central Hub, \$29,948; 2015-2016.

Osuch, E. (Principal Investigator). Vingilis, E., & John-Baptiste, A. (Co-Investigators). *Long-term Effectiveness and Economics of secondary prevention in mood/anxiety*, AMOSO 2014-2015 Provincial innovation Fund, \$49,850; 2015-2016.

Oudshoorn, A. (Principal Investigator). Yeo, S., Macphail, S., **Forchuk, C.,** Hall, J., Smith-Carrier, T., & Van Berkum, A. (Co-Investigator). An Evaluation of Homes for Women, Women's xchange, Women's College Hospital, \$7,500; 2015-2016.

Palaniyappan, L. (Principal Investigator). *Use of TMS in Depression*. Nottingham University Hospital Trust Fund, 2015-2016, £15,000 GBP.

Palaniyappan, L., & St. Lawrence, K. (Principal Investigator). **Theberge, J.,** Finger, E., **Burhan, A. M., Sharma, V.,** & Poolacheria, R. (Co-Investigators). *Inflammation-related excitotoxicity in neuropsychiatric disorders*. Lawson's Annual Strategic Research Fund Competition, Lawson Health Research Institute. \$24,900; 2015-2016.

Reid, G. J. (Principal Investigator). Schraeder, K., Brown, J. B., **Stewart, S., Forchuk, C.,** Ryan, B., Wickett, J., Leschied, A., & **Carter, J.** (Co-Investigators). A multiperspective study on transition to adult care for youth with mental health issues. Lawson Health Research Institute Internal Research Fund. \$7,434; 2015-2016.

Reiss, J. (Principal Investigator). **Frewen, P., Heisel, M. J., & Links, P.** (Co-Investigators). *Permission to Contact (PTC): Piloting an Innovative Approach to Participant Recruitment within the London Hospitals Mental Health Programs*. Western University, Department of Psychiatry Seed Funding grant. \$3,750; 2015-2016.

Sharma V. (Principal Investigator). **Anderson K. K.** (Co-Investigator). *Risk of Adverse Birth Outcomes in Women Treated for Bipolar Disorder During Pregnancy*. Western University, Department of Psychiatry – Seed Funding grant, \$3,743; 2015-2016.

Steele, M. (Principal Investigator). **Espinet, S.**, Gotovac, S., & Lingard, L. (Co-Investigators). Teaching Child and Adolescent Psychiatry to Family Physicians and Pediatricians in Rural and Underserved Canada, Children's Health Foundation. \$171,455; 2015.

Steele, M. (Principal Investigator). Lingard, L, **Espinet, S.**, & Gotovac, S. (Co-Investigators). Physician Training in Child and Adolescent Psychiatry, Children's Health Foundation. \$45,529.91; 2016.

Sukhera, J. (Principal Investigator). *Reducing Mental Illness Stigma through Unconscious Bias Education*. AMOSO, 2015-2017; \$65,000.

Sukhera, J. (Principal Investigator). *Reducing Mental Illness Stigma through Unconscious Bias Education*, Children's Health Foundation. \$45,517; 2015-2016.

Tursich, M. (Principal Investigator). **Lanius, R., Frewen, P., Heisel, M. J., Links, P., Theberge, J.**, & Cechetto, D. (Co-Investigators). *Neural Bases of Suicidal Behaviour in Dissociative and Non-Dissociative PTSD*. Western University, Department of Psychiatry Seed Funding grant. \$3,750; 2015-2016 .

Van Bussel, L. (Principle Investigator). **Gutmanis, I.**, & **Marlatt, N. M.** (Co-Investigators). *Problem Solving Therapy (PST) Education: Providing Excellence in Mental Health Care through Staff Skill Development*. St. Joseph's Health Care Foundation. \$9,562; 2015-2016.

Welk, B. (Principal Investigator). **Anderson, K. K.** (Co-Investigator). *5-alpha reductase inhibitors and the risk of suicide and depression*. Department of Surgery – Internal Research Fund, \$5,000; 2016.

Welk, B. (Principal Investigator). **Vasudev, A.** (Co-Investigator). The Clinical Health Informatics Program (CHIP) at ICES Western. *AMOSO Innovation Fund*, \$49,610; 2015-2016.

Industry Funded Grants

Chiu, S., Li, F., & Hirui, J. (Principal investigators). *Pharmacological study of patented compound: Ginsenoside Rg3, putative PPAR (Peroxisome Proliferator Activator Receptor complex) modulator, in MPTP (1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine) model of Parkinson disease.* Dalian Fusheng Pharmaceutical Inc. Dalian Province, China. \$25,000; 2015-2016.

Lanius, R. (Principal Investigator). Functional neuroanatomy of bilateral eye movement during trauma script imagery, EMDR (Commonweal Foundation/Wilfried Busse). \$45,000 USD; 2015-2016.

Sharma, V. (Principal Investigator). A Phase 3, Open-Label, Safety and Tolerability study of NBI-98854 for the Treatment of Tardive Dyskinesia, Neurocrine Biosciences Inc. 2015; \$ up to \$300,332.

Sharma, V. (Principal Investigator). Mood disorders in pregnancy and the postpartum period: course of illness and obstetrical outcome, Sunovion Pharmaceutical Canada Inc. 2016; \$19,874.

Awards and Honorable Mentions

Clinical Innovation Award

Dr. Kamini Vasudev

Dr. Paul Patterson Teaching Award

(In Dr. Patterson's memory to a Resident who has demonstrated enthusiasm and ability as an educator.)

Dr. Kara Dempster

Administrative Staff Award

Bela Franze and Faye Slote (CPD Admin Team)

Division Awards

Child & Adolescent	Award of Excellence in Postgraduate Teaching	Dr. Patty Hall
Child & Adolescent	Award of Excellence in Undergrad Teaching	Dr. Heidi Haensel
Child & Adolescent	Completion of Subspecialty Program	Dr. Joy Abramson
General Adult Psychiatry	Division Member of the Year for SJHC Mental Health Care	Dr. Sandra Northcott
General Adult Psychiatry	Division Member of the Year for SJHC Mental Health Care	Dr. Julie Richard
Geriatric Psychiatry	Excellence in Postgraduate Education	Drs. Michele Doering and Dr. Akshya Vasudev
Geriatric Psychiatry	The David Harris Award	Dr. Charles Ho

Education

CPD	Best CPD Presentations by Residents	Drs. Sheena Ghodasari & Dr. Jonathan Gregory
CPD	Best CPD Presentation by Faculty	Dr. Sandra Northcott
PGE	Junior Resident of the Year	Dr. Kara Dempster
PGE	Senior Resident of the Year	Dr. Pat Montaleone
UGE	Clerkship Resident Teaching	Dr. Priya Sharma
UGE	Local Clerkship Supervisor of the Year	Dr. Hooman Ganjavi
UGE	Rural Clerkship Supervisor of the Year	Dr. Sivakumaran Devarajan
UGE	Windsor Clerkship Supervisor of the Year	Dr. Olusegun Omoseni
UGE	Clerkship Seminar Leader of the Year	Dr. Vadim Beletsky Dr. Richard O'Reilly

Recognition of Service with Western University – 25 or more years

Dr. Len Cortese and Dr. Dan Lefcoe

Honorable Mention

Nominated for Schulich School of Medicine & Dentistry Excellence in Postgraduate Education Award

Dr. James Ross