

### 2010 - 2011 ANNUAL REPORT

**Dalhousie University Department of Psychiatry** 





### OUR MISSION

1) Develop and maintain educational programs of the highest quality in psychiatric medicine, including but not limited to undergraduate programs; postgraduate training; fellowship training; continuing health education and community education.

2) Develop and maintain excellence in research programs of national and international calibre involving multiple aspects of psychiatric medicine and mental health care.

3) Identify and endorse the highest standards of clinical care for delivery by its members.

4) Participate actively in the planning, development, delivery and evaluation of psychiatric medical and mental health services, locally, provincially, regionally, nationally and internationally.

5) Develop, promote and maintain a supportive work environment that recognizes no barriers to demonstrated competency of individuals and which enhances their professional growth and acknowledges their contributions.

6) Work actively to enhance the role of psychiatry as a medical speciality in co-operative clinical, teaching and research activities with other medical disciplines and health professionals.

7) Be consistent with the Missions of Dalhousie University and the Faculty of Medicine.

8) Abide by the rules and regulations governing Departments within the Faculty of Medicine at Dalhousie University.

To realize its mission, the Dalhousie Department of Psychiatry shall work cooperatively with health care facilities, providers, social institutions, patients, their families, and consumers, the university and its community, funding agencies, governments, third party payers and other individuals, institutions or industries whose interests are congruent with the vision and mission of the Dalhousie Department of Psychiatry.

### 2010 - 2011 Annual Report

Dalhousie University Department of Psychiatry April 1, 2010 to March 31, 2011

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The Abbie J. Lane Building, part of the Halifax Infirmary site within the QEII Health Sciences Centre, houses various clinical psychiatric units as well as the offices of the Dalhousie University Department of Psychiatry.



### Report from the Head

Our 2010-2011 annual report shows the range and depth of the activities of the Dalhousie Department of Psychiatry, which has its clinical base in the Departments of Psychiatry of the Capital District Health Authority and the IWK Health Centre.

On the clinical side, the Department delivers a wide range of general and subspecialty mental healthcare to people of all ages in Nova Scotia and the other Maritime provinces. While our Department has only one formal Division, Child and Adolescent Psychiatry, there are many functional programs. Brief synopses of the activities of our various secondary and tertiary care clinics and units are provided in this report. The Department of Psychiatry is also working closely with the Dalhousie Department of Family Medicine, the Capital District Health Authority Department of Family Practice, and other stakeholders to develop a solid foundation of primary mental healthcare in Nova Scotia.

Through its academic and international activities, the Department reaches beyond the boundaries of our Maritime provinces.

Excellence in undergraduate medical education has been sustained over a period of many years. Dalhousie MD graduates perform consistently at the top of all Canadian medical schools in the psychiatry section of the LMCC Part 1 examinations, which are taken at the end of the final year of medical school. Our residents consistently do well in their Royal College Fellowship examinations, and this year we are very happy that Dr. Daniel Rasic has become the first resident in our postgraduate training program to enter the Clinician Investigator Program (CIP). The CIP is a Royal College program in which the candidate must spend at least eighty per cent of the time in research over a period of two years, and requires the resident to extend the period of specialty training by at least one year. Here at Dalhousie, participation in the CIP also requires registration in a degree program, often a Master's program.

Research is also thriving in the Department under the very able leadership of Dr. Ben Rusak, Director of Research. Our three academic chairs, Drs. Alda, Kutcher and Tibbo are all highly productive and well known for their work, as are many other researchers in the Department.

The Department of Psychiatry is also committed to strong advocacy for better and more mental health services in Nova Scotia. As part of this work, we inaugurated the OneInFive.ca website, which serves to educate the public about mental illnesses and the clinical and academic



activities of our Department, directed at preventing and treating these conditions.

Congratulations are in order to a number of members of the Department: Dr. Lara Hazelton, our Departmental Medical Humanities Coordinator, who received the Gold-Headed Cane Award; Dr. Michael Teehan, who was appointed Assistant Dean, Student Affairs; and Dr. Claire O'Donovan, Clinician of the Year. The book, *Antipsychotics and their Side Effects*, by Drs. David Gardner and Michael Teehan will be of great value to practitioners and will help to avoid and minimize the side effects that can afflict patients receiving these drugs and thus improve adherence to medications and clinical outcomes.

Finally, you will be interested to read about our International Psychiatry Section, most capably led by Dr. Sonia Chehil, which is having a major impact on several countries in the Caribbean and South America.

The Department of Psychiatry at Dalhousie is a place where we provide the best clinical care that we are capable of and where clinicians, learners and researchers are supported to reach for the stars.

Sincerely,

Dr. Nicholas Delva Head and District Chief

### Mission Statement in Action: Improving Mental Health

Here are just a few of the many people and programs at Dalhousie University Department of Psychiatry who embody our Mission Statement as researchers, clinicians, and educators and work every day to improve the mental health of not only Nova Scotians, but all individuals and families affected by mental illness.



### Research Kim Good, PhD Enhancing treatment and recovery in schizophrenia patients

Dr. Kim Good's research group has consistently documented olfactory identification deficits in patients with psychotic disorders that are unrelated to smoking status, antipsychotic medication use, or chronicity of illness. Her group has further shown that a subgroup of antipsychotic naïve, first episode psychosis patients who had olfactory identification deficits showed less improvement of negative and positive symptoms after one year of antipsychotic treatment than those whose olfactory status was normal. Recent work by her group has extended these findings by prospectively following these two subgroups for approximately four years. Those patients with olfactory identification deficits at first

episode, when compared to those with intact olfactory ability, demonstrated poorer functional outcome. Functional outcome was defined by the ability to obtain and maintain employment, engage socially and meet their basic needs.

Finding ways to reliably predict course of illness in patients at the early stages of a psychotic illness will improve treatment and enhance recovery. Testing the sense of smell is simple and inexpensive and could provide clinically valuable information, early in the course of illness, to identify those patients who might benefit from more intensive interventions so that they may lead more active and productive lives. Above: Dr. Kim Good reviews brain scans.

The Dalhousie Department of Psychiatry aims to develop and maintain excellence in research programs of national and international calibre involving multiple aspects of psychiatric medicine and mental health care.

L-R: Drs. David Gardner and Michael Teehan pose with their book, "Antipsychotics and their Side Effects."

> The Dalhousie Department of Psychiatry aims to identify and endorse the highest standards of clinical care for delivery by its members.



### Clinical Care David Gardner, PharmD, MSc, & Michael Teehan, MD, FRCPC Improving patient care

The world of medical textbooks has a new title, courtesy of Drs. David Gardner and Michael Teehan. *Antipsychotics and their Side Effects* was published by Cambridge

"It will ultimately affect patient care, which is hard to do, and it should be required reading for all psychiatry residents and all active practitioners." - Dr. Stan Kutcher

Antipsychotics and their Side Effects can be purchased at the Dalhousie University bookstore, on Amazon.ca, or via the book's link to the publisher: cambridge.org.



Antipsychotics and their Side Effects

David M. Gardner and Michael D. Teehan Jorword by Ron Raidenautri University Press and is the result of over five years of work by Drs. Gardner, Teehan and many others including a working group that included several faculty members and summer students in Pharmacy and Medicine.

The book began as a project to develop a resource to be used by the CDHA Mental Health Program to support the systematic monitoring of side effects in people taking antipsychotics long term. In their introductory chapter, the authors put into context the contemporary value of their book noting that routine monitoring of patients for antipsychotic side effects declined rapidly with the switch in prescribing from first- to second-generation antipsychotics. They point out that newer agents, though less burdensome in terms of selected side effects, are not necessarily safer or better tolerated than older agents. The premise of the book is that patient health outcomes can be improved by resurrecting the systematic assessment of patients taking antipsychotics. All clinically relevant antipsychotics are reviewed and compared throughout the 20 chapters of side effects. Monitoring guidance is given regarding each side effect and is tailored to the uniqueness of each antipsychotic.

The authors hope that the content and organization of the information will not only support patient monitoring, but also patientspecific therapy selections. Drs. Gardner and Teehan saw that there was a gap in the texts available to them as clinicians. "We learn how to start medications, but not what to look for in the middle, or what to switch to if needed," says Dr. Teehan. "Even though it's unlikely to be read cover to cover, it should be a useful reference for all psychiatrists prescribing these medications, and not just in Canada."



### Policy Guyana

### Celebrating innovation in human rights and mental health

The International Psychiatry Section (IPS) celebrated the beginning of the final phase in the development of new mental health legislation for Guyana that is appropriate, practical, affordable, and most importantly, implementable in a low/middle income country (LMIC) context. The IPS, in collaboration with the Health Law Institute and the Government of Nova Scotia, has been working with Guyana's Ministries of Health and Legal Affairs to develop legislation that does something exceptional — it both speaks to the context and realities of a LMIC and is consistent with current global standards in mental health law and human rights. Under the supervision and mentorship

of Dr. Scott Theriault, IPS technical lead, Professor Bill Lahey, Director of the Health Law Institute, and Ms. Leah Hutt, Government of Nova Scotia, Cheluchi Onyemelukwe and Alana Lancaster, graduate students in Dalhousie's Faculty of Law, prepared and presented a penultimate draft of the innovative legislation to the IPS team on June 17, 2010. The final draft and accompanying briefing notes will be submitted to Dr. Leslie Ramsammy, Guyana Minister of Health, in the beginning of August 2010. It is anticipated that the new legislation will be introduced in the Guyanese Parliament in the Fall of 2011. L-R: Dr. Scott Theriault, Ms. Cheluchi Onyemelukwe, Prof. Bill Lahey, Ms. Alana Lancaster, and Ms. Leah Hutt.

The Dalhousie Department of Psychiatry aims to participate actively in the planning, development, delivery and evaluation of psychiatric medical and mental health services, locally, provincially, regionally, nationally and internationally.



### Education MD class of 2010

### Exam scores reflect first-class programs in education

The undergraduate class of 2010 has again performed exceptionally well on their Medical Council of Canada exams, continuing Dalhousie's streak of extraordinary standings. Building on a steady improvement over previous years in the psychiatry portion of the Medical Council of Canada Qualifying Examination Part 1, the Dalhousie medical class of 2010 achieved second place in the country (out of 17 medical schools). The exam is written by all Canadian medical school graduates at the end of their final year of medical school and assesses the competence of candidates who have obtained their medical degree, for entry into supervised clinical practice in postgraduate training programs. In the psychiatry section of the examination Dalhousie has ranked in the top 10 schools since 2001 and has ranked among the top four since 2005.

### The rankings over the last five years have been:

2006: 4th 2007: 3rd 2008: 1st 2009: 2nd 2010: 2nd

The Dalhousie Department of Psychiatry aims to develop and maintain educational programs of the highest quality in psychiatric medicine, including but not limited to undergraduate programs; postgraduate training; fellowship training; continuing health education and community education.

### **ONE**in**five**.ca

The Department of Psychiatry spearheaded the development of an advocacy website for mental health issues in Nova Scotia. With a large cross section of partners,

OneinFive.ca seeks to create awareness of the prevalence of mental illness and provide information and resources for individuals and their families. Each month, OneinFive.ca highlights the people and groups in the community working hard to deliver the treatment, support, education and research that Nova Scotians deserve.

OneinFive.ca has profiled topics such as dementia, anxiety, mood disorders and psychosis.

### A Day in the Life

Each month OneinFive.ca features a "day in the life" of a psychiatrist. A professional in the field is followed through their daily activities, appointments and meetings. This depicts the hard work and dedication of the doctors in the Department of Psychiatry and shows their commitment to improving the lives of individuals living with mental illness.

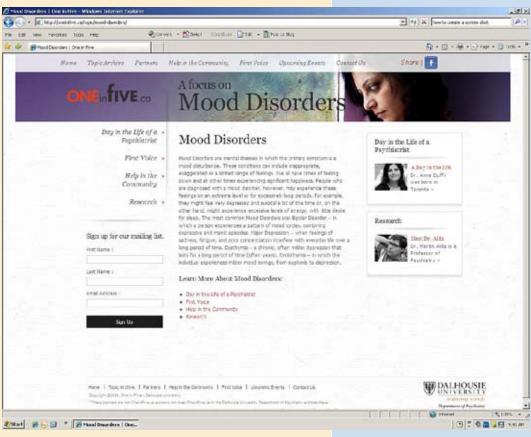
One in five people experience a mental illness or addiction every year. That means roughly 200,000 Nova Scotians are affected annually.

### **First Voice**

"First Voice" includes experiences and messages from individuals who have experienced or are experiencing mental illness firsthand. You'll hear from a family suffering through dementia in a parent, a young female overcoming an anxiety disorder and you'll be able to watch inspiring videos of individuals who have overcome incredible obstacles as a result of mood disorders and psychosis.

### Help in the Community

This section includes a list of organizations and groups throughout the province that can provide more information and support for individuals and families experiencing mental illness.



### Research

The research section of OneinFive.ca profiles some of the published, peer-reviewed research that Department members have initiated or co-authored.

Check out OneinFive on Facebook and follow @Onein5 on Twitter

### Dalhousie Department of Psychiatry Academic Chairs

In October 2006 the Department announced the appointment of Dr. Stan Kutcher as its first endowed research chair, the Sun Life Financial Chair in Adolescent Mental Health. The creation of the Killam Chair in Mood Disorders in 2007 saw Dr. Martin Alda return to the Department on a full-time basis. Dr. Philip Tibbo was appointed as the third research chair, the Dr. Paul Janssen Chair in Psychotic Disorders, in August 2008.



### The Killam Chair in Mood Disorders Martin Alda, MD, FRCPC

The Killam Chair in Mood Disorders supports the integration of research into the basic mechanisms of mood disorders and their treatment with excellent clinical care.

Dr. Martin Alda is a Professor of Psychiatry at Dalhousie University. He

also holds appointments at McGill University, the University of Pittsburgh and at Charles University in Prague. Clinically Dr. Alda works in the Mood Disorders Program at the QEII Health Sciences Centre in Halifax.

After receiving his medical degree from Charles University in Prague, Dr. Alda trained in psychiatry at Charles University and at the University of Ottawa. Prior to his arrival in Halifax, Dr. Alda held a Canada Research Chair at McGill University.

The focus of Dr. Alda's group is on primary mood disorders. Bipolar disorder and depression are highly heritable, affect young people, lead to high morbidity and mortality and can be successfully treated. Three lines of enquiry - mapping genes for these conditions, examining how the genetic risk translates into behavioural and clinical features of the illness. and linking the risk factors with the treatment response, brain structure and function - are at the core of his research program. To this end, he uses clinical, molecular-genetic, biochemical, brain imaging, and neuropsychological methods in studies of patients and their family members. The research has been funded by the CIHR since 1997 as well as by Genome Quebec, NARSAD, NSHRF, and the Stanley Foundation. Dr. Alda has published over 160 original papers and book chapters and serves on editorial boards of several journals including Bipolar Disorders, Depression Research and Treatment, Journal of Psychiatry and Neuroscience, Pharmacopsychiatry, and Psychiatrie.

### The Dr. Paul Janssen Chair in Psychotic Disorders Philip Tibbo, MD, FRCPC

The Dr. Paul Janssen Chair in Psychotic Disorders, named for the late Dr. Paul Janssen, one of the 20th century's most innovative and inspiring pharmaceutical researchers, was created to lead an internationally recognized program of research into the causes and treatments of psychotic disorders. Dr. Paul Janssen's work is responsible for important treatment breakthroughs, including many in the field of psychiatry.

The responsibilities of the Chair include expanding the Department's research in psychotic disorders, which includes a focus on early detection and intervention, and improving public awareness of the needs of patients with psychotic disorders.

In addition to having its own funding and infrastructure, the position offers opportunities to link with regionally and nationally based funding programs to facilitate additional recruitment and infrastructure to support the Chair's research activities. The Chair is responsible for establishing and fostering world-class research into the etiology of schizophrenia and other psychotic disorders with a particular focus on early onset of psychotic illness, in keeping with the Department's



teaching, research and financial mandates. The Chair is also responsible for facilitating education in all aspects of schizophrenia and other psychotic disorders.

Dr. Tibbo is actively involved in numerous research projects and research around the topic of psychosis is flourishing in the Department of Psychiatry. Collaborations with McGill (neuroimaging, high risk paradigms) and the University of Bristish Columbia (long term outcomes) are allowing the further development of research protocols in other areas. Recent discussions with Health Informatics and Medical Education at Dalhousie may allow for a unique way to investigate cell phone use as an indicator of relapse in psychosis.

Dr. Tibbo will continue liaising with the Schizophrenia Society of Nova Scotia and its chapters and give public lectures to ensure that knowledge gained from research is accessible for families and patients.

The Janssen Chair has been actively involved with the Department of Health in the revision and updating of the 2004 provincial standards in first episode psychosis. The aim is to ensure that all youth and their families within Nova Scotia receive the same assessment, treatment, and access to resources. The revised standards are now in the process of being accepted by the Government. Once complete, an active education process will occur with respect to the standards in the health regions. The successful revision of the standards has resulted in a significant improvement in both clarity and depth of impact of the standards, most notably by the inclusion of guidelines for assessment and treatment.

Dr. Tibbo is one of the lead facilitators in the Provincial First Episode Psychosis Network, which is made up of clinicians representing each of the provincial health district: the IWK, Health Canada and the Nova Scotia Early Psychosis Program. Significant progress has been made in the development of state-of-the-art services for youth in a pre-psychotic stage, optimal assessment and treatment of first episode psychosis and province-wide sharing of innovative education materials.

Dr. Tibbo was recently named to the Board of Directors for the Schizophrenia Society of Canada (SSC) and the SSC Foundation. In this role the Chair will have a more general advocacy role nationally, in addition to assisting the SSC Foundation in its research mandate.



### Sun Life Financial Chair in Adolescent Mental Health Stan Kutcher MD, FRCPC

In his role as the Chair, Dr. Stan Kutcher leads

Dr. Stan Kutcher leads a ten-person knowledge translation team that focuses on creating innovative best evidencebased educational products, training programs and strategic policy documents for parents, youth, educators,

health professionals and policy makers. Through sharing complimentary resources (available on www.teenmentalhealth. org) as well as conducting a number of in-person training sessions and lectures, the team works to raise awareness, improve understanding and increase access to mental health resources locally, nationally and internationally.

The two primary areas of focus of the Chair are school mental health and primary mental health care for youth. Over the past year in the area of school mental health, Dr. Kutcher and his team have successfully integrated their High School and Mental Health Curriculum in four provinces, hosted the first Academy in School Mental Health for educators at Dalhousie University, developed a virtual mental health classroom to assist in teacher/student learning about mental health (created in partnership with Taking it Global) and led the development of a Nova Scotia School Mental Health Framework.

In the area of Primary Care, Dr. Kutcher led the development of a child and youth primary care mental health

curriculum in partnership with the British Columbia Medical Association's Practice Support Program, as well as launched a CME course for primary care physician training in youth depression.

Dr. Kutcher also led the development of Canada's National Child and Youth Mental Health Framework (Evergreen) under the authority of the Child and Youth Advisory Committee of the Mental Health Commission of Canada and began a collaborative relationship with Peking University and Shanghai University in China. Professor Kutcher continues to evolve his work with the primary care research team at New University of Lisbon and is the international consultant/collaborator on two European Union funded projects: Preventing Depression and Improving Awareness through Networking in the EU and Prevention of Suicide and Enhanced management of Common Mental Disorders in Primary Care. He is co-investigator on CIHR and Health Canada grants including: Randomizedcontrolled trial of classroom-based distance intervention for teachers of elementary school-aged children with ADHD and Understanding the link between cannabis-use and early psychosis: an awareness strategy for youth at risk.

Dr. Kutcher is a member of the Canadian Academy of Health Sciences and was recently appointed the co-chair of the mental health working group of the Sandbox Project. Dr. George Robertson and Sobey fellow Dr. Kosuke Kajitani.

Research is one of the core functions of the Department of Psychiatry. Activities span a wide variety of topics and involve basic research, clinical research, clinical trials and population health. Much of the research involves collaborations with members of other clinical and basic science departments within the Dalhousie Faculty of Medicine, in the affiliated hospitals and in other organizations.





Dr. Joanne Gusella discusses her research poster with CDHA psychologist, Dr. Maureen Gorman, at the Research Expo.

### Research

### Benjamin Rusak, PhD, FRSC, Director

The Research Section is responsible for supporting the research efforts of all Department faculty members and for developing and implementing a research curriculum for psychiatry residents.

### Current Research

The Department of Psychiatry continues to develop its range of research activities with much success. The Department supports research in several areas of concentration (e.g., in mood disorders, early psychosis, cognitive health and recovery and early detection and intervention in childhood psychiatric disorders). There are also active research programs related to addictions and personality, sleep, emotions and health, brain imaging, and molecular mechanisms underlying neurological and psychiatric disorders.

### **2010 Department of Psychiatry Research Fund Grants**

### June 2010

- Mr. Daniel McGrath, (Dr. Sean Barrett) "Cross domain cue reactivity among regular VLT players who smoke"
- Dr. Michael Teehan, "Long term outcomes in early psychosis"
- Ms. Jillian Filliter (Dr. Shannon Johnson), "Preference acquisition in adolescents with Autism Spectrum Disorder"
- Dr. Kazue Semba, "Sleep regulation in a rodent model of schizophrenia"

### October 2010

- Dr. Phil Tibbo, "NPAS3 variants in schizophrenia: a neuroimaging study"
- Dr. Ben Rusak, "Effects of sleep restriction in unipolar depression"
- Mr. Sean MacKinnon (Dr. Simon Sherry), "Perfectionism, life narratives and wellbeing during freshman year"

**Dr. Daniel Rasic**, *PGY4, is the first resident in the Department to participate in the Clinician Investigator (CIP) Program. The CIP research training program targets individuals pursuing a career as a Clinician Scientist. Dr. Rasic is completing a Master's degree in Community Health and Epidemiology and a thesis entitled "Time Trends in the Associations of Religiousness and Depression: Findings from the Stirling County Study." He is scheduled to complete his CIP training in the spring of 2012.* 





### 2010 Summer Studentships

- Dr. Gail Eskes and student Stefan
  Allen
- Dr. Stan Kutcher and student Holly Huntley
- Dr. George Robertson and student Jordan Warford
- Dr. Sherry Stewart and student Jessica Murray
- Dr. Phil Tibbo and student Jordan Fisk

### External Grants Awarded (more than \$100,000)

Awarded between April 1, 2010 and March 31, 2011



on the project.

Dr. Gail Eskes, PhD, was awarded \$2,689,378 from the Atlantic Innovation Fund for her work "Developing innovative brain repair services and technologies." The Atlantic Innovation

Fund helps Atlantic Canadians compete in a global knowledge-based economy through the development of new ideas, technologies, products and markets.

### Dr. Martin Alda, MD,

FRCPC, was awarded \$1,757,699 from Genome Quebec for his work, "Next generation sequencing approach to identify bipolar." Dr. Alda is coprincipal investigator

Dr. Tomas Hajek, PhD, MD, received \$526,312 from the Canadian Institutes of Health Research (CIHR) for his work, "Anatomical, functional connectivity and gray matter development

as risk factors for bipolar disorders - longitudinal MRI study in offspring of bipolar parents" (bridge and grant funding). CIHR is the Government of Canada's agency responsible for funding health research in Canada.

Dr. Hajek was also awarded \$149,809 from the Nova Scotia Health Research Foundation (NSHRF) to complete: "Gray matter development and white matter microstructure in offspring of bipolar patients - longitudinal MRI high-risk study."

Dr. Phil Tibbo, MD, FRCPC was awarded \$186,963 from CIHR for his

work, "Quantitative proton spectroscopy of white matter at 4 tesla in first episode psychosis Part II."



Dr. Anne Duffy, MD, FRCPC received \$1,105,245 from CIHR for her work, "The early course of bipolar disorder: From genetic risk to illness onset." Dr. Duffy also was

awarded \$106,724

from Dalhousie University for her research: "Neurobiological underpinnings of Bipolar Disorder."

### Dr. Kim Good,

PhD received \$402,332 from CIHR to research: "Understanding reward motivation and expectancy in early phase psychosis smokers: A neuroimaging and

genetic approach."



Dr. Heather Milliken, MD, FRCPC, CSPQ

MD, FRCPC, CSPQ was awarded \$895,049 from the Mental Health Foundation of Nova Scotia to fund "A study of the impact of flexible doses of Niacin (NIASPAN) as

an adjunct to antipsychotic medication in the treatment of first episode psychosis."

13 RESEARCH



### Special Events

### **Research Day**

Psychiatry Research Day promotes trainee involvement in research and showcases the Department's diverse expertise to our university and local communities. The 20th Annual Psychiatry Research Day was held October 14 at the Lord Nelson Hotel. The event was a success according to the many positive evaluations received from the 109 faculty, students and staff who attended. This year's guest speaker was Professor Robin Murray, Professor of Psychiatry, Institute of Psychiatry at the Maudsley, Kings College, University of London. His presentation was well received and a highlight of the event.

### **Research Expo**

Psychiatry Research Expo is an informal, social event that highlights the diverse research expertise available to residents in the Department of Psychiatry and promotes resident involvement in research. This year's Research Expo was a great success and was well attended by both psychiatry residents and faculty members. Everyone who attended had the opportunity to view poster presentations by researchers in the Department and discuss the research opportunities that are open to residents. For the second year, the residents took part in a poster trivia game and the winner this year was Dr. Dilruba Rahman.



(L–R) Professor Robin Murray, Dr. Ben Rusak, Dr. Ron Fraser, Ms. Jennifer Vriend, Dr. Jason Morrison, Ms. Anna MacKinnon, Dr. Lukas Propper, Dr. Nick Delva and Dr. Daniel Rasic. Missing from photo: Ms. Shannon Sears.

The 2010 Research Day award winners were:

### **Junior Faculty**

Dr. Jason Morrison: "Empathy and theory of mind in schizophrenia and anxiety disorders"

### **Graduate Student**

Ms. Jennifer Vriend: "Effects of sleep loss on daytime functioning in children"

### **Psychiatry Resident**

Dr. Daniel Rasic: "Worship attendance, spirituality and risk of mental disorders and suicide attempts: a longitudinal community based study"

### **Undergraduate Student**

Ms. Anna MacKinnon: "Perfectionistic attitudes, social disconnection, alcoholrelated problems, and depressive symptoms: testing and extending the social disconnection model"

### **Psychiatry Staff**

Ms. Shannon Sears: "Help seeking pathways in first episode psychosis"

Professor Murray delivers his keynote address.



Above: Panel members at Café Scientifique.

**Dr. Alexa Bagnell**, Associate Chief of Child and Adolescent Psychiatry at the IWK Health Centre, spoke about anxiety in children and teens at the Open Minds Across Canada event on Oct. 28.



A Café Scientifique is a public event funded by the Canadian Institutes of Health Research that provides expert insight into issues of interest to the general public and encourages a lively exchange of ideas and information among audience members and expert panelists.

On October 13 the Department of Psychiatry, in conjunction with the Centre for Addictions Research at Dalhousie (CARD), presented a very successful Café Scientifique entitled: "The Vicious Cycle: The Link Between Substance Misuse and Mental Health Disorders." The three keynote speakers, Professor Robin Murray, Dr. Sherry Stewart and Dr. Ron Fraser thoroughly engaged the audience during their short presentations. Dr.

Stewart led the evening with a discussion of substance use in patients with anxiety and depression and proposed a number of reasons for this co-occurrence.

Dr. Fraser discussed substance use in individuals with impulsive disorders. Finally, Professor Murray discussed the significant link between substance use and psychotic disorders. After a short break, members of CARD, along with the keynote speakers, entertained questions from the audience. Dr. Phil Tibbo seamlessly moderated the event.

Over 130 people attended and while the Alderney Landing Theatre looked more like a lecture hall than a Café, this did not seem to deter the audience from asking probing questions of the speakers and panel. Each panel member had their own particular emphasis, however the consensus around the table was that significant changes are needed to the system. An integration of services is required in order for patients with comorbid diagnoses to be optimally treated.

### **Open Minds Across Canada**

On October 28 the Department hosted "Open Minds Across Canada Mental Health Symposia 2010," an event sponsored by the Canadian Psychiatric Research Foundation and CIBC Children's Foundation. The event aims to present mental health research to parents, family members, front-line mental/health service providers, educators and individuals affected by mental illness. The event is free and open to the public and is presented in universities and health institutions across Canada on the same day. This year's presenters included Drs. Kim Good, Lukas Propper and Alexa Bagnell. The night focussed on adolescent and child mental health was well attended by educators, healthcare professionals, and parents who stayed late to have questions answered by the panel. This has become an annual fall event, organized by the Department's Research Section in collaboration with the Canadian Psychiatric Research Foundation.

Residents Drs. Deborah Parker and Emily Maxan



## Education Section

The Dalhousie Department of Psychiatry offers undergraduate, postgraduate and continuing education in psychiatry within the Faculty of Medicine. The five-year residency program trains the next generation of psychiatrists with help from over 100 faculty members serving the child and adolescent, adult, and senior populations.

### Undergraduate Education Highlights

New curriculum for the Med 1 and 2 students is being developed to begin in September 2011.

The third year Med III students completing their clinical clerkship fulfil a six week rotation through Psychiatry which is split into two three-week blocks if they stay in the Halifax Regional Municipality (HRM).

### The rotations offered in HRM are:

Adult Inpatient Units Consultation Liaison Early Psychosis Short Stay Unit Seniors Mental Health Psychiatric Emergency Service Child and Adolescent Forensic Psychiatry Canadian Forces Health Services Centre Community Mental Health

*The placements that are offered* outside HRM include: New Glasgow, NS Sydney, NS Charlottetown, PEI Moncton, NB Saint John, NB Fredericton, NB

### Education

### Allan Abbass, MD, FRCPC, Director

The Dalhousie University Department of Psychiatry Education Section provides high caliber psychiatric education to residents, fellows, medical students and mental health professionals in the community. The section also supports research in education and international psychiatric activities. It provides education around the world and liaises with other faculty and departments within the university structure such as family medicine.

With the assistance of Dr. Ian Slayter, a new format of clinical psychotherapy education through formal workshops and supervision was developed and has continued. This is one of several collaborations between CDHA Mental Health Program and the Department of Psychiatry.

### Undergraduate Education

### Cheryl Murphy, MD, FRCPC, Director

The objectives of undergraduate teaching in the Department of Psychiatry are: to underline the significance of biopsychosocial factors in normal human development and in illness, to enable students to recognize psychiatric disorders, and to treat these disorders within their competence, or refer the patient for psychiatric investigation and management.

### Level One: Educational Outcomes

*Goal Statement*: Graduates of Dalhousie Medical School are caring, resourceful physicians, able to work with patients, families, and colleagues to provide excellent care in many different contexts and in complex and uncertain situations. They are able to work as agents of creative change in healthcare institutions and communities.

### Level Two: Med 3 & 4 Objectives

*Goal Statement:* By the end of the clerkship, a Dalhousie medical student will have the knowledge, skills and attitudes needed to successfully enter any residency program.

### Level Three: Psychiatry Clerkship Unit Objectives

*Goal Statement:* By the end of the Psychiatry clerkship, a Dalhousie medical student will have the knowledge, skills and attitudes needed to successfully (under supervision) assess and care for patients, in a variety of settings and across the lifespan, presenting with acute or longstanding psychiatric illness. They will be able to differentiate normal from pathological emotional states.



### Clerkship

A total of 111 Clerks were educated in the 2010-2011 academic year.

**Dr. Michael Teehan** was appointed the Assistant Dean of Student Affairs in the Faculty of Medicine in July of 2010. In this capacity, Dr. Teehan is responsible for providing leadership in student affairs and for ensuring a high level of support to students with regard to personal, social, financial, career planning and academic matters.

Congratulations to the class of 2011 (L-R): Drs. Svitlana Rusalovska, Michael Stubbs, Ava Muir, Deborah Parker, Randy Zbuk and Adriana Wilson.



### Postgraduate Education

Malgorzata Rajda, MD, FRCPC, ABSM, Director

The postgraduate program is designed to prepare residents to practice as independent specialists in general psychiatry or one of its subspecialties with the necessary knowledge, clinical skills and attitudes to function successfully as a consultant to physician colleagues and colleagues in other clinical disciplines.

### Changes in didactic curriculum:

In the 2010/2011 academic year the academic curriculum was changed to conform to the recommendations of the Postgraduate Curriculum Review Committee. Many didactic sessions were replaced with interactive workshops. Teaching in the areas of Child and Adolescent Psychiatry, Geriatric Psychiatry and Rehabilitation and Long Term Care were shifted to the rotations, in order to be placed in the relevant clinical context.

### **Fellowships**

### July 1-2010-June 30 2011

*Dr. Marla Davidson, University of Saskatchewan* One year-Geriatric Psychiatry Fellowship.

Focus of the fellowship was to develop further competency and clinical skills in geriatric psychiatry in a variety of settings such as Inpatient and Outpatient care, and day hospital, as well as consult to geriatric medicine.

STACERS:

past.

rotations:

The STACER exam format was changed

according to new Royal College

requirements. Currently the senior

examiner, although this cannot be

residents must satisfactorily complete

the resident's current supervisor. The examiner will now provide the resident with

feedback. This was not the case in the

**Addition of Shared Care and Addictions** 

New core rotations were added to the

senior residency: Shared Care under

The new rotations bring us into

compliance with the new Royal College

supervision of Dr. Ron Fraser.

training requirements.

the supervision of Drs. Curt Peters and

Sabina Abidi; and Addictions under the

two examinations. There can be a single

### August 1 2009 - July 31 2012

*Dr. Mirko Manchia- University of Cagliari, Italy* Three year Clinical Fellowship in Mood Disorders Research on neurogenetics of response to lithium in bipolar disorder.

### Residents (as of July 2011)

	501/1
Alice Aylott	PGY 1
Amgad Barsoum	PGY 1
Michael Butterfield	PGY 1
Marie Claire Bourque	PGY 1
Jonathan Cherry	PGY 1
Maghul Malik	PGY 1
Saima Nadeem	PGY 1
Jonathan Wan	PGY 1
Rachel Bell	PGY 2
Nancy Boniel	PGY 2
Kristen Holm	PGY 2
Liisa Johnston	PGY 2
Mirka Kolajova	PGY 2
Anita Hickey (Ray)	PGY 2
Vanessa Thoo	PGY 2
Cristina Aydin	PGY 3
Jacob Cookey	PGY 3
Shauna Correia	PGY 3
Katherine Matheson	PGY 3
Soroush Sadafi	PGY 3
Ashwin Varghese	PGY 3
Christian Wiens	PGY 3
Anett Bessenyei	PGY 4
Sumeer Bhalla	PGY 4
Catalina Lopez De Lara	PGY 4
Meagan MacNeil	PGY 4
Sabina Nagpal	PGY 4
Jennifer Slater	PGY 4
Daniel Rasic	PGY 4
Jonathan Brake	PGY 5
Amanda Ginnish	PGY 5
Katherine Manders	PGY 5
Emily Maxan	PGY 5
Christopher Murphy	PGY 5
Dilruba Rahman	PGY 5
Diana "Lee" Simpson	PGY 5
Miroslava Stingu-Baxter	PGY 5

### Continuing Education

### Heather Milliken, MD, FRCPC, CSPQ, Director

Dalhousie University Department of Psychiatry has earned national and international recognition as a provider of excellent quality, innovative continuing education programs and services. Our faculty members have been recognized as experts in their fields and lecture frequently throughout the Atlantic provinces, nationally and internationally.

The Department of Psychiatry and its affiliated teaching hospitals offer a diversified continuing education program. All regularly occurring educational activities, including university rounds, clinical academic rounds, journal clubs and psychotherapy case conferences have been accredited as group learning activities as defined by the Maintenance of Certification (MOC) Program of the Royal College of Physicians and Surgeons of Canada (RCPSC). Annual educational events include the Annual Atlantic Canada Psychosis Conference, the Nova Scotia Hospital Academic Day and the Department of Psychiatry Research Day. As part of its initiative to promote early detection and intervention for psychotic disorders, the Nova Scotia Early Psychosis Program/Research and Community Education Group has developed a number of highly successful community education programs, examples of which include the Early Psychosis Mentorship Program, the Family Education Program and workshops for family physicians and school personnel.

The Department of Psychiatry had a very full and successful schedule of continuing medical education/continuing professional development (CME/CPD) activities during the past year. These included the regularly scheduled University Rounds, Clinical Academic rounds, Journal Clubs, Sleep Rounds and monthly Seniors Mental Health Education Sessions as well as a number of conferences and workshops. Videoconferencing of educational activities from both the QEII and NSH sites was extended to more sites in Capital Health, throughout Nova Scotia and to Saint John, New Brunswick, providing greater access to these activities for faculty, residents, students and mental health professionals.

The format of the QEII clinical academic rounds was changed this year to now include monthly Child and Adolescent Psychiatry presentations.

All Department of Psychiatry sponsored educational events are accredited for RCPSC MOC Section 1 credits.

### Conferences 2010-2011

**Eighth Atlantic Canada Psychosis Conference** "Recovery: From Theory to Practice"

### 12th Canadian Collaborative Mental Health Care Conference

"Charting a New Course to Better Care: Building Stronger Links Between Consumers, Families and Healthcare Providers"



Dr. Malgorzata Rajda and resident Dr. Jacob Cookev.

### University Rounds Speakers 2010-2011

Date	Speaker	Торіс
September 2010	Dr. Patricia Crittenden	"Using Theory and Clinical
	Family Relations Institute, Miami,	Observation to Generate Testable
	USA	Hypotheses: A New Perspective
		on Post-Natal Depression"
October 2010	Dr. Lili Kopala	"Psychotic Disorders: Genes and
	University of British Columbia	Neuroprotection"
November 2010	Dr. Elizabeth Lock	"Treating our Deaf Patients"
	Amherst, NS	
December 2010	Dr. Benjamin Goldstein	"Getting to the Heart of Adolescent
	University of Toronto	Bipolar Disorder"
January 2011	Dr. Gustavo Turecki	"Early Life Adversity and
	McGill University	Methylation Changes: Behavioural
		Implications and Suicide Risk"
February 2011	Dr. Femi Oyebode	"Thinking about Time:
	University of Birmingham, UK	Psychopathology and Temporality"
March 2011	Dr. William Z. Potter	"Hypothesis Testing in Psychiatric
	CNS Drug Development,	Drug Development: A Path to
	Philadelphia, Pennsylvania	Better Treatments?"
May 2011	Dr. Joel Sadavoy	"Understanding the Challenges of
	University of Toronto	Adaptation to Old Age"
June 2011	Dr. Allan Schore	R.O. Jones Memorial Lecture:
	UCLA David Geffen School of	"The Paradigm Shift: The
	Medicine & UCLA Centre for	Right Brain and the Relational
	Culture, Brain and Development	Unconscious"

### Nova Scotia Hospital Academic Day

The Nova Scotia Hospital's Academic Day is a day of continuing education aimed towards all disciplines.

On October 1, more than 200 people gathered at the Sea King Club on the Shearwater Base for Academic Day XXI. The theme for 2010 was "Triangles of Care, Consumers-Families-Providers Working Together." A number of speakers, including Mr. Vince Daigle, Ms. Pam Flight, and Ms. Sheila Morrison shared first voice experiences. Individuals from the Meriden Family Programme, UK, presented their recommendations on how to improve the client, family, and caregiver relationship. They spent September 28–30 visiting the Mental Health Program and meeting with a variety of service teams and other groups.

Other presentations included "Working

with Families of Early Psychosis Consumers" by Ms. Margie Crown and "Collaborating with Families of Senior Consumers" by Dr. Lara Hazelton.

The presentations were designed to invite discussion and reflection in three key areas: the developments currently underway which support more active and collaborative work with

consumers and their families; the evidence supporting the efficacy of consumer and family centered mental health services; and how such approaches might be increasingly developed in services in the Maritimes.



L-R - Dr. Ruth Sheen, Mr. Peter Woodhams and Dr. Grainne Fadden from the Meriden Family Programme presented at Academic Day XXI.

Congratulations to Dr. Lara Hazelton who was awarded the Faculty of Medicine's Gold-Headed Cane Award for 2011. Since 2002, the Gold-Headed Cane Award has been awarded each year to a physician within Dalhousie University's Faculty of Medicine who combines scholarly attainments, humanism and professional skills and serves as an effective role model for students in the medical humanities. The Gold-Headed Cane Award receives funding from the Dr. Gerald and Gale Archibald Endowment.

### Medical Humanities Program

Lara Hazelton, MD, FRCPC, Coordinator

### **Program Details**

Since 2008, the Department of Psychiatry humanities coordinator, Dr. Lara Hazelton, has been the liaison to Dalhousie University's internationally-recognized Medical Humanities Program, led by Dr. Gerri Frager. The humanities coordinator ensures distribution of news and information regarding events of the Medical Humanities Program, arranges preceptors for elective students and collaborates with partners at the medical school and in the community. In addition to supporting the many programs and events at the Medical School, the Department of Psychiatry organizes and sponsors its own Annual Student Writing Competition.

### Collaboration with the Dalhousie Medical Humanities-HEALS Program

On May 7, 2010 the Department of Psychiatry and the Medical Humanities

Program cosponsored a Kitchen Party fundraiser in support of the Mental Health Foundation of Nova Scotia. The event, held at the Tupper Building, featured music by medical students from the Maritime and Celtic Music Society. In September

2010, the Medical Humanities Program hosted a Stampede Breakfast for incoming medical students as part of Orientation Week. The Department of Psychiatry had a display table with information available for medical students regarding elective opportunities.

In 2010, the Dalhousie Medical Humanities Program collaborated with

the Atlantic Film Festival (AFF) and the Department of Psychiatry on initiatives aimed at promoting awareness of how mental illness and psychiatry are portrayed in film. A limited number of complimentary tickets were available for medical students, residents and faculty to see the AFF films which had psychiatric themes. In return, these individuals agreed to act as "reviewers" for the films they saw. Reviews were featured in multiple issues of the Department's newsletter. Also featured in association with the AFF was a panel discussion that followed the screening of the film 'Journey's End,' a documentary set in a retirement home in rural Quebec that raises questions about age, meaning and community. Faculty and staff from psychiatry and geriatric medicine participated in the panel discussion that followed the screening of this film.

### Medical Humanities Student Writing Competition

The first Dalhousie Department of **Psychiatry Student Writing Competition** was held in 2010. For this competition, Canadian medical students and residents are invited to submit reflective essays, poetry, or short fiction that explores the intersection of mental health and the humanities. Each year one entry is selected to receive a \$100 cash prize and two entries receive Honourable Mention. Winning entries are published in the Department newsletter and on the Department of Psychiatry website. The 2010 winner was Ms. Sarah Fraser of Dalhousie Medical School, who won first place for her poem 'Casey's Slope' which explored the stages of Alzheimer disease, drawing on experiences from her Med I clinical elective.

In 2011, the contest was advertised at other Canadian medical schools and entries were received from across the country.



Drs. Lara Hazelton and Timothy Benstead pose for the College of Physicians and Surgeons of Nova Scotia (CPSNS) as the 2011 Gold-Headed Cane award winners. Dr. Benstead received the CPSNS award for outstanding professionalism in medical practice.



# International Psychiatry

Students involved in the mental health nursing program in Guyana participate in a 30-week self-study program in psychiatric mental health nursing followed by a 4-month internship. It is a post-RN level program, designed to produce nurses capable of providing safe and effective nursing care at an advanced beginner level of practice.



### International Psychiatry Sonia Chehil, MD, FRCPC, Director

Mental Disorders are common, universal and arguably constitute the single largest burden of diseases worldwide. These disorders affect more than 25 per cent of all people at some time during their lives; have a point prevalence of 10 per cent in adults regardless of culture, race, gender or socio-economic status; and exert a heavy economic impact on societies and on the quality of life of individuals and families. According to the World Health Organization, the Institute of Medicine (USA), the World Bank and the Global



Dr. Sonia Chehil

Forum for Health Research, neuropsychiatric conditions make up approximately 15 per cent of the global burden of illness, more than HIV/AIDS, TB and malaria combined. Of the top five diseases with the greatest global burden in the 15-45 years age group, four are mental disorders: depression, schizophrenia, substance abuse, and bipolar disorder (WHO, world health report, 2001). With the knowledge and cost-effective interventions now available, most individuals with mental disorders can achieve recovery and can live productive lives, contributing positively to their families, communities and nations. Yet, the vast majority of people affected by neuropsychiatric disorder do not receive appropriate care or treatment.

The challenge today is not in the development of new interventions, the challenge is in ensuring that existing effective, appropriate and acceptable interventions are accessible, available, and affordable and are provided by appropriately trained, competent, skilled and caring personnel at the right time, in the right place, and in the right way for affected individuals, families and communities. The Dalhousie University International Section of Psychiatry works in partnership with governments and local, national, regional and international organizations and institutions to develop and implement practical, innovative solutions to assist low resource communities at home and abroad to achieve the following objectives:

- 1. Reduce the burden of mental disorders
- 2. Promote the mental health of individuals, families and communities
- 3. Promote and protect the human and civil rights of the mentally ill
- 4. Provide equitable access to quality evidence based mental health care
- 5. Provide a continuum of integrated mental health services

### **Country Projects**

**GUYANA:** IPS continues to coordinate and support the ongoing implementation of the Mental Health Strategic Plan. This past year's highlights include the successful implementation of the Post-RN Mental Health Psychiatry Nursing program. Activities are supported by the Pan American Health Organization, the International Development Bank, and the Government of Guyana.

**GRENADA:** IPS coordinated the development of a partnership between the Ministry of Health Guyana, Grenada and IPS to support the coordinated implementation of priority Mental Health programs. IPS also supported the development of an operational plan for capacity building in Mental Health 2010-2012.

**TOBAGO:** IPS assisted in the development of a strategy to integrate Mental Health into Primary Care in Tobago, and provided mental health training to primary care and mental health services health workers.

### First Nations Projects

**MENTAL HEALTH INTERVENER PROGRAM (MHIP):** An Atlantic Policy Congress (APC) program funded by Health Canada focused on building relationships between communities and mental health services by linking the development of gatekeeper mental health competencies among community leaders in Atlantic First Nation communities with the development of a gatekeeper support system of Mental Health workers within formal mental health services.





I am certain that this elective will provide a great stepping stone and knowledge base for further work in international psychiatry, and would encourage other residents who have an interest in global mental health to explore the possibility of electives with the division.

- Dr. Kristin Holm, PGY-1 spent a month with the IPS team in Halifax



I was confident that I had a broad clinical exposure and a fairly thorough understanding of psychiatry. However, within a week of being in Guyana I soon realized that while I may have been a well-trained psychiatrist in North America, I was relatively unprepared for what faced me in a developing world. There was not a day that went by that I did not feel challenged and energized by the excitement that faced me at the clinic.

With limited access to labs, xrays, and CTs, I was forced to use parts of my brain which had laid relatively dormant since medical school. I had to rely solely upon my history and physical exam to make a clinical diagnosis and was forced to recall lists of differential diagnoses that would, in Canada, have been made much shorter with the use of technology. Everyday I saw things I had only read about in textbooks such as catatonia, dystonias, hydrocephalus, and various tropical diseases.

- Dr. Nadia Aleem, PGY-5

Right: The Honorable Minister Leslie Ramsammy, Minister of Health of Guyana.

### Education

**Dr. Nadia Aleem,** PGY-5 in Psychiatry, University of Western Ontario, spent three months in Guyana providing clinical care and teaching interns and students.

**Dr. Arlene MacDougall**, PGY-5 in Psychiatry, McMaster University, spent the month of June 2010 at the International Psychiatry Section assisting with the development of the Masters of Medicine in Neuropsychiatry program. She spent one week in Guyana with the IPS team presenting and then making changes to the proposed program.

**Dr. Kristen Holm**, PGY-1 in Psychiatry, Dalhousie University, spent the month of December 2010 at the International Psychiatry Section. Dr. Holm reviewed literature related to global mental health and completed a presentation around communicable diseases.

### WHO Collaborating Centre

The WHO Collaborating Centre in Mental Health continues to be lead by Dr. Stan Kutcher. Working closely with the International Section, its primary role is to provide technical support and assistance to the World Health Organization and the Pan American Health Organization (PAHO) in various mental health initiatives undertaken by those organizations.

Dr. Kutcher participated in the development of the WHO's Pharmacologic Treatment of Mental Disorders in Primary Care and the WHO's seminal program: the WHO Mental Health Gap Action Programme (mhGAO) Intervention Guide. He contributed to the PAHO regional conference on mental health and received a Health Canada grant to conduct, modify and contextualize a youth mental health care training program for primary care for the Spanish speaking Americas. This was conducted in Panama. Recently he received Health Canada funding to assist in the creation of a child and youth mental health training project involving five countries in Latin and South America.





Progress on the new bungalow project at the Nova Scotia Hospital. The project broke ground in 2010 and is part of Recovery and Integration Services.

Dalhousie Psychiatry and its co-leader, Capital District Health Authority, are committed to identifying and promoting the highest standards of clinical practice. Faculty members hold key positions in clinical programs within institutions, provide consultation and assistance to community-based mental health programs, work to ensure that primary care physicians are equipped with the knowledge and skills to identify mental illness, and conduct research that ultimately leads to improved treatment and outcomes for individuals with mental illness.

### Mental health program scores high

Accreditation Canada completed its survey in early November. The Mental Health Program did extremely well, passing 105 of 111 criteria (95 per cent).

### **Triangle of Care**

The Quality Council continues to focus on the 'Triangle of Care,' the collaboration between consumer, family and provider as its principal strategic quality improvement. Draft Disclosure Guidelines encouraging staff to discuss what clinical information patients might share with family members or others who are close to them and provide support are being revised to incorporate feedback received.

### Dr. Claire O'Donovan was the

winner of the first Department of Psychiatry Outstanding Clinician Award. The award was established to recognize those members who have made outstanding contributions to the Department's mandate of providing excellence in clinical care.



### Adult Psychiatry Ian Slayter, MD, FRCPC, Clinical Director

### General Adult Psychiatry

The area of general psychiatry delivers the bulk of psychiatric care and education in the Department of Psychiatry.

General psychiatry services are roughly distributed into two areas: acute care and community mental health. Acute care services includes the inpatient unit at the Nova Scotia Hospital, the Mayflower Unit, inpatient units on the 6th and 7th floors at the Abbie J. Lane, a short stay unit (SSU) at the Abbie J. Lane and emergency services at the QEII.

Community mental health encompasses five community clinics located in Dartmouth, Halifax, Cole Harbour, Bedford/ Sackville and Windsor.

Patients with severe and persistent mental illness and prolonged hospitalizations are provided care on Laurel, Maritime and Coral Halls at the NSH. Hospitalized patients with dual disorders (mental illness and cognitive impairments) are housed on Emerald Hall.

Over the past year Acute Care Services have experienced some important changes. A new Psychiatric Intensive Care Unit (PICU) at the East Coast Forensic Hospital, scheduled to open in May 2011, will further the ability to manage very aggressive patients and maintain safety on the units.

### **Emergency Service**

Psychiatric Emergency Services in the Capital District Health Authority (CDHA) are provided for adult patients through the Emergency Department of the Halifax Infirmary since that department opened in 2009. The main focus in the Psychiatric Emergency Service was development and introduction of a suicide risk monitoring policy and later development of a suicide risk assessment process and policy.

### Inpatients

There are four inpatient psychiatry units spread over two sites. During the past year, a change in security, rebuilding of isolation rooms at the Abbie site and access to a provincial Psychiatric Intensive Care Unit has led to improvements in safety and the work environment.

### **Outpatients and Community Clinics**

There are five Community Mental Health Outpatient services in the Capital District Mental Health Program.

The psychiatrists on each of the outpatient teams provide a range of clinical services to people who are experiencing significant mental illness such as mood and psychotic disorders. They also work with individuals who have complex personality disorders and concurrent substance abuse problems.

The focus over the past year has been on the development of "First Visits," whereby family physicians send referrals to the clinics and ask the patient to directly call the clinic for a visit. The intent is to eliminate waiting for a first appointment, to provide earlier treatment and to provide better 'customer service.' This new approach is scheduled to launch in early May of 2011.

### **Short Stay Unit**

The Mental Health Short Stay Unit (SSU) is a five bed inpatient unit located on the 6th floor of the Abbie J. Lane Building. The SSU was developed to help patients who require an inpatient mental health admission and who can be discharged within a 72 hour period.

The SSU works on stabilizing the patient in their acute crisis, but the main focus is geared to developing a discharge plan that is appropriate for the patient, with the patient engaging in the outpatient plan after discharge.

### **Shared Care**

Shared care involves the deployment of mental health clinicians, with appropriate psychiatric back-up, in primary care practices. The goal is that the expertise of primary care clinicians will be enhanced in the diagnosis and treatment of mental health problems and thus referrals to mental health services would become fewer with time, lessening the burden on outpatient mental health services.

### Adult Psychiatry Specialty Services Scott Theriault, MD, FRCPC, Clinical Director

Addiction Prevention and Treatment Services Addiction Prevention and Treatment Services is a professional healthcare service offering confidential treatment and support for individuals affected by their own, or a loved one's, harmful involvement with alcohol, other drugs and/or gambling. Types of support offered include counselling, recovery and educational groups,

withdrawal management, inpatient and day programs as well as a structured treatment program.

They have also developed a new model of care for concurrent disorders at Capital Health that will ensure better collaboration between the two services through the implementation of a parallel treatment approach.

### **Centre for Emotions and Health**

The Centre for Emotions and Health focuses on the role of emotions and psychiatric disorders in health and illness behaviours by training professionals, treating patients, research and education.

The Centre provides leading education and research in the area of short-term psychotherapy.

### **Consultation/Liaison Service**

The Psychiatric Consultation Liaison Service provides psychiatric consultation to the Halifax Infirmary, Victoria General Hospital, Nova Scotia Rehabilitation Centre, Veterans Memorial and Abbie J. Lane sites as well as the Dartmouth General Hospital.

The service has developed several collaborative clinics with other medical specialties. These include Traumatic Brain Injury, Epilepsy Co-morbidity clinic and Psychosocial Oncology. Soon to be added are subspecialty clinics in Multiple Sclerosis and Heart Failure.

### **Early Psychosis Program**

The Nova Scotia Early Psychosis Program (NSEPP) is a specialized, communityfocused, mental health program for young people between the ages of 15-35 and their families, who are experiencing a first episode of psychosis. The mission of the program is to improve the mental health and quality of life of young people experiencing a first episode of psychosis by promoting early detection and providing optimal and timely health care that is based on

the most up to date scientific evidence and standards.

### **Developmental Mental Health Services**

The Capital Health Developmental Mental Health Service is comprised of an inpatient unit at Emerald Hall and an outpatient clinic, COAST. Both provide service to people who have a developmental disability and psychiatric condition.

### **Eating Disorder Program**

The Capital Health Eating Disorder Program is comprised of an Outpatient Clinic and a Day Hospital/Inpatient Program. Both include exposure-based meal experiences and a variety of skills groups such as assertiveness, coping, body image and DBT/ACT. Therapy groups address selfesteem, relational and existential issues.

### **Forensic Psychiatry**

The East Coast Forensic Hospital (ECFH) is a stand-alone, forensic facility offering forensic psychiatric services for the provinces of Nova Scotia and Prince Edward Island. The ECFH has an interdisciplinary team and offers courtordered assessments and comprehensive rehabilitation and risk management services for individuals found not criminally responsible or unfit to stand trial, with a goal of eventual community reintegration.

In the past year, staff of the ECFH have been active and involved in the development and growth of the Mental Health Court, located in the Provincial Court in Dartmouth.

With the support of the Department of Health and Wellness and CDHA, a six-bed Psychiatric Intensive Care Unit (PICU) is slated to open in May 2011.



Dr. Phil Tibbo is the Director of the Nova Scotia Early Psychosis Program

### Centre for Emotions and Health receives funding

Based on a successful pilot study, the awarding of an Innovation Grant from Capital Health and recognition by Accreditation Canada as Leading Practice, funding was received to staff the Emergency Department with 1.2 FTE psychologists to diagnose and treat Medically Unexplained Symptoms.

### Eating Disorder Program cuts wait times

In the past year the Day Hospital Program and Inpatient Program were successfully piloted, which has allowed for a decrease in the inpatient wait-list significantly by approximately 10 months, increase in the number of patients that can be treated (from approximately six per year to 22 per year), and to decrease the length of admissions by approximately two to four weeks.



Dr. Nicholas Delva unveils the drawing of the new bungalow project.

### **Mothers' Mental Health Toolkit**

In 2010-2011 Coleen Flynn MSW and Dr. Joanne MacDonald from Reproductive Mental Health Services led a collaborative community project in Dartmouth North and developed a novel community resource - the Mothers' Mental Health Toolkit, designed for community service providers. The Toolkit leads the user through mental health promotion in mothers, to understanding of risk factors, screening for early symptoms, recognition of potential signs and diagnoses, to helping the woman access care and support her in recovery.

### **Mental Health Day Treatment**

The Mental Health Day Treatment program is a uniquely integrated Clinical Academic program. Over the last year, in addition to articulating a rational empirical approach to treating severe mental illness, they provided opportunities for postgraduate electives in intensive group psychotherapy and research in an integrated bio-psycho-social

model. The team, led by Dr. Jacqueline Kinley, developed a comprehensive research program in order to gain a more integrated and complete understanding of psychiatric disorders from a cellular to a psychosocial level.

### **Mood Disorders Program**

The Mood Disorders Program is a tertiarycare outpatient program serving patients with bipolar disorder and major depression. The Program offers consultations and clinical follow-up, including psychotherapy and education groups to a number of patients. The Maritime Bipolar Registry of more than 450 subjects extends the clinical and academic activities to patients and clinicians in the community throughout the Maritime Provinces. The research focus of the program includes the clinical and genetic aspects of mood disorders, neurobiology of affective disorders and suicide, and brain imaging studies.

### Recovery and Integration Services (Rehabilitation)

The Recovery and Integration program consists of those services, both hospitaland community-based, that work with individuals with severe and persistent mental illness, to help them manage their illness and provide social, vocational and housing support services to allow them to return to, or remain in the community.

Recovery and Integration offers a range of clinical and rehabilitative opportunities including, community outreach/housing, employment, education, treatment, wellness & health promotion, and family support & education, all designed to connect and/ or reconnect people to their communities and enhance their sense of pride, independence, accomplishment and self-worth.

The new bungalow project broke ground in 2010. The project, supported by the Province of NS and with funding from the Nova Scotia Mental Health Foundation will see home-like housing for forty patients, in a facility built at the Nova Scotia Hospital. This will allow individuals receiving support a more home-like experience while they continue to develop and implement their recovery plans, with a view towards community integration.

### **Reproductive Mental Health Services**

The Reproductive Mental Health Service is a subspecialty multidisciplinary mental health team located at the IWK Health Centre with with funding shared by the Capital District Mental Health Program. The service provides consultation to the Department of Obstetrics & Gynecology and to Family Practice physicians both within the Centre and in the larger Capital Health District. The scope of services includes comprehensive assessment, treatment initiation, shared care with family physicians, primary mental health care, individual and targeted group psychotherapies.

### **Seniors Mental Health Services**

The multi-disciplinary team of Seniors Mental Health provides assessment, consultation and time-limited treatment. This service is offered to clients over the age of 65 with new-onset mental health problems, or pre-existing mental health problems complicated by dementia or multiple medical co-morbidities. Care is provided in a variety of settings, including an inpatient unit, outpatient clinics in a hospital setting and when possible in the community or home setting.

### **Sleep Disorders**

The Sleep Disorders Program is the tertiary referral centre for the assessment and treatment of sleep disorders in adults. The program consists of an outpatient clinic, as well as a modern, five-bed laboratory. Patients must be referred by a physician to be seen in the Sleep Disorders Laboratory.



Child and Adolescent specialist Dr. Aidan Stokes.

### Child and Adolescent Psychiatry Services

### Herb Orlik, MD, FRCPC, Head

The Child and Adolescent Division of Psychiatry, together with the Mental Health and Addictions (MHAA) program at the IWK provide quality care to children, youth, and families of the Maritimes. Programs include crisis, emergency, inpatient, outpatient and community mental health support.

### **Acute Inpatient Unit**

The provincial 17-bed inpatient unit functions as an assessment and treatment unit for children and youth up to the age of 19 with serious mental health issues.

### **Adolescent Centre for Treatment**

The Adolescent Centre for Treatment (ACT) provides rehabilitative mental health treatment for teens aged 13 - 19 years who have chronic and persistent mental health disorders with serious/profound functional impairment and/or severe disruptive behavior disorders. The anticipated length of stay is four months within the 24/7 component and four months follow-up with the Transition Team.

### **Adolescent Day Treatment Service**

The Adolescent Day Treatment Service provides medium to high intensity treatment on a voluntary basis for youth (13 to 19 years) with mental health problems. The goals often include a return to full time school attendance, diagnostic clarification, assessment of medications, improved self-esteem and better functioning with peers, family and teachers.

The service offers a variety of group skills learning sessions, a therapeutic classroom and individual, group and family therapy to youth and families.

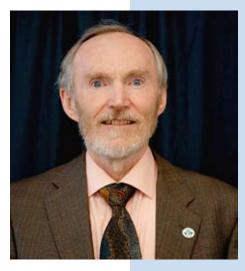
### **Child and Family Day Treatment Service**

The Child and Family Day Treatment service is for children aged five to 12 who are in need of additional support to manage their emotions and behaviour and who require medication review and diagnostic clarification. Children and their families take part in individual and group therapy in a day treatment setting.

### Autism Services

The IWK Autism Team is made up of four divisions: the Preschool Team, the Early Intensive Behavioural Intervention Team, the School-age Team and the Mental Health Team.

The Preschool Team does diagnostic assessments. A positive diagnosis leads to the child being referred to the Early Intensive Intervention Program. The School-Age Team also does diagnostic assessments and then follows a select number of these children.



### Dr. Wade Junek

completed a two year term as President of the Canadian Academy of Child and Adolescent Psychiatry.

### **COMPASS** program recognized

Following its 2011 Survey of the IWK, the COMPASS program has been identified as a Leading Practice by Accreditation Canada.

Dr. Sabina Abidi developed the IWK Health Centre Youth Psychosis Program, an extension of the Early Psychosis Program in Nova Scotia. She currently holds a joint faculty appointment at both CDHA and the IWK Health Centre. At present, she is leading the youth program while also conducting research in the area of high risk states of psychotic illness in youth.



### CHOICES

CHOICES is a voluntary assessment and treatment program assisting adolescents aged 13-19 with challenges around substance abuse, mental health issues and/or gambling through an integrated treatment approach that includes out-client services, the Day Program and the 24/7 Program.

### Collaborative Mental Health Care Program (formerly Shared Care)

The IWK Collaborative Mental Health Care Program is focused on building capacity for community clinicians/physicians to identify and manage child/adolescent mental health disorders in the community and to recognize earlier those that require tertiary care at the IWK.

### **Community Mental Health Clinics**

Staff at the Community Mental Health Clinics provide direct care to youth up to the age of 19 and their families in the community. Multi-disciplinary teams provide mental health assessments and treatment to a diverse patient population There are three main clinics: Halifax, Bedford/Sackville and Dartmouth.

### COMPASS

The IWK Centre for Collaborative Child and Family Treatment (COMPASS) provides care for children with behavioural and emotional disorders that have not responded to less intrusive interventions. Treatment is provided within a 24 hour/five day per week residential setting. The weekly program includes one-to-one treatment, an on-site therapeutic classroom, group work, as well as recreational and occupational therapies.

### **Eating Disorders Clinic**

The Eating Disorders Clinic follows inpatients on the Psychiatry Unit and Medical Units, along with their hospital teams. The main treatment for children is evidence-andfamily-based treatment. For older adolescents individual Psycho-Education and Cognitive Behaviour Therapy is used along with parental support.

### **Family Therapy**

The Family Therapy Consultation is an interdisciplinary program sponsored by IWK mental health, IWK social work and Dalhousie's Department of Psychiatry. Psychiatry residents (PGY3s) train alongside IWK mental health therapists to develop their skills to work therapeutically with families.

The Family Therapy Program also provides the IWK with needed family-based psychotherapy services for young people and their families impacted by mental health difficulties.

### **Forensic Assessments**

The Forensic Team provides specialized assessments for the youth justice court. The team also provides rehabilitation services for youth which focus on improving the youth's functioning in the community. The team provides mental health interventions in the community, advocates for services for youth and provides mandated treatments in association with probation officers.

### Intensive Community-based Treatment

The Intensive Community Based Treatment Team (ICBTT) provides home-communityand school-based support for children and teenagers who are having major problems in their daily lives related to disruptive behaviour disorders or long term mental health disorders.

### IWK Mental Health Child Welfare Initiative

This IWK Mental Health Service will provide mental health services to children who are exposed to child maltreatment, providing comprehensive assessments of youth and family. The team provides child psychotherapy, parent and foster parent consultations relevant to the child's mental health as well as delivery of the Resourceful Adolescent Program (RAP).

### **IWK TransHealth Team**

This team was formed to assess and support gender-questioning youth and their families. The role of the team is to assess and treat youth, up to the age of 19, who are questioning their gender identity or wishing to live as the opposite sex. The team can offer assessment of gender identity, and as appropriate psychotherapy for gender exploration.

### **Mood Disorder Team**

The IWK Mood Disorders Team provides consultation and follow-up for youth up to19 years of age. The clinic accepts referrals for diagnostic assessment from the Maritime provinces and will follow youth within the Halifax Regional Municipality who have either recurrent or treatment-resistant major depression, major depression with psychotic features or bipolar disorder.

### Psychiatric Services to the Nova Scotia Youth Facility

Clinical Services at the Nova Scotia Youth Facility in Waterville are offered to youth voluntarily, though some youth may be court mandated to participate in assessment/treatment. Services include health and mental health screening, medical monitoring of disease processes, acute care, medications management, cognitive behavioural interventions for anger management, social skills, anxiety or depression, suicide risk assessment and management, violence risk assessment, consultations with corrections staff, family therapy, individual therapy, community reintegration, liaison with addiction services, community resources, and outpatient mental health/health services.

### **Tourette's Disorder Services**

Children and adolescents suffering from Tourette's Disorder have the opportunity to meet with a specialized clinician who will offer consultation, assessment and treatment for TS and co-morbid disorders.

### Treatment of Anxiety Group (TAG)

The IWK Treatment of Anxiety Group (TAG) is a multidisciplinary team that includes psychiatry, psychology, social work and administrative support across four mental health outpatient clinics at the IWK Health Centre.

The TAG clinicians have provided ongoing anxiety education sessions for clinical staff in the IWK mental health program, for parents in the community and for Maritime schools.

### **Youth Psychosis Team**

The IWK Youth Psychosis Specialty Team is an extension of the Capital Health Nova Scotia Early Psychosis Program (NSEPP). The focus is on the earliest identification of illness and rapid provision of treatment to enhance and foster positive outcomes. Many of the youth are simultaneously being treated for other presenting issues such as anxiety disorder or mood disorders while remaining under care.

Research and education are also key components of the specialized program. Parents and families of our youth attend the family and patient education sessions at the Capital Health NSEPP site. Parents also attend Family Support Sessions which are run primarily at the Capital Health site.



### TAG group present data in Boston and San Diego

The team has been successful in securing clinical research funding and has presented clinical outcome data from the IWK TAG group program at the World Congress of Behavioural and Cognitive Therapies (June 2010, Boston, MA), and the American Psychological Association Annual Meeting (August 2010, San Diego, CA).



### Eating Disorders team awarded

In 2010 the team received the Award for Excellence in Patient and Family Centered Treatment. (L-R): Ms. Bonny Halket, Dr. Stephanie Casey, Ms. Tara White, Dr. Joanne Gusella and Ms. Lisa Parkinson McGraw.

### Departmental Summary

The Dalhousie Department of Psychiatry is made up of the following:

### Faculty

Total Faculty Members: 226

Professor Emeriti – 2
Professors – 17
Adjunct Professors – 1
Associate Professors – 23
Adjunct Associate Professors – 2
Assistant Professors – 82
Adjunct Assistant Professors – 3
Lecturers - 76
Cross Appointments – 17
Joint Appointments – 3

### Education

Residents – 35 Fellows – 2 CME Events – 3

### **Administration**

### Administration

Dr. Nicholas Delva	Department Head and CDHA District Chief
Dr. Michael Teehan	Deputy Head
Dr. Ian Slayter	Clinical Director, Adult General Psychiatry, CDHA
Dr. Scott Theriault	Clinical Director, Specialty Psychiatry Services, CDHA
Ms. Carolyn Sisley	Director of Finance and Administration
Ms. Suzanne Decker	Executive Assistant to Department Head
Ms. Linda Ford	Administrative Assistant
Ms. Christy MacDonald	Administrative Coordinator
Ms. Sandra Millar	Finance Assistant

### Education

Dr. Allan Abbass	Director
Ms. Annette Cossar	Administrator
Ms. Norma Thompson	Postgraduate Coordinator
Ms. Terra MacLean	Undergraduate Coordinator
Ms. Carrie Wipp	Education Coordinator

### Research

Dr. Ben Rusak	Director
Ms. Janet Bardon	Administrator
Ms. Jennifer MacDonnell	Administrative Assistant

### **International Psychiatry**

Dr. Sonia Chehil	Director
Ms. Julie O'Grady	Administrator

### **Division of Child and Adolescent Division**

Dr. Herb Orlik	Head and Chief, IWK Department of Psychiatry
Ms. Michelle Patenaude	Administrator
Ms. Jennifer Fleming	Administrative Assistant to the Chief
Ms. Stacy Boehner	Administrative Assistant
Ms. Bev Campbell	Administrative Assistant
Ms. Dawn Jensen	Administrative Assistant
Ms. Jennifer Cunningham	Administrative Assistant
Ms. Amy MacKay	Administrative Assistant to the Sun Life Chair
Ms Bonny Halket	Administrative Assistant

### **Faculty**

### **Full Faculty**

Full Faculty	
Professors Emeriti	
Last Name	First Name
McCormick	William
Munro	Alistair
Professor	
Last Name	First Name
Abbass	Allan
Alda	Martin
Delva	Nicholas
Doane	Benjamin
Duffy	Anne
Gardner	David
Kutcher	Stan
Lynch Morehouse	Mary Rachel
Robertson	George
Rusak	Benjamin
Stewart	Sherry
Tibbo	Philip
	·
Associate Professor	
Last Name	First Name
Alaghband-rad	Javad
Bagnell	Alexa Normand
Carrey Cassidy	Keri-Leigh
Chisholm	Terry
Eskes	Gail
Fisk	John
Flynn	Michael
Good	Kim
Hajek	Tomas
Harris	Andrew
Hazelton	Lara
Milliken	Heather
O'Donovan Orlik	Claire Herbert
Rajda	Malgorzata
Reynolds	Paul
Stokes	Aidan
Teehan	Michael
Theriault	Scott
Wiseman	Eve
Assistant Professor	Final Manua
Last Name Abidi	First Name Sabina
Addleman	David
Aicher	Joseph
Aspin	John
Bains	Ravinder
Banic	Zlatko
Bekele	Yilma
Bhargava	Manoj
Bhaskara	Sreenivasa
Bosma	Mark
Brooks	Simon
Brunet	Aileen
Bryniak Buffet	Christopher Lawrence
Carandang	Carlo
Casey	Stephanie
Chehil	Sonia

Chehil

Cooper

Doucet

Sonia

John

Kenneth

Faridi Forsythe Fostey Fraser Gordon Gray Hann Hassan Hipwell Horner-Lauria Hoyt Howard Hudec James Jayaram Jetly Kelln Kinley Kronfli Lazier Laurencic Lewitzka Liashko Libbus MacDonald MacKay Maynes Mills Morrison Morrison Murphy Neilson Ortiz Pearce Pellow Pencer Pottie Propper Relija Rubens Ruzickova Sadek Satyanarayana Schmidt Scholten Shahid Slayter Tahir Tait Town Thompson Ursuliak Veasey Whitby White Yuzda Zinck Lecturer

### Walentynowicz Last Name Ahmad Aladetoyinbo Alexiadis Amanullah Aquino

Anjum Pamela Alan Ron Edward Gerald Gerald Sameh Alexander Bianca Linda Richard Mary-Ann Sherry Kadamby Rakesh Brad Jacqueline Risk Lorraine Georgia Ute Vitaly **Yvonne** Joanne Tom Douglas Phillip Deborah Jason Chervl Grainne Abigail Patricia Tanya Alissa Colin Lukas Malgorzata Mark Martina Joseph Satyendra Matthias Monique Raheel lan Laeeq Glendon Joel Sarah Zenovia Duncan Magdalena David Kimberley Edward Suzanne

### **First Name**

Khalil Kehinde Maria Shabbir Emmanuel

### **Clinical Services**

### **CDHA Psychiatry**

Addiction Prevention and Treatment Services Centre for Emotions and Health Community Focused Living/Coral Hall Consultation/Liaison Day Treatment Developmental Mental Health Early Psychosis Eating Disorders Emergency Forensic Psychiatry Inpatient Mood Disorders Outpatient **Recovery and Integration Services Reproductive Mental Health** Seniors Mental Health Shared Care Short Stay Unit Sleep Disorders

### **Child and Adolescent Psychiatry**

Acute Inpatient Unit Adolescent Centre for Treatment Adolescent Day Treatment Anxiety (TAG) Autism Child and Family Day Treatment Child Welfare Team CHOICES Community Mental Health Clinics Compass Eating Disorders Family Therapy Forensic Assessments Intensive Community Based Treatment Mood Disorders Transgender Shared Care Psychiatric Services to the NS Youth Facility Psychosis **Tourettes Syndrome** 



Members of the Department provide expert secondary and tertiary mental health care to the people of Nova Scotia, New Brunswick and Prince Fdward Island within the Mental Health Programs at the Capital District Health Authority and the IWK Health Centre

Assh Beck Bergin Bhalla Bhattacharyya Bilski-Pitrowski Black Borst Bradlev Burke Butler Butler Calkin Childs Davis Dhar Dini Fraser Garvey Gleich Goia Grant-Oyeye Gusella Jefferson John Joshi Junek Keizer Keshen Khan Laskowski MacDonald MacNeill Maguire McAllindon McKim-Dawes McLuckie Mershati Millar Milligan Milliken Morgan Moss Mulhall Muthu Napier Ortiz Peters Pilon Poder Potter Pottle Riives Roberts Robertson Ross Rowe Russell Sadiq Shamsuddin Siddhartha Smith Steele Stewart Sullivan Taylor

Donna Nancy Siobhan Dinesh Amal Miroslaw Katharine Sjoerd William Brian Bev Gordon Cynthia Christopher Donna Neelma Ezio John Brian Stephen Liviu Lind Joanne Steven Omana Vinod R. Wade Heather Aaron Niaz Derek Shannon Kara Hugh David Kathleen Alan Abdel James Scott Jaqueline Matthew Phillipa David Murugesan Luke Ana Curt David Kuli Laurie Robert Mai Delyth Nancy Michael Helen David Syed Syed Sanjay Edwin Curtis Christopher Glendon Gretta

То Tomlinson Tulipan Whitehorn Wood Woulff Zehr **Cross-Appointed Faculty Professor Emeritus** Last Name Robertson Professor Last Name Leslie McGrath Semba Chambers **Associate Professor** Last Name Corkum LeBlanc Murphy Newman Vallis **Assistant Professor** Last Name Barrett Johnson Kaiser Sherry Westwood **Adjunct Faculty** Professor Last Name Kisely Kopala Murphy Patel Walter Associate Professor Last Name Cook Crittenden Assistant Professor Last Name Burley Marceau-Crooks Walker **Assistant Professor** Last Name Upshall

David Rill Nina Richard **First Name** Harold

David

Mary

Tanya

First Name Ron Patrick Kazue Christine

**First Name** Penny John Andrea Aaron Michael

**First Name** Sean Shannon Archibald Simon David

> **First Name** Stephen Lili Jane Vikram Garrv

> > **First Name**

Allan

Patricia

First Name Joseph Helene Douglas

First Name Phil

