

Department of Psychiatry HEADLINES

Canadian Police Knowledge Network Award Received

Submitted by: Dr. Bianca Lauria-Horner

The Department of Psychiatry received an award in November from the Canadian Police Knowledge Network (CPKN) in recognition of its involvement in the development of the e-learning course *First Responders' Recognition of Emotionally Disturbed Persons*. Particular mention goes to **Drs. Brad Kelln, Scott Theriault, and Bianca Lauria-Horner** in appreciation of the work each have contributed towards this initiative.

In cities, towns, and rural communities across the country, police and other first response personnel are called to situations involving family crisis, violence, substance abuse, unusual behaviour, or altered mental status. *First Responders' Recognition of Emotionally Disturbed Persons* (EDPs) has been developed to help front line officers deal with these crisis situations. It is designed to build first responders' confidence in dealing with EDPs. The course reviews the various categories of EDPs and provides recommendations for response strategies on how to deal with individuals in crisis, de-escalate situations, and reducing unnecessary criminalization and victimization of the mentally ill.

First Responders' Recognition of Emotionally Disturbed Persons is one of CPKN's most popular training courses among Canada's police and law enforcement agencies. Since its release in September 2008, nearly 2,100 individuals from across the country have successfully completed it. Agencies such as NS Corrections and Sheriffs, Halifax Regional Police, Cape Breton Regional Police, the Atlantic



Drs. Brad Kelln, Bianca Lauria-Horner, and Scott Theriault pose with the plaque in a consultation room at the East Coast Forensic Hospital.

Police Academy, and the RCMP are among those who are using it to train members and cadets. CPKN have provided the Department some of the comments from learners: "Excellent course, should be mandatory for all police officers", "Excellent course, excellent content and easy to navigate", "An excellent learning tool for both officers and calltakers/dispatchers. I highly recommend to not only police agencies but also anyone working in an extended care facility or group home", and "A valuable learning opportunity. New information was gained as well as a refresher on other information".

Drs. Kelln, Theriault, and Lauria-Horner will continue efforts in updating the course as new information becomes available in order to keep the content relevant for first responders.



Message from the Head

Dr. Nick Delva

As you can see from the lead article, the Department has a beautiful new plaque courtesy of the efforts of **Drs. Bianca Lauria-Horner, Scott Theriault and Brad Kelln**, who created an e-learning course for the Canadian Police Knowledge Network. This excellent course enables first responders to deal effectively with Emotionally Disturbed Persons (EDPs). Please be sure to have a good look at the plaque the next time you visit the Departmental offices. This achievement represents first-rate innovation and the rest of this issue of *Headlines* shows just some of many other elements of the talent that dwells in our Department of Psychiatry. In addition, at the time of writing, Departmental researchers have just been notified of their success in obtaining major 5-year awards in aid of research: the principal investigators are **Dr. Gail Eskes** (Atlantic Innovation Fund) and **Dr. Anne Duffy** (Canadian Institutes of Health Research). We are also in the final stages of the search for a Tier II Canada Research Chair in Early Intervention, and should soon have an additional new strong researcher in the Department. Future issues of *Headlines* will provide the details of these and other exciting developments.

We recently bid farewell to **Ms. Dianne Barss, Mr. Ricardo Salcedo and Dr. Sam Hickcox**, all of whom made significant contributions to the Department. Dianne is enjoying her retirement after serving as the Secretary to the Department Head for 27 years; Ricardo has moved to the

Dalhousie Registrar's Office as Assistant Registrar; and Sam is with the District Department of Family Practice, working mainly as a hospitalist in the Community Health Unit at the Halifax Infirmery (8.4), and also part-time in the Annapolis Royal Emergency Department. We wish them all happiness and good luck in the next stages of their lives. We welcome **Dr. Cindy Calkin**, a recent graduate of our program, who joined the CDHA Mood Disorders team at the beginning of January.

While certain provisions of the Memorandum of Understanding signed by ourselves, the Department of Health, and Doctors Nova Scotia were implemented in early November, the AFP negotiations have yet to be completed. We are moving forward with four other Departments toward the completion of a new contract; at the time of writing, Cabinet approval has not yet been obtained to allow the Department of Health to enter into the final stage of negotiations. As you will note in the Administration Section report on page 3, one significant feature of the new AFP will be shadow billing, the implementation of which will be a challenge, but one that we can meet.

You will see two sets of guidelines on pages 7 and 8, one on the use of e-mail and one on requirements for professionalism and collegiality. The first was initially circulated last summer and prompted some responses; the latter was circulated just before Christmas and, perhaps a result of the timing of its release, has not yet generated any comments. Both sets of guidelines were



constructed with a view to being as concise as possible — those on e-mail are fairly simple, but still important, while those on professionalism/collegiality are more suitable for in-depth discussion. Please consider writing an article for *Headlines* on any element of professionalism or collegiality; you may also like to provide me with direct feedback on either document. Each set of guidelines can be updated, modified, and improved as time goes by.

I anticipate that 2010 will be a year of much change and development for the Department, so hold onto your hats!

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Department of Psychiatry HEADLINES

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Administration Section

Submitted by: Carolyn Sisley
Senior Administrator

Update on AFP Negotiations

Meetings to finalize the new AFP contract are currently in progress. The Department's deliverables have been finalized and are currently being reviewed by the Faculty of Medicine, CDHA, and the IWK Health Centre. The most significant addition to the deliverables is the requirement for Department physicians to shadow bill clinical activity. A new Departmental process will be implemented over the next year. We are currently in the very early stages of determining requirements and options. Physicians will be updated as progress is made. Additional outstanding issues related to the AFP contract will be negotiated with the DOH in the next several weeks.

Questions regarding the ongoing negotiations can be directed to members of the Negotiating Team: **Dr. Nick Delva**, **Dr. Scott Theriault**, and **Ms. Carolyn Sisley**.

On-Call Payments

Physicians are reminded that on-call payment is determined by the Departmental on-call roster; for CDHA this is the on-line system maintained by the Clinical Director's office and for the IWK it is the roster maintained by Maritime Psychiatry. Physicians are responsible for reporting any changes in call to ensure the roster is updated so that payments are correct. Any errors should be reported to **Ms. Carolyn Sisley**, Senior Administrator.

Staffing Changes

There are two job competitions currently underway. The position of International Psychiatry Administrator is a Dalhousie University position and the Administrative Assistant to the Department Head/Clinical Chief is a CDHA position. Both positions are located in the Psychiatry administrative offices in the Abbie J. Lane Building. Appointments will be announced when finalized.

Establishment of the Dr. Vivek Kusumakar Memorial Trust

Friends and colleagues have joined together to establish the Dr. Vivek Kusumakar Memorial Trust to honour the work of the former Department of Psychiatry faculty member who passed away in January 2009. This endowment will provide an annual bursary through Dalhousie University to be awarded to a recent immigrant and international medical graduate establishing their medical practice in the Province of Nova Scotia.

Questions regarding the Memorial Trust can be directed to **Dr. John Aspin**, Chair of the Trust. Donations can be forwarded to **Ms. Carolyn Sisley**, Senior Administrator, Department of Psychiatry. Cheques should be paid to the order of "Dalhousie University"; tax receipts will be issued from Dalhousie.

Research Section

Submitted by: Jennifer MacDonnell
Research Administrative Assistant

Psychiatry Summer Studentship Application Deadline is February 12, 2010

The Psychiatry Summer Studentship Program is designed to provide a number of qualified undergraduate students with an opportunity to become involved in research in the Department of Psychiatry over a 12 week to 16 week period in the summer. Although this program in effect provides summer employment for students, faculty supervisors are expected not to treat summer students in this program as technicians, but rather to involve them fully in discussion and the design of experiments. This program offers students an opportunity to learn new research techniques as they acquire hands on experience in running experiments and analyzing data.

Please note: 1) applicants must be faculty members with a primary or joint appointment in the Department of Psychiatry at Dalhousie University, or residents and staff in the Department; and 2) students must be in an undergraduate program or be a medical student at Dalhousie or another university.

For an application or more information, please contact the Psychiatry Research Office at 902-473-2470.

10 Questions for a Dalhousie Psychiatry Researcher

This issue profiles Dalhousie Psychiatry researcher **Dr. Sabina Abidi**. “10 Questions...” is a recurring article in the Research Section of *Headlines*. If you are interested in being profiled in an upcoming publication, please contact **Ms. Jennifer MacDonnell** at Jennifer.MacDonnell@cdha.nshealth.ca.

1. *Where were you born?* Halifax.
2. *Why did you want to come to Dalhousie University?* I was born and raised here — my extended family is here. There didn't appear to be a more attractive choice for me at the time! Halifax is my home; I travel to other institutions a lot for education and talks and yet am proud to have been raised and educated here.
3. *What is your educational background?* I completed a Bachelor of Science degree in Biology and subsequently an Honours degree in Psychology at Dalhousie. I now have fellowship subspecialty training in Child/Adolescent Psychiatry and Early Psychosis.
4. *What are your current research interests?* My work is primarily in youth psychotic disorders. I have a particular interest in early identification and intervention in youth at risk for psychotic illness. I am also interested in Collaborative Mental Health Care and am proud to be involved in the Shared Care model at the IWK.
5. *What research projects are you currently participating in?* We are currently running a longitudinal study looking at the identification of youth at risk for psychotic disorders. I am proud to also be participating in a national study headed by Dr. Margaret Steele looking at the needs of rural physicians in Canada in terms of child/adolescent psychiatry education/training. I am currently looking at initiating a study investigating the relationship between anxiety and psychotic experiences in youth.
6. *Why did you choose psychiatry as a career?* I figured the odds of actually becoming a superstar were low. (ha ha!) Seriously, this work drives me. I find my interest is continually piqued and my desire to work in the field hasn't waned.
7. *What was your second career choice?* When my daughter asks me what I want to be when I grow up... I still say “Superstar”.
8. *What experience best prepared you for your job?* I was lucky enough to spend time during my fellowship in Toronto working with youth at risk for psychosis and first episode youth in the city. I worked very much independently and gained a lot of experience and respect for this illness.
9. *Who was and is your mentor?* I've met many people so far in my short path that have inspired me: I admire those who can maintain a balanced perspective and yet also achieve the goals they set for themselves. I enjoy working hard and try not

to let hard work become overwhelming. Being able to laugh at yourself (not too much!) helps.

10. *What do you consider the biggest challenge facing researchers today?* For me, it's definitely time. Sometimes I wonder if I would be more satisfied with more research and writing time and yet, so early in my career, I realize that right now, nothing compares to the value of clinical experience.



Dr. Sabina Abidi

Education Section

Submitted by: Annette Cossar
Education Administrator

Postgraduate News

Royal College of Physicians and Surgeons Internal Review

The Postgraduate Education Program has received the final report from our Internal Review, which took place on December 2. This was a Royal College mandated survey as a follow up to our last review in 2007. The full report will be available on One45 shortly.

The review was conducted by members of the Dalhousie Faculty of Medicine: Drs. Amra Saric, Chris MacKnight, and Gillian Bethune. In the course of the day they met with many of our residents and faculty members. The surveyors' report will be discussed at the next Royal College Accreditation Committee meeting in May when a decision will be made regarding our Program's accreditation status.

Dr. Margaret Rajda and the Postgraduate Education Committee are pleased that most of the weaknesses from the last Royal College review have been addressed and that work is underway to strengthen the noted areas needing further development. Specifically noted were improvements to the training in emergency psychiatry, revamped objectives and evaluations for many rotations, and a more active role taken by the residency training committee in the selection process for residents.

The Committee will continue to work with supervisors to set consistent clinical teaching standards for all rotations, including outpatient clinics. There are also changes underway at the IWK Health Centre that will help alleviate safety concerns on the inpatient unit.

Overall Dr. Rajda is cautiously optimistic that the result of this review will be favourable when announced in May. Our continued provisional status may affect recruitment and our status is questioned by some of our CaRMS applicants. In spite of that, there are nine Dalhousie graduates in the first round of this year's CaRMS interviews, the highest number of Dalhousie applicants in many years.

Congratulations!

All graduating residents passed their Oral Long Case Exams and are preparing for their Royal College exams in April and May. Congratulations and good luck from the Department!

CaRMS

It's here! The CaRMS interviews are scheduled for January 26, and February 1, 5, and 8. This year we will have six positions for Canadian graduates and one dedicated position for an IMG. There has been a significant increase in interest from our own Dalhousie clerkship and we encourage the Undergraduate Education Program to keep up their great work! A big "THANK YOU" to our teachers, including faculty, fellows, and residents, who continue to provide our students with excellent experiences in Psychiatry.

New Education Initiative

The Education Management Team is in the preliminary stages of developing an Education Scholarship Program (ESP) for the Department. The proposed mandate of the ESP, which will function as a committee within the Department's Education Section, will be: 1) to promote faculty development in the area of education (including teaching, evaluation, and curriculum development); 2) to develop a curriculum for residents on teaching and education, and to provide elective opportunities for residents and medical students in the area of education; 3) to serve as a resource to members of the Department in developing education-related projects or curriculum; and 4) to promote research in education within the Department. If you are interested in learning more, contact **Dr. Lara Hazelton** at Lara.Hazelton@cdha.nshealth.ca.

National Resident Awareness Day

National Resident Awareness Day (NRAD) will be held on February 9. More than 5,000 resident physicians across the country celebrate NRAD. This day is sponsored by the Canadian Association of Interns and Residents (CAIR) and its provincial house staff organization including the Professional Association of Residents in the Maritime Provinces (PARI-MP), with the goal of building awareness of and recognition for our resident physicians.

Residents in the Department are front-line doctors working in: mental health inpatient units and outpatient clinics; seniors mental health and the consultation liaison service; Maritime Hall and East Cost Forensics; and the Emergency Department, providing up to 336 hours of on-call service each week.

Our residents are: researchers participating in established research projects and on original research work; teachers providing didactic sessions to other professionals such as family medicine residents and medical students; even when they are not at work, many are reading and studying in preparation for qualifying exams which credential them at the end of their

training time as psychiatrists; 20% of our residents are parents and active community citizens balancing a demanding career with their personal life; and over 30% of our residents have medical training outside of Canada.

Residents Post Call

Several clinical supervisors and junior residents have raised concerns about the effect of post call days. To remind everyone, the current PARI-MP contract stipulates that a resident who has worked between midnight and 6:00am is entitled to a full day of rest starting at 9:00am. This has the greatest impact on PGY-2 residents, who take five calls per month. There is concern about the residents getting adequate clinical experience and fragmented clinical rotations. The Postgraduate Committee is actively looking into this issue and the call distribution for PGY-2 residents will be amended to reduce the absences.

Continuing Education Activities

Clinical Academic Rounds at the QEII

February 3: Eating Disorders Team
February 10: Day Treatment Program
February 24: Dr. Allan Abbass
March 3: Dr. Ghulam Khan
March 17: Dr. Lukas Propper
March 24: Consultation Liaison Team
March 31: Dr. Martin Alda

Clinical Academic Rounds at the IWK

February 3: Dr. Wade Junek
February 10: Dr. Frank Lopez
February 24: Dr. Miroslava Stingu-Baxter
March 3: Dr. Joanne Gusella
March 24: Dr. Dilruba Rahman
March 31: Dr. Ruth Carter

Clinical Academic Rounds at the NSH

February 5, 2010
February 12, 2010
February 26, 2010

March 5, 2010
March 26, 2010

University Rounds QEII

February 17: Atul Khullar MD, MSc, FRCPC, DABSM, DABPN (Cert. Sleep Medicine), Medical Director, Northern Alberta Sleep Clinic; Clinical Assistant Professor, University of Alberta; Consultant Psychiatrist, Sleep and Mood Disorders Clinic, Grey Nuns Hospital, Centre for Sleep and Human Performance

March 10, 2010: Heather Stuart BA, MA, PhD, Associate Professor, Departments of Community Health and Epidemiology, and Psychiatry, Queen's University

Upcoming Workshops

February 18-19, 2010: Anne Mahoney PhD, University of Calgary
Topic: "Group Psychotherapy Workshop".

Location: Rm. 4074, Abbie J. Lane Building from 9:00am – 5:00pm
Also to follow there will be a Experiential Workspop February 20-21, 9:00-4:00pm, Day Treatment Office, 3rd Floor Abbie J. Lane Building.

March 27, 2010: 2nd Annual Collaborative Care Workshop
Topic: "Depression Across the Lifespan"
Location: The Lord Nelson Hotel 1515 South Park Street from 9:00am – 5:00pm

News & Announcements

Staff / Faculty Changes

Dr. Sam Hickcox has resigned as a general practitioner in the Mental Health Program effective December 28, 2009. Dr. Hickcox has joined the Capital District Department of Family Practice.

Dr. Cindy Calkin joined the Department effective January 4, 2010. Dr. Calkin is working in the Mood Disorders Program at the Abbie Lane site.

Mr. Ricardo Salcedo has resigned from his position as International Psychiatry Administrator effective January 21, 2010. Ricardo has accepted a position in the Dalhousie University Registrar's Office as Assistant Registrar where he will be working in undergraduate recruitment initiatives. Best of luck in your new job Ricardo!



Ms. Dianne Barss has retired from her position as Secretary to the Department Head after more than 27 years of service with the Department of Psychiatry. Best wishes to Dianne in her future endeavours.

Notices

Department of Psychiatry, Dalhousie University Guidelines for the Use of E-mail

The following was sent to the Department by **Dr. Nick Delva** last year. It is being reprinted here to ensure that it reaches the widest audience possible.

Ten suggestions to optimize the use of e-mail at work:

1. E-mail is not confidential. Do not write anything that you would not be comfortable seeing on the front page of the newspaper.
2. Be polite and respectful, never write anything personally critical or hurtful, and use bolding or capitals sparingly.
3. Do not send anything in the heat of the moment. You can always save an e-mail (in the Drafts file) before sending it, so as to give yourself time to cool down and think about it.
4. Consider whether a face-to-face or telephone conversation might be preferable — it's much faster to talk than write.
5. Ask yourself whether you have gone through normal channels in your attempt to solve a problem before going above the head of the person who should deal with the problem (and will have to deal with it anyway).
6. The message should be well written and brief; delete unnecessarily long strings of correspondence.
7. Send the minimum number of copies that will do the job.
8. To reply to an e-mail, send your response only to the originator of the e-mail, not to all of those copied in, unless there is a good reason to reply to some or all of those copied in.
9. Take care in forwarding material — the sender might not wish this (see also #1).
10. Enter an apt title in the subject space (this can comprise the whole message).

Department of Psychiatry, Dalhousie University Elements of Professional Behaviour for an Academic Department of Psychiatry: Professionalism and Collegiality – Ten Requirements

This document provides a concise summary of the elements of professionalism required of members in our Department. Some of these elements may seem so obvious that one would not need to repeat them, but their observation is not universal, hence this synopsis. Each of the headings below should be the subject of reflection and could be discussed at length.

1) Golden Rule

Put yourself in the other person's shoes. Show kindness and compassion. Be polite and respectful to all, including patients and family members, your colleagues, and members of other professional disciplines. Work to eliminate discrimination of any sort. Be positive and constructive or refrain from making any comments at all. While humour is a good way to deal with stress, avoid tasteless or unkind jokes. Do not devalue the honest and solid efforts of others.

2) Ethics

Observe the highest ethical standards. Identify and avoid boundary violations and conflicts of interest. Avoid plagiarism. Give appropriate credit.

3) Relationships with Colleagues

Get to know your colleagues and support them.

4) Maintain Competence

Maintain your professional competence (e.g., via CME). Our status as a self-regulating profession depends, among other things, on demonstrating high standards of performance. Give and accept feedback gracefully and competently. Deal with any errors appropriately, and learn from them.

5) Vocation

While we must certainly look after our own health and well-being, remember that the practice of medicine is a vocation and a privilege, and not a 9-5 job. Commit yourself to a solid day's work each and every day, starting at a reasonable hour, looking after patients, supporting learners, and doing research. Ensure that you do your part to shoulder the burden of work. Assist colleagues to overcome suboptimal professional performance and report severe underperformance in others to the appropriate authority (usually the relevant Clinical Director, Director of Education, or Director of Research).

6) Reliability

Be reliable, available, and prompt. If you are not able to care for patients or educate students, arrange coverage. Complete all professional work within the appropriate timeframe, including medical records and educational evaluations. Being consistently deficient in the completion of medical records contravenes the bylaws of the Health Authorities and amounts to professional malpractice.

7) Assertiveness in Conflict Resolution

Deal with conflict in an assertive rather than an aggressive or passive fashion. Speak directly with those affected before going to a higher level of management for assistance in problem solving, and then if necessary proceed onward

through normal channels. Do not say or do anything in the heat of the moment. This includes inappropriate use of e-mail communication (please see Departmental e-mail guidelines). Avoid escalating arguments that can damage relationships. Do not shame others, publicly criticize others, or make derogatory remarks. Refrain from outbursts of anger and intimidation of others. Avoid threats of any sort.

8) Comportment

Dress appropriately. Avoid dress that is inappropriately informal, flamboyant, or provocative. As Shakespeare put it in *Hamlet*, Act I, Scene iii: "Costly thy habit as thy purse can buy; But not expressed in fancy — rich, not gaudy. For the apparel oft proclaims the man." Reference may be made to the CDHA dress policy: <http://access.medworxx.com/cms/cdha/production/default.aspx?page=DocumentRender&class17.Id=31>

9) Confidentiality

Take great care to ensure confidentiality (this goes beyond information about patients and includes confidential material shared at committees and research data). Don't air personal or professional problems in front of learners or allied health professionals unless there is a good reason.

10) Leadership

Show leadership and solve problems! Participate in the self-regulation of our profession.

Selected references

The Dalhousie University Faculty of Medicine Professionalism Policy (http://undergraduate.medicine.dal.ca/files/Professionalism_Policy.pdf)

The CMA professionalism policy (<http://policybase.cma.ca/dbtw-wpd/Policypdf/PD06-02.pdf>)

Medical Professionalism in the New Millennium (<http://www.annals.org/content/136/3/243.full.pdf+html>)

Announcements

New Regional Director for CADDRA

Dr. Joseph Sadek is now the Regional Director for the Canadian Attention Deficit Hyperactivity Disorder Resource Alliance (CADDRA), Atlantic Canada. CADDRA is a national alliance of professionals working in the area of ADHD who are dedicated to world class research, education, training, and advocacy in the area of ADHD.

News

Geriatric Psychiatry

Submitted by: Lara Hazelton, Faculty, Seniors' Mental Health

Many will already have heard the news that the Royal College of Physicians and Surgeons of Canada has recognized Geriatric Psychiatry as a subspecialty, along with Child and Adolescent Psychiatry and Forensic Psychiatry. Here at Dalhousie, the Department of Psychiatry will be establishing a Division of Geriatric Psychiatry. **Drs. Mark Bosma** and **Keri-Leigh Cassidy** continue to be involved with the process of developing the subspecialty through their respective involvements with the Royal College and the Canadian Academy of Geriatric Psychiatry.

Interprofessional practice and education (IPE) have attracted attention in recent years. Health Canada describes interprofessional education as "learning together to promote collaboration... socializing health care providers in working together, in shared problem solving and decision making". The hope is that the resulting collaboration will improve patient care, access, patient safety, and effective utilization of resources (<http://www.hc-sc.gc.ca/hcs-sss/hhr-rhs/strateg/interprof/index-eng.php>). Promoting collaboration is one of the key priorities of our service, and as such, we are ideally positioned to offer students interprofessional education opportunities. Raylene MacDonald, RN, has been working with an interdisciplinary group at Dalhousie University, sharing knowledge about IPE, and looking at ways we can expand our role in this area.

Changing training requirements for psychiatric residents mean we will be seeing an increased number of residents on our service next year. Residents will now spend six months in geriatric psychiatry instead of three, and the training will be happening earlier in their training. We also anticipate a fellow in geriatric psychiatry arriving next year, making it a busy and exciting time for postgraduate education on our service.

And finally, the effects of an aging population are being seen in HRM as a number of new nursing homes spring up. With the new facilities come new patients for the nurses and psychiatrists who provide on-site consultation in long-term care. This will be a challenge over the next year as our team seeks to build new relationships with these facilities, and plan how to manage the increased demands on our services.

Anxiety Disorders Network: An Outline of the New Anxiety Disorders Program within Capital Health

Submitted by: Sreenivasa Bhaskara, Faculty, Bedford Sackville CMHC

The Anxiety Disorders Network (the Network) consists of a core group of clinicians from four of the Community Mental Health Clinics (CMHCs) who all share a special interest in anxiety disorders. The high prevalence of anxiety disorders in the general population, the apparent unmet need, and the associated suffering and burden of disease motivated this group to come together a year ago and begin to work towards developing a coordinated, cohesive, and collaborative program for people suffering from anxiety disorders within the district.

The group has been working on a number of different areas and believes that it is desirable to develop this program at three levels, in a phased manner as outlined below.

1. Our goal is to develop and promote standardized and coordinated services for anxiety disorders across all of the CMHCs in the district.
 - As a first step we feel it is important to provide educational workshops and mentoring where the emphasis is on enhancing existing skill sets for interested clinicians in the diagnosis and management of anxiety disorders within the mental health teams.
 - Cognitive behavioural group psychotherapy has been shown to be an effective intervention for anxiety disorders and so treatment modules have been designed and developed "in house" over the past year for the common anxiety disorders.
 - Experienced psychologists will lead the groups and engage other mental health clinicians from within the Community teams to co-facilitate the groups as part of an overall skill building within the teams.

2. We also anticipate that psychiatrists and mental health workers who are currently providing collaborative care with local family practitioners will eventually become a resource in integrating the Network treatment principles out into this community.
3. There will also be a specialized tertiary care component for those patients whose anxiety disorder is either severe or refractory in nature.

The Network believes that it will be essential to be able to define, collect, and analyze outcomes and quality assurance parameters and so it is hoped that this function will, with appropriate support, be built into the service delivery model.

Having such a database will enable us to assess efficacy, cost-effectiveness of interventions being offered, acceptability, and monitor standards of care.

It will also provide the necessary infrastructure for the program to incorporate academic activities such as clinical research and education.

Anxiety Disorders Specialty Tertiary Care Component — Outline

- Target population:
 - Patients between the ages of 19 and 65
 - A primary diagnosis of Generalized Anxiety Disorder (GAD), Panic Disorder (PD), Obsessive Compulsive Disorder (OCD), Phobic Disorder, and Social Anxiety Disorder (SAD). (PTSD needs to be added in Phase 2)
- Referral sources:
 - Referrals from within each of the CMHCs with a primary diagnosis of a treatment refractory anxiety disorder.
 - Referrals made by the IWK Anxiety Disorders Program for teenagers with anxiety disorders who are turning 19 and need to be integrated into the adult mental health services.
- Services:
 - Comprehensive standardized assessments
 - CBT-based group psychotherapy and individual therapy
 - Evidenced-based pharmacotherapy
 - Consultation and second opinion services
 - Capacity building of assessment and therapy skills
 - Teaching and education
 - Research trials
- Staffing and Resource Needs:

This model is not likely to require new additional clinical staff at this point since clinicians at the various CMHCs are already treating these patients. Our goal is to develop and deliver coordinated, cohesive, and standardized services by bringing together some of the existing staff in the CMHCs with an expressed interest/skill sets to match. As such, it would be more of a realignment of services. No doubt this will be a challenge as we attempt to make the best use of our limited resources and optimize clinical care and patient outcomes. However, we strongly believe that it is important for the identified clinicians to have protected time each week for the program to consolidate, develop a core identity, and establish itself. We are hopeful that the new Anxiety Network will find broad support in the community teams.

We are pleased that it has explicit support from our senior management within the Department of Psychiatry and the Mental Health Program. It will need infrastructure support in the form of necessary start up funding, a dedicated Program Coordinator position, and administrative support for the various activities of the program.

We sincerely hope that our efforts will lay the foundation for a high quality Anxiety Disorders program in Nova Scotia in the coming years.

Anxiety Disorders Network core working group:

- Dr. Sreenivasa Bhaskara: Psychiatrist, Bedford Sackville CMHC
- Dr. Paul Freeman: Psychologist, Dartmouth CMHC
- Dr. Doug Maynes: Psychiatrist, Bayers Rd CMHC
- Dr. Philip Mills: Psychiatrist, Dartmouth CMHC
- Dr. Michael Ross: Psychologist, Bedford Sackville CMHC

New members of the group:

- Dr. Carol Thompson: Psychologist, Cole Harbour CMHC
- Dr. Curt Peters: Psychiatrist, Cole Harbour CMHC
- Dr. Joanne Watkins: Psychologist, Bayers Road CMHC

Atlantic Region Mothers' Mental Health Toolkit: A Collaborative Community Project

Submitted by: Joanne MacDonald, Faculty, Reproductive Mental Health Service

The Reproductive Mental Health Service (RMHS) has partnered with the Dartmouth Family Resource Centre in a new collaborative project that will provide broad community-based advocacy and education in maternal mental health. The project's central focus is the creation of a "toolkit" of materials that can be used towards reducing stigma, illness screening, self-care, and community education as well as furthering awareness and advocacy in the care of mothers and young children.

With strong support from **Dr. David Pilon**, CDHA Subspecialty Program Leader, and Ms. Susan Mercer, Senior Director, IWK Mental Health & Addictions, seed funding was awarded by the Mental Health Foundation of Nova Scotia, matched by the IWK and CDHA Mental Health Programs. These funds have supported the hiring of Ms. Cheryl Fitzpatrick, undergraduate in psychology, as a project assistant. The Wednesday project office is on the 7th floor at the Abbie J. Lane Building. Reproductive Mental Health leads are Ms. Coleen Flynn, MSW and **Dr. Joanne MacDonald**, Psychiatry.

Further support for regional expansion of the project has been provided by the Public Health Agency of Canada's Childhood and Adolescence Division through their National Projects Fund. PHAC funding underwrites project coordination, establishment of a regional community-based advisory board, and an initial community needs assessment phase. The completed toolkit will involve component materials, references, guidelines, and resources that differing workers/professionals could choose from. The goal will be to further increase the awareness, knowledge, and capacity of community-based workers, who are at the front-line in supporting vulnerable mothers and children. Portions of the toolkit will be designed to specifically support family physicians, public health nursing, and mental health clinicians.

The project team hopes to provide toolkit training to Family Resource Centre staff from New Brunswick, Prince Edward Island, Nova Scotia, and Newfoundland and Labrador in the late Spring 2010.

Dr. MacDonald notes that, "Intervention with mothers is the earliest point of prevention we have in the mental health system. We're hoping to go beyond the clinic walls to promote emotional regulation, self-awareness, and strong mothering capacity, as well as the early identification of illness. Our Family Resource Centre partners take us to the community base to derive and deliver the information needed by vulnerable women and their caregivers."

As one of RMHS's young mothers said, "I knew when I got pregnant that in order to be a good mother to my baby, I had to change. I wanted more for him than I had."

The collaboration with a community partner in an action project demonstrates the commitment of the RMHS project team to reaching higher risk, disorganized, and disadvantaged young families. These young mothers often bear biological and psychosocial risk, but can be difficult to engage in routine mental health treatment as they are influenced by stigma, shame, distrust, and difficulties of access in part due to lack of childcare or transportation.

This project will hopefully be a first step in developing interventions and models of care that begin to address the complex contributors, including familial risk, attachment disruption, developmental insults, concurrent substance use, and interpersonal conflict or sensitivity.

Please send any inquiries or ideas to the project assistant at Cheryl.Fitzpatrick@cdha.nshealth.ca.



And the 2010 Academy Award Goes to... **Drs. Daniel Rasic, Heizer Marval, and Michael Stubbs.**

Residents of all variety of years, experience, and acting talents were once again encouraged to participate in the annual Holiday Party skit. Calls went out in early November for members of the creative team, writers, actors, producers, prop and set designers, and editors. Many residents jumped at the opportunity to show off their skills in a variety of forums, under the careful direction of **Dr. Daniel Rasic**. **Dr. Christopher Murphy** participated behind-the-scenes in an editorial fashion, but also in front of the camera as an actor. Also courageously stepping in front of the camera (or writing creatively behind it) were: **Drs. Emily Maxan, Deborah Parker, Meagan MacNeil, Daniel Rasic, Michael Stubbs, Svitlana Rusalovs'ka, Mira Stingu-Baxter, Ava Muir, Katie Manders, Randy Zbuk, Jennifer Slater, Sabina Nagpal, Heizer Marval** and his friend Sam Boucher. Fun was had by one and all, and only one "flaming lamp" and one shower were harmed in the making of this generally well-received video presentation. The residents look forward to bigger and better things from years to come and hope staff will re-challenge them next year!

Humanities Corner



Psychosis 4.48

The young woman speaks to the nameless psychiatrist.

“I know nothing of you.”

“Yes,” he replies.

“But I like you.”

“I like you.”

There is a silence, and then she says, “You’re my last hope.”

He says to her, “You don’t need a friend you need a doctor.”

She looks at him, “You are so wrong.”

This is not a clinical exchange at one of our outpatient clinics, but a scene from “Psychosis 4.48” by Sarah Kane, which was presented by students at University of Kings College this fall and work-shopped during Clinical Conference at the Nova Scotia Hospital on November 13, 2009. Sarah Kane, a British playwright who committed suicide in 2000, wrote challenging plays which explore the dark side of life. As one person attending Clinical Conference commented, “Excellent portrayal of the subjective state of depression.” “Psychosis 4.48” was directed by Kings student Simon Bloom, who commented on how helpful it was to have the input of mental health clinicians in shaping the performance.

Other recent Humanities activities include Dalhousie University’s Humanities Days which were held in December. The week began with the Gold-Headed Cane Award dinner, featuring guest speaker Dr. Walter Robinson. Then on December 5, **Dr. Curt Peters** and David Burke, NSH spiritual care specialist, participated in a panel discussion on depression. They were joined by visual artist Gillian McCulloch, who showed slides of her work portraying her experience of a mood disorder.

Coming up on March 5 we will be sponsoring a Night at the Theatre. A limited number of medical students will be able to join members of our Department to see the movie “Shutter Island” starring Leonardo DiCaprio and Ben Kingsley. There will be a discussion after the movie about how psychiatry is portrayed by Hollywood. Any member of our Department who would care to join us is welcome. Faculty and residents pay their own way. If you would like more information, please contact Lara.Hazelton@cdha.nshealth.ca.

Many thanks to those who took the time to fill out the Humanities interest survey. If you didn’t receive a copy, contact **Ms. Martine McKay** at Martine.McKay@cdha.nshealth.ca. We will continue to send out notices regarding upcoming events, so watch for ways to get involved.