

# Department of Psychiatry HEADLINES

## Dr. Bianca Lauria-Horner assumes position of Primary Mental Healthcare Education Leader

On July 1 Dr. Bianca Lauria-Horner assumed the position of Primary Mental Healthcare Education Leader, a brand new position for the Department. For Lauria-Horner it's the job she aspired to.

Dr. Lauria-Horner joined the Department of Psychiatry in 1999 after practicing family medicine for 13 years and since 2004 has been an assistant professor. She spent much of her time doing research and collaborated with various groups developing health promotion and education programs. One such program was for law enforcement officers and aimed to train them in how to recognize certain behaviours which could be part of a mental illness.

Another program and one of her great achievements was the development of *Healthy Minds, Healthy Bodies*, a curriculum supplement for teachers designed for delivery to students in grades primary to nine. She works with teachers to administer the program. "I especially enjoy working with the children," she says. "I'm hoping doing so will help eliminate the stigma that exists around mental illness."

Dr. Lauria-Horner has also worked with **Dr. Sonia Chehil** and International Psychiatry on the preparation of an educational program for family physicians in Guyana. This is a challenge she says, because it requires engaging family doctors in treating mental illness, which is not their primary focus at this time, and adapting a mental health program for a different culture.

In her new role as Primary Mental Healthcare Education Leader Dr. Lauria-Horner works with community groups on the development of mental health education programs. Each program is tailored to the particular audience. "There is almost always a focus group to determine the need for the program and what the program should include," she says. "I then meet with a key player in the community group to further



**Dr. Bianca Lauria-Horner**

discuss the need." After the need is determined she creates a team to develop and implement the program. She is currently working on a program for family physicians.

She will also soon be involved in the collaborative care program, where she will be meeting with family physician groups and psychiatrists to facilitate the discussion of cases.

"I am the link between specialty services and community based audiences," says Lauria-Horner.

Her days are usually spent making phone calls and writing letters trying to get people engaged and determine a need for her programs. She also prepares the initial work on the educational programs so she can have a proper discussion about it with the groups in question, before the program begins.

Lauria-Horner is quite content in her new role.

"My passion is developing these educational programs. I'm able to hit a much larger audience than I was able to reach when I was practicing family medicine," she says. "When you target a larger group, you make a greater impact."

# Message from the Head

Dr. Nick Delva

Last summer, **Dr. Bianca Lauria-Horner** was appointed as the Department of Psychiatry's Primary Mental Healthcare Education Leader and our cover story in this issue of *Headlines* provides an overview of her extensive background and skills in medical education. As a primary care physician and expert educator with a long association with the Department of Psychiatry, Dr. Lauria-Horner is well prepared to lead this new and important portfolio within the Department. An excellent system of mental healthcare must be built on a strong foundation of primary mental healthcare. In Nova Scotia this requires collaboration between ourselves as the specialists in the care of patients with mental illnesses or addictions, and our primary care colleagues. With one in five persons experiencing a mental illness or an addiction within each one-year period, most mental healthcare must be delivered at the primary care level. Thus in addition to collaborative educational initiatives in mental healthcare, collaborative care must be implemented with a broad range of partners. One beautiful testament to Dr. Lauria-Horner's past educational accomplishments can be viewed by visitors to the Departmental offices: a plaque thanking the Department of Psychiatry and members of the instructional design team (which included **Drs. Scott Theriault** and **Brad Kelln**) for the development of an online course for police officers: *Introduction to*

*the Recognition of Emotionally Disturbed Persons*, distributed by the Canadian Police Knowledge Network (2008).

In this issue you will also find a most interesting interview with Dr. Ruben del Prado, the UNAIDS representative in Guyana, who presented at our Departmental University Rounds last fall. His conversation with our Communications Coordinator, **Ms. Kate Rogers**, covers a number of areas of particular interest to us in mental healthcare, including human rights to healthcare and the effects of stigma and discrimination. Do you know that about 7,000 new people are infected with HIV each and every day? Although an ongoing tragedy, there is light at the end of this tunnel.

We welcome **Dr. Selene Etches** to the Department as our specialist in the care of young persons with addictions. Dr. Etches is well-known in the Department, having completed her residency here in 2009 before going to Toronto for a clinical fellowship in adolescent substance abuse. We bid farewell and good luck to **Ms. Terra MacLean**, until recently our Undergraduate Education Coordinator. Ms. MacLean will be pursuing a degree in Psychology at Acadia University. Congratulations to **Dr. Martina Ruzickova** on the completion of her PhD, a major accomplishment!

Looking forward, several very important events will take place in the coming months: these include the CaRMS interviews in January



and February, and the all-important Royal College accreditation visit in mid-February. All members of the Department should be familiar with the learning objectives for residents on their clinical teaching units and the Faculty of Medicine policies on: harassment, safety, and supervision, available at:

<http://postgraduate.medicine.dal.ca/documents/personalharassmentpolicy.pdf>;

<http://postgraduate.medicine.dal.ca/ResidentSafetyPolicy.html>;

<http://postgraduate.medicine.dal.ca/calendar30.html>.

In closing, I hope that everyone enjoys the rest of the winter – one way to do this is to get out your skates, lace up and glide around the beautiful new Halifax 400 metre oval track! It is open for public skating every weather-friendly day – please go to <http://halifax.ca/SkateHRM/calendar/> for the schedule.

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## Department of Psychiatry HEADLINES

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## Research Section

Submitted by: Janet Bardon  
Research Administrator

### 21st Annual Research Day

The 21st Annual Psychiatry Research Day was held October 28 at the Lord Nelson Hotel with 105 faculty, students and staff in attendance. This year's guest speaker was Dr. Christopher Van Dyck, Professor of Psychiatry, Yale University. Dr. Van Dyck's talk, "Toward primary prevention trials: Anti-amyloid therapies and amyloid imaging in individuals at risk for Alzheimer's disease" was given in the afternoon and was a highlight of the event.

### CIHR Café Scientifique

The Department hosted a CIHR-funded Café Scientifique on October 27 titled "Early Intervention and Treatment in Alzheimer's Disease." The event was held at the Waegwoltic Club in Halifax

and was moderated by **Dr. Kim Good**. It featured presentations by Drs. Don Weaver, **Mark Bosma**, **Gail Eskes** and Research Day keynote, Dr. Chris Van Dyck. Following the presentations,



(L-R): Drs. **Gail Eskes**, **Mark Bosma**, Christopher Van Dyck and Don Weaver.

there was a question and answer period with the panel and members of the public. There were over 50 in attendance and the evaluations provided were very positive.

## Upcoming Internal Grant Deadlines

**Department of Psychiatry Research Fund - February 1, 2012**

**Department of Psychiatry Summer Studentships – March 1, 2012**

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 in the summer. Students will receive a stipend of \$5000 over a 12 week period. This program offers students an opportunity to learn new research techniques as they acquire hands on experience in running experiments and analyzing data.



Top: Research Day keynote Dr. Christopher Van Dyck addresses the audience; Left: **Dr. Ben Rusak** with resident poster winner **Dr. Mirka Kolajova**; Right: **Dr. Ben Rusak** with junior faculty poster winner **Dr. Mirko Manchia**.

## Integrated Health Research Training Partnership (IH RTP) Grant Mentoring Days

**January 10th & 11th, 2012**

### Day 1 sessions:

1. Opening remarks - Dr. John Newhook, Associate Vice President, Research, Dalhousie University
2. Finding funding,
3. Ask a funding expert lunch,
4. Research Services info session,
5. International Research & Development info session,
6. Grant-writing
7. Closing remarks - Dr. Tom Marrie, Dean, Faculty of Medicine

### Day 2 sessions:

1. Opening remarks - Dr. Ray Leblanc, Vice President, Learning & Innovation, Capital Health
2. Peer review mock panels (operating & personnel grants)
3. Grant budget preparation
4. Knowledge translation
5. Lay summary preparation
6. Closing remarks - **Dr. Patrick McGrath**, Vice President, Research, IWK Health Centre

Exact times and locations to follow. Everyone is welcome to attend this free event. Email: [info@ihrtpp.ca](mailto:info@ihrtpp.ca) to receive updates.

# Child and Adolescent Psychiatry Division

Submitted by: Michelle Patenaude  
Child and Adolescent Psychiatry Administrator

The Child and Adolescent Psychiatry division has been busy over the past few months:

**Drs. Carlo Carandang** and Nancy Rogers Currie presented “*Pediatric Psychiatric Emergencies/Behavioral Issues: Can you tell the difference?*” at the Pediatric Emergency Care Conference, on Oct 14, 2011.

**Dr. Joanne Gusella** was invited to take part in a Strategic Meeting on the prevention of eating disorders and obesity. She had the opportunity to meet with key experts from across the country. The meeting was held Nov. 17-18 in Toronto and was hosted by Dr. Gail McVey of the Sick Kids Hospital.

Our IWK Eating Disorders Clinic along with the QEII Eating Disorders Clinic, and the Nova Scotia Eating Disorders Network are planning and hosting the

2012 meeting of the Eating Disorders Association of Canada in Halifax, Oct. 2012.

**Congratulations to Dr. Stanley Kutcher** who was awarded the Schizophrenia Society of Canada’s annual Michael Smith Award. The award recognizes those researchers and clinicians working in Canada who have supported people with schizophrenia and psychosis and their families in their efforts to achieve the mission of the Schizophrenia Society of Canada: To improve the quality of life for those affected by schizophrenia and psychosis through education, support programs, public policy, and research.

**The Treatment of Anxiety (TAG)** multidisciplinary team, which includes psychiatry, psychology, social work, in-home support, and administrative support across four mental health

outpatient clinics at the IWK Health Centre, has been successful in securing clinical research funding, receiving a Category A Grant from the IWK Health Centre, “*Impact of Parent Anxiety on Children’s Anxiety Treatment Outcome*” (Drs. M. Poisson, **A. Bagnell**, and **A. Pencer**). They have also been successful in obtaining another Category A Grant from the IWK Health Centre, “*Preliminary Investigation of a Brief Parent-Focused Educational Lecture Series for Childhood Anxiety*” (Drs. D. Chorney and **A. Pencer**). Clinical outcome data from the IWK TAG group program has been presented 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).

## Child and Adolescent Psychiatry Division well represented at 6th annual CACAP/AACAP meeting

The annual joint meeting of the Canadian Association of Child and Adolescent Psychiatry and American Association of Child and Adolescent Psychiatry was held in Toronto from Oct. 18-23. The Department was well represented in both leadership and research.

### CACAP Leadership

Wade Junek	Past President
Suzanne Zinck	Secretary
Normand Carrey	Editor, <i>Journal of the Canadian Academy of Child and Adolescent Psychiatry</i>
Carlo Carandang	Assistant Editor, <i>JCACAP</i>
Anne Duffy & Stan Kutcher	Research and Scientific Program Committee

Alexa Bagnell CACAP Website Committee (new chair)

### AACAP Leadership

Anne Duffy	New Research Poster Subcommittee
Alexa Bagnell	AACAP Schools Committee Mentor in AACAP Mentorship Program

### Symposium Organizers

**Anne Duffy**, Chair: “The Early Natural History of Bipolar Disorder: Complementary Findings from Longitudinal High-Risk Studies”.

**Stan Kutcher**, Chair: “The Evergreen Framework: The Necessity, Implications, and Practical Realities of Developing a Child and Youth Mental Health Framework for Canada”.

### Oral Presentations

**Duffy A**, Horrocks J, Doucette SM, Persson G, Milin R, Grof: *The early natural history of bipolar disorder: A 15-year follow-up study of Canadian offspring of bipolar parents.*

**Pajer K**, Redei E, Gardner W: *Peripheral diagnostic biomarker development in early onset depression: Challenges and innovations.*

Doucette SM, Horrocks J, Persson G, Grof P, **Duffy A**: *Psychosocial influences on neurobiological outcomes in offspring of bipolar parents.*

**Hajek T**, Cullis J, Blagdon R, **Propper L**, **Duffy A**, Kopecek M, Novak, T, Hoschl C, **Alda M**: *Increased right inferior frontal gyrus gray matter as a marker of vulnerability for bipolar disorder: Replication design, high-risk study.*

### Poster Presentations

Unruh A, **Bagnell A**, Huguet A, McGrath P: *Development of the IWK Parent Adolescent Communication Checklist.*  
Capelli M, Newton AS, **Carandang C**, Glennie E, Cloutier, P, Kennedy A, Lyons JS, Gray C: *Mental health services in the emergency department: Meeting the needs of children and youth.*

Wei Y, Zygmunt A, Hayden JA, **Kutcher S**, McGrath P: *The effectiveness of school-based mental health literacy programs*

*to enhance knowledge, change, attitudes, and improve help-seeking behaviors among youth (ages 12 to 15): Systematic review and meta-analysis.*

Cheung A, Levitt A, **Kutcher S**, Cheng M, Puddester D, Dubo E, Weiss M, Santor D, Kiss A: *Discontinuation study for adolescent depression.*

**Carew CR**, **Kutcher S**: *Listen, learn, and engage: Using digital and social media to benefit adolescent mental health.*

Helleman A, Murray M, Doucette SM, Horrocks J, Persson G, Grof P, **Duffy A**: *Age-adjusted prevalence rates of lifetime psychopathology in youth at high and low genetic risk of bipolar disorder: Updated findings from a longitudinal prospective study.*

## Child and Adolescent Division Education Report

This past September the Education program of the Child and Adolescent Division underwent a leadership change.

**Dr. Lukas Propper** assumed the position of Director, while **Michelle Patenaude** took on the role of C&A Education Coordinator. The change in leadership provided an opportunity to review the current program and determine its future direction.

### Highlights from the Education program from September – December, 2011:

- Feedback sessions with each year of residents (PGY1 – PGY5) where they were encouraged to discuss what

they felt worked with the program and what they would like to see changed or developed.

- A working group that will help with the development and expansion of the Child & Adolescent rotation has been developed with a representative of each PGY.

- The Child and Adolescent Division has been well represented at the QEII academic rounds; six faculty members (**Gerry Gray**, **Lukas Propper**, **Aidan Stokes**, **Alexa Bagnell**, **Sabina Abidi**, and **Kathleen Pajer**) gave presentations this fall. All the talks were well received by the audience and we have heard many positive comments

regarding our group being very active.

- The C&A Education team has become consistently represented at Post Graduate Education committees.

- The didactic lecture series for the C&A rotation is now following chapters in the textbook *Child and Adolescent Psychiatry – A Comprehensive Textbook* by Melvin Lewis. This textbook is available online at the Dal libraries.

- The leadership committee is working on new orientation binders, objectives, and policies for the education program and will be releasing these documents early in 2012.

## Education Section

Submitted by: Annette Cossar  
Education Administrator

## Undergraduate News

In undergraduate news there are many things on the go...including our Undergraduate Coordinator. It is bittersweet to announce **Ms. Terra MacLean** has departed from us, as she will be pursuing her degree in Psychology at Acadia University. At this time, she is acknowledged for her hard work and dedication while she was with us. On behalf of the Department, we extend our thanks and good wishes on your career path. During the month of December, the recruitment for the next

Undergraduate Coordinator took place. We are happy to report that **Mandy (Amanda) Eslinger** was the successful candidate. Please welcome her to the Department in early January.

Also in 2012 the Program will need to find an interim Undergraduate Director as **Dr. Cheryl Murphy** will be expecting her third baby and will be taking some maternity leave—Best Wishes to you Cheryl!

This past fall the inaugural series of Clinical Skills was carried out for the

Med 2 students during two blocks. The series received very favorable feedback from all involved—thank you again to the participating tutors.

On January 3, 2012, the new group of clerks will join us for their orientation day. There will be a need for faculty representatives to participate in the March 23 OSCE organized by the FOM UGME Office. We need six faculty to confirm their participation.

## Postgraduate News

With the passing of the holiday season, the New Year is upon us. January and February bring an abundance of educational activities. We will be welcoming and recruiting CaRMS candidates from across Canada on Saturday, Jan. 21, Thursday, Feb. 2 and Saturday, Feb. 11. Much preparation has taken place, but faculty interviewers are still required for the two Saturday dates. If you have not already confirmed your availability, please contact **Carrie Wipp** at Carrie.Wipp@cdha.nshealth.ca.

The Royal College of Physicians and Surgeons of Canada Accreditation visit will take place on February 13-14, 2012. **Dr Rajda** has been meeting with groups individually to answer any questions and

let them know how the process works.

Please note anyone interested and eligible for our Fellowship Program should submit their application to meet the February 1 deadline. Applications can be provided by **Carrie Wipp** at Carrie.Wipp@cdha.nshealth.ca.

In other postgraduate news, the Resident Career Options evening was held on November 3 in the Tupper Link; there was a great turn out. Thank you to all the staff and residents who made themselves available to the medical students. Our residents also participated in the Psychiatry Interest Group evening which also took place in November. **V. Thoo** organized the event in the Tupper Commons as a social gathering for



Resident **Dr. Emily Maxan** chats with a Med 2 student Andrew Smith at the annual Career Options evening.

medical students to talk to staff and residents about the Psychiatry program.

## Continuing Education Activities

As we enter 2012 and the second half of our academic year we look forward to maintaining the quality of presentations we have had to date at our regularly scheduled educational activities at both the QEII and NSH sites. Evaluations have generally been very positive and attendance has increased. The revised format for the NSH based educational activities consisting of the weekly “Inter-Professional Educational Series” and monthly “Innovations in Care” sessions have been well received. Our enhanced videoconferencing capabilities have increased accessibility to these CME events not only throughout CDHA, but to sites throughout Nova Scotia and New Brunswick.

While two of the education administrative staff remain on secondment, we are left in the competent care of **Ms. Daryll Lambert**, who has been providing administrative support in the area of continuing education and filling in the gaps in other areas as the need arises. Daryll will be with us until the end of February. She can be reached by e-mail: Daryll.lambert@cdha.nshealth.ca or 473-6368.

### Recent Highlights:

On Dec 2, 2011, **Drs. Margaret Rajda, Mark Bosma** and **Adrianna Wilson** co-facilitated a workshop “Teaching Skills for Psychiatrists” for all psychiatrists in the Division of Child and Adolescent Psychiatry. Based on the very positive response of all participants, this workshop will be repeated in the spring at both the QEII and NSH sites.

Many thanks to all faculty who completed the online Department of Psychiatry CPD Learning Needs survey. Your valuable feedback is already being used by the Department of Psychiatry CME committee to plan future CPD workshops. A full report of the survey results will be published in the next edition of Headlines and will also be posted on the Department of Psychiatry website.

### Mark Your Calendars for the Following Upcoming CE Events!

#### University Rounds

*January 18, 2012:* Dr. Lily Hechtman; Professor of Psychiatry and Pediatrics, McGill University; Director of Research, Division of Child Psychiatry, McGill

University

Topic: ADHD in Adolescents and Adults  
*February 15, 2012:* Dr Susan Lief; Associate Professor, Department of Psychiatry, University of Toronto; Director of Academic Leadership Development, Centre for Faculty Development; Director, Educator Scholars Program, Centre for Faculty Development at St Michael’s Hospital;  
Topic: TBA

Dr. Lief will also be participating in a luncheon meeting on February 15, 2012 with Department of Psychiatry Early Career Faculty. Please watch for future announcements regarding details of this event.

### Upcoming Workshop

**Dr. Heather Milliken** will be facilitating a workshop “Maximizing Your Use of the New RCPSC MOC Program on Friday January 20th 2012 in Room 4074 from 1:00 – 4:00 pm. Further details regarding this workshop will be announced in early January.

# Sun Life Financial Chair in Adolescent Mental Health

Submitted by: Dr. Stan Kutcher  
Sun Life Financial Chair in Adolescent Mental Health

We have had a busy quarter with a wealth of our projects moving along at record speed. I wanted to take a moment to share some of them with you.

## International Training Programs

**Dr. Stan Kutcher** and Dr. Iliana Garcia-Ortega have been working on a cultural adaptation and Spanish translation of "Identification, Diagnosis and Treatment of Adolescent Depression for Primary Health Care Providers" Educational Program, a best evidence-based training program that is designed to enhance the knowledge of primary health care providers (primary care physicians and other members of health care teams). This program is currently being utilized in Canada in two formats: in-person training and web-based training. The team is currently applying for accreditation for these (and other health training programs). The cultural adaptation training was conducted during a two day pilot workshop hosted in Panama City endorsed by WHO/PAHO and funded by Health Canada.

The success of the pilot has led to funding approved under the International Health Grant Programs from Health Canada, which will extend this validated program to Spanish speaking countries in Central America. In addition, the program will be funded to concurrently develop a network of trainers in Central America that will be utilized in the future to disseminate additional mental health care child and youth training programs in the region.

## Brain Injury Guides

More than a year ago, our team started the development of two guides on brain injury and concussion: one designed for teens and one for adults (parents, coaches, etc). The guides are focused on prevention and promotion of safety, as well as providing resources for what to do if someone suffers from a head

injury. Once released, the guides will be developed into a number of sporting organizations educational coaching and player development materials. Last month, one of the group's partners, Stopconcussions.com, led by Keith Primeau and Kerry Goulet, announced an initiative to bring concussion-related resources into organizations across Canada, which will include these two guides.

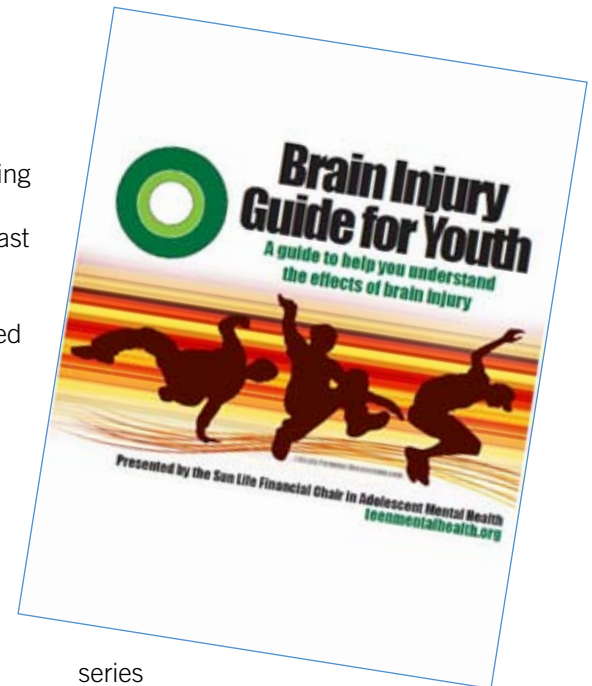
Also, in partnership with Baseball Canada, Dr. Kutcher led a discussion with Canada's top baseball coaches at the Baseball Canada High Performance Seminar. The focus of the discussion was on the issue of concussions and how they affect a player's mental health. The guides are currently going through a final edit stage to ensure they have met the international standard set by the Consensus Statement on Concussion in Sport. The launch is expected to be in January and the guides will then be available to the public as a free PDF download or for purchase at a cost-recovery rate.

## Adolescent Development Guides

The adolescent development guides, *Teening Your Parent* and *Parenting Your Teen*, help prime teens and parents up for the issues faced by adolescents today. The guides will provide readers with the appropriate scientific research and knowledge to help parents and teens find the answers they need, to help today's teens live a healthy lifestyle. The guides provide tips on healthy eating, exercise, peers and dating, using social networks, coping with mental illnesses and much more. Watch for these guides to become available on [teenmentalhealth.org](http://teenmentalhealth.org) in early 2012.

## Books for Teens about Mental Illness

Stories can be a valuable and powerful way to learn. The Teenmentalhealth.org Youth Advisory Council has collected a



series of works of fiction and poetry for children and young adults about mental illness. Over the holiday season, the Advisory Council members will read one or two books and provide a summary and review of the books.

Their reviews will be posted on [www.teenmentalhealth.org](http://www.teenmentalhealth.org) and will provide a valuable resource for practitioners, parents and youth looking to gain more information about mental illness from a 'youth perspective.'

## Digital Peer Education: Mapping the Online Landscape

The Teenmentalhealth.org Youth Advisory Council has begun a year-long project to create and develop a youth-to-youth portal of the website.

Youth members have reviewed websites written by youth for other youth and come up with some recommendations on how to add an interactive section to [teenmentalhealth.org](http://teenmentalhealth.org) in 2012. In order to generate new and local content for the site, Youth Council members will be holding a poetry contest and creating their own blog entries as well as short videos, animations and photographs.

# Dalhousie Global Psychiatry

Submitted by: Dr. Sonia Chehil  
Director, Global Psychiatry

## International Psychiatry section makes a name change!

As on January 1, 2012 what has been known as the International Psychiatry section will now be called Dalhousie Global Psychiatry (DGP).

## Interview with Dr. Ruben del Prado, representative for UNAIDS, Guyana

On October 19, 2011 Kate Rogers, Communications Coordinator in the Department of Psychiatry, sat down with Dr. Ruben del Prado, representative for UNAIDS, Guyana. The following is a transcript from the interview.

**Kate Rogers** Good Morning, I'm Kate Rogers, Communications Coordinator for the Dalhousie Department of Psychiatry. I'm here today with Dr. Ruben del Prado, representative for UNAIDS in Guyana. Good morning Dr. del Prado, how are you today.

**Ruben del Prado** Good, thank you for having me.

**KR** I'd like to ask you a few questions and please feel free to elaborate on anything.

**KR** First off, in your capacity as the UNAIDS representative in Guyana, what are some of your principal activities, tasks, objectives and responsibilities?

**RD** Well the first, I think, major task that I have as coordinator for United Nations Joint Programme on HIV/AIDS



Dr. Ruben del Prado hard at work in Guyana.

is to bring the UN together, bring the different UN agencies together around HIV. We just have launched our new strategy, the UNAIDS Global Strategy, which has a simple vision of three lines, it is *Zero new infections, Zero discrimination and Zero AIDS related deaths*—Three very simple lines that really, really encompass a lot of work and bring the different UN Agencies together. For instance, UNICEF is the UN program that addresses women and children, UNFPA addresses

the population and has a special focus on adolescents and sexual productive health, the ILO deals with a tripartite of governments and employers and employees. We have the PAHO/WHO that deals with health in the Americas. All the different agencies have a different focus of work, so my role is to coordinate the work of the different agencies of the UN around the issues of HIV.

The second important role I have is to assist the country, which means the government and the non-government partners, to make sure that HIV is on the agenda. That is probably the most important task because countries have made commitments and make global commitments to the United Nations in a number of important events. The first one was in 2001, the Special Session of the General Assembly of the United Nations where countries signed off on the Declaration of Commitment. Those commitments are then monitored. You know a country's Head of State signs these commitments, but one thing is signing and committing and the other thing is actually *doing* it, so the UNAIDS office in Guyana, for instance monitors if these commitments are indeed followed through. The second very important event took place in 2006 when countries committed to universal access to prevention, treatment, care and support for everybody in the country. So again this is what our office does, monitor and we ask countries to write reports on progress, and this is both for government and non-government partners. In a nutshell, this is what I do.

**KR** You are busy with lots of things!

**KR** With regards to the UN, how does the UN manage its international role and presence with respect to HIV? In other words, how do the programs and decisions initiated by the UN become implemented in the member nations?

**RD** You know, we don't really "implement" decisions, what we do is we have a number of overall global areas that we make sure that countries can be held accountable for. I mentioned before the commitment to universal access for its people, that means that countries have to put mechanisms in place that make sure no child, whoever this child is, where ever this child is whoever the parents are, will be born with HIV. This sounds like a very simple mantra: *No child born with HIV*. That means that the mother must stay free of HIV, which means the mother must not get infected, which means it is not just the mother but is also the father. So the mother



and father must have all the information on HIV. If they decide to have a child, they must get tested, and if they are positive, the mother must take antiviral treatment to prevent the mother from transferring the virus to the child. Then when a child is infected the child must be put on treatment. So it is not just this very simple line, *No child born with HIV*. So in the UN we make sure that the country understands all the different steps that have to be taken before we can say, "OK, we have a program that will prevent something." You don't *do* prevention - *prevention is an outcome of activities that you do*. So we must make sure that all those activities are indeed understood. Sometimes people get a little upset with us because we have to push for some of those essential elements. You know, the United Nations is a global coming together of nations and our main mandate is Human Rights. Everything we do is anchored in the International, Global Declaration on Human Rights. So people have a *right* to access prevention, treatment and care—that is a basic human right. That declaration has been signed by the different countries so we have to remind them that this is what they promised to do and this is probably how they're are going to do it. It sounds a lot easier than it is, but it's fun, it's exciting, it's challenging and I sometimes get in trouble!

**KR** Very interesting.

**KR** **What are the ways in which Guyana works to prevent the spread of HIV?**

**RD** You know, I am very fortunate to be working in a small nation that is a fairly young nation, only dependent for about 40 years now and it's all about leadership. It is all about a leader who, not only has commitments and says "*this is what I would like to achieve,*" but actually puts things in place for these things to happen. The whole HIV response in Guyana is coordinated by the Ministry of Health. It doesn't mean the Ministry of Health does everything, but they coordinate, they provide the facilities, they facilitate, they mobilize the resources, both financial and technical resources, for things to happen. I have been lucky that the leadership of that Ministry of Health is in the person that we all admire and who is known actually in this Department very well, it is Dr. Leslie Ramsammy, and it is a pleasure and an honor to be working with him because he has a vision of what he wants to achieve (UPDATE: After the recent General and Regional Elections in Guyana, Hon. Dr. Leslie Ramsammy was appointed Minister of Agriculture).

We're actually working on Guyana's vision for what HIV must be in the year 2020. It's called 'Guyana HIVision 2020.' It is not what do we have to do and how are we going to do it – it's a vision – where the country wants to be with HIV in 2020. And a leader without a vision just isn't a leader. If you have a vision of where you want to be you can have people who will go on this journey with you. So we, I think, are a very important and trusted passenger on that journey... and we are

facilitating the way.

Guyana, for instance, has just a few weeks ago tested 42,000 people in one week in its annual week of testing and that is very, very impressive for a country of 700 and something thousand people, to have tested over 40,000 people in one week! And knowing your status, knowing if you are HIV positive or negative is very important for everybody, especially if you are sexually active. Now we know that treatment can be prevention. I mean we have science on our side, finally. You know after working on HIV for more than



Dr. Ruben del Prado discusses his role with UNAIDS with **Ms. Kate Rogers**, communications coordinator in the Department of Psychiatry.

26 years, there is something I can say everywhere, "*Get on treatment, because if you are on treatment you reduce the virus in your body and the chances that you infect somebody else are really reduced.*" So "treatment as prevention" is a very, very important message. So this one effort in Guyana, to get lots of people treated if they are positive they can go to their clinician and together they can decide, "*Am I ready?*" We no longer need to have that cut off point which is 350 measurable CD4 cells in your blood. You are positive and this qualifies you to have highly active antiretroviral treatment for the rest of your life. Are you ready? And together, when the person is ready the doctor can start ARV's without the CD4 count.

So that is one thing. Another thing that makes Guyana really stand out is its work towards prevention. I mentioned before that *prevention is an outcome*. You don't "do" prevention, you don't have one prevention strategy, you do things, you have many activities and strategies to achieve prevention. Guyana has what are called National Prevention Standards. They have the means to measure and say "*this activity is a good activity because it will most likely achieve prevention.*" I know very few countries—actually I am not even aware of one single country—that has standards for overall saying *this is a good thing, this will achieve prevention or that will not*. We also apply what is called "combination prevention," which is a combination of different things that

are all addressed. Medical, biomedical and the social drivers that can cause HIV are addressed. And we very much address the issue of violence, domestic violence: the issue of some laws that are still, you know, criminalizing sex work and criminalizing same sex sexuality. I think that is the next area that I will get in trouble for. I am going to be working a little more towards de-criminalizing sex work and same-sex sexuality. Yeah, I think that is a good idea.

**KR** I look forward to seeing where that takes you!

**KR** **Now kind of building on that last question, what are the ways in which persons with HIV are treated from a social and medical standpoint in Guyana?**

**RD** You know, there is this very strange human trait you acquire, you are not born with it. You're not born with bias or stigma—feelings of stigma. This is something you acquire because you feel superior to another person. If you have a bias towards a person, let's say a person has HIV and you have the feelings of bias or stigma, its only because you feel superior. This person is seen as less than you are. Or that person has done something that he or she should not have done. So that person is not entitled to what I'm entitled to. And sometimes it gets so serious that a company or an organization may choose not to hire a person who is HIV positive and that is discrimination. For the UN, you know, universal human rights, global human rights say we have the technology and we have the science that a person living with HIV who is on treatment can perform the same duties and



Dr. del Prado reviews a document at his office in Guyana.

the same functions as anybody else. So, sadly enough, there are still people who have not seen the light, you know, have not seen the evidence or do not believe yet in the evidence that a person living with HIV can function. And the sad thing is that humans who have this feeling, when you look at them and talk at them, also discriminate against other things, so these are actually sad, backwards individuals because they have this thing about feeling superior. In Guyana, I must

say, that because of again, his wonderful vision, and the innovative mind that Dr. Ramsammy is, he takes people along with him on that journey, and the number of people who are discriminated against has reduced. Before, getting tested for HIV was something you wouldn't do because, *what if I'm positive? What will people say?* Well people now go and get tested, so by getting tested you yourself are reducing something that is called self stigma--*Oh my gosh, I'm positive, I should have known better, I broke the law. And if people are religious, sometimes it makes it even worse, you know, I've broken the laws of God, and I'm going to be punished by society and also God will be angry at me.* So you have this whole psychology that sometimes becomes pathological and people do very strange things because they feel bad and because they should have known better. So, by getting tested, I think that helps. So again, working as representative of the Joint UN Programme on HIV/AIDS in Guyana, bringing together the UN, I'm also trying, through the joint programme, to educate the colleagues of UNICEF, UNFPA in ILO and the World Bank, in PAHO/WHO, in the United Nations Development Programme, UNDP. You know, we're trying to make sure that the colleagues who work in those different agencies all have all the information and are aware and we are coordinating a program called UN Cares. Because you can't go out and tell people in government that they have to care if the UN family itself is not prepared to do that. So it's very exciting work.

This may be my last year in Guyana. I've had two extensions. I was supposed to be gone two years ago, but I am still there and still time to make changes. You know, I don't want to be the one to make changes for these people—I want to have people recognize their own strengths. That they themselves can make those changes. They have to identify the results that they want and that process is a process that I am actually applying with my friends here in Halifax. It's called 'Community Life Competence.' Getting people together to realize that there is something they would like to change, and that they together can decide that this change is important and that they have the competencies and the strengths to do that. So that is what I am applying in my work.

**KR** **The AIDS Vaccine Conference in Bangkok in September 2011 made world news with its announcement of advances in HIV vaccine research. How do you think these findings will impact HIV in Guyana and on the world stage?**

**RD** You know, we will always have people living with HIV, we will always have that. In our generation, remember polio was a big thing many years ago, but it's eradicated and a number of transmissible diseases are hopefully going to be eradicated from the face of the world. Most likely with all infections, including HIV, I believe that the true solution to infectious diseases is by having a vaccine – we don't have it yet. We don't have a magic bullet, you know at one point it was the issues of male circumcision and all these things – but these are little bits and pieces of elements that together

we can apply to have reduction of HIV. I think that having a vaccine that works, that can be used, and is affordable. Because the problem with medical research is that sometimes you find something that is good and works to a certain extent that is just not affordable on a massive scale. So I think a vaccine that works—a preventative vaccine that works, that is affordable, is indeed something that will be life changing, world changing, global changing. We don't have it yet and I wish that a lot more money, a lot more resources, a lot more global money goes in to vaccine research.

**KR** So it will change the big picture.

**RD** Correct, maybe Dalhousie can do that.

**KR** Well we have lots of wonderful researchers here!

**RD** I know that.

**KR** **In the next five years what do you think could be the major achievements in the fight against HIV in Guyana?**

**RD** As I mentioned, Guyana has a vision for the next nine years, 'Guyana HIVision 2020,' it is nine years from next year. A major achievement is that people will be less reluctant to get tested and to know their status. People won't go to the test by themselves, they will go with somebody that they can talk to because this whole issue of confidentiality and you are confronted by this alone, and you deal with it, and that must be over. You must go for your HIV test with somebody that cares for and about you and you care for them and you enter that together. If you are HIV positive you know you have a support system. I think that is very important. I think a number of new infections will be dramatically reduced because people will know that they have to take measures to protect themselves and to protect others. And if you're HIV positive and you are on treatment, it will be treatment as prevention, people must be on treatment, must be ready for treatment as soon as possible. I hope that no child will be born with HIV, wherever they are and whoever they are, in the next five years because there is this wonderful program for the prevention of parents and children. I have to say *mothers*, because the mothers have to be kept alive as well. I think that, and this is the difficult one, that those people who are the moral judges of society, you know, teachers and preachers, and those people who are hypocritical, you know. If you would ask me, "Ruben, what are some of the things that you don't like, the kind of people you kind of don't like to be with?" I would say—"hypocrites!" You know, I think it is if somebody who lies or somebody who is a hypocrite, I think the hypocrites win the prize. I don't like them. There are so many people who preach the behavior and they do all these things and they are the worst perpetrators for things usually in places that are dark, dark unseen places. I cannot stand the hypocrisy of those who believe that young people cannot have sexual education, and that we cannot have a very clear protocol and policy on adolescent sexual reproductive health.

At the end of five years, Guyana will probably be a modern country and modern not just in having, you know, the latest cars and computers and IT technology, but also people who are not backwards, but people who see and say where they want to be. They see this on television and in the movies, and when they travel to those countries that are more developed. That the Guyanese people recognize that HIV is a problem, that together they can have the will and the strength to do something about it for the health and wellbeing of everybody, whoever they are or wherever they are.

**KR** **Finally, you have made two trips to Nova Scotia and your involvement has been primarily with the International Psychiatry Section. What factors led to the success of the global advocacy movement for HIV?**

**RD** People who care. People who were afraid that if nothing was done that a lot of people would die.

So, you know, mental health is facing something very similar. I see people, and then I say, you know this person should seek mental health support because with some actions of a proper physician, this person may not be suffering or the surroundings of this person may not be suffering so much. But that threshold, for a parent to take a child to see a mental health expert or professional or care giver is traumatic, and I think in small societies, that still prevails. So I think it is very sad that people choose to suffer or to see people suffer and not seek that help. So I think mental health professionals themselves have to advocate for that and people beyond the mental health professionals. I think we have to start moving towards parent groups and non-governmental organizations that care and support for diabetes and care and support for children living with HIV, that they speak out, because people spoke out against stigmatizing and discriminating against HIV. The whole movement of lesbians, gays and bisexuals, and questioning youth: LGBTQ. I love the "Q" by the way, questioning adolescents who are not sure about their sexual orientation. That is a lesson: that the whole HIV movement has made HIV prevention and treatment a lot more accessible, so I think mental health has to use some of the learning, and also has to partner with other entities. The time is over when you go at it alone. You partner with those institutions that have success stories, with diabetes and with all kinds of things that, some years ago they wouldn't talk about, such as cancer. Now you have whole groups of people dealing with cancer, cancer in children and I think it's a three tier approach: One, learn how to advocate; Two, advocate yourself and three, partner with success stories. That's what HIV has done. It is not over, but on the other hand it's not the way it used to be.

**KR** **Big changes have been made. Well, thank you so much Dr. del Prado. Is there anything else you feel you should be discussed today, anymore information you would like to get out there?**

**RD** I want to say *Dream*. You know, *Dream!* Dreams come true.

# Clinical Divisions of the Department of Psychiatry

Each month we highlight one of the many services offered by the Department of Psychiatry. In preparation for Eating Disorder Awareness week from Feb.6-12 in this issue we feature information on Eating Disorder Services, for both children and adults.

## Eating Disorder Services

Submitted by: Drs. Aaron Keshen and Joanne Gusella  
Eating Disorder Services

The Capital Health Eating Disorder Program is comprised of an Outpatient Clinic (for those with a BMI>18) and a Day Hospital/Inpatient Program (for those with a BMI<18). These subprograms all include exposure-based meal experiences and a variety of skills groups such as assertiveness, coping, body image and DBT/ACT. Therapy groups address self-esteem, relational and existential issues.

This has been an exciting year for the Capital District Eating Disorder Program. The program successfully piloted the Day Hospital Program and Inpatient Program. This has allowed us to decrease the inpatient wait-list significantly (by approximately 10 months), increase the number of patients we can treat (from approximately six per year to 22 per

year), and decrease the length of admissions (by approximately 2-4 weeks). It has also allowed us to provide more comprehensive treatment for this patient population (i.e. BMI<18).

In addition, this enhanced program has allowed us to improve educational opportunities; for example, the Program now regularly has senior and junior psychiatry residents rotating through the service. We are also hopeful to secure extra resources from the Department of Health and Wellness this year that will allow for continued growth, including an expansion of our research program and enhanced collaboration with the IWK.

Services for children with eating disorders are offered through the IWK. The specialized IWK Eating Disorders Clinic was started in 1994 by a multidisciplinary team of professionals

dedicated to working with children and teens with Eating Disorders. In 2010 the team received the Award for Excellence in Patient and Family Centered Treatment. Along with outpatients, they follow inpatients on the Psychiatry Unit, and Medical Units, along with their hospital teams. The main treatment for children is an evidence-based family based treatment originally developed at the Maudsley Hospital in London, England. For older adolescents we use individual Psycho-Education and Cognitive Behaviour Therapy, along with parental support. The team is currently evaluating their family-based therapy and will be presenting results at the Eating Disorders Association of Canada meeting in Halifax in October 2012.

## News & Announcements

### Staff / Faculty Changes

**Dr. Keri-Leigh Cassidy** has returned to the Department after her maternity leave. Welcome back Dr. Cassidy!

**Dr. Terry Chisholm** returned to the Department on a part-time basis. Dr. Chisholm will be working with the consultation liaison service.

**Ms. Amanda (Mandy) Eslinger** has joined the Department as the new Undergraduate Coordinator. A warm welcome to Mandy!

**Dr. Seline Etches** has joined the Department as the Child & Adolescent Psychiatrist in the CHOICES addictions program at the IWK. Dr. Etches is a former psychiatry resident with the Department. Welcome aboard Dr. Etches!

**Ms. Terra MacLean** has left her position as Undergraduate Coordinator to pursue her psychology degree at Acadia University. Thank you to Terra for all her hard work—you will be missed.

**Dr. Mary Tomlinson** has retired as a full-time faculty member, but will remain in the Department to work on special projects. Thank you to Dr. Tomlinson for her years of service.

## Congratulations

### Dr. Ruzickova defends thesis

Congratulations to **Dr. Martina Ruzickova** who defended her PhD thesis in Neuroscience at Charles University in Prague in December.



Jacob Propper

### Dr. Lukas Propper welcomes son just in time for the holidays

A baby boy, Jacob Propper, was born to **Dr. Lukas Propper** and Iva Propperova at the IWK Health Centre on December 20th, 2011. Congratulations to Dr. Propper and his wife on their very special Christmas gift!

## News

### Café Scientifique –Brain Fitness: Fact & Fiction

On November 21, professionals and the public gathered at Murphy's restaurant in Halifax for the Canadian Institute of Health Research's (CIHR) Café Scientifique, Brain Fitness: Fact & Fiction. Department members **Drs. Gail Eskes, Ben Rusak and Lara Hazelton** took part, along with Dr. Derek Kimmerly from the Department of Kinesiology and Dr. Janice Keefe from the Department of Family Studies and Gerontology at Mount Saint Vincent University. The informal event, aimed at providing important information about research initiatives conducted through the CIHR, focused on healthy aging, mental health issues in the aging population and society's role in brain fitness and aging.

Dr. Rusak, Director of Research in the Department, opened up the discussion by talking about how sleep changes with age and the consequences of these changes on cognitive health. He was followed by Dr. Kimmerly, who discussed the benefits of exercise and its contributions to healthy physical and mental fitness as we age. Dr. Keefe finished off the first half of the evening by talking about society and its role in healthy aging, as well as policy changes needed to help care for older individuals in the community. She focused specifically on how we gain from positive activities associated with better health and how society helps with promoting these activities.

Drs. Rusak, Kimmerly, Keefe and Hazelton, ended the evening by answering various questions relating to brain fitness.

### Celebration of excellence

On Oct. 27 members of the Department of Psychiatry joined together to recognize the outstanding contributions made by **Drs. Scott Theriault, Herb Orlik and Ian Slayter**. The event, held at the Lord Nelson Hotel, was well attended by Department members and featured remarks from various individuals and colleagues of Drs. Theriault, Orlik and Slayter. All three remain in the Department, but will work in different capacities than they had previously. Unfortunately, Dr. Slayter was out of the country and could not attend the event.



In photos (L to R): Dr. Scott Theriault receives a presentation from Department Head, Dr. Nick Delva; Dr. Herb Orlik receives his presentation from Deputy Head, Dr. Michael Teehan

### Annual Psychiatric Jeopardy

The Nova Scotia Hospital's tradition of, around Christmas time, combining some education with some fun is now well into double figures; this year's annual Jeopardy event took place on December 13th. The main worker preparing questions and answers was **Dr. Jonathan Brake** - a senior resident - and he was ably helped by **Dr. Lara Hazelton** and **Dr. Jennifer Slater**, who is also a Resident.

The Leaping Leaders had **Drs Nick Delva** and **David Pilon** ably assisted by former NSH CEO, now CEO of the IWK – Ms. Anne McGuire. Two of the other teams had clinical “homes” in common - The Mayflower Magicians and the Cole Harbour Courteous Cavaliers. The Heroic Hybrids, on the other hand, had one each from Bedford/Sackville, Dartmouth City Team and ECFPH.

It came down to a very tight finish, the Hybrids having performed very well at the Jeopardy stage and in the end the Hybrids edged out the Leaders in the Final Question thus capturing the top prizes.

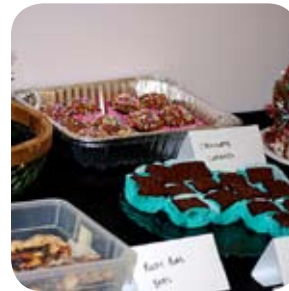
We thank sincerely all those who contributed to our learning and our enjoyment.



2011 Jeopardy Champs - Heroic Hybrids – Drs D'Arcy Bechard, **Phillip Mills**, **Brad Kelln**.

### Baking for Feed Nova Scotia

On November 16 staff from the Department of Psychiatry at the Abbie J. Lane held a bake sale to support Feed Nova Scotia. The delicious goodies were very well received, raising more than \$530 for the cause. Thank you to all those who participated as bakers or buyers! A special thank you goes to **Ms. Carrie Wipp** for organizing the event.



In conjunction with money raised throughout the year through casual Fridays and money collected at the Holiday party through raffle ticket sales, a grand total of **\$1,457** was raised to support Feed Nova Scotia. This translates to supporting 19 families of four or five persons with holiday food hampers. Well done!



### Department members gather to celebrate the season

On Dec. 2 faculty, fellows, residents and staff of the Department of Psychiatry joined together at the Atlantica Hotel in Halifax to ring in the season with the annual holiday party. Party guests dressed in their best and enjoyed a wonderful dinner and the opportunity to mix and mingle. Many people danced the night away to the sounds of Merimac, who provided the musical entertainment for the evening. A fantastic time was had by all. A special thank you to the party committee:

**Ms. Michelle Patenaude, Ms. Suzanne Decker, Ms. Jennifer Fleming, Ms. Jennifer MacDonnell and Ms. Kate Rogers.**



## Festival of Trees

November 25-27 marked the 20th anniversary of the Festival of Trees. The event, which is put on by the Mental Health Foundation of Nova Scotia, raises money to support education and patient care for Nova Scotians living with mental illness. This year, youth from Adolescent Day Treatment and 4 South at the IWK decorated a tree sponsored by Stonegate Private Counsel. The tree featured beautiful silver ornaments and mirrors, representing the "Faces of Mental Illness," illustrating that mental illness does not discriminate, it can affect anyone. The tree received kudos and was the chosen favourite of Danny Chedrawe, Chair of the Foundation.

The Christmas tree designed and decorated by youth from Adolescent Day Treatment and 4 South.



## Faculty in the News

On Friday, Dec. 9 Mayya Assouad of Global News requested an interview with **Dr. Scott Theriault** regarding the Cesar Lalo case and the decision to overturn Ernest Fenwick MacIntosh's convictions. The interview aired during the evening news.

## Announcements

### The Great (Psychiatry) Debate

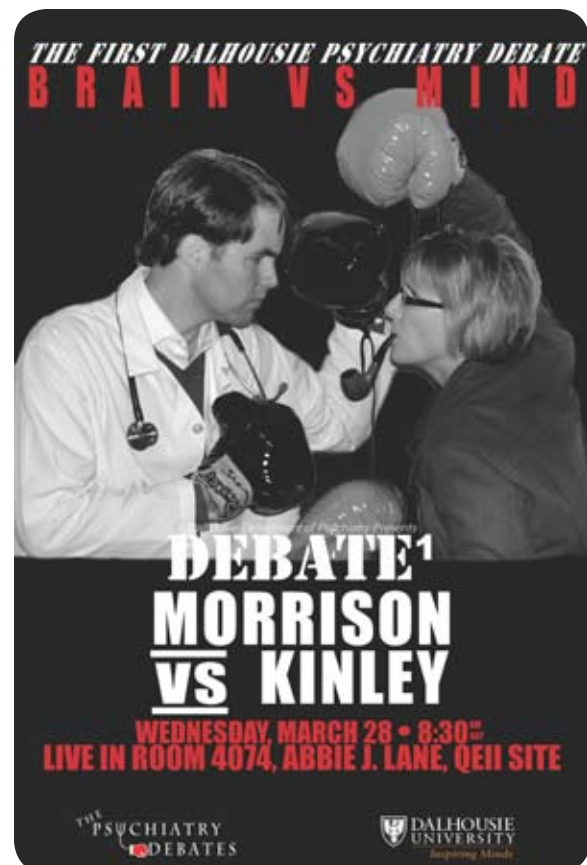
Pharmacotherapy or Psychotherapy? Does the brain = the mind? Do psychiatrists pathologize normal human experience? Do psychiatric drugs work?

You have probably asked yourself some of these questions at one time or another, or you even may have had discussions about these or other controversial topics with your colleagues. But often there is not an appropriate time or place for properly addressing these important questions.

There is now a forum however, to hear these types of issues being debated live, as well as to join the discussion. Based on the dynamic and popular Maudsley Debate series, the Dalhousie Department of Psychiatry will be starting its own debate series that is sure to tickle your philosophical bones.

The format for the debates will include two teams of two participants (typically one psychiatry resident and one staff) who will face off on an agreed upon, philosophical and/or controversial topic related to the field of mental health. These debates will take place during the grand rounds time slot on Wednesday mornings and are set to occur twice per academic year. Not only will you get to enjoy the dynamic debating experience, but at the end you, as an audience member, will get a chance to join the discussion and have the final say by voting which team wins the debate.

The inaugural debate will take place March 28, 2012 at 8:30 a.m. in room 4074 at the Abbie J. Lane Building.



## Schizophrenia Society of Nova Scotia 4th Annual Road to Recovery Walkathon

The Schizophrenia Society of Nova Scotia (SSNS) is pleased to announce its upcoming fundraising walk, the 4th Annual Road to Recovery: Supporting Families as Partners in Mental Health Care.

Please join us for our 5-km walk, which raises awareness and crucial funds for the SSNS. The work of the Society is critical to the health of Nova Scotians living with schizophrenia and other serious mental illnesses, such as bipolar illness and clinical depression. The SSNS offers services to people who have these illnesses—and to their families and allies, who can then provide stronger support and advocacy, and who can themselves benefit from a supportive network.

The 4th Annual Road to Recovery Walk will be held Saturday, May 5, 2012, from noon to 4:30 pm, at the Olympic Gardens, 2304 Hunter St., Halifax NS

*“Please join me as a participant in the 4th annual Schizophrenia Society Road to Recovery Walkathon. In being involved in previous walkathons, I’ve found that it really lifts my spirits to support this most worthwhile organization by going for a walk with friends on a nice spring day! It’s a wonderful way to reduce the stigma of mental illness and to raise money for a Society that does so much for persons living with schizophrenia and their families and friends.”*

- **Dr. Nicholas Delva**

*Head, Dalhousie Department of Psychiatry, CDHA District Chief*



## Laing House develops eNewsletter

Laing House is currently in the process of developing an eNewsletter that will include updates from Laing House, as well as recent news and/or research in the mental health field.

Laing House is a not-for-profit organization with a mission to empower youth aged 16-29 living with mental illness. Many of the members arrive at Laing House through professional referrals. If you would like more information about the eNewsletter or Laing House please contact Caitlin Jarvie at [cjarvie@lainghouse.org](mailto:cjarvie@lainghouse.org).



## Maritime Institute for Teaching and Research of Davanloo’s Intensive Short-Term Psychotherapy symposium

The Maritime Institute for Teaching and Research of Davanloo’s Intensive Short-Term Psychotherapy is presenting a symposium on Saturday March 3, 2012 entitled: *“ Introduction to Davanloo’s IS-TDP: A Powerful Technique to Deal with Unconscious Guilt.”* The symposium will be held at The Atlantic School of Theology in Halifax, NS and will run from 9 am to 4 pm. The symposium is open to professionals of all disciplines treating clients with neurotic illness, as well as students training in these disciplines. The objective of the symposium is to review basic metapsychological concepts underpinning Davanloo’s IS-TDP and to illustrate the central dynamic sequence via vignettes from videotaped patient interviews. There will be particular emphasis on identifying neurobiological pathways, the importance of achieving an affective response and the passage of unconscious guilt as a prerequisite to attaining therapeutic efficacy. Although the symposium is intended as an introduction, it should be informative both to those who are unfamiliar with the technique and to those who have had more exposure to it. Presenters include: **Drs. Miroslaw Bilski-Piotrowski, Katharine Black**, Douglas Carmody, Jody Clarke and **Christopher Stewart**. The registration fee is \$100 for practitioners and \$50 for students. For those who are interested in attending please contact Dr. Douglas Carmody for registration information at: Mailing address: 475 Granville Street, Summerside Medical Centre, Summerside, PEI, C1N 1C8. Telephone: 902-315-0814. Fax: 902-432-8168. Email: [decarmody@eastlink.ca](mailto:decarmody@eastlink.ca).

## Nova Scotia Psychosis Research Unit (NSPRU): Update

**Save the Date:** The NSPRU, in conjunction with the Nova Scotia Early Psychosis Program, will be holding a fundraiser on March 30, 2011. The fundraiser will take the form of a dinner and silent auction and will be held at Ashburn Golf Club. Funds raised will promote research in psychotic disorders and provide needed resources for patient and family programming.



## Humanities Corner

Submitted by: Nina Woulff, PhD

### Atlantic Mind Wide Open Film Festival Debuts!

On November 25th Nova Scotia's first film festival – devoted to presenting films about and created by persons with mental illness – debuted at Alderney Gate in Dartmouth. This impressive endeavor is the brainchild of two psychologists from the East Coast Forensic Hospital. **Drs Brad Kelln** and **Andrew Starzomski**, who are both imbued with creative spirits (Dr. Kelln is a published author and Dr. Starzomski an accomplished musician) have developed an ongoing innovative film project with their patients at the Forensic Hospital. They are producing unique, engaging and moving films which celebrate the abilities of their patients. Some of their videos were shown at the festival and excerpts of their films can be seen on their YouTube Channel <http://www.youtube.com/user/eastcoaststartsandfilm>.

Dr. Starzomski describes the goal of the project: “We have clients who are 25 to 35 years old and they never had the feeling of accomplishment. We want people to feel good about themselves and contribute to the community.”

The Atlantic Mind Wide Open Film Festival itself was a full afternoon and evening of panels, shorts and featured films created by Atlantic and international amateur and professional filmmakers.

The panels were presented as “Panel Conversations” – which very accurately describes the lively and interactive style of these afternoon events. A number of the filmmakers participated in these panels including American filmmaker Ken Paul Rosenthal. Mr. Rosenthal’s film “Crooked Beauty” was the feature film at the end of the evening. This documentary is artistically filmed, mostly in black and white, with images representing the thoughts and feelings expressed through the narrator – Jacks McNamara (an artist/writer who was diagnosed with bipolar illness in her twenties). I found this film, although mesmerizing with a spare effective musical score and fine script and narration (written and spoken by Jacks), to seem more political than personal. Much of the film seems focused on critiquing the disease/organic model of mental illness and rationalizing the benefits of untreated mood and psychotic symptoms.

Some of the narrative:

*“A lot of the people who are labelled as mentally ill in our society have really broken hearts. A lot of the behaviours and attitudes I had before I got locked up in a psycho ward and given a diagnosis, had a lot more to do with trying to escape from my sadness, than I think they necessarily had to do with a mental illness.....”*

*One of the most distressing things about the disease*

*model of mental illness in our culture, to have any periods of darkness or suffering is wrong, it means you are off the track. It means you need to be fixed, and I think there is a lot we can learn from spiritual paradigms that see that someone who is truly trying to be awake in their life will go through suffering,*



A photo from the feature film “Crooked Beauty.”

*because life is sad and difficult and hard. And as you get closer to knowing your heart, you find a lot of pain there and it doesn't mean you're messing up. It just means that you're really committed.”*

The majority of the films presented however, were poignant portrayals of individual struggles. A particularly poetic film was “Superhero” created by and about Laura Burke, an artist diagnosed with schizophrenia in University. Her film is self-narrated as well but the message is somewhat different:

*“...Look not to those who suffer as pillars of strength born with ability to swim the channel of hope. Look to yourself and how your acceptance of their stubborn self-pitying humanity might help them to cope. It is true I no longer feel bereft but without your reflection of the person I could not see, I would have left..... So hold your loved ones, take in their suffering. Don't make them be heroes, contain them with their distant gaze and the few words they have to say....”*

Thank You Dr. Starzomski, Kelln and the many other supportive organizers and donors, for an intriguing film festival.