

headlines

news from the department of psychiatry at dalhousie university

FEATURE

MAKING A DIFFERENCE IN MENTAL HEALTH CARE



(L-R) Drs. Patrick McGrath and David Gardner.

Drs. David Gardner and Patrick McGrath each named a CAMH Difference Maker

On November 6 two faculty members were honoured at a ceremony at the Cunard Centre in Halifax for their contributions to mental health in Canada. **Drs. David Gardner and Patrick McGrath** were each named

as one of 150 Difference Makers by the Centre for Addictions and Mental Health (CAMH). The CAMH Difference Makers is a national movement to nominate and celebrate 150 Canadians making a difference in mental health. They launched a cross-Canada call for nominations in April 2017 looking for those that are influencing change and giving new reasons for hope. After 3,700 names were put forward, the nominations' committee recommended to the national committee the 150

Canadians who they felt best represented the country, our diversity and the variety of stories about the difference and the progress we are making in mental health. Eight individuals were chosen from Nova Scotia and we are thrilled to have two of our faculty members representing the country among them.

Dr. David Gardner

Dr. David Gardner is making people change the way they think about the role of a pharmacist in addressing mental illness. Accessing mental healthcare is a challenge everywhere in the country. Dr. Gardner, who is a professor in the Department of Psychiatry, and a pharmacist, recognized that pharmacists are the most accessible healthcare professional and along with **Dr. Andrea Murphy**, developed the Bloom Program, which provides mental health care to Nova Scotians through their community pharmacies. With doctor shortages a continual problem in the province, the Bloom Program allows access to care for many who would otherwise not receive it. Patients who are registered with the program can expect in-depth, patient-centred medication therapy management, with a focus on mental and physical health problems as well as medication-related issues. In addition, pharmacies

continued on page 4



**DALHOUSIE
UNIVERSITY**

FACULTY OF MEDICINE
Department of Psychiatry

IN THIS ISSUE

1 MAKING A DIFFERENCE IN MENTAL
HEALTH

3 MESSAGE FROM THE HEAD

5 RESEARCH REPORT

7 EDUCATION REPORT

10 CHILD & ADOLESCENT
PSYCHIATRY REPORT

11 SUN LIFE CHAIR IN ADOLESCENT
MENTAL HEALTH REPORT

12 NEWS AND ANNOUNCEMENTS

16 HUMANITIES CORNER

17 FEATURE

20 RESIDENTS' CORNER

21 PHOTO FEATURE

This newsletter is published for the Department
of Psychiatry at Dalhousie University.
5909 Veterans' Memorial Lane,
8th Floor, Abbie J. Lane Building
Halifax, NS B3H 2E2

Editor: Dr. Aidan Stokes

Compilation, Layout, and Design:
Kate Rogers

Submissions should be sent to:
Kate.Rogers@nshealth.ca

MESSAGE FROM THE HEAD

As we head into this so far, frigid season, I wish all of you a peaceful and prosperous new year. We certainly face some challenges ahead, but I am confident we can meet and overcome them.

One of those challenges is the severe shortage of psychiatry resources outside of Halifax, and especially in the Eastern and Northern zones. Both our child and adolescent and general adult services have been engaged in planning to offer assistance and are making efforts to alleviate these pressures. The problem of recruitment and retention in rural practice is not confined to this region. Potential solutions are complex to implement and need the coordinated attention of government, the College of Physicians and Surgeons, as well as local authorities. For now, as we set up to provide services to assist our colleagues, I would ask that you give your full support by joining in the effort to assist and by showing willingness to take on some extra duties in solidarity with our overstretched colleagues.

The second issue that looms is the introduction of Competency Based Medical Education (CBME), slated to begin for residency training in Psychiatry, in July 2019. This is a major revision of training methods, which will radically alter the way we provide training and how we evaluate progress in our trainees. In December Dr. Andrew Warren, associate dean for postgraduate education, gave us an overview of these changes, and indicated the reorganization that will be required to deliver this new method. The first of three 2-day workshops was held at RCPSC in November 2017. The task facing planners is daunting, but the will to succeed and ability to complete the task is not lacking. We will continue to monitor closely as the process unfolds. One certainty is that all of our faculty will need training in the new procedures, and



Dr. Michael Teehan

that the structure of the education section will be radically different. It is, however, worth noting that the introduction of this new approach in 2019 will apply only to the incoming class in that year, and all subsequent years. We will therefore have a transition period during which the old and new systems will co-exist. More on this as time goes on.

Congratulations to **Drs. David Gardner** and **Patrick McGrath** for their national recognition as Difference Makers in the area of mental health. Their work, over many years, and in different areas, certainly merits the recognition. Well done both.

And continuing the congratulatory note, **Dr. Selene Etches** and **Dr. Ahmed Alwazeer** both navigated the recent RCPSC examinations, and are now recognized as sub-specialists in child and adolescent psychiatry. Well done both.

Dr. Maria Alexiadis has been appointed as Clinical Chief of the Department of Family Practice, Central Zone. We wish her every success in her new role and are grateful that she will continue her work in the Early Psychosis program. Her knowledge of the mental health and addictions programs will be invaluable as we navigate the next few years together.

continued on page 4

participating in the program support navigation of the system, helping people to find local services and supports, referral to the appropriate level of care when needed, and offer education and resources about mental illness, addictions, and medications. To be eligible for the program patients must have a diagnosed mental illness or addiction causing functional impairment and a current medication therapy issue. Eligible diagnoses are those that are commonly managed by psychotropic medications. Before a pharmacy can participate it must meet the pharmacy enrolment criteria, which includes establishing links in the community, making available mental health and addictions resources in the pharmacy, communications with local health providers including physicians and district mental health and addictions services, and the completion of training (involving instruction from Department of Psychiatry faculty **Drs. Stan Kutcher, David Gardner, Jason Morrison, Mark Bosma, and Sabina Abidi**).

Drs. Gardner and Murphy worked for years developing the concept of the Bloom Program. Dr. Gardner says the decision to proceed with the program was greatly influenced by discussions with people at mental health and addictions support groups where he learned about the daily challenges faced by people trying to get much needed care.

Funded by the Nova Scotia Department of Health and Wellness, the Bloom Program is part of the Nova Scotia mental health and addictions strategy and the first of its kind in Canada. "It is patient-centred– it aims to identify and support the resolution of health problems important to the individual,"

says Dr. Gardner. "It is collaborative, but without the need for co-location of health providers. All Nova Scotians are eligible, and it allows for the evaluation of a new funding model – capitation – on patient outcomes, system efficiencies, pharmacist behaviour, and, ultimately, health spending."

The success of the program has been so profound that other provinces are exploring adapting it to their jurisdictions. To learn more about the Bloom Program please visit <http://bloomprogram.ca/>.

Dr. Patrick McGrath

When Drs. Patrick McGrath and **Patricia Lingley-Pottie** founded the Strongest Families Institute they wanted to create a program that would help ensure children facing mental health problems receive effective and timely treatment, in turn allowing them to function and thrive in their daily lives. After six years of research at the IWK Health Centre developing effective programming for children and their families, the Strongest Families Institute was born. Strongest Families is a not for profit company that leverages research, technology and highly-skilled staff who deliver evidence-based programs to children and families dealing with mild to moderate mental health and other issues impacting health and well-being. Research had shown that children treated through Strongest Families improved dramatically compared to children who received typical care. The dropout rate was also significantly less (10 per cent) than children seen in a traditional clinic setting. "Forty to sixty per cent of families pull out of conventional therapy before they're

finished," says Dr. McGrath. "It's not because they're not motivated, it's because the system is not designed to make it easy for them to participate." Today the Strongest Family Institute delivers evidence-based mental health care services to thousands of families across Canada, Finland and Vietnam using online technology. Coaches are trained to deliver programs adapted for online use for families in the comfort of their homes, in turn eliminating the time and distance barriers to ensuring children living with ADHD, anxiety, stress, and behavioral problems have access to quality care.

For patients in Nova Scotia, Newfoundland and Labrador, Prince Edward Island and New Brunswick the costs of the programs are covered. Alberta and Ontario are also funding access. Most recently New Zealand has committed \$6 million to start Strongest Families New Zealand. Dr. McGrath, funded by the Canadian Institutes of Health Research, is also collaborating with the Canadian College of Family Physicians to develop HealthEnSuite, a suite of e-mental health applications that will allow family doctors across Canada to prescribe to their patients. To learn more about the Strongest Families Institute please visit <http://strongestfamilies.com/>.

Congratulations to both Drs. Gardner and McGrath, who are changing the way mental healthcare is accessed in the province, country and around the world. You are both most deserving of the title of CAMH Difference Maker.

To learn more about the CAMH Difference Makers please visit <http://give.camh.ca/site/>.

Message from the head continued from page 3

Let me close with two quick mentions of upcoming conferences that you will want to put in your diaries On Oct. 12-13, 2018, the Canadian Academy of Geriatric Psychiatry/Canadian Coalition

for Seniors Mental Health will host their annual scientific meeting in Halifax. Dr. Keri-Leigh Cassidy will be leading the conference organizing. Prior to this on June 8-10, APPA will be held at the

Brudenell resort on PEI. Both these events will be rich in content, and a great way to get together with colleagues. I strongly urge you to consider attending one or both.

RESEARCH REPORT

Research Highlights

Research Day 2017

On Nov. 10, 2017, 125 faculty, students, and staff gathered at the Lord Nelson Hotel to celebrate the 27th annual Department of Psychiatry Research Day. The day featured 24 informative poster presentations and 12 outstanding oral presentations including a talk from keynote speaker Dr. Roy Perlis entitled “Probabilistic Medicine: How do we get from here?”

Research Day prizes were awarded to:

Best Undergraduate Presentation: Tristan Park – “The Role of Resilience in Substance use in Mi'kmaq Youth.”

Best Graduate Student Presentation: Christiane Whitehouse – “The impact of depression and anxiety symptoms on information processing speed in MS and other immune-mediated inflammatory diseases.”

Best Resident Presentation: **Dr. Kathleen Singh** – “CBT Express: Using the Fountain of Health for Knowledge Transfer and Behaviour Change.”

Best Junior Faculty Presentation: **Dr. Jacob Cooke** – “A retrospective database study of the impact of alcohol use on clinical outcomes in early phase psychosis.”

Best Psychiatry Staff Presentation: **Dr. Candice Crocker** – “A pilot study of NODDI measures- Validation of a multishell protocol and preliminary data in cannabis users.”

A special thanks to all those who made Research Day 2017 a success, especially the chair for the day, **Dr. Rudolf Uher**, and dedicated judges, **Drs. George Robertson, Kim Good, John Fisk, Allan Abbass, and Lukas Propper**.



Research Day presenters, judges and winners: (top L-R) Drs. Michael Teehan, George Robertson, and Allan Abbass; (middle L-R) Drs. Sherry Stewart and Rudolf Uher; (front L-R) Tristan Park, Drs. Kathleen Singh, Candice Crocker, and Ben Rusak.



Dr. Rudolf Uher (left) addresses the audience at the Café Scientifique, along with fellow panel members (L-R) Drs. Roy Perlis and David Gardner. Moderator Dr. George Robertson looks on.

Café Scientifique 2017

The Café Scientifique, entitled “Personalized Medicine: Challenges and Opportunities,” was held at the Collaborative Health Education Building on the evening of November 9. The event was moderated by Dr. George Robertson,

and featured presentations by **Drs. David Gardner** and Rudolf Uher and the Research Day keynote, Dr. Roy Perlis. An engaging discussion with members of the audience and the panel followed the three talks.

Aaron Keshen receives funding for eating disorders study

Dr. Aaron Keshen and the NSHA Eating Disorder Program has been awarded Category 1 (\$99,980) and Category 3 (\$4,972) grants in the latest Nova Scotia Health Authority Research Fund application cycle. The larger of the two grants will fund a feasibility trial to test the off-label use of lisdexamfetamine

(Vyvanse), in patients with bulimia nervosa. Building upon a recent case series by Dr. Keshen and Thomas Helson, this study aims to assess whether future research investigating this medication as a potential treatment for bulimia is warranted. The Category 3 grant (held by honours student Laura Dixon under the supervision of Dr. Keshen) will fund a study investigating the efficacy of a group-based, guided self-help intervention

for individuals with binge eating disorder (BED). This novel intervention uniquely emphasizes self-efficacy and will be administered by non-specialists with minimal clinical experience. If found to improve symptoms, this approach could help fill a gap in the treatment of BED in NS where there are currently no treatment options within the public healthcare system.

meet a researcher: dr. phil tibbo

This issue profiles Dalhousie psychiatrist and researcher **Dr. Phil Tibbo**. *Meet a Researcher* is a recurring article in the Research Section of *Headlines*. If you are interested in being profiled in an upcoming publication, please contact **Jen Brown** at Jen.Brown@nshealth.ca.

My current research interests: My overarching theme of research is in psychosis, particularly early phase psychosis (EPP). This includes research that not only will allow a better biological understanding of the illness, but I have also been researching comorbid addictions and elements of EPP service delivery. Ultimately my research interests are geared to early identification with phase appropriate treatments to maximize an individual's outcomes and reduce burden.

Research projects I'm currently participating in: We currently have a number of projects active with respect to cannabis and EPP including the examination of outcomes, gender differences in use and outcomes, personality variables associated with motivation to use (with **Dr. Alissa Pencer**) and neuroimaging (white matter) differences in EPP females who use compared to non-users. We are also wrapping up investigations of gene x cannabis and age of onset psychosis interactions with colleagues from Alberta. With **Dr. Derek Fisher**, we have exciting ERP work happening investigating residual hallucinations, caffeine effects and sex differences (a focus of our shared graduate student **Hayley Riel**). With respect to service delivery, we have two projects investigating transitions out of our EPP program including the use of



Dr. Phil Tibbo

peer support workers and a transitions coach, a study investigating engagement to care and the variables that moderate this, and the validation of a relapse prediction tool for use in EPP.

What I wish I knew (but didn't) when I first contemplated becoming a researcher: How much time I would be spending writing grants!

The most satisfying and frustrating aspects of doing research: I truly enjoy all aspects of research and as a clinical researcher it is such a privilege to have a clinical question and then create a

research program to help answer that question and move your field forward. I also value the collaborative nature of research; the idea and skills sharing with colleagues is very stimulating. Working with all levels of students in research is also quite rewarding. Ultimately, knowing you are improving patient care and outcomes is the most satisfying. The most frustrating: the lack of funding these days for psychiatric research.

The experience that best prepared me for my position: I was very fortunate during my residency to be able to do two research electives; one in Edmonton in

SPECT imaging and then a good part of my last year in Dr. Nancy Andreasen's imaging lab in Iowa. On finishing my residency I had a three-year research fellowship position at the University of Alberta which really started my career.

My research mentor: I have had so many people that have helped my clinical research career including my early mentors of Dr. Peter Allan in Edmonton, Drs. Andreasen and Nopolous in Iowa,

as well as my later mentors including Dr. Ashok Malla at McGill. Of course all my colleagues that I collaborate with, in their own way, are mentors.

My second career choice: I didn't really have any other career thoughts other than medicine (though perhaps a fleeting thought of architecture did occur). In medical school I thought I was heading to sports medicine, which later morphed to emergency medicine, and finally after

a great year as a 'whole person doctor' at the NSH, I landed with psychiatry, the best fit.

EDUCATION REPORT

undergraduate education news

2017/2018 has seen an increase in Med 1 observership requests for clinical time with our faculty. Observerships are a great way to get students interested in psychiatry early. They can vary in length and time, depending on preceptor and student availability and are only available to Dalhousie medical students. If you accept a Dalhousie student for an observership or have questions about the process please contact **Mandy Esliger** at Mandy.Esliger@nshealth.ca.

The new calendar year begins the preparation and tutor recruitment for the 2018/2019 academic year. In the coming weeks, Mandy will be in touch regarding clerkship rotation scheduling and the annual recruitment ask will be released, once provided by the medical school.

The Psychiatry Interest Group is holding a Psychiatry Lifestyles Night on Jan. 15, 2018. The evening aims to allow students to connect with our faculty and residents to learn what life in psychiatry is all about. We wish them a fun and informative evening!

Please note the upcoming contests for medical students – please encourage your students to apply:

- The Canadian Organization of Undergraduate Psychiatric Educators (COUPE) Best Paper Award for Medical Students. The author of the winning submission will be acknowledged in the Canadian Journal of Psychiatry, receive \$250.00 in travel expenses paid to attend the fall Canadian Psychiatric Association (CPA) meeting (up to \$750.00 value), as well as an engraved plaque from COUPE. This contest is sponsored by COUPE. Submission deadline is late March/early April 2018.

- The Department of Psychiatry supports the travel expenses of a Dalhousie medical student interested in psychiatry to attend the annual Psychiatry Student Interest Group Network (PsychSIGN) conference held in conjunction with the American Psychiatric Association (APA) conference. Submission deadline is mid-February 2018.

Contest details will be distributed to students through the Psychiatry Interest Group and the Dalhousie Medical Students' Society newsletter.

Last, but not least, Dalhousie's Medical School received full accreditation for an eight year term. For further details, visit the accreditation webpage: https://medicine.dal.ca/news/2017/11/02/dalhousie_medical_school_receives_accreditation_for_eight_year_term.html

postgraduate education news

It is anticipated that January 2018 will be a very busy month for our education team. The number of CaRMS applicants continues to be high, with 111 students applying to our program. Of those, eight are from Dalhousie. We are very excited by this, and look forward to meeting our

future residents in the coming months. As a result of the continued interest, we have scheduled four interview days again to accommodate as many interviewees as possible. The CaRMS interview dates are: Saturday, Jan. 13, Friday, Jan. 19, Monday, Jan. 22, and Monday, Jan 29. All

faculty and resident interviewers have been confirmed for their interview days. Thank you to all participants in advance for giving of their time to this most important event. The results of the match will be available in early March.

continuing professional development news

XXIX W.O. McCormick Academic Day

Online registration for Academic Day will be provided by eSource Event and will be available at the beginning of March. As this will likely be another sold out event, plan to register early to avoid disappointment! Watch our webpage for details: <https://dalpsychiatry.ca/s/womad>

Recent Highlights University Rounds

2017/11/15 **Dr. George Robertson**, Brain Repair Center, Dalhousie University. "Neurodegenerative and Psychiatric Disorders: Convergent Disease Mechanisms and Treatments."



Dr. George Robertson

2017/12/20 **Dr. Steve Kisely**, Dalhousie University. "It's not all doom and gloom: unexpected findings from a systematic review and meta-analysis of psychiatric morbidity in indigenous peoples from the Americas."

Department of Psychiatry
Continuing Education



**XXIX W.O. McCormick
Academic Day Conference**

2018
Friday, April 27
Halifax Marriott
Harbourfront Hotel
1919 Upper Water Street,
B3J 3J5
Registration opens early March 2018
dalpsychiatry.ca/s/womad

**Psychiatric
Aspects of
Cannabis**



Dr. Steve Kisely

Medical Education Rounds:

2017/12/13 Associate Dean Andrew Warren, PGME, FoM, and **Dr. Mark Bosma**, PG Director, DoP. "Competency Based Education 2.0 - Key Features in CBD Implementation for Clinical Faculty."



(L-R) Drs. Mark Bosma and Andrew Warren

Upcoming Events

2018/01/10 C&A Psychiatry: **Dr. Aidan Stokes** & the CIS Team

2018/01/17 Clinical Academic Rounds: **Dr. Zenovia Ursuliak**. "Copper/Zinc abnormalities in psychiatric illness and insulin resistance."

2018/01/24 University Rounds: Dr. Donald Addington, University of Calgary. "Applying Guidelines and Quality Measures in First Episode Psychosis Services."

2018/01/31 Clinical Academic Rounds: Dr. David Petrie, district chief of emergency medicine, NSHA "Complexity Science and Systems Thinking in Health System Re-Design."

2018/02/07 C&A Psychiatry: Jean Hughes

2018/02/14 Clinical Academic Rounds: **Drs. David Gardner, Matt Havenga (R3), Crystal Zhou (R3),** "Psychopharmacology Jeopardy."

2018/02/21 University Rounds: Dr. Allison Crawford, University of Toronto

2018/02/28 C&A Psychiatry: **Dr. Ahmed Alwazeer** & Team. "Dancing with Teenagers: The Work of Adolescent Intensive Services (AIS)."

Reminders:

Bookmark our TWIP webpage to watch for weekly rounds details, including rounds evaluations:

<https://dalpsychiatry.ca/static/twip>. Evaluations are available for seven days. Thank you in advance for your feedback!

Faculty of Medicine, Faculty Development

Online Courses

2018/02/12 – 2018/03/19: Fundamentals of Didactic Teaching. Find the event poster at the link below:

<https://cdn.dal.ca/content/dam/dalhousie/pdf/faculty/medicine/departments/core-units/cpd/webinar2/FunOT-Didactic%20Poster.pdf>

2018/04/09 – 2018/06/11: Emerging Leaders in Academic Medicine (ELAM). Find the event poster at the link below:

<https://cdn.dal.ca/content/dam/dalhousie/pdf/faculty/medicine/departments/core-units/cpd/FacDev/ELAM.pdf>

Find all FoM Fac Dev programming here: <https://medicine.dal.ca/departments/core-units/cpd/faculty-development/programs.html>

Interested in learning more? Contact facdev@dal.ca

education kudos corner

Kudos Corner

One of the pillars of our mission is to provide excellence in education by developing and maintaining high calibre educational programs. In turn, part of ensuring our department members are promoting the highest standards of mental health care is continual learning. Our department is committed to providing leadership in mental health education for psychiatrists, other mental health professionals, family physicians and the community. This might include attending an educational conference or session, or similarly, providing a learning opportunity to other faculty members. We want to recognize those members of the department who are engaging in continual learning through faculty development activities and who have shown a keen interest in teaching. See who's been involved recently!

Delivering Effective Feedback

On Tuesday, Nov. 7, the Department of Psychiatry hosted a workshop, *Delivering Effective Feedback*, which consisted of a series of mini-lectures, group activities, and simulation to provide a comprehensive overview of effective feedback. It was hosted by **Drs. Cheryl Murphy** and **Mark Bosma** and was very well received. Thank you to the department members who participated: **Drs. Siobhan Bergin, Kathy Black, Brian Burke, Terry Chisholm, Jacquie Cohen, Ezio Dini, Kristen Holm, Grainne Neilson, Deb Parker, Kulli Poder, and Ms. Amy Jones**. The workshop was so successful it was repeated on Friday, Nov. 17 for child and adolescent faculty. Those in attendance were: **Drs. Sabina Abidi, Ahmed Alwazeer, John Aspin, Alexa Bagnell, Gaëlle Bélanger, Sarah Fancy, Anita Hickey, Lorraine Lazier, Dave**

Lovas, Jose Mejia, Pippa Moss, Herb Orlik, Celia Robichaud, and Aidan Stokes.

Great undergrad feedback received

We would like to acknowledge our faculty and residents for the excellent ratings they received from the clinical clerks for their teaching and supervision during the 2016/2017 academic year. The feedback submitted by the clerks, on various aspects of their psychiatry clerkship, was released in December. Thank you for all you do to ensure a quality experience for the medical students.

CHILD & ADOLESCENT PSYCHIATRY REPORT

IWK Scrub-in Event on Saturday, October 21

A large thank you is extended to **Dr. Herb Orlik** and the members of the IWK eating disorders team for their great team effort in the IWK Scrub-in event on Saturday, Oct. 21.

Every year the IWK puts on a “Scrub In” for the Board of Directors. It is an opportunity for the three programs (children’s health, mental health, and OBS/GYN) to highlight some of the great work that happens across the health centre. This year the Minister of Health, senior DHW staff, the Auditor General and the Board were in attendance.

The IWK Board and Leadership was very impressed and learned a lot from their presentation and role play. The feedback from the IWK Board was extremely positive and many commented on how much they have learned. The presentation was incredibly well done, and clearly communicated the team’s caring, expertise and phenomenal team work.

IWK November 2017 Faculty Retreat

The Division of Child and Adolescent Psychiatry hosted its bi-annual faculty retreat on Friday, Nov. 17, 2017 at University Hall on Dalhousie’s Studley campus. The topics for this fall’s retreat were: Delivering Effective Feedback (**Drs. Mark Bosma** and **Cheryl Murphy**) and Autism and ADHD Controversies (**Dr. Lukas Propper**). This retreat was well attended with 18 faculty members there.

C&A Highlights

The division would like to extend a sincere thank you to **Dr. Selene Etches** for her Nov. 2, 2017 talk to the CAIS Private School Group: *How to talk to your*



The eating disorders team at the ‘Scrub-In’ event. L-R: A Johnson, M. Tougas, H. Orlik, A. Bagnell, B. Kelly, M. Brennan, E. Quon, and J. Wournell.



Dr. Selene Etches addresses the CAIS Private School Group.

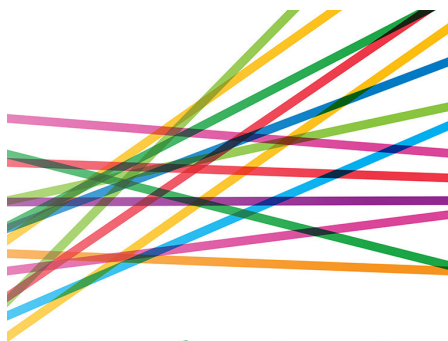
teen about drugs and alcohol. This event was extremely well received with over 120 parents and educators in attendance.

We would also like to congratulate two faculty members, **Dr. Ahmed Alwazeer** and Dr. Selene Etches, who have both successfully passed the Royal College Child and Adolescent Psychiatry board examinations.

SUN LIFE FINANCIAL CHAIR IN ADOLESCENT MENTAL HEALTH REPORT

LIST Project Update

After updates to the third edition of *Transitions: Making the Most of Your Campus Experience* were completed this past summer, copies were sent to all post-secondary partner institutions of the LIST Project (Listen, Identify, Support and Treat). They include, Mount Allison University, Saint Mary's University, St. Francis Xavier University, Mount Saint Vincent University, NSCC, Holland College and the Nova Scotia mental health initiative, Stay Connected. The resources are distributed to first-year students to help them navigate post-secondary school life as it covers many topics including, money management, study tips and mental health. The implementation of *Transitions* was coupled with *Go-To Faculty and Clinical Upgrade Professional Learning* at each of the aforementioned schools. A large part of the project focuses on data collection relating to the effectiveness of *Transitions*



TRANSITIONS
Making the most of your campus experience

in post-secondary institutions. This process is ongoing and won't be completed until late spring, but initial anecdotal feedback has been positive with results expected to be completed at the end of the 2018 school term.

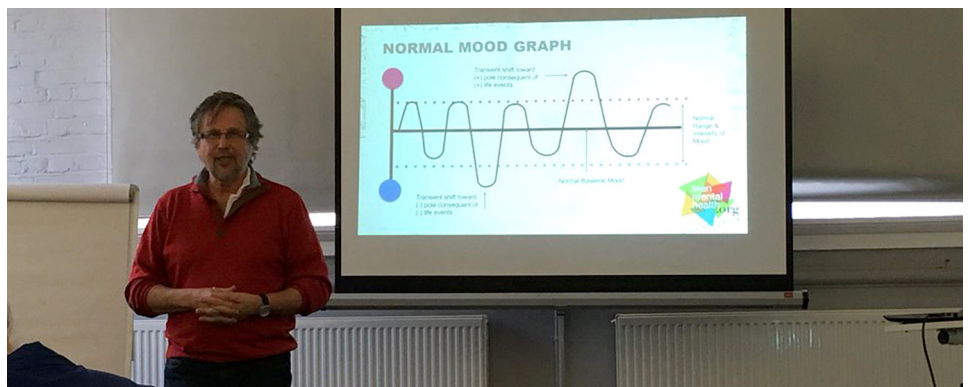
Online Training Course Reaches Educators across Canada

Since the launch of *Bringing Mental Health to Schools: A Curriculum Resource for Grades 8-10* through the Faculty of Education at the University of British Columbia this past October, the online course has secured over 600 registrants. Of the 358 who successfully completed the course, 347 are from Canada with the majority residing in British Columbia, however each province is represented in some capacity, the Northwest Territories included. Participants consist of educators of various grade levels, those working in special education, health teachers and school administrators. As a result of the accessible professional learning, the North and West Vancouver school boards have begun implementation of the *Guide*

resource in every grade nine classroom in their districts. Students in particular have expressed very positive feedback with possible growth of the program in other schools in British Columbia. For firsthand accounts of the impact of the resource in classrooms view this Global News story: <https://globalnews.ca/video/3876531/north-shore-school-districts-introduce-mental-health-classes>.

The Mental Health and High School Curriculum Guide Expands International Reach

In November, **Dr. Stan Kutcher** traveled to the United Kingdom to conduct School Mental Health Literacy Master Trainer sessions for participants at the Anna Freud National Centre for Children and Families. Blended Training encompasses both the *Go-To Educator* and *Curriculum Guide* and takes place over a three-day period. The Centre, in collaboration with the Department for Education in England, is spearheading a research project on the *Guide*. They plan to adapt the existing Canadian curriculum to suit



Dr. Kutcher conducting Blended Training at the Anna Freud National Centre for Children and Families in London.

appropriate guidelines for schools in the UK followed by further educator training and implementation into the school curriculum.

A collaboration with schools in Western Australia has been developing over the past few months. Dr. Paul Russell, coordinator of the school psychology team servicing independent schools in Perth, traveled to Nova Scotia this past fall to meet with Dr. Kutcher after expressing interest in TeenMentalHealth.Org's resources, particularly the Guide. During his stay, Dr. Russell participated in a three-day Master Training session led by Dr. Kutcher in Newfoundland to familiarize himself with the materials and provide him with the

knowledge to conduct training at home. Dr. Russell also expressed his eagerness to adapt the Guide for Australian context. There are more than 150 independent schools located in Western Australia under his jurisdiction. Although, they currently have some programs in place to support staff through mental health literacy training, he would like to use the Guide moving forward to build on the existing system.

"Improving Mental Wellness, Resiliency, and Leadership Amongst Youth in Guatemala," is an ongoing project funded by Grand Challenges Canada. The program focuses on improving mental health literacy through educator training,

to be followed by implementation of the Guide later this month as training has been underway since last September. The project is very similar to work previously conducted in Nicaragua and will hopefully be as successful in improving mental health literacy within the country.

Awards and Accolades

Dr. Kutcher was recently appointed to a two-year term with the Royal College International Program Review Accreditation Committee. President and CEO of the Royal College of Physicians and Surgeons of Canada, Dr. Andrew Padmos confirmed the appointment which will run from February 2018 until February 2020.

NEWS & ANNOUNCEMENTS

news from the department

Dr. Rudolf Uher delivers keynote address at Dalhousie Medical Research Foundation breakfast

On November 15 Dr. Rudolf Uher delivered the keynote address at the Dalhousie Medical Research Foundation's (DMRF) Breakthrough Breakfast: Eggs With a Side of Hope, held at the Cunard Centre in Halifax. The Canada Research Chair in Early Intervention and professor in the Department of Psychiatry discussed his work with FORBOW (Families Overcoming Risks

and Building Opportunities for Well-being) and his aim to prevent mental illness by revolutionizing the way mental health treatment is delivered around the globe. The Breakthrough Breakfast also honoured the Lindsay family, who have made incredible contributions to the field of mental health research.

The DMRF is a registered charity established with the purpose of funding excellence in medical research at Dalhousie University Medical School, and its affiliated institutions. It focuses its support on four areas of research emphasis identified by the medical school: cardiovascular research,



Dr. Rudolf Uher

immunology research, cancer research and neuroscience research. To learn more about DMRF please visit www.dmr.ca.

Canadian Research Initiative in Substance Misuse (CRISM) Québec-Maritimes first Maritimes Symposium/ Exchange Session.

The Canadian Research Initiative in Substance Misuse (CRISM) Québec-Maritimes held the first Maritimes Symposium and Exchange Session at Dalhousie University on Dec. 5, 2017. The theme of the symposium was Collaborative Research & Implementation Science in Addiction Intervention. The event brought together over 80 delegates including addiction researchers, policy-makers, service providers, students, advocates, and people with lived experience from Atlantic Canada to address current and future challenges in addiction intervention research, share information on current collaborative research conducted at the core of CRISM, and exchange ideas on future initiatives within or involving the CRISM Québec-Maritime node. There were a number of presentations, one being an overview of Nova Scotia's Opioid Response Framework, presented by Dr. Robert Strang, Chief Medical Officer for the Province of Nova Scotia. Our own **Dr.**

David Pilon presented on the Canadian Depression Research and Intervention Network's (CDRIN) success in actively engaging people with lived experience in their research and intervention network as an example for the CRISM network to learn from. This was followed by an informative and moving presentation by the Halifax Area Network of Drug Using People (HANDUP); this advocacy group shared a video they had made to fight against the stigma and discrimination experienced by people living with drug addiction. Research posters were presented during an interactive break. The symposium provided a valuable networking opportunity and set the stage for further collaboration in addiction intervention research in Atlantic Canada. The symposium was co-chaired by Drs. Julie Bruneau (University of Montreal and Nominated Principal Investigator, CRISM Quebec- Maritimes) and **Sherry Stewart** (Dalhousie University and Maritimes Scientific Delegate, CRISM, and Quebec-Maritimes Steering committee Principal Investigator). Feedback from attendees indicated that the goals of the symposium, to build addictions intervention research capacity in the Maritimes and to strengthen collaboration focused on the implementation of evidence-based



Dr. Julie Bruneau (right) with Kayla Joyce, master's in psychiatry research student in the Department of Psychiatry receiving her award for best poster abstract in the graduate student category.

addiction intervention, were achieved and a solid base has been built for future collaboration in our region. We thank all attendees for their interest and engagement.

staff & faculty changes

Going:

Dr. Amr Aty has left the department, effective Dec. 15, 2017. He has returned to his native Egypt. We thank him for his time with us and wish him all the best in the future.

awards & honours

Dr. Selene Etches named Outstanding Clinician for 2017

Congratulations to **Dr. Selene Etches** who was nominated by her peers, and was the successful recipient of the 2017 Outstanding Clinician Award in the Department of Psychiatry. The award recognizes someone who has made outstanding contributions to the department's mandate of providing excellence in clinical care. Dr. Etches has devoted the last five years to caring for a unique and complex group of adolescents with concurrent disorders in mental health and addictions. She has become a provincial leader in evidence-based treatments of substance use disorders and a passionate advocate and educator for her patient population. Her dedication to increasing access to evidence-based care for youth with substance use disorders has led to a subspecialty clinic with community outreach and services ranging across the continuum from outpatient to inpatient levels of care. Her expertise is widely recognized provincially and nationally. Her colleagues sing her praises and say that she has truly transformed how our health centre and our province



Dr. Selene Etches

approaches addictions and concurrent mental health disorders in youth. She is an inspiration to the trainees, faculty,

clinicians and patients she works with and most deserving of the Outstanding Clinician Award for 2017.

Dr. Sherry James receives Outstanding Teacher Award

Congratulations to **Dr. Sherry James** who is the recipient of the 2017 Larry Buffet Outstanding Teacher Award. This award is a peer recognition of an exceptional faculty member who has demonstrated an outstanding performance in a teaching and clinical supervisor role for learners. Dr. James has demonstrated excellence in clinical teaching by consistently providing excellent clinical supervision to residents and medical students in both her roles as a rotation primary site supervisor at the Bedford Sackville Clinic, and as the associate director of the postgraduate education program.

She models and guides the professional development of learners, overseeing the PGY-1s and participating in the female staff psychiatry mentorship group. She inspires and supports the learners in integration of theoretical knowledge with clinical practice and demonstrates exceptional enthusiasm for clinical teaching. Dr. James receives consistent positive feedback from learners in all realms of her work and demonstrates professionalism and collegiality. As a former colleague of Dr. Buffet's, and one who is occupying his office, it seems especially fitting to honour her with this award. Congratulations Dr. James!



Drs. Michael Teehan and Sherry James

Dr. Cheryl Murphy receives Educator of the Year award

Congratulations to **Dr. Cheryl Murphy** who is the 2017 recipient of the Educator of the Year Award. Dr. Murphy was nominated by her peers and is recognized as an exceptional faculty member who has demonstrated excellence in teaching, mentorship in scholarly activity, and/or leadership and innovation in the development of educational programming. Her excellence as an educator is evident in her formal roles as Director of Undergraduate Education in the Department of Psychiatry and as a clinician-educator in the Geriatric Psychiatry Program. She has been the clerkship director since 2005, overseeing all Dalhousie students' psychiatry rotation at both the Halifax and New Brunswick campuses. Dr. Murphy is also a med 1/2 core curriculum tutor, a med 2 clinical skills tutor, a med 3 teacher, and a family medicine resident geriatric psychiatry rotation supervisor. She has worked to

increase interest in psychiatry at the undergraduate level by improving the curriculum, providing individual student mentoring, ensuring close collaboration with postgraduate training and by fostering the development and continuation of the psychiatry interest group. Her efforts help to support our postgraduate program's ability to attract high quality candidates. She excels as a mentor in medical education across levels of learners. She has supervised residents/fellows in medical education elective, and in medical education scholarly projects.

Dr. Murphy has made substantial contributions to the Geriatric Psychiatry Program application for Royal College subspecialty training program accreditation and program delivery. She has provided innovation in educational programming in various areas of the Department of Psychiatry and made contributions to education at a national level. She has been very involved with the Royal College for many



Drs. Michael Teehan and Cheryl Murphy

years, as well as other national education organizations like COPE, and COUPE, a national psychiatry undergraduate group. She won the Dalhousie University Faculty Award of Excellence in Teaching in 2015-16 and is certainly deserving of the 2017 Educator of the Year Award. Congratulations once again, Dr. Murphy!

Faculty receive long-service awards

Congratulations to **Drs. Emmanuel Aquino, Aidan Stokes and Siobhan Bergin** who all received long-service awards from the health authority on November 8. Both Drs. Aquino and Stokes were recognized for 40 years of service, while Dr. Bergin was honoured for 25 years. The awards were presented by Dr. Ken West, president of the Medical Staff Association Central Zone. Congratulations to each of you on your outstanding contributions.



(L-R) Drs. Siobhan Bergin, Claire O'Donovan, who accepted on behalf of her husband, Columba McParland, Emmanuel Aquino, and Aidan Stokes.

Subspecialty resident, Dr. Daljit Bhangoo, receives CAGP award

Congratulations to **Dr. Daljit Bhangoo** who received the Geriatric Psychiatry Training Award from the Canadian Academy of Geriatric Psychiatry (CAGP) based on his research project that aims to determine how much academic exposure medical students and psychiatry residents get to older adult mental health. The information collected may provide some insight into the career choices that future physicians make, especially if they are underexposed to seniors mental health. The purpose of the award offered by the CAGP is to support the development and completion of a scholarly project during their training. Congratulations Dr. Bhangoo!



Dr. Daljit Bhangoo accepting his award from the CAGP.

HUMANITIES CORNER

Student Writing Contest

Canadian medical students and residents are invited to submit reflective essays, poetry, or short fiction that explore the intersection of mental health and the humanities to the Dalhousie Department of Psychiatry Annual Student Writing Competition. Each year, one entry in each category (medical student, postgraduate trainee) will be selected to receive a \$100 cash prize. Winning entries will be published in *Headlines* and on the Dalhousie Department of Psychiatry website.

Who is eligible? Medical students, residents and fellows at Canadian medical schools.

Maximum word count: 2,000 words

Deadline: This year's deadline is April 1, 2018

To ensure confidentiality is maintained, patients and anyone else described in essays, stories, or poems must be fictional or composite characters (with the exception of the narrator him/herself). Please indicate in your e-mail whether you are a medical student or a resident/

fellow. Faculty from the Dalhousie Department of Psychiatry will act as judges.

Entries can be sent in Word or PDF format to **Dr. Joanne MacDonald**, humanities coordinator, at joanne.macdonald@dal.ca.

For full contest rules and details, please visit the Dalhousie Department of Psychiatry website at <http://www.medicine.dal.ca/departments/department-sites/psychiatry/education/medical-humanities/writing-competition.html>.

The Weil Fund

The Weil Fund was established in 2003 by Dr. Stella Weil in memory of her husband Dr. Robert Weil. It is intended to support psychiatric education at Dalhousie University Department of Psychiatry in the area of psychotherapy. Faculty members who are engaged in psychotherapy education can apply for funding to either provide training for other Department of Psychiatry faculty, or to attend training in psychotherapy themselves.

Most recently **Dr. Normand Carrey** took advantage of the Weil Fund. On Sept. 20, 2017 through his organization, and with the help of **Michelle LeBlanc** and **Megan Bellefontaine**, we welcomed Neil Boris, MD, infant psychiatrist, trainer for Circle of Security International and Irving Harris Chair in Florida for Infant Mental Health to Dalhousie. Dr. Boris gave Grand Rounds then met with specific groups involved in infant mental health throughout the day (Nova Scotia Early Intervention, Department of Community Services, IWK Dartmouth Mental Health Clinic). Dr Boris' approach, through the Circle of Security intervention (CoS), is to teach parents to become a secure base and a safe haven for their child's developmental socioemotional needs. It is a foundational approach solidly based on years of attachment research. Programs at the IWK use some CoS concepts in their interventions, but the approach is still not implemented either at a universal prevention level or for specific attachment needs. Dr. Boris' lecture showed faculty members how to apply CoS therapeutic concepts as he promoted more sensitivity to parental trauma and the need for intergenerational approaches.

The visit was only made possible through an educational grant from the Weil Fund. Dr. Carrey says the application process for funding was very straightforward



Dr. Normand Carrey

and recognizes what a great opportunity it is to sponsor outside speakers on psychotherapy topics.

More information on the Weil Fund and how you can apply can be found on the department's faculty database: <https://dalpsychiatry.ca/education/cpd>.

Interpersonal therapy in the Department of Psychiatry

Interpersonal therapy (IPT) is one of the best studied interventions in outcome research, particularly for mood disorders. Currently there are only two faculty members who provide supervision to residents. We are aware that some faculty members may be interested in becoming psychotherapy supervisors, but feel that they do not have the skills. Funding is available through the Weil Fund for faculty members to attend trainings in IPT (or other psychotherapy modalities). As mentioned in the previous story, information on the Weil Fund

can be found on the database: <https://dalpsychiatry.ca/education/cpd>. The department will also be putting on a CPD workshop on how to be a psychotherapy supervisor in the fall of 2018.

What is interpersonal therapy?

As described by Stuart and Robertson in *Interpersonal Therapy: A Clinicians' Guide*, interpersonal therapy is a time-limited, dynamically informed psychotherapy which aims to alleviate patients suffering and improve their interpersonal functioning. It focuses specifically on interpersonal relationships as a means of bringing about change, with the goal of helping patients to either improve their interpersonal relationships or change their expectations about them. In addition, the treatment also aims to assist patients to improve their social support networks so that they can better manage their current interpersonal distress. The therapy builds on two major principles: One, that depression is a medical illness, is not the patient's

fault, and can be treated; and two, that mood and life situation are related. The treatment has three phases: the initial phase (one-three sessions) requires that the therapist identify the target diagnosis; in the middle phase the therapist uses specific strategies to deal with the problem areas that are being focused on, in turn addressing the patient's ability to assert their needs and wishes in interpersonal encounters, to validate the patient's anger as a normal interpersonal signal and to encourage taking efficient expression, and to encourage taking appropriate social risks; in the final phase the therapist focuses on the patient's accomplishments, helping the patient to feel more confident and independent.

Meet Drs. Matt Morgan and Patricia Pearce: IPT Supervisors

Why did you get involved in training and providing IPT?

MM: In regards to learning IPT, I had a strong interest in grief and palliative psychiatry while I was in my fifth year of residency at Dalhousie. I attended a workshop with Dr. Paula Ravitz and found that IPT served as an excellent psychotherapeutic framework that I could

use for my work with patients that were dying. Out of this interest, I (along with several other faculty) agreed to learn IPT under the supervision of Dr. Ravitz. This supervision allowed me to learn IPT from a very skilled supervisor as well as learn the art of supervising residents. I have been supervising IPT since that time (for about 10 years) and I find that it continues to be something that is very appropriate for the residents to learn.

PP: My background is in family practice, which I practiced for four years, mostly in rural NS before returning to train in psychiatry. I saw firsthand, the importance and power of relationships, both healthy and unhealthy, and the impact on an individual's physical and emotional wellbeing. My psychiatric practice evolved with a focus on the bio-psycho-social factors in psychiatric disorders, particularly in reproductive mental health and this led to seeking out further training in IPT through courses at APA, CPA, NASPOG and weekend courses in the USA and Canada. These courses honed my psychotherapeutic skills, but it was the supervision of two cases that was an absolutely essential component to develop proficiency in IPT. I chose IPT as my main psychotherapeutic approach as I saw

that it worked and it made intuitive sense, given my experience in family medicine.

What are the benefits of IPT, above other forms of psychotherapy?

MM: There is a lot of evidence that IPT is helpful for a range of disorders, but it originally was developed for those with a depressive episode in the context of a life event or relationship difficulty. That being said, I feel the value is not that it is "better" than another type of therapy, but rather that it is fairly easy to learn, as a lot of the initial sessions mimic what therapists and psychiatry residents would be doing with patients already. I like to say the first few sessions of IPT are like expanding your assessment to three or four sessions with a drawn out focus on the social history and interpersonal relationships. This strategy is very helpful for students who often start therapy with a fear of not knowing what to do. This barrier is removed as they spend time with the patient and then start to slowly learn the specific skills and strategies that are emphasized in IPT.

PP: Although IPT was initially developed for the treatment of depressive disorders, research has demonstrated its efficacy in a variety of psychiatric conditions including complicated bereavement,



Dr. Patricia Pearce



Dr. Matt Morgan

bipolar disorder (an adaptation of IPT by Dr Ellen Frank- called IPSRT-IP Social Rhythm Therapy), anxiety disorders, PTSD, eating disorders, adjustment disorders in chronic medical conditions, to name a few areas. Often, there are different therapeutic approaches and techniques, such as CBT, supportive therapy, motivational interviewing, or psychodynamic therapies that can be used with success, depending on the therapist's training and the patient's characteristics and illness. Also, often, techniques are borrowed from different therapeutic approaches as the therapy evolves and the situation warrants. This flexibility to adapt psychotherapies to the clinical situation and needs of the patient is what actually happens in real life psychiatric practice, rather than in research settings where adherence to a model is essential.

Can you give an example of the type of patient that might benefit from IPT?

MM: As I first started IPT to work with patients that were grieving/dying, a type of patient that would benefit from IPT would be a patient that has presented with significant depressive symptoms in the context of a death of a loved one. Maybe their symptoms have persisted longer than they would have expected and they now feel they are depressed. They have found that the supports that were there before their loss are strained and they are struggling with isolation and feeling like their friends have moved on. IPT provides a useful framework for the patient to review their grief and once these feelings are safely processed, for them to start to identify strategies for them to reconnect with their support network. I have seen many patients recover from their depression in the context of grief using this approach.

PP: I have found that in reproductive mental health, (antenatal and postpartum depression, fetal loss, PMDD, or premenopausal depression), IPT has been appropriate and efficacious, and these issues involve foci of role transition, role dispute, and loss which are fundamental in IPT. For example, for a new mother with postpartum depression who is exhausted, sleep deprived and nursing her baby every several hours, in

addition to antidepressant medication (if indicated), IPT could be used to address the role transition both the new mom and her partner are experiencing as they transition to parenthood, or the role dispute evolving from the extra responsibilities and decreased personal time. The new mother would be helped to develop better communication to have her emotional needs met by her partner and others, as well as role playing different scenarios and possibly inviting the partner to a conjoint session. The added bonus for relieving the depression and improving the couple's communication and relationship, is the mother's improved relationship with the infant and potentially the reduction of the risk for the child to be exposed to chronic maternal depression.

Another clinical example would be a couple who discover that their 19 week fetus has a serious fetal anomaly and make the difficult decision to have a termination of their pregnancy. IPT, with a focus on loss, can be invaluable in helping the depressed woman and her partner grapple with the complicated issues of guilt, loss of an idealized baby, "what might have been," what to say about the loss to family and friends, and sharing their unique emotions and different ways of grieving.

What do you as the therapist, get out of providing IPT?

MM: I don't actively see patients for a course of IPT, however, I find my IPT training allows me to have a greater understanding of the value of the patients' support networks and how they might communicate more effectively. Also, supervising IPT allows me to see many patients recover that have been struggling with depression. In fact, I have seen several patients that were not responding to medication (that I was following) be seen by psychiatry residents that I was supervising and respond completely to treatment. It is the greatest reward to see a patient recover so well that they can be discharged back to the care of their family physician.

PP: IPT provides me with huge personal and professional satisfaction, and allows

me to practice comprehensive psychiatric care. Regardless of the diagnosis, psychiatric illness does not occur in a vacuum and medications are not a cure by themselves. IPT, either alone or combined with psychotropic medications can improve the compliance with medications, improve the therapeutic alliance, and most importantly help the patient to communicate more effectively to have her emotional needs met and expand her sources of support. When the sessions of IPT therapy are completed, a maintenance phase may be offered where the patient is seen less frequently for several months before completing the therapy. I particularly value that if a patient has a recurrence of illness, that they can arrange follow-up rapidly and hopefully circumvent a protracted illness. Typically there would be a review of the symptoms, new stressors and relationship issues that have arisen, then, with an IPT focus, quick interventions can be made and refreshing the communication strategies used in the previous IPT treatment would be done.

If you are interested in getting involved in IPT training or supervision, please contact **Dr. Nicole Herschenhou** at Nicole.herschenhou@nshealth.ca.

RESIDENTS' CORNER

Tastings with Teehan

Twice a year department head, Dr. Michael Teehan takes the residents out to dinner to enjoy gourmet food with great company and discuss psychiatry and other hot topics. We're happy to share some photos from two dinners that took place in early November.



Clockwise from left: Drs. Michael Teehan, Justin Paradis, Daljit Bhangoo, Olga Yashchuk, Cinera States, Lauren Chan, Vhari James, Kathleen Singh, Jill Boyd, Celia Robichaud, Matt Havenga, Elizabeth Han, Crystal Zhou, Laura Downing, and Nadia Hassanali.



Clockwise from left: Drs. Greg MacMullin, Sherry James, Marissa LeBlanc, Amy Gough, Josh Smalley, Angela Wang, Cristelle Boudreau, Tyson Rizzardo, Jenni Ojiegbe, Chelcie Soroka, Lesley Kirkpatrick, Katie Radchuck, Christine McLelland, Michael Teehan, and Mark Bosma.



The grey brigade! (L-R) Drs. Crystal Zhou, Laura Downing, Michael Teehan, and Nadia Hassanali.

PHOTO FEATURE



The incredible power of light. (Photo by Dr. Shabbir Amanullah).

HEADLINES SUBMISSIONS

Headlines aims to provide a forum for the exchange of information, ideas, and items of general interest to the faculty, fellows, students and staff of the Department of Psychiatry. Your contribution(s) are needed and greatly appreciated.

The next issue of *Headlines* will be distributed on March 1 2018, with the deadline for submissions to be Feb. 16, 2017.

Please send all submissions to Kate Rogers: Kate.Rogers@nshealth.ca