

Department of Psychiatry HEADLINES

Resident Recruitment: All Positions Matched Again

Submitted by: Dr. Margaret Rajda
Director, Postgraduate Education



The CaRMS luncheons offer a relaxed atmosphere for applicants to chat with faculty, staff, and residents.

For the second year in a row, Dalhousie Psychiatry matched all seven of our CaRMS positions in the first iteration. To paraphrase the old saying, “it takes a department to train a resident”, and the process starts with the selection. We are very pleased to have recruited:

- **Rachel Bell**, University of British Columbia
- **Kristen Holm**, Dalhousie University
- **Liisa Johnston**, Queen’s University
- **Miroslava (Mirka) Kolajova**, University of Ottawa
- **Anita Ray**, University of Western Ontario
- **Vanessa Thoo**, University of Calgary
- **Nancy Boniel**, International Medical School

We appreciate the enthusiasm from all members of the Department who helped with selection. Residents hosted four evening socials with candidates

from across the country and around the world. **Drs. Christina Aydin** (PGY-1), **Catalina Lopez de Lara** (PGY-2), **Sabina Nagpal** (PGY-2), and **Meagan MacNeill** (PGY-2) gave a presentation on “Why choose Dalhousie Psychiatry”. Current residents have remarked that this interaction and opportunities to speak to the residents were big influences in choosing Dalhousie for their residencies.

We had a significant increase in the number of applicants this year and interviewed more candidates than ever. Residents and faculty participated in the noon-hour luncheons and interviewed nearly 70 candidates in total. Many staff and residents sported some Dalhousie apparel to improve their profile and team spirit. From the bottom of my heart I wish to thank you all, faculty, staff, and residents for pitching in the joint effort of interviewing the candidates, reviewing

their files, and showing them that our Department is an excellent place to train.

Special thanks to **Ms. Norma Thompson** for her efforts to improve our interviewing process — if you only knew how much planning and effort goes into making it work!

Also special thanks to my comrades-in-arms, members of the Postgraduate Selection and Admissions Committee, **Drs. Mark Bosma** and **David Gardner**.

Great job everyone! We look forward to welcoming our new residents on July 1.

Message from the Head

Dr. Nick Delva

Under the capable direction of **Dr. Margaret Rajda**, our postgraduate program continues to thrive and as you can see from the front-page story, this July we will be welcoming seven new residents into the PGY-1 year. Congratulations to everyone who made this year's CaRMS match a success, repeating last year's achievement of full matching after the first round. A special "thank you" is owed to **Ms. Norma Thompson**, Postgraduate Coordinator, who put in long hours preparing for the match.

Meanwhile, **Dr. Allan Cook**, Director of Undergraduate Education until the end of February, continued to provide effective leadership to our undergraduate program, which has an established track record of giving Dalhousie medical students an excellent education in psychiatry. Dalhousie MD graduates placed second in the psychiatry section in the 2009 LMCC examinations, after a first-place showing in 2008 — with 17 medical schools in Canada, it is no mean achievement to score so consistently well. Their strong showing in psychiatry helped our Dalhousie medical graduates to place first in the country in the overall LMCC results for 2009. I'd like to thank all of our teachers in the undergraduate program, including both faculty and residents. The hard work currently underway to revise the undergraduate medical curriculum can be counted upon to make an excellent medical school even better,

and allow the Dalhousie Medical School to emerge from its LCME probationary status (Liaison Committee on Medical Education — the US body that accredits medical Schools) with flying colours. Dr. Cook will soon be leaving us to take up a position at l'université de Sherbrooke, and we thank **Dr. Lara Hazelton** for assuming the interim directorship of the undergraduate education program during this busy time of challenges and opportunities. We also thank **Dr. Allan Abbass**, Director of Education, for taking over from Dr. Hazelton as Clinical Skills Coordinator.

Congratulations also to our hard-working researchers on their recent successes in obtaining major awards in aid of research. Research is clearly thriving in the Department, under the guidance of **Dr. Ben Rusak**, Director of Research, who was recently awarded the major honour of being named a member of the Committee for the Selection of New Fellows of the Royal Society of Canada (Life Sciences Division).

In addition to wishing Dr. Cook, "Bonne Chance" in la belle province, we wish **Dr. Peter Florence**, "Good Luck" as he returns to his home province to work at the University of Alberta. We are very sorry to lose each of these strong contributors to the welfare of the Department. Most recently, Dr. Florence was the first full-time Psychiatry leader in the newly-formed QEII Psychiatric Emergency Service, which has received



many plaudits. We are very happy to welcome **Dr. Jerry Gray**, who will be working on the IWK Child and Adolescent Psychiatry acute inpatient unit, and who held the position of Chief of Psychiatry in the South Shore Health Authority for a number of years.

Another major strength of the Department is the International Psychiatry Section. The commitment of IPS Director **Dr. Sonia Chehil** to the development of services in developing counties is peerless, and the three articles in this issue of Headlines make fascinating reading. A number of Department members and CDHA Mental Health Program staff are now involved in the development of services in the Caribbean and Guyana, and it is wonderful to see such a range of expertise in action, from the development of appropriate frameworks of mental health law, to clinical services, to teaching and anti-stigma work.

Dr. Deborah Parker's three-month residency placement in Guyana has

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Department of Psychiatry HEADLINES

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Research Section

Submitted by: Jennifer MacDonnell
Research Administrative Assistant

Congratulations!

Congratulations to the faculty members who were awarded Department of Psychiatry Summer Studentships for 2010: **Drs. George Robertson, Sherry Stewart, Stan Kutcher, Gail Eskes,** and **Phil Tibbo** and **Denise Bernier**.

Congratulations to **Drs. Heather Milliken, Phil Tibbo,** Beverly Butler, **David Gardner,** and **Kim Good** for receiving funding from the Mental Health Foundation of Nova Scotia for a new study on the effect of Niacin in the treatment of first episode psychosis worth \$200,000 annually.

Dr. Gail Eskes and the team at the Brain Repair Centre were recently awarded \$1.8 million dollars from the Atlantic Innovation Fund to develop innovative technologies to treat common impairments of cognitive function resulting from brain injuries or diseases such as stroke and Parkinson's disease.

This multi-disciplinary collaboration of Dalhousie University, Capital Health, and the IWK Health Centre will establish a Cognitive Repair Laboratory and will be developing the "Cognitive Repair Kit," a computerized, game-like set of mental training exercises to treat common cognitive impairments. The team hopes to develop accessible treatments that patients can use at home under therapeutic supervision.

Dr. Anne Duffy has just been awarded a five-year CIHR operating grant (over one million dollars) to support a continuing study of the offspring of bipolar parents. The main aims of the study are to describe the natural history of bipolar disorder and to identify biomarkers and the earliest reliable clinical indicators, as well as to understand the influence of key psychosocial influences. Her prior work, funded by CIHR, was recently published in the *British Journal of Psychiatry* and the *Journal of Affective Disorders*, as well as being in press with the *Canadian Journal of Psychiatry*. The major findings from this work include

the observation that bipolar disorder may evolve in a series of clinical stages from non-specific antecedents such as sleep, anxiety, and neurodevelopmental disorders, to adjustment and minor mood disturbances in early adolescence to major depressive episodes in mid-late adolescence. The activated (manic and hypomanic episodes) usually do not occur until several years following the depressive episodes in the majority of high risk offspring. This finding highlights the importance of incorporating family history into the diagnostic formulation and emphasizes the heterotypy of clinical course in evolving psychiatric disorders in youth.

Drs. Tomas Hajek, Martin Alda, Anne Duffy, and Mr. Tyler Rolheiser were awarded one-year bridge funding in the amount of \$100,000 from the CIHR Institute of Neurosciences, Mental Health and Addiction (INMHA) for the study "Anatomical, functional connectivity and gray matter development as risk factors for bipolar disorders — longitudinal MRI study in offspring of bipolar parents".

Dr. Carlo Carandang (co-PI) and his collaborators were awarded \$100,000 from CIHR for "Emergency Mental Health Services for Children and Youth: A multi-site study of clinical indicators for patient needs, decision-making, and service delivery", their Emergency Department (ED) study. This funding will fund their six-month, multi-site pilot study and they are hopeful that this study will provide much needed data and allow them to get more funding for a larger multi-site full-year study.

The recent Senate Standing Committee report "Out of the Shadows at Last" is generating long overdue awareness and discussion about the impact of mental health and illness across the country. While adult mental illness has been viewed as the "orphan" of the health care system, children's mental illness is often described as the

"orphan's orphan". It is estimated that roughly 15% of children and youth live with a mental illness but only one in six receive any substantial mental health services.

Emergency Departments are becoming a primary source to obtain mental health services for children and youth. Some researchers propose that this increase is due to the lack of inpatient and outpatient mental health services in both the U.S. and Canada. Despite the importance of the ED in providing mental health services, there is lack of research that examines the management of children and youth presenting to the ED with mental health problems. Further, the range of mental health emergency services provided after discharge vary with limited understanding of the factors that influence clinical decision making.

The full research project will provide essential evidence to improve service delivery for children and youth experiencing a mental health crisis. In addition, this study will identify the types of services that the children and youth need both at the time and following their emergency visit. Both results are critical in informing much needed intervention and service delivery trials to meet the mental health needs of this vulnerable and under-serviced group. The results of this pilot study will be reviewed for uptake rates. The Research Assistant will outline any issues with completion of the questionnaires and the observation tool using a detailed data collection tool designed for the pilot.

Funding Deadline

The next deadline for the Psychiatry Research Fund grant competition is June 1, 2010. For information and the application, please visit <http://psychiatry.medicine.dal.ca/Research/dgaf.htm> or contact **Ms. Jennifer MacDonnell** at Jennifer.MacDonnell@cdha.nshealth.ca.

Education Section

Submitted by: Annette Cossar
Education Administrator

Undergraduate News

The Undergraduate Program is all abuzz and is like a beehive of activity. The curriculum renewal initiative of the Faculty of Medicine Undergraduate Medical Education (UME) Office has the departments working on revamping the current educational activities of each undergraduate program year. The 2010–2011 academic year will see the implementation of changes to the Med 1 curriculum, while the Med 2 Year will remain the same until 2011–2012. There will be a further review on the Clerkship years and those changes will be integrated as the process moves forward for all disciplines. With the new curriculum will come exciting new opportunities for members of our Department to teach and tutor medical students, so anyone who is interested in medical education should watch for recruitment e-mails in the coming weeks.

As part of the process of setting objectives in psychiatry across all of the years of undergraduate medicine, there was a recent retreat held which featured Ms. Anna MacLeod from the UME Office, who spoke on developing objectives. There are also a number of upcoming faculty development workshops related to curriculum renewal. For more information, visit the Dalhousie Division of Medical Education website at <http://facdev.medicine.dal.ca/programs.php>.

This fall marks the opening of the new Dalhousie Medical School New Brunswick campus, based in Saint John. Members of our Department, coordinated by **Dr. Laurie Potter**, will be actively involved in Med 1 and 2 education on site. More information will should be available soon.

Finally, the Undergraduate Program is searching for a successor for **Dr. Allan Cook**, who has tendered his resignation. Dr. Cook has officially stepped down as Undergraduate Director effective March 1. **Dr. Lara Hazelton** has graciously agreed to be the Interim Director until the Search Committee finds a successor. On behalf of the Department, we would like to extend our sincere thanks and gratitude to Dr. Cook for his collegiality, perseverance, and dedication to the learners of the Undergraduate Program and the Department throughout his time with us. We will miss you!

Continuing Education Activities

Clinical Academic Rounds at the QEII

April 7: Dr. Normand Carrey
April 21: Reproductive Mental Health
April 28: Special lecture with Dr. Alan Peterkin
May 5: Dr. David Gardner
May 19: Dr. Phil Tibbo
May 26: Dr. Sabina Abidi

Clinical Academic Rounds at the IWK: to be announced

April 7, April 21, April 28, May 5, May 19, and May 26

Clinical Academic Rounds at the NSH: to be announced

April 9, April 23, April 30, May 7, May 21, May 28

University Rounds QEII

April 14: Dr. Jan Volavka, MD, PhD,
Professor Emeritus of Psychiatry, New
York University School of Medicine,

“Advances in Treatment and Prevention
of Violence in Patients with
Psychoses”

May 12: Dr. Arun Ravindran, Clinical
Director of the Mood and Anxiety
Disorders Program at CAMH;
Professor of Psychiatry and
Graduate Faculty in the Department
of Psychology and the Institute of
Medical Sciences at University of
Toronto

Upcoming Workshops

May 3-4: Dr. Scott Stuart, International
Society of Interpersonal
Psychotherapy

Topic: “IPT with Dr. Scott Stuart”
This course is designed to instruct
participants in the theory and practice
of Interpersonal Psychotherapy (IPT).
For further information, please contact

Ms. Carrie Wipp at [Carrie.Wipp@cdha.
nshealth.ca](mailto:Carrie.Wipp@cdha.nshealth.ca).

June 9: R.O. Jones Memorial Lecture
with Dr. Richard Hermann,
Associate Professor of Medicine and
Psychiatry, Tufts University; School of
Medicine Director, Center for Quality
Assessment and Improvement in
Mental Health, Tufts Medical Center

Topic: “Measurement-Based Quality
Improvement in Psychiatric Care”

Each year consideration is given to
inviting prominent individuals from the
psychiatric profession which represent
Dr. Robert O. Jones’ spirit of academic
psychiatry and clinical practice. The
R.O. Jones Lecturer is also a presenter
at the Atlantic Provinces Psychiatric
Association (APPA) annual meeting. The
2010 Meeting will be held June 10–12
in St. John’s, NL. For further details on
the meeting, please contact
Ms. Donna Fraser at [dfraser@eastlink.
ca](mailto:dfraser@eastlink.ca).

International Psychiatry Section

Reflections from Saint Lucia

Sandra Hennigar, Mental Health Program, Special Projects, CDHA

I had the fortunate opportunity to spend two weeks in Castries, St. Lucia, working with the Ministry of Health and staff of the psychiatric hospital as they moved to a new facility given to them by the Chinese/Taiwanese governments.

Until March 2, 2010, the psychiatric hospital, Golden Hope, was housed in an old fortress overlooking a bay. Golden Hope had provided psychiatric care to St. Lucia for more than 50 years. One might assume the name was somewhat metaphoric, representing the hope we believe each individual must possess in order to plan for today and tomorrow. Golden, perhaps because it overlooked a beautiful bay, where the sun rose and set with magnificence.

The move to the new facility is part of the larger reform project that will include changes to the delivery of inpatient care and better access to community-based services. Many staff spoke of the positive outcomes that have already been made at the community level. During the opening ceremonies, the Prime Minister, the Minister of Health, and the administration of the new

hospital, now called St. Lucia National Mental Wellness Center, spoke of new beginnings for patients, with better treatments and improved outcomes.

Clearly, people know that these changes will not occur simply because there is a new facility. They do recognize though, that they needed an improved patient care environment in order to begin the process of improved care. The new facility now has different care buildings where patients will receive care based on the level of their care needs. We know that services built for specific sets of patient care needs have higher levels of success than when a generic program is offered to a very diverse patient care group.

The Project Reform staff and the hospital staff are acutely aware of the huge task ahead of them. They know the move itself is a major adjustment for both patients and staff and realize it will take time to just work out the “bugs” that the new buildings pose. But they also are acutely aware that this is just the beginning and other major service components must be addressed for the reform to be complete. We talked about many of the “next steps” needed

to bring their goals of improved patient care to fruition.

Determining how to prioritize next steps will be a challenge. Resources, both fiscal and human, are required for the work that lies ahead, whether that is staff education or program development. Staff recruitment for all professional groups is no easier in St. Lucia than it is elsewhere and may even be more difficult.

One thing very evident during my visit was the passion and dedication to create improved care for the people of St. Lucia. This excitement was everywhere, from families of current and past patients, hospital and community staff, and members of the community who had supported the hospital in a number of ways over the years. The Reform Project staff and members of the hospital staff were eager to talk about their experiences and what they thought needed to be done. Staff was eager to hear how care is delivered in Canada and how we handle things like charting, demands on nurses' time, and many more. The passion for improved care, combined with the new physical plant, are signs that much more can be accomplished. Staff is hopeful about their future but the Reform Project staff know that more than hope is needed. A specific plan with timelines is required to ensure that program and staff development continue to move forward. The International Psychiatry Division has had discussions about how it can continue to collaborate and partner to assist with pieces of this initiative.



Dr. Scott Theriault, Technical Lead for the Saint Lucia Project

This trip seems to me to be the vanguard of a new, multimodal, multidisciplinary International Section. As someone who is subspecialized in my day-to-day work I can lose track of what the basics in the field are. The trip

not only reminds one that the basics are essential to the provision of care but that any of our front line staff have a knowledge base that, in interaction with their peers in another country can vastly improve care in the region. It is exciting that staff from different areas of psychiatry and different medical

and other disciplines can share in an interactive and ongoing way. Their knowledge leads to an expansion of knowledge that is more than the sum of its parts, as local staff explore, debate, and utilize new ideas and skills with people that they see as colleagues, not consultants.

Reflections from Guyana

Submitted by: Dr. Deborah Parker
Resident

In January 2010, while staff and residents were preparing for the annual CaRMS blitz and Canadians were experiencing another dismal winter, I was packing my summer clothes in anticipation of a three month elective in international psychiatry in Guyana.

On arrival, I met first with the Minister of Health and then with the Medical Director of the Georgetown Public Hospital and the Head of Psychiatry to define my role in the clinic. It was agreed that I would help train general medical officers who had just completed their training in Cuba. Where calling doctors off other rotations to spend five half days in psychiatry would have been impossible elsewhere, here it was accomplished in three days! I could only imagine what else would be accomplished during my three months.

On my first day, I was shown to one of two desks in a small office and it was suggested that this would be where I meet with patients and provide teaching,

all while another physician did the same at the other desk. I refused, how could I maintain a patient's confidentiality while their whole conversation might be overheard? Instead I ended up in another office, sharing the space with one of the social workers. My refusal did pay off though and by the next day, I was given my own space. While this was a small victory for me, this may have been lost on the rest of the clinic who continued on as before sharing office space out of necessity rather than choice. And even in my new surroundings, privacy was never guaranteed with patients and physicians alike having the tendency to walk in and out of rooms without knocking and the top of the walls being open to allow air to circulate. Patients accommodated this by speaking so quietly that I soon came to fear that I was losing my hearing.

The physical environment was one of many challenges I tried to overcome in the clinic. Nowhere is it clearer than

when you work in another country just how important language, culture, and education are to providing health care, particularly psychiatric care. While as a fourth year resident I was confident in my ability to interview patients and diagnose psychiatric disorders, it was a daily challenge to do both in Guyana. Differences in vernacular frequently challenged communication. When reframing a question and summary did not work, the physicians training with me would often have to interpret what I was trying to say and sometimes even that failed. Cultural differences in understanding illness behaviour can delay care and impact management as patients may first visit faith healers or drink tonics before visiting a physician. Similarly, service delivery can be difficult in a clinic where most of the patients do not complete elementary or middle school and in a country where public health initiatives on mental illness are still in their infancy. I often had to limit the information provided about diagnosis, prognosis, and management so as not to overwhelm patients.

In a country with few resources, a huge responsibility is placed on families and patients to facilitate care. Where there is no system to deliver referral letters or consultation reports between areas of the hospital, much less between different health care centers, patients must convey this information themselves. And with only eight inpatient beds in Georgetown, most acutely ill patients will only receive outpatient treatment. Families then will often be expected to arrange transportation to the clinic even two to three times per week although it is not always the most appropriate person accompanying the patient as family members were often fearful of losing their jobs. While my initial reaction was not to involve aunts, cousins, adolescent siblings, and even friends in the patient's care, there was often no choice. I quickly learned that extended



One of the interns offers a presentation to the other physicians in Dr. Parker's office in the clinic in the Georgetown Public Hospital. Dr. Parker also taught and saw patients in this office.

family and community members were usually involved at home and already knew the details of the patient's history and symptoms. I had to hope that the information about diagnosis and management received during a clinic visit would be accurately passed on to more immediate and responsible family members.

In a system that relies so heavily on patients and families, it is important that patients be empowered with their health care. Instead the opposite occurs, psychiatry and medicine in general is practiced in a very patriarchal fashion where patients are told what to do and their own preferences are not considered. In taking a history, patients often did not know their diagnoses and according to those I worked with, rarely had they been given one. Most did not know what medications they were taking and what they were taking them for. Apart from the obvious concerns of poor compliance and self-management, this posed an additional challenge in my clinical encounters. Practicing psychotherapy or collaboration with patients had to be explicitly explained, otherwise patients did not know to participate and would resist the process.

Implicit to changing the way patients participate in their care is to change the way physicians practice.

“Cultural differences in understanding illness behaviour can delay care and impact management as patients may first visit faith healers or drink tonics before visiting a physician.”

I enjoyed working in a supervisory capacity providing supervision to over 30 physicians, interns, and medical students during my time in the clinic. The approach to teaching in Guyana also had to be adapted as basic interviewing skills, much less knowledge about psychiatry, was limited. Stigma about mental illness is also more pervasive so this had to be addressed before teaching could start. Many believed that patients with mental illness were a lost cause and incurable and this reflected in their participation in the clinic. And while I may not have always gotten it right, my first job was to try to convince physicians that patients with psychiatric disorders are as deserving of a physician's care before I could inspire them to learn.

While I have looked forward to returning to Canada and all its familiarities, I can't help feeling that there is more I could have done in Guyana. International health development does not occur overnight but at least I got to play a small part in the process by hopefully inspiring physicians to do things differently and patients to demand more. Through exposure to meetings on drafting a new mental health act, program development, and policy making, I have come to better understand that change

within health care best occurs when it happens at many levels simultaneously. This requires partnership between government, health care providers and facilities, community organizations, and the public. And as a foreigner participating in the process, it requires a balance between respecting the local experts, most familiar with the cultural and political landscape, and creating dissonance to help motivate change.



Dr. Deborah Parker poses with the Medical Director, Dr. Rambaran, and the CEO of the Georgetown Public Hospital, Dr. Khan.

International Psychiatry Resident Rotations

Psychiatry Residents at Dalhousie have the opportunity to participate in a diverse array of activities encompassing research, education, and frontline clinical care. Three-month research and clinical elective experiences in international psychiatry are currently available in Trinidad and Tobago, Guyana, and other partner countries.

For more information please contact our administrator **Ms. Julie O'Grady** at Julie.OGrady@dal.ca or by phone at 902-473-4252.

HEADLINES

Photo Submissions

Please continue to send us your photos!

Headlines is a more successful newsletter if it includes photos to accompany as many of the articles as possible.

But not all photos are created equal. If you are taking a photo that you plan to submit to *Headlines*, please confirm that your camera is set to the highest resolution possible, to allow the photo to be reproduced at a larger size.

We want everyone to recognize you!

If you are organizing or attending an event and would like to book the Departmental camera and photographer, please contact **Ms. Christy MacDonald** at 473-1677 or Christy.MacDonald@cdha.nshealth.ca.



Dr. Paul Janssen Chair in Psychotic Disorders

Submitted by: Dr. Phil Tibbo

Dr. Paul Janssen Chair in Psychotic Disorders

Recent studies published internationally link cannabis use to an increased risk of developing psychosis for those who are predisposed. While cannabis use has harmful effects for all users, especially over the long term, the consequences can be much more severe for those people who have a predisposition to mental illness. Cannabis can trigger psychotic symptoms, worsen the symptoms of those who have a psychotic illness, and impede recovery.

Research has shown that early intervention for psychosis reduces psychotic symptoms and hospital readmissions; however, the complex issues involved in co-occurring substance use and psychosis can make detection, diagnosis, and ultimately, treatment and recovery particularly challenging. Cannabis is the most commonly abused substance among youth with First Episode Psychosis

(FEP), with estimates of prevalence of use ranging up to 80%.

According to a recent report by the Canadian Centre on Substance Abuse (CCSA), “current population approaches for preventing adolescent drug use may not address the key issues for groups at highest risk, but may only reach the majority who are not likely to experience substantial harms from drug use”. The CCSA has highlighted the value of ongoing research into risk and protective factors associated with young adult substance use, and will lead a major new drug prevention effort as part of the new National Anti-Drug Strategy.

We are very excited to announce that in collaboration with the Schizophrenia Society of Canada (SSC), **Dr. Phil Tibbo** and the Nova Scotia Early Psychosis Program will be undertaking a rather novel research approach to this issue. In order to design a meaningful prevention

effort that effectively reaches young adults at risk of developing psychosis, we need to understand why young adults with psychosis use cannabis. Dr. Tibbo’s team will be training 28 young adults who have experienced psychosis (seven per site, four sites in Canada) in participatory research methodology in order to gather relevant information on the reasons for drug use of their peers in treatment for psychosis and substance use problems. These young adult researchers will gather the information by conducting interviews and focus groups. The data gathered through the participatory action research will directly inform the prevention messaging and materials produced by the project. The research process will increase our understanding of the experience of at-risk young adults, forming the basis of a cannabis prevention strategy for this population.

News & Announcements

Staff / Faculty Changes

Ms. Julie O’Grady has resigned from the position of Administrator, Child and Adolescent Psychiatry effective February 22 and has accepted the position of Administrator, International Psychiatry. Julie can be reached at 473-4252 and has moved to the 8th Floor, Abbie Lane Building. Congratulations Julie!

Ms. Tracy MacKenzie has resigned from the position of Administrative Assistant to the Sun Life Financial Chair in Adolescent Mental Health, effective March 12. Tracy has accepted a position as Executive Assistant to the VP, Facilities Management, at Dalhousie University.

Dr. Mark Johnson has resigned from the Child and Adolescent Psychiatry Division effective March 26.

Dr. Peter Florence has resigned from Emergency effective March 31 and will be moving to Alberta.

Dr. Gerald Gray has joined the faculty as an Assistant Professor, effective April 5. He will be joining the Child and Adolescent Division and will be working on the 4 South inpatient unit.

Dr. Allan Cook has resigned from Consult Liaison and is relocating to Sherbrooke, Quebec effective mid-April.

Congratulations

Dr. Ben Rusak Receives Two Honours

Last week, **Dr. Ben Rusak** received the Dalhousie Association of Psychology Students' Professor of the Year award. In addition, he was named a member of the Committee for the Selection of New Fellows for the Life Sciences Division of the Royal Society of Canada.

The Academies of Arts, Humanities and Sciences of Canada is the senior national body of distinguished Canadian scholars, artists and scientists. The RSC was founded in 1882 with the following mandate: "The object of the Society shall be to promote learning and intellectual accomplishments of exceptional quality. The Society recognizes remarkable contributions in the arts, humanities and sciences, as well as in Canadian public life." The RSC now consists of nearly two thousand Fellows, men and women who are selected by their peers for outstanding contributions to the natural and social sciences, the arts, and the humanities. There are three Academies of the RSC: Academy I is the Academy of the Arts and Humanities; Academy II is the Academy of Social Sciences; and Academy III is the Academy of Science.

Dr. Alexa Bagnell Receives the IWK Health Centre D.A. Gillis Award for Clinical Excellence

The Division of Child and Adolescent Psychiatry is proud to announce that **Dr. Alexa Bagnell** was the recipient of the IWK Health Centre D.A. Gillis Award for Clinical Excellence. Recipients of this award have demonstrated excellence in clinical practice, sound clinical judgement, and excellent communication skills. They have a strong commitment to patients and families, and the ability to inspire students and be a role model for colleagues.

News

Thanks from Laing House

Submitted by: Judy Bell, Director of Programming,
Laing House

Laing House is a peer support organization for youth with mental illness where members can embrace their unique gifts and find their way in a caring and supportive environment. Laing House youth are between 16 and 30 years of age and have a diagnosis of mood disorder, psychosis, and/or anxiety disorder.

The Laing House staff team have had the pleasure of partnering with **Dr. Sonia Chehil** for a number of years, first in her role as facilitator of a youth group at Laing House, and most recently through the professional development seminars being offered by her team of residents. For the past two years, the residents have prepared a series of staff development seminars based on the identified learning needs of the Laing House team. Topics that have been presented were: "Dealing with Ambivalence", by **Drs. Ava Muir** and **Michael Stubbs**; "Evolving Diagnoses" by **Drs. Lee Simpson** and **Svitlana Rusalov's'ka**, "Resiliency" by **Drs. Adriana Wilson** and **Randy Zbuk**; "Information on Personality Disorders and

how best to support someone who has this diagnosis" by **Dr. Amanda Ginnish**; and "Information/literature on effective community based supports for individuals living with dual diagnosis (addictions/mental health)" by **Dr. Chris Murphy**. Upcoming topics scheduled are: "How best to support youth who have constant suicidal ideation and cycle in and out of hospital because of this" by **Dr. Mira Stingu-Baxter** on April 9 and "Latest information on new and emerging psychotropic medications" by **Dr. Daniel Rasic** on May 7.

These events have provided valuable learning opportunities for the team as they not only learn about the chosen topic, but are able to tailor questions specific to the work we do. Having access to the psychiatry residents has enabled us to keep on top of cutting edge research and enhanced our skills and knowledge related to youth and mental health.

Laing House
Come as you are

Humanities Corner



On March 5, the Department of Psychiatry sponsored a movie night at Park Lane cinemas for medical students. Ten students were joined by faculty and residents from our Department to see the film *Shutter Island*, starring Leonardo DiCaprio and Ben Kingsley. *Shutter Island*, a gothic thriller, is set in an asylum for the “criminally insane”. The movie’s melodramatic portrayal of mental illness provided lots of material for the discussion about stigma that followed at **Dr. Lara Hazelton’s** house.

Thanks to **Ms. Martine McKay** for all the effort involved in organizing this very successful event!

Members of our Department were present at the February meeting of the Dalhousie Society for the History of Medicine to hear **Dr. Nick Delva’s** excellent presentation, “Reflections on the Nova Scotia Hospital Artifact Collection”. The second presentation of the evening, also of interest from a psychiatric point of view, was “Deinstitutionalization and Nova Scotia’s Mental Health Policy” by Judith Fingard and John Rutherford.

On April 28, Dr. Alan Peterkin will be presenting at Clinical Conference at the Abbie Lane. Dr. Peterkin is an Associate Professor of Psychiatry and Family Medicine at the University of Toronto. He has a strong interest in narrative medicine, and his latest book is an anthology of patient narratives entitled “Still Here: A Post-Cocktail AIDS Anthology” which he edited. In addition to presenting in the morning, Dr. Peterkin will be meeting psychiatry residents over lunch. His visit is sponsored by the Dalhousie Division of Medical Education. Thanks to Drs. Blye Frank and Gerri Frager of the Medical Humanities Program for including us in his visit.

Message from the Head

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clearly been a most valuable experience, and, closer to home, it is also great to see our residents engaged in the work of Laing House.

We are working closely with the Nova Scotia Department of Health, and have indicated our desire as a Department to participate actively in the restructuring and expansion of mental health services in Nova Scotia. We were very happy to

hear in last week’s Throne Speech that the government has committed to “undertake a new Mental Health Strategy to revamp mental health and addiction services”.

Finally, I’d like to mention that it was a real pleasure to view the recently released film, *Shutter Island*, with the medical students and to discuss the film with them afterwards. Thanks to Dr. Hazelton for organizing and hosting this event

and for her other efforts as our Medical Humanities Coordinator.

I look forward to seeing many of you at the upcoming XXI NSH Academic Day on April 30, and wish our senior residents good luck in the upcoming Royal College examinations!