

Department of Psychiatry HEADLINES

Dr. Stan Kutcher featured on *The Nature of Things*



Photo courtesy of Merit Motion Pictures

Living with a teenager in your home can be a challenge. Why are they so reckless and irritable? In *Surviving :) The Teenage Brain*, producer Merit Jensen Carr and award-winning director Elise Swerhone have put together a panel of experts, including Dalhousie's own child and adolescent mental health specialist **Dr. Stan Kutcher**, to decipher the complexities of teenage behaviour and illustrate that in fact, the teenage years are essential for our survival. Joining Dr. Kutcher is: Dr. Jay Giedd, who practices child and adolescent psychiatry and is Chief of Brain Imaging at the National Institute of Mental Health's Child Psychiatry Branch; Don Tapscott, who is one of the world's leading authorities on innovation and technology; Dr. David Bainbridge, who teaches in the Department of Physiology, Development and Neuroscience at the University of Cambridge and is the author of *Teenagers: A Natural History*; and Dr. Helen Fisher, a biological anthropologist who has conducted extensive research and written five books on the evolution of human sex, love, marriage, gender differences in the brain and personality.

"The program is a real celebration of the teenage brain, how it has evolved and how it allows for our survival as a species," says Carr, who is excited the film is getting a great deal of interest. "It makes us more sympathetic and is very helpful for parents."

The film focuses on the essential nature of the teenage years for human survival. Dr. Bainbridge puts it simply when

he says, "Without teenagers we'd be short-lived and stupid." The experts address risk-taking behaviour and how, though disturbing to parents, it is a method of adaptation.

"What we have," says Dr. Kutcher, "are brains that are hardwired to be successful—hardwired to be able to adapt to life and to the circumstances of life. He goes on, "That's why adolescence is so important, it's the evolutionary adaptation that leads to our species surviving."

The experts discuss love's addictive nature during the teenage years and relate heartbreak to withdrawal from an addictive substance. This process too, helps with survival. "It's through heartbreak that we learn to adapt," says Dr. Kutcher. "If we don't have these negative life experiences than we won't learn how to deal with them." The film also addresses, among other things, creativity, parenting and how technology has impacted the environment that our brains adapt to.

Carr and Swerhone have created a documentary that really allows for an understanding of the teenage brain, something Dr. Kutcher says is "fundamental" to improving the mental health of youth. "It's essential to understand how the brain works and how it develops over time," he says. "It is the fundamental building block to understanding mental health."

The hour-long documentary aired on CBC's *The Nature of Things* with David Suzuki on January 19. If you would like to view it please head to: <http://www.cbc.ca/natureofthings/episodes.html>

Message from the Head

Dr. Nick Delva

We can count on *Headlines* being full of interesting stories and this issue is no exception! It includes the winning entry in this year's Student Writing Contest (*Cadaver Girl* by Meghan Doraty, University of Calgary) and an article on the uncanny parallels between the lives of the co-recipients of this year's Canadian Sleep Society Distinguished Scientist Award, **Dr. Ben Rusak**, our Director of Research, and Dr. Meir Kryger.

Our front page story focuses on the holder of our Sun Life Chair in Adolescent Mental Health, **Dr. Stan Kutcher**, who was recently featured on a CBC TV program about the teenage brain. As you will also see on page 6, Dr. Kutcher and his staff are leading the development of school curricula directed at mental health literacy.

A number of congratulations are in order:

To **Dr. Margaret Rajda**, Postgraduate Program Director, **Dr. Mark Bosma**, Deputy Postgraduate Program Director, **Dr. Katherine Matheson**, Chief Resident, **Dr. Liisa Johnston**, Associate Chief Resident, and everyone else involved in the work of bringing our residency program to the point of being recommended for full accreditation. We expect to receive formal notification from the Royal College in the spring. We know that we have an excellent, resident-centred postgraduate program in which our junior colleagues receive a solid clinical training while being able

to pursue their dreams in a wide range of clinical fields and areas of research. Full Royal College accreditation recognizes this!

To **Dr. Jacob Cooke** for being admitted into the Clinician Investigator Program (CIP) this July. Dr. Cooke follows **Dr. Daniel Rasic**, who will complete his CIP at the end of June with a Master's degree in Community Health and Epidemiology.

To **Dr. Lara Hazelton**, for being awarded a Royal College Fellowship for Studies in Medical Education, which will assist her in completing her MEd.

To **Dr. Garry Walter**, for receiving the high honour of the Order of Australia.

To **Drs. David Pilon** and **Cheryl Aubie**, for being elected respectively to the Presidency and Board membership of the Eating Disorders Association of Canada (EDAC). The Department of Psychiatry is happy to be a sponsor of the upcoming EDAC annual conference, to be held this fall in Halifax.

To all of our Department members who are contributing to the work of the Mental Health commission of Canada, including **Drs. Stan Kutcher, Patrick McGrath**, and **David Gardner**.

To **Dr. Sonia Chehil**, Ms. Sandra Hennigar, Ms. Loretta Whitehorn, Ms. Donald Edgar, and Ms. Susan Charlton for their work in Global Psychiatry. It is wonderful that the provincial Minister of Health, the Honourable Maureen MacDonald, was also able to attend the meetings on global mental health in



New York City last fall.

While Dr. Chehil and her team are making efforts to integrate mental healthcare into primary care in Guyana and elsewhere, we must do the same here. I would like to see: Family Physicians involved in the care of each and every one of our patients; stepped care as the general model of care for patients in the community; psychiatrists as consultants rather than providers of continuous care for all patients except those with complex needs or severe illnesses; and a detailed plan with projected costs for each patient currently an inpatient in one of our facilities but who is ready for community living given adequate supports. Our AFP allows us to be creative and flexible in our delivery of care – let's take advantage of it!

In closing, I'd like to encourage you to support our Psychadelics Team as they close in on their goal of raising \$12,000 in the "Bust a Move for Breast Health" and consider attending the NSEPP/ NSPRU fundraiser on March 30th.

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Dalhousie University
 5909 Veterans' Memorial Lane
 Halifax, NS B3H 2E2
 Phone: 902-473-1677
 Fax: 902-473-4887

Editor: Dr. Aidan Stokes

Compilation, Layout, and Design:
 Kate Rogers

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

Research Section

Submitted by: Janet Bardon
Research Administrator

22nd Annual Psychiatry Research Day

This year's event is scheduled for Friday, November 2 at the Lord Nelson Hotel. Now in its 22nd year, Psychiatry Research Day promotes student involvement in research and showcases the Department's diverse expertise to our university and local communities. This year we will be giving presentation awards for undergraduate, graduate, resident, junior faculty and psychiatry staff.

We are pleased to announce that this year's keynote speaker will be Dr. Candice Odgers, Associate Professor of Psychology & Social Behavior, Education and Nursing Science, University of California. Dr. Odgers' research focuses on the developmental course of externalizing disorders, with an emphasis on physical-health outcomes. Specific interests include: the role of gender, family history and neighborhood context in the progression of childhood conduct disorder; longitudinal methods for facilitating causal inference; and the health consequences of early teenage substance exposure.

See <http://socialecology.uci.edu/faculty/codgers> for more information on Dr. Odgers.

Applications to present at this year's Research Day will be distributed in May with registration starting in August.

For more information on Research Day 2012, please contact **Jennifer MacDonnell** at Jennifer.Macdonnell@cdha.nshealth.ca.



Dr. Candice Odgers

Upcoming Internal Grant Deadlines

Department of Psychiatry Research Fund - June 1, 2012

Department of Psychiatry Summer Studentships – March 5, 2012

Recent Internal Grant Awards

Dr. Mirko Manchia: Investigation of the effects of in vivo lithium treatment on gene expression levels using lymphoblastoid cell lines from human healthy subjects.

Mr. Mark Petter: The effects of mindfulness on pain in adolescents.

Dr. George Robertson: Gene signaling events responsible for the neuroprotective effects of AF4.

New VP of Research and Innovation for Capital Health and the IWK Health Centre

In December, the process began to recruit the Integrated Vice President of Research and Innovation for Capital Health and the IWK Health Centre. This role will lead and integrate the expanding shared efforts in health research of the IWK and Capital Health, in partnership with Dalhousie University.

An important early step in this process is to seek the input on both the role and the qualities that are important in a candidate.

The search consultant Anna Stuart from Knightsbridge Robertson Surette will be meeting with us to solicit our input. You are invited to attend this session to share your thoughts.

Specifically, it would be helpful if you could reflect on the following questions:

- What are the most significant opportunities and challenges that the Integrated Vice President of Research and Innovation will face?

- What are the outcomes that the Integrated Vice President of Research and Innovation will be expected to achieve in their first 12-18 months in the role?

- What are the key responsibilities of the Integrated Vice President of Research and Innovation in a system that is transforming?

- What experience, skills and leadership attributes should the Integrated Vice President of Research and Innovation have to be successful?

We look forward to your participation on Tuesday, March 20, 2012, 3:30 – 5:00 p.m. in the VG Auditorium.

Education Section

Submitted by: Annette Cossar
Education Administrator

Postgraduate News

FINALLY! Psychiatry Residency Program has gained Full Accreditation Status by the Royal College Accreditation Survey Team on Feb. 14, 2012. This marks the long end to provisional ratings that have spanned more than a decade. The hours that have been spent by **Dr. Malgorzata Rajda**, faculty, residents, administrative staff and hospital representatives has all paid off. Good job to you all and well done! The official written report will be completed and returned from the Survey Team in May.

Simultaneously, the end of the CaRMS Interview Process has been completed with the last day of interviews held on Saturday, Feb. 11. The Match Selection Committee has met and returned our rank order list to CaRMS as of Feb. 15. We hope to fill our six Canadian graduate spots and two International Medical Graduate spots the first round! The CaRMS Match Day to look forward to is Tuesday, March 6.

With the end of February, came the end of the secondments of two of our Education Staff members: **Ms. Norma Thompson** and **Ms. Carrie Wipp**. Norma returns to her position as Postgraduate Coordinator supporting Dr. Rajda and Carrie returns to her Coordinator position with the additional support to

Dr. Mark Bosma in his role as Associate Postgraduate Director.

The Fellowship application deadline has passed as of Feb. 1. The Selection Committee will be meeting to discuss the applications received and render their decision by mid-March.

Royal College Examination Dates

April 3-4 written exams (in Halifax)

May 1-4 oral exams (in Ottawa)

Best of luck to our senior residents challenging the exams!

Resident Retreat

As in previous years, the annual Resident Retreat is planned for June 2-3 at Hotel Atlantica and Marina Oak Island. The Faculty involved with the call roster during this weekend will cover call as of 5:00 pm on Friday to 5:00 pm on Sunday, so that all residents are able to attend.

Examiners Wanted

The Annual Clinical Oral exams for the PGY-2 through PGY-4 residents will be scheduled for Friday, May 25. Please mark your calendar and expect notification for your participation.

2012 June Graduation Exercises

The June End-of-Year Party will be here before you know it. This year's event will take place on Friday, June 22 at The Prince George Hotel. As the Education Section prepares for the graduation exercises, we would like to draw your attention to the Dr. W.O. McCormick Award and the Dr. Robert and Stella Weil Fund in Psychiatry competitions. Department members have had an opportunity to nominate residents on their worthy presentations throughout the academic year for the Dr. McCormick Award on the yellow evaluation cards available at each site. If you have a particular presentation that you feel strongly about nominating, please forward this information to **Carrie Wipp** (Carrie.Wipp@cdha.nshealth.ca) by May 31, 2012. The annual posting we circulate will come under separate cover which will outline eligibility, criteria and contact information. The Dr. Robert and Stella Weil Fund in Psychiatry is another opportunity for residents to submit their proposal on psychotherapy training and promote their respective desire to explore further training in the sub-specialty area. The details for this award will also be sent under separate cover to the learners.

Undergraduate News

It is a busy time in undergraduate education. The Med 2 students (Class of 2014) are choosing their psychiatry rotations and we will welcome the first group in September. The Med 2 students are also preparing to undertake their OSCE at the Learning Resource Centre on Saturday, May 7. **Ms. Mandy Eslinger** will be sending out a notice to recruit faculty to participate as examiners for this date.

With the start of April not far off, the next group of clerks will begin their rotations with the Department on Monday April 2.

Continuing Education Activities

Clinical Academic Rounds

QEII

March 7 – **Dr. Allan Abbass**, TBA

March 14 – **Dr. Stephanie Casey**, Division of Child & Adolescent Psychiatry: Eating Disorders

March 28 – **Dr. Lara Hazelton**, Debate Rounds

April 4 – **Dr. Cindy Calkin**, Mood Disorders

April 11 - **Dr. Anne Duffy**, Division of Child & Adolescent Psychiatry: Bipolar Disorder

April 18 – **Dr. David Pilon**, Specialty MH Services

University Rounds

March 21: Dr. Rick Beninger
Head, Department of Psychology
Queen's University
Topic: TBA

April 25: Dr. John Livesley
Professor Emeritus and former Head of the Department of Psychiatry
University of British Columbia
Topic: TBA

Upcoming Events

April 18 - **Dr. Lara Hazelton**

Teaching the CanMEDS Competencies - Manager Role and Professional Role in Clinic Teaching

Location: East Coast Forensic Hospital

April 19 & 20 - Contemporary Psychoanalytic Workshop

Dr. Paul Steinberg

Contemporary Relational Psychoanalysis is a modern approach to understanding and treating a wide range of patient pathology. It incorporates new ideas in psychoanalytic theory with a focus on understanding and highlighting the importance of the therapist's role. It also leverages recent findings in attachment theory. This workshop is an introduction to how to formulate cases and work within the relational frame. It will provide practical theoretical constructs and technical applications that can be readily used in your clinical practice.

Dr. Steinberg is a professor in the Department of Psychiatry at the University of British Columbia. His interests include psychoanalysis, individual and group psychodynamic psychotherapy, psychotherapeutic day treatment, psychodynamic formulation, and oral examinations. He is a graduate of the National Training Program in Contemporary Psychoanalysis of the National Institute for the Psychotherapies in New York City.

Facilitator: **Dr. Jackie Kinley**

NSH Academic Day

The twenty third Annual Academic Day put on by NSH and Allied Sites will take place on Friday, April 27, 2012. The topic will be "PERSONALITY DISORDERS." One keynote speaker has already confirmed: Dr John Livesley of UBC.

If you have any queries you can address them to **Ms. Sandra Mader** at 902-464-3122, Sandra.Mader@cdha.nshealth.ca or **Dr. Bill McCormick** at 902-865-3663, William.Mccormick@cdha.nshealth.ca.

R.O. Jones Memorial Speaker (in conjunction with Atlantic Provinces Psychiatric Association Annual Meeting, June 14-16, 2012)

June 13: Dr. Derek Puddester, MD, MEd, FRCPC

Director of the Behavioural Neurosciences and Consultation-Liaison team at the Children's Hospital of Eastern Ontario;

Associate Professor, Department of Psychiatry, University of Ottawa; Director of Professional Development/Awards and Director of Continuing Education for the CHEO Department of Psychiatry

Topic: TBA

Sun Life Financial Chair in Adolescent Mental Health

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

Halifax Regional School Board and Tri-County Regional School Board Work with Dr. Stan Kutcher's Team to Deliver the "Mental Health & High School Curriculum Guide"

In 2012, Halifax Regional School Board (HRSB) and Tri-County Regional School Board (TCRSB) started their official collaboration on the teacher training of the "Mental Health & High School Curriculum Guide" (the curriculum) with the Sun Life Financial Chair in Adolescent Mental Health team (the Chair Team) led by **Dr. Stan Kutcher**.

"Mental Health & High School Curriculum Guide" is the first-of-its-kind educational materials designed for Canadian secondary teachers to promote and enhance the mental health literacy of Grade 9 and 10 students. The curriculum guide was initially piloted in a number of schools across Canada and then revised and field-tested at three sites in Nova Scotia. The Nova Scotia Department of Education adopted the program and it is identified in the recently released provincial education plan "Kids and Learning First" as a new direction for Nova Scotia's schools. Now the Halifax Regional School Board and Tri-County Regional School Board are taking the lead in Nova Scotia to officially integrate the curriculum into the existing course content.

HRSB decided that Grade 9 Healthy Living is the most appropriate class to host this exciting initiative. The curriculum fits well with the Grade 9 Healthy Living curriculum outcomes such as the identification of specific mental disorders,

including depression, anxiety, and substance abuse; and the importance of addressing stigma, and providing resources for help seeking. In order to improve teachers' confidence in teaching the curriculum, HRSB invited Dr. Stan Kutcher and Ms. Yifeng Wei to train teachers who teach the Grade 9 Healthy Living class. Dr. Stan Kutcher and Ms. Yifeng Wei held three one-day sessions for a total of 89 teachers. The training encompassed education about mental health, an in depth review of the curriculum and the discussion of teaching strategies. As part of the ongoing quality assurance of the Chair's training programs, pre and post tests were administered to participants to record their knowledge and attitudes before and after the session. HRSB teachers will start teaching the curriculum later this year. Training in the curriculum for the TCRSB will commence in a few months.

The collaboration between the Chair team and the two school boards on the curriculum will position Nova Scotia schools as national leaders in addressing youth mental health in Canada. As part of the novel focus on child and youth mental health being introduced into Nova Scotia schools (the: Kids and Learning First Plan, February 2012), the curriculum will set excellent examples for other schools to follow to improve youth mental health literacy in the school setting.

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 May 1, 2012, with the deadline for submissions to be April, 13 2012.

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

Dalhousie Global Psychiatry

Submitted by: Dr. Sonia Chehil
Director, Global Psychiatry

Advocacy for Mental Health

Global advocacy for Equity for Mental Health is the undercutting drive for 2011-2012. Global Psychiatry and the Guyana Ministry of Health continued their ongoing campaign to prioritize mental health on the global development agenda and were recognized dedicated advocates for the inclusion of mental health in the United Nations Summit on NCDs held in NY in September.

Dr. Sonia Chehil joined the board of the World Federation for Mental Health (WFMH) and is the Regional VP for Latin America. She will continue representing the Department of Psychiatry in the ongoing quest to gain Mental Health's rightful position as a global health priority in its own right.

WFMH has been central to the global lobbying campaign for Mental Health. Advocacy activities in 2011 included the presentation of position statements at the World Health Assembly meeting and the WHO meeting for health ministers



Dr. Sonia Chehil and Dr. Gabriel Ivbijaro (WFMH Regional VP Europe) at the Pre-Summit Meetings in NY in September 2011

in Moscow. Several governments, including India, Guyana, Uganda, Liberia, South Africa, Canada and the United States have taken a pro-active position in championing mental health at international meetings. WFMH, along

with the Movement for Global Mental Health and other partners (including Global Psychiatry) sponsored two meetings on Global Mental Health prior to the special summit on non-communicable diseases (NCDs) in New York last September. The first meeting "Mental Health as a Global Priority: One Voice, One Strategy" brought together advocates for and stakeholders in global mental health to review current activities and to formulate plans and recommendations for effective collaboration. The second meeting "Mental Health: The Non-Communicable Disease that Cannot be Forgotten" mobilized health ministers, country delegates and MH stakeholders to discuss strategies to promote mental health on the global platform. Keynote presenters included Health Ministers from Guyana, India and Brazil as well as other country delegates and dignitaries. Canada was strongly represented and we were privileged to have The Honourable Maureen MacDonald, NS's Minister of Health and Wellness, participate as part of Canada's delegation to the UN.

WFMH is currently in the process of developing key strategic activities with a range of stakeholders including the development of a People's Charter for Mental Health that hopes to translate stakeholder identified priority needs into practical actionable steps for country implementation. These stakeholders include consumers, family members, advocates, researchers, professional organizations, and government representatives, including health ministers. The People's Charter will outline goals, tasks and outcome measures for improving mental health systems at national and regional levels.

WFMH and the Movement for Global Mental Health are joining forces with the WHO and other multilateral and civil society agencies to promote the prioritization of Mental Health on the global stage. Together, this grand



Honourable Maureen MacDonald, NS's Minister of Health and Wellness at the Pre-Summit Meetings in NY in September 2011

coalition of local, national and global actors aims to push Mental Health past the tipping point to the forefront of the global health agenda.

Post RN MH Nursing In Guyana Hats off to the Nursing Program!

The Guyana MOH and Global Psychiatry take their hats off in recognition of the herculean efforts of the CDHA/RNPDC Nursing Team and the dedication of the Guyana nursing students. Sandra Hennigar, Loretta Whitehorne, Donalda Edgar, and Susan Charlton devoted countless hours to ensuring the program's success. Eight students began the program in January 2011. All students completing the program successfully passed their licensing exams. Two students who are currently on medical leave will write their exams upon their return and are expected to join in their classmate's achievement.

Integrating Mental Health into Primary Care in the Caribbean

Global Psychiatry completed phase one of what is proving to be a creative



Primary Care Physicians and Nurses work with the specialty MH team to integrate MH into the well-established Antenatal Care Pathway in Tobago

and wonderfully challenging task of Integrating Mental Health into Primary Care in several Caribbean Countries including Grenada, Tobago and Guyana. The task of implementation is innovative and unique in each setting, reflecting the individual country's distinct social, cultural, economic, geographic and political context as well as differences in health system design and health service capacity.

In Tobago, Dr. Sonia Chehil has brought Psychiatry and Primary Care together to jointly define what 'Mental Health Integration' means and to develop practical, stepped solutions to bring MH care closer to communities. Dr. Maxwell Adeyemi, District Medical Officer for the Tobago Regional Health Authority (TRHA) will work with Dr. Helen Crooks, Senior Psychiatrist TRHA, and Dr. Anthony Parillon, Chief of Psychiatry, to 'institutionalize' MH integration across the sector.

In December 2011, Dr. Lindsey George from McMaster University joined Dr. Chehil to lead a week-long process of consensus building among

health providers and administrators to establish a 'way-forward' for integration in Tobago. Although the initial ask from the TRHA was for training in the form of a series of didactic lectures for various levels of health professionals, by the end of the week it was clear to everyone that training in and of itself would not lead to integration. Integration, it was concluded, must be institutionalized at the level of individual specific health programs and services in collaboration with health service administrators, managers, health care providers and community. Further, integration

of MH into primary health care could be most parsimoniously achieved by integrating MH screening and care pathways into existing 'points of care' within the primary health care system. The team will begin by including depression screening in the well-established antenatal care pathway – integrating basic screening, referral, diagnostic evaluation, and treatment initiation by appropriate health personal at each point of contact from pregnancy-detection to one year postpartum. Gradual movement towards a collaborative stepped model of care in which care for patients and families affected by mental illness is provided as a function of general health care services in consultation with specialty MH was strongly endorsed. Establishment of care pathways that facilitate the scaling-up of MH competencies among general health personnel with strong support in terms of in-service clinical training and mentorship from specialty MH will be

designed to evolve over time to require less support for mild to moderate conditions.

Global Psychiatry bids farewell to a Global Champion for Mental Health

Dr. Leslie Ramsammy served as Guyana's Minister of Health for over a decade and during his term in office became internationally renowned as a global health leader who devoted his life to improving the lives of people in his country and around the world. He has been instrumental in moving MH out of the shadows and onto center stage as a global issue for development.

The Global Psychiatry Section welcomes Dr. Deborah Parker and Ms. Sandra Hennigar to the team!

Dr. Deborah Parker joins the Global Psychiatry Team as the Coordinator of Canadian postgraduate Psychiatry electives and Psychiatry faculty placements in Guyana. Her knowledge and understanding of Caribbean culture and her established professional relationships with our Guyanese partners make her extremely valuable to this position.

Ms. Sandra Hennigar also joins Global Psychiatry Team as the Caribbean Program Coordinator. Ms. Hennigar brings a rich breadth of hands-on experience and knowledge to this position. In the coming year Ms. Hennigar will coordinate and support the collaborative development of priority MH programming in Guyana, Saint Lucia, Grenada and Tobago.

Post RN Psychiatric Mental Health Nursing in Guyana

Submitted by: Ms. Sandra Hennigar
Project Manager, Global Psychiatry

The first year of the distance Post RN Psychiatric Mental Health Nursing program in Guyana has been completed. The project graduated six of the eight students in late January. The remaining two students were unable to graduate due to medical issues that prevented them from completing the program. We believe, based on their performance prior to the

medical leaves, that they would have graduated had health reasons not interfered, preventing them from completing the course work and internship.

What did we learn from this experience? From an educational perspective, we learned first and foremost, that education can be delivered through distance education using

e-tools and the internet. We also learned that flexibility within the course work and the personnel is imperative for the success of this type of work in developing countries. Without the ability to be flexible, the goals would not have been met and the students would not have received the supports they needed to succeed.

We quickly learned the implications an under-developed health care system can have when introducing education programs. Many things we take for granted in our daily work that allows staff to practice, address issues and concerns are either non-existent or poorly developed in Guyana. Processes that develop protocols, policies and procedures, assist in clarifying roles, lines of authority and communication are vital to support the work of front-line staff but these processes did not exist in the care environments where our students practiced. Our supposition that education alone would not sustain patient outcomes over time or build a better system became clear as the project progressed over the year. Structures that support care delivery are a vital component of changing how health care is provided. Education brings the ability to question, to challenge the status quo and drives the desire to be involved in changing the health care system. Without a system to support this, both the system and staff become frustrated. We began to see signs of this as students began applying what they learned in a system that was not prepared for this level of inquiry or challenge.

Multiple factors impacted student performance. The quality of the basic and post secondary education, as well as the teaching methods impacts the learning abilities of students entering programs that have been created in developed countries. These students had difficulty using the new methods of instruction that were built on independent study and self-reflection, concepts that had not been encouraged or nurtured in previous educational programs. Students struggled with concepts that should have been somewhat familiar to them and experienced difficulties assimilating the material to the clinical environment.

A number of practical issues arose as a result of things like transportation, lack of resources to support single parents, and the impact of supporting extended families. Differences in the work ethic and the cultural acceptance of appropriate work behaviour challenged the international staff on a

number of different levels. Poorly developed human resource policies and a lack of support to hospital administration to manage these issues continue to add to a challenging work environment. The lack of trained nursing staff in the clinical areas during this first year of the program was challenging for both the instructors as well as the students. We were fortunate to have the support of the psychiatrist and social worker who provided direction and supervision for the students when they attended the outpatient clinics. On-site nursing mentorship will improve with a second class that will benefit from the

support and guidance of the graduates in future student rotations. Despite these and many other challenges, we were impressed throughout the project by the tenacity of the students to maintain a desire to learn and apply their skills in the clinical setting.

We cannot stress enough the importance of understanding the capacity of any country to provide the supports required to run a distance program which is built around internet accessibility. Inconsistent access to the internet over the course of the year became a major area of concern for everyone

involved in the project. Students did not receive the amount of distance support from the instructor as was planned. This required a number of adjustments to the objectives of the on-site visits so that additional learning aspects could be implemented to compensate for the learning time lost through inconsistent access to the internet.

If the implementation of an education program will affect the work force and thus require adjustments through departments of human resource and labour, early discussions and focus timelines to ensure this work is completed is imperative. While our discussions did involve both Human Resources and the General Nursing Council from the beginning, the pace at which the work proceeded to create the necessary mechanisms did not coincide with the timing of the graduates entering the work force. The resulting delay in completing the job classification and licensing process for these graduates may well impact the long-term retention of the new graduates and subsequent recruitment for future classes.

This project has been a wonderful experience for both the division and the staff involved. The experience gained as a result of this project will support future initiatives of the division.



Psychiatric Nursing students in Guyana

Clinical Divisions of the Department of Psychiatry

Each month we highlight one of the many services offered by the Department of Psychiatry. In this issue we feature information on the Collaborative Mental Health Care Program, formally Shared Care, within the Child and Adolescent Division.

Collaborative Mental Health Care Program

Submitted by: Dr. Sabina Abidi
Child and Adolescent Psychiatry

Five out of six youth with mental illness do not receive treatment. The need for service is high and the barriers to receiving mental health care for youth are numerous and impairing. The IWK Collaborative Mental Health Program (formally Shared Care) aims to break these barriers and reach youth earlier.

The IWK Collaborative Mental Health Care Program began as a pilot project 10 years ago with a focus to assist physicians in providing mental health care to children, adolescents and their families in vulnerable communities for whom traditional pathways to care were unsuccessful. The program is focused on building capacity for community clinicians/physicians to identify and manage child/adolescent mental health disorders in the community and to recognize earlier those that require tertiary care at the IWK. The program's service also includes one-time psychiatric consultation for medication/diagnosis clarification with ongoing collaborative care provided via telephone, telehealth, mail, conferencing, etc.

Capacity building occurs via education sessions for clinicians/physicians in the community provided by our collaborative mental health care physicians/clinicians, empowering community clinicians to recognize and manage mental health concerns for children and families via teaching, skills training, and collaboration with community partners to facilitate early identification of youth in need.

Emphasis is also placed on recognizing those youth for whom the traditional system may not meet their needs and to identify them in their real environment, community or school system.

Most referrals originate from family physicians and schools. Issues are heterogeneous, but often include mood, anxiety, ADHD, behavior-related. Most cases are managed outside the hospital system in the patient's own community setting.

News & Announcements

Staff / Faculty Changes

Dr. Rudolf Uher has joined the Department as an associate professor and is our first Canada Research Chair in Early Intervention in Psychiatry. He is also a member of the Brain Repair Centre. Dr. Uher's office is on the fourth floor of the Abbie J. Lane Building. He can be reached by phone at 902-473-7209 or by email at Rudolf.Uher@cdha.nshealth.ca.

Congratulations

Resident Jacob Cookey accepted into Clinical Investigator Program

Congratulations to **Dr. Jacob Cookey** who has been accepted into the Clinical Investigator Program (CIP). The CIP is an accredited Royal College training program that provides residents (in any PGY year) the opportunity to undertake research training with the intention of pursuing a career path of a clinician-scientist (aka. clinical investigator). Jacob has chosen to do a 2-year, medical sciences graduate program (MSGP) at Dalhousie with courses focusing on neuroimaging. In particular, his thesis project will be looking at the relative impact early cannabis use has on the developing brain in early onset schizophrenia, using diffusion tensor imaging (DTI). This research will be based out of the Nova Scotia Early Psychosis Clinic, and supervised by **Dr. Philip Tibbo** along with **Dr. Denise Bernier** and **Dr. Aaron Newman**.

Dr. Lara Hazelton receives Royal College funding for study

Congratulations to **Dr. Lara Hazelton** who has been awarded the 2012 Royal College Fellowship for Studies in Medical Education (SME). The funds will be used to support her thesis research: "To Identify How Residency Program Directors Interpret and Integrate "Elements" of CanMEDS Professional Role Into the Post-graduate Curricula." Dr. Hazelton is currently in the process of completing her Masters of Education in Curriculum at Acadia University. For her thesis, Dr. Hazelton will be completing a secondary analysis of data obtained as part of a larger study, funded by the Royal College, on which she is a co-investigator. This study was carried out in partnership between members of various clinical departments and the Division of Medical Education, where Dr. Hazelton has a cross-appointment.

Dr. Hazelton hopes to translate her research into educational initiatives and curricular materials on professionalism that can be used locally and shared with other sites. To this end, she is offering workshops on teaching the CanMEDS Professional Role to members of the Department of Psychiatry as part of a DoP CME Committee initiative in faculty development. To learn more about these workshops, contact her directly at Lara.Hazelton@cdha.nshealth.ca.



Dr. Garry Walter

Professor Garry Walter receives prestigious national award

The "Order of Australia" is Australia's most prestigious national award, limited in number and bestowed by the country's Governor-General upon people in different spheres of life - Medicine and the Sciences, the Arts, Sport, etc. We are delighted that Professor **Garry Walter**, Chair of Child and Adolescent Psychiatry at the University of Sydney, Sydney, Australia, and Adjunct Professor in our own Department of Psychiatry, was appointed a Member of the Order of Australia in January. The award was given for service to medicine in the fields of adolescent mental health, medical education and publishing.

News

WHO passes resolution on mental health

After a meeting with the executive board on January 20, 2012, the World Health Organization has passed a resolution on mental health. The resolution comes after the WHO considered the report on the global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level (WHO, 2012). The resolution is very comprehensive and covers many aspects of mental health and asks the WHO to develop an action plan that will go beyond the existing Mental Health Gap Action Programme (mhGAP), which aims at scaling up services for mental, neurological and substance use disorders for countries especially with low- and middle-income (WHO, 2012).

As a WHO Collaborating Center, the Department of Psychiatry has worked on the creation of the mhGAP program (**Dr. Stan Kutcher** participated in writing and reviewing the mhGAP). The Department will continue to participate in the WHO Global Mental Health initiatives as the opportunities unfold.

If you are interested in learning more please head to: http://apps.who.int/gb/ebwha/pdf_files/EB130/B130_R8-en.pdf.

Faculty members assume governance with the Eating Disorders Association of Canada

Two members of the Dalhousie Department of Psychiatry have assumed governance positions with the Eating Disorders Association of Canada - Association des Troubles Alimentaires du Canada. **Dr. David Pilon** (Program Leader, Specialty Mental Health Services) has been appointed President and **Dr. Cheryl Aubie** (Psychologist, Eating Disorder Clinic) is now Member-at-Large on the association's Board of Directors. Halifax will be hosting the Association's biennial conference later this year (October 11-12, 2012) at the Westin Nova Scotian Hotel. For further information proceed to www.edac-atac.ca.

Faculty members work with Mental Health Commission of Canada to create change

Department members **Drs. David Gardner, Patrick McGrath** and **Stan Kutcher**, along with Dr. Andy Cox, Mental Health Advocate at the IWK Health Centre, have all been involved with the Mental Health Commission of Canada (MHCC) over the past several years. They work together within their committees as well as across the various domains of the commission to “promote mental health in Canada, and work with stakeholders to change the attitudes of Canadians toward mental health problems, and to improve services and support” (MHCC).

As of recently, the three-year tenures for Drs. Gardner and McGrath have ended. Both served as members of the Science Advisory Committee. For Dr. Gardner his time with the commission will continue in a new capacity. He has been appointed the Chair of the Research Panel for a new National Awards Program that will first be offered by the MHCC early this year. He also continues to work on a couple of projects with other members of the Mental Health Commission.

Since its inception in March 2007, the MHCC is on its way to fulfilling its mission and mandate: to act as a catalyst to improve the mental health system in Canada, develop a mental health strategy for Canada, reduce stigma and discrimination faced by people living with mental illness and mental health problems and create a knowledge exchange centre (MHCC). The At Home/Chez Soi program, designed to help the growing number of homeless Canadians living with mental illness, is moving forward and there have been some other excellent programs. The Commission is also co-hosting along with the World Psychiatric Association an international conference on Stigma and Mental Health in Ottawa in June. It has not however, all been smooth sailing.

“The MHCC has made some very strong progress,” says Dr. McGrath. “It has also had some growing pains with a high rate of turnover of senior people.”

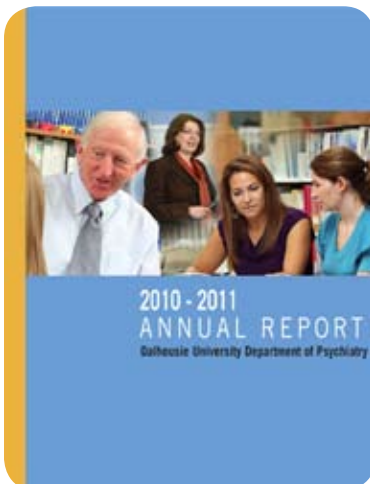
Dr. Stan Kutcher, who has served as a member of the Child and Adolescent Advisory Committee since its inception and led the development of a national child and youth mental health framework known as Evergreen, believes the Commission has a long way to go. “I hope that in the next few years it will be able to focus a bit more on its mandate and less on the activity of being a mental health commission.”

Dr. Andy Cox, who is currently working on several projects with the Commission, believes “to achieve success they need to keep their mandate and continue to involve all (clinicians, consumers, families, academic, etc.).” Dr. Gardner agrees and says the Commission “requires cooperation, commitment and action from all levels of government, as well as the private sector and from communities.”

The MHCC continues to work towards its 10 year mandate. Dr. Gardner believes in the work they are doing and says: “For the Commission to achieve its mandate will take the same effort that has been required to get it where it is today, and this effort has been heroic by many hands, hearts and minds. Nothing worthwhile comes easily, and the work of the Commission is of great worth to Canadians.”



(L-R): Drs. Stan Kutcher and David Gardner



Department produces 2010-2011 annual report

The Dalhousie Department of Psychiatry has produced an annual report covering the period of April 1, 2010 to March 31, 2011. The report is a historical account of our faculty, fellows and residents and highlights their activities and celebrates their achievements. The report can be found on the Department website. We welcome and appreciate your feedback.

We will be starting the report process for the 2011-2012 year beginning in March. Please consider any material that is of relevance and be prepared to submit it when a formal call for submissions is made (this may mean passing it along to a Section Head). This includes awards and achievements, special events, promotions etc.

If you have any questions or would like to request a hard copy of the 2010-2011 annual report please don't hesitate to contact **Kate Rogers** at Kate.Rogers@cdha.nshealth.ca or by phone at 902-473-1677.

Faculty in the News

Bungalow Project featured in The Medical Post

The Bungalow Project, part of the Community Living Initiative, was featured in the Feb. 14 issue of the Medical Post. The article describes the project in detail with commentary from **Dr. Scott Theriault**. If you would like to read the full article and do not have access to the publication or the CanadianHealthcareNetwork.ca please contact **Kate Rogers** at Kate.Rogers@cdha.nshealth.ca to request a copy.

Announcements

Administrative staff Bust A Move for Breast Health

Twelve members of the Dalhousie Department of Psychiatry administrative staff have formed a team to participate in the Bust A Move for Breast Health fundraising extravaganza on March 24 at the Canada Games Centre in Halifax. They have committed to raise a total of \$12,000 (\$1,000 average per team member) and to then exercise for six hours at the event in March, all in support of those one in nine Nova Scotians who are diagnosed with breast cancer in their lifetime.

This homegrown event hosted by the QEII and IWK Foundations will unite hundreds of breast health supporters. The funds raised will be used for completing the final stages of consolidation of Diagnostic Mammography at the IWK and will allow the addition of Plastic and Reconstructive surgery clinics to the Breast Health Centre.

The Psychadelics Team, consisting of **Suzanne Decker, Mandy Eslinger, Jennifer Fleming, Candace Jessome, Jennifer MacDonnell Brown, Amy MacKay, Julie O'Grady, Michelle Patenaude, Kate Rogers, Carolyn Sisley, Sarah Tamlyn,** and **Carrie Wipp** need your support!

Head to the Bust A Move website to donate to the Psychadelics! If you prefer to donate by cheque or cash, please forward it to any team member. If you are incorporated, you can donate from your corporation.



The "Sooner the Better"
Cocktails • Dinner • Live Entertainment • Silent Auction

Supporting youth and young adult mental health through the Nova Scotia Early Psychosis Program (NSEPP) and the Nova Scotia Psychosis Research Unit (NSPRU)

Friday March 30, 2012
Doors open at 6:00 PM

Ashburn Golf Club
3250 Joseph Howe Drive, Halifax, Nova Scotia

Musical entertainment provided by Music Nova Scotia's 2008/2010 Musician of the Year, *Ian Sherwood*. More performers to be announced.

For ticketing, sponsorship and other information please contact:

Dr. Philip Tibbo at Phil.Tibbo@cdha.nshealth.ca, 902-473-1678
or
Ms. Barb O'Neill at Barbara.Oneill@cdha.nshealth.ca, 902-473-3571

Capital Health
A Different History. A Better Tomorrow.

DALHOUSIE UNIVERSITY
Inspiring Minds
Faculty of Medicine

The Sooner the Better fundraiser for NSEPP and the NSPRU

The Nova Scotia Psychosis Research Unit (NSPRU), in conjunction with the Nova Scotia Early Psychosis Program (NSEPP), will be holding a fundraiser on March 30, 2011. The *Sooner the Better* will take the form of a dinner and silent auction and will be held at Ashburn Golf Club. Funds raised will promote research in psychotic disorders and provide needed resources for patient and family programming. Entertainment will be provided by *Ian Sherwood, Mo Kenny* and *Laura Burke*. For ticketing, sponsorship and other information please contact **Dr. Phil Tibbo** at Phil.Tibbo@cdha.nshealth.ca or Ms. Barb O'Neill at Barb.Oneill@cdha.nshealth.ca.

Reminder: The First Dalhousie Psychiatry Debate!

Brain vs Mind

Motion: This house believes that the study of Neuroscience will lead to an understanding of the mind

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

Many controversies and philosophical issues exist within psychiatry; however, they are rarely discussed in open forums between colleagues. Open discussion will lead to a greater appreciation of the diverse opinions and perspectives that exist within our fascinating discipline. The structure of the debates is based on the Maudsley debates at King's College, London. Teams of two presenters will debate salient points for and against a proposed motion. Following rebuttals, the floor is opened to questions from the audience. The 'winner' of the debate is determined by an audience vote.

The debates are guided by several overarching principles:

- (1) The 'truth' always lies somewhere between the two sides of the debate.
- (2) The goal of the debate is learning; debating will increase the appreciation of the complexities within our discipline; the only thing the debates hope to eliminate is dogma.
- (3) Respect for divergent opinions, respect for individuals with mental illness and those who care for them.
- (4) All levels of evidence for an argument are welcomed, but highest level of evidence should be weighed most heavily, if available for the issues at hand.

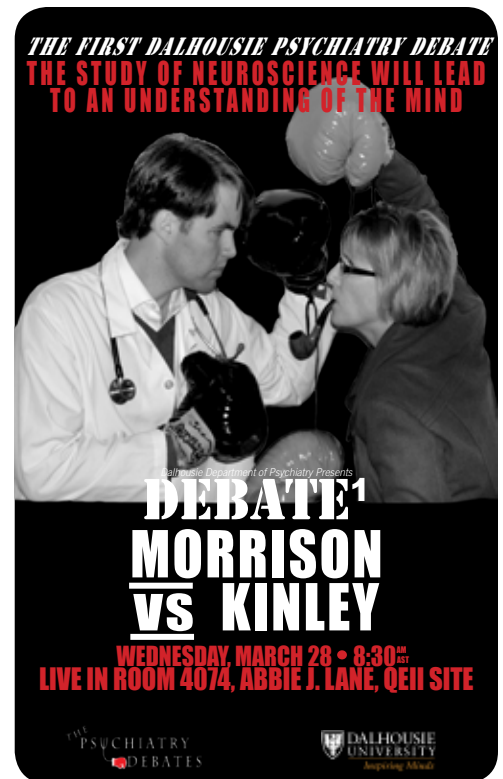
The Inaugural Dalhousie Department of Psychiatry Debate will be held on March 28, 2012. The first debate will feature **Drs. Jason Morrison** and **Daniel Rasic** defending the motion "The study of neuroscience will lead to an understanding of the mind" and **Drs. Jaqueline Kinley** and **Jacob Cookey** opposing it.

Humanities Corner

Submitted by: Dr. Lara Hazelton
Humanities Coordinator

Humanities hit the movies

On January 25, 2012, the Department of Psychiatry Medical Humanities, the Psychiatry Interest Group, and the Dalhousie Medical Humanities-HEALS program co-sponsored a Night at the Movies. Eight medical students and four faculty members met at Park Lane Cinemas to see *A Dangerous Method*, a David Cronenberg film about the early days of psychoanalysis starring Michael Fassbender and Keira Knightly. This was followed by an informal discussion of the film, and reflections from **Dr. Jason Morrison** and **Dr. Nick Delva** on the role of psychoanalysis in contemporary psychiatry.



L-R: **Dr. Lara Hazelton** with med students Celia Robichaud, Alison Dixon, Magda Szumilas, Shannon MacDonald, and **Drs. Cheryl Murphy** and **Jason Morrison**

2011 Student Writing Competition results

The Dalhousie Department of Psychiatry is pleased to announce the results of our 2011 Student Writing Competition:

- * First Place: Ms. Meghan Doraty, University of Calgary
Read Meghan's winning essay, Cadaver Girl, below.
- * Honorable Mention: Mr. Mohammad Bardi, University of British Columbia
- * Honorable Mention: Ms. Amanda Lepp, Queen's University

Thanks to **Drs. Delva, Murphy, Peters,** and **Teehan** for acting as judges of this year's contest. Information regarding the student writing competition, including winning essays and contest guidelines, can be found at <http://psychiatry.medicine.dal.ca/education/humanities/contests.htm>. The deadline for this year's competition is October 12, 2012. If you would like more information, contact **Lara Hazelton** at Lara.Hazelton@cdha.nshealth.ca.

Cadaver Girl

By Meghan Doraty

Late at night when all the other students go home, I sit with cadavers. The anatomy lab aches with darkness, a wide, hollow cavern lighted only dimly by a ceiling bulb that swings in the draft of the air con. Around me are bodies laid out on stretchers, shrouded in white sheets. I have my pathology textbook open beside Fern, whose last name is Hiatus Hernia, because she suffered from such before the embolism took her at eighty eight. I cannot see her face. A white sock tugged over her head obscures her features. Her chest has been cut down the middle and the skin and muscle spread open like a door, her internal organs, grey and dry, resting primly in their places. There are pieces of Fern that have been tied together, loose arteries and veins tagged with red twine to keep from sagging. The students have had their hands in her for twenty years. Her heart has been removed.

I share her table.

In my mind, Fern was like my grandmother, like the kind of adorable old lady to collect small china figurines of poodles and mice and display them on the windowsill.

Fern would be the type of person to wear lavender hand cream and to hold your hand when you are sad. Now we all smell like fermentin.

*

I perch on the examining table and watch my family doctor mentally pluck the DSM IV off the bookshelf of his brain and rifle through it. Major Depressive Episode. Very common for medical students, he mumbles.

1. Depressed Mood

When I come home from classes, I sit in the bathtub until the water turns murky and the light outside my window dims. It makes me feel like I am in a dark river underground. The River Styx, perhaps, a crevice between the living and the dead.

2. Psychomotor agitation:

I sit in the back of the class by myself and chip off my red nail polish. I like how it looks like I am flicking dried blood off

my fingers. Then I go home and paint my nails so I may chip it off tomorrow.

3. Decrease in appetite nearly every day:

I examine the specimens of neoplasms in the anatomy lab. The adenocarcinoma of the colon, compressed between two plates of glass, resembles an under water flower, its many branches like polyps of the sea. Imagine that growing inside of you. Who can eat with these thoughts to grip you?

4. Insomnia nearly every day:

My midnight trysts with the cadavers in the anatomy lab. We are quite good friends and I have grown to worry about them. How long will they be with us?

5. Recurrent thoughts of death:

In class we learn about new pathologies – chronic lymphocytic leukemia, cholangiomas, disseminated intravascular coagulation and so on and so on – and I wonder which of these that I am learning about today will be the one to kill me tomorrow.

*

The dean, a cheery chipper man with nothing on his mind but the peppermints in the admin office, stops me in the hall and wants me to represent the faculty by attending the memorial service for the cadavers donated over the past ten years.

In the park where we gather for the memorial, a fine grey mist drifts around us, the icy breath of a specter against my neck. The brilliant autumn oak leaves crackle with the cold. I wish there were someone to hold my hand.

We sit on folding chairs that sink into the wet sod and listen to a boy from my class play the bagpipes. I know him because sometimes he sits in the anatomy lab and peers into cadavers. His forehead wrinkles when he is being earnest. The sound of the bagpipes is faint and deep like a ship's horn blowing in from sea. We are all at sea. The dean says a few words and then the anatomy professor. The cadavers are

essential for our student's learning, they say. A great sacrifice has been made. We recognize the dead.

A woman named Elisa gets up and stands before everybody. She gets up and talks about her mother, who gave her body to the medical school. Elisa wears a shawl thrown across her plummy breast and long, iron grey hair that is tangled now in the wind. She has a green tattoo snaking down her arm and rings with pearls and diamonds on her fingers. She looks as though she may own a crystal ball. She says her step mother always believed in science. Her mother died of an aneurysm but Elisa believes that there are times when she can feel her here with us.

*

After the service, Elisa walks away and I follow behind her through a grove of willows to a row of town houses. She walks up the steps and turns the key to go inside number fifteen. I hide behind a willow and count for twenty seconds before gathering my courage and running up the steps. I ring the doorbell vigorously.

She answers the door and stares at me. I didn't notice before but her eyes are different colours. One is smoke grey and the other is hazel.

"Hello," she says, in a tightly pleasant way.

"I was at the memorial," I say by way of introduction. I have scooped up a handful of autumn leaves and am crushing them in my fidgety way. The smell is like ancient parchments and the spirits that inhabit them.

"You followed me home."

"I know your mother."

"Do you?"

"I call her Fern but that is not her real name, is it?"

"It was June."

I inch a couple steps closer to the open door, warmth wafting out. "I'm sorry she died."

"That's very kind." Elisa adjusts her shawl. The mist has settled on her hair and it sparkles as though spider webs weave through it.

"What was she like then? In real life, I mean."

"What is she like now?" Elisa counters.

"She's a bit worn out, to be honest," I say.

"She's been with you for a long time."

"What will happen when she gets too old?"

"You talk as though she isn't dead."

"I don't know," I say. I crumble my leaves.

"I never knew her," says Elisa. She blows on her hands. They are red and chapped.

The willow rustles, their boughs are long bony fingers they drag along the ground. I believe they are called weeping because they mourn for us.

*

The next week, I visit Elisa and she sits me on her chesterfield and feeds me milky tea and refrigerator cookies. I flip through a photo album of her mother, mostly a collection of ruddy coloured Polaroid's from the 70's. Fern, or June, has a nutty complexion and curly brown hair she hides behind. She has a shy, sad way of looking at the camera as though she distrusts it.

"My mother was a very private person," says Elisa, across from me. "She used to lock herself up in her room for days and not come out for anyone."

"What was she doing?"

Elisa shrugs. "She was depressed. Nobody knew what to do so we let her be."

I munch my cookie. It is cold and crisp.

"My kids love those," said Elisa.

"This is the first home made baking I've had in ages."

"Don't you have a mother to bake for you?"

I shake my head.

"Well that makes two of us. At least mine passed away before my lymphoma happened."

"I'm sorry," I said.

Elisa waves her hand around as though chasing away a foul odor. "We all have to go sometime."

We sit in silence as I eat another four refrigerator cookies, dropping crumbs on the glossy pages of the photo album.

*

I visit June and tell her about meeting her daughter.

"I like her a lot," I said. "I'm sorry you never really got to know her."

But June keeps her own counsel.

The boy with the bagpipes slouches in the doors of the anatomy lab and slumps in front of his cadaver.

I pick up my pen and start making notes.

"Hey," says the boy. "Do you want to see an inguinal hernia?" He points to his cadaver. The boy's forehead is wrinkled with earnestness.

"No," I say, even though I do. It's just that I've never associated with the other students. They call me Cadaver Girl. I turn my back on him.

*

Elisa is in the cancer center getting her chemo. I put on my short clerk's coat and drop by for a visit. Her room is bright with vases of flowers. She's perched on the edge of her bed, listening to an iPod while her IV drips. She looks anemic.

"You have a lot of flowers," I say.

She pulls out the ear buds and pats the spot on the bed next to her. I sit down, stiffly. If I were to touch her, she might break.

"I like flowers. They mean someone cares."

I try to think of the last time I got flowers.

"Except for lilies," continues Elisa. "My coworkers got me a bouquet of lilies and I banished them to the corner of the nurse's lounge."

"Why?"

"When my mother died, nobody brought flowers to her funeral. It was just me. So I went a little wild, I think, and ordered 88 bouquets of white lilies. I remember driving to the funeral with them all crowding in my car and the smell was like death. I stopped and puked out on the highway."

"Why didn't anyone bring her flowers?"

"People are assholes," said Elisa. "I swore I wouldn't die alone like my mother."

I fidget and chip at my red nail polish.

Elisa patted my hand. I ache to hold her own pale hand

within mine and warm it up.

"I'm sorry, dear," Elisa says, "You're too young for all this."

"I should go," I say.

She nods and lies back in bed, squishing her ear buds into place. "My kids made me a chemo playlist."

"Bye Elisa."

She waves faintly.

*

I stop by the nurse's lounge and pinch a lily. I tuck it in my coat pocket and take the underground route to the lab.

All the cadavers are zipped up in their plastic bags for the night. I find number 43 and unzip June. I take her hand – gloved in white cotton – and hold it tightly in mine. It is still and cold and does not warm. I rest my forehead on the edge of her table.

The boy with the bagpipes comes in and sits down. He is whistling.

"Hello," I say, my head in my arms, my voice muffled.

He doesn't answer.

I sit up. "Would you like to see a hiatus hernia?"

He looks me over, suspiciously.

I wrinkle my forehead.

He snaps on some gloves. "Let's see."

I make room for him at the table.

Before I leave for the night, I tuck the lily inside her internal cavity, close to the embolus – blood red like a cluster of pomegranate seeds – that killed her. It will grow brown and crinkled and its petals will wilt and fall but it will mean someone cared. I wonder, as I flip the lights to the anatomy lab off, what flowers will grow inside me.

Features

Submitted by: Dr. Ben Rusak
Research Director

Scientists discover parallels in their lives

Written by Jennifer M. MacLeod and reprinted with permission of the *Canadian Jewish News*

A series of extraordinary coincidences that began before World War II brought two professionals together at a conference last September, and proved the truth of the old expression, "where there's life, there's hope."

In 2011, the Canadian Sleep Society made the unprecedented decision to honour two individuals with its Distinguished Scientist Award for lifetime contribution to the field of sleep research and education in Canada: **Dr. Ben Rusak**, a psychologist specializing in circadian rhythms, and Dr. Meir Kryger, the physician who founded Canada's first lab to study patients with sleep breathing problems.

Accepting the award, Kryger, who now lives in Connecticut, briefly mentioned that he was happy to be back in Canada, the home that had ultimately taken his family in from the refugee camps of Germany. "I was born without

a country... Canada was my first home."

Rusak, also born in a German refugee camp, was startled. "I was sitting going, 'Whoa, what a coincidence.'"

both displaced persons, both families were holocaust survivors, both came to Canada." The two men already knew each other professionally. As editor for

The Principles and Practice of Sleep Medicine, known in medical circles as the "Sleep bible," Kryger had spoken with Rusak about a chapter he contributed. However, there is little overlap between their specialties, and they'd never talked at length. If Kryger hadn't made his comments, the two might have never discovered the parallels between their lives. "It wouldn't have come up if he hadn't made that offhand allusion to where he was born," Rusak says.

In their conversation following the ceremony, more similarities emerged. Both families came from Lodz, in Poland. "My father was a soldier in the Polish army," Rusak says. He was astonished that Kryger's had been as well.



Dr. Meir Kryger, left, and **Dr. Ben Rusak** accepted the Canadian Sleep Society's Distinguished Scientist Award for lifetime contribution to the field

After the presentation, Kryger says, "Ben [Rusak] came up to me, and we started to compare notes: we were

“He was conscripted in 1939 and fought in the opening battle of the war when the German tanks came through.” Kryger’s father was in the same position: “It was spooky to compare notes.”

Rusak was astonished to hear essentially what he’d heard from his own father: “they almost died 100 times... When everything got quiet and all their officers disappeared, everyone surviving in the Polish army headed for Bialystok, a border town where Russia met occupied Poland.”

His father made the dangerous journey back to Lodz and warned others to get out. “He got... my mother, his sister and her husband to come with him, [but] most of the people... refused. ‘The Germans weren’t going to be so bad, they were civilized people, not like the Poles. Things would settle down.’”

Neither family remained long in Bialystok. They were deported to Siberia, then Uzbekistan. After the war, Rusak’s family returned to Lodz, but word of the first postwar pogrom convinced them it was time to leave. They crossed Czechoslovakia and Austria into Germany.

“Meir’s family followed the same route, settling in a camp near the German border.” Families in the camps applied to any country where they had family: Rusak had relatives in Tel Aviv, Buenos Aires, New York and Toronto. Canada came through first, and in 1949, they crossed the Atlantic in steerage to Pier 21 in Halifax, “where, ironically, I

now live,” he says.

They settled in Toronto, where Rusak grew up and attended university. After receiving his PhD at Berkeley, he was offered a position at Dalhousie University, where he’s been teaching for 36 years now.

Kryger’s route was more circuitous. “Our family moved to Israel. We lived in Tel Aviv until about 1953, then we ended up in Canada.” He grew up in Montreal and attended McGill University. After three years of graduate studies in Colorado, he moved back to Canada to begin his pioneering work investigating apnea as a cause of sleep disturbance. “By the time I left, I had treated more than 15,000 patients.” He is currently at Yale University.

Meeting Rusak was “very moving,” Kryger says. “We were both extremely successful... yet we had both come from and were born into nothing. We didn’t have a home, didn’t have a country... it didn’t look like we really had a future.”

While he was growing up, his parents and others were reluctant to talk about what had happened during the war. “I didn’t find out... until 1982 that my mother had another child who died.”

Much of what he’s learned came from a book his mother wrote with a nephew, available on Amazon.com, titled *A Passover in Rome*. His father-in-law, a World War II surgeon, also wrote his memoirs, which Kryger has passed on to his own children. “They’re all very

aware of it.”

During a professional trip, Rusak actually returned to Poland to see where his family had come from. He visited Lodz and walked the streets and “probably the same tram tracks my father walked across in the ’20s.”

The parallels didn’t stop with the previous generation: Rusak points out that both he and Kryger married blonde psychologists from the United States, both of whose fathers had served with the U.S. army in Europe. He marvels at their “very independent lives,” which have intersected on so many levels.

Kryger, who maintains close ties with Canada, is now a proud member of Mishkan Israel, New England’s oldest synagogue, which is renowned for social action, aiding the homeless, hungry and disenfranchised.

“I’ve always felt and taught my kids... it’s very important to take care of poor people.” He credits this to his own background. “These are people that need help and I feel strongly that I need to do that.”

For both, sharing the Distinguished Scientist award highlighted more than just their professional accomplishments: it broadcast the message that anyone can surpass difficult circumstances to reach the pinnacle of professional accomplishment. “You can arise from a very, very difficult birth and childhood and actually succeed,” Kryger says.

Featured in the Feb. 2, 2012 issue of The Canadian Jewish News