

# Department of Psychiatry HEADLINES

## Faculty members receive prestigious Manning Innovation Award

Two faculty members recently received the prestigious 2013 National Ernest C. Manning Foundation Encana Principal Award for Social Innovation. Co-recipients **Drs. Patrick McGrath** and **Patricia Lingley-Pottie** were presented with the award at the Oct. 16 gala event in Calgary, Alberta.

The Manning Awards, of which there are three, are presented to Canadians who have demonstrated recent innovative talent in developing and successfully marketing a new concept, process or procedure. The \$100,000 Encana Principal Award is the highest honour given out by the Ernest C. Manning Foundation.

The award is in recognition of Drs. McGrath's and Lingley-Pottie's work on the Strongest Families Institute. Dr. McGrath is CEO and Dr. Lingley-Pottie is President and COO of the Institute, which was established as a not-for profit organization in 2011 and provides distance services to families experiencing childhood behaviour difficulties, anxiety, and night-time bedwetting. The Strongest Families innovative system of care was designed to remove barriers to care, providing timely help to families when and where they need it.

"The Strongest Families innovation is really focused on increasing timely access to services and making sure services are provided at convenient times to families in the comfort and privacy of their own home over the

phone or the internet," says Dr. Lingley-Pottie. The Strongest Families Institute offers weekly telephone coaching sessions at times that work for the family (i.e, days, evenings, nights), thus eliminating the need for office visits.

"Forty to sixty per cent of families pull out of (conventional) therapy before they're finished. It's not because they're not motivated, it's because the system is not designed to make it easy for them to participate," says Dr. McGrath. Families

receive evidence-based materials and the highly trained and monitored non-professional coaches follow scripts to help families learn to solve their own problems using Strongest Families skills. The goal is to identify problems at an early stage before they become worse and more difficult to treat. Current contract services are available throughout Nova Scotia, parts of Ontario, Calgary Alberta, and British Columbia, with other contracts under



Photo: Ernest C. Manning Awards Foundation

2013 Principal Award winners Dr. Patricia Lingley-Pottie and Dr. Patrick McGrath.

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# Message from the Head

Dr. Nick Delva

Congratulations to **Drs. Patrick McGrath** and **Patricia Lingley-Pottie** on being awarded the prestigious 2013 National Ernest C. Manning Foundation Encana Principal Award for Social Innovation! As mentioned in our front-page story, a major reason for the success of the *Strongest Families* program is that it is client-focused. It uses a tried-and-true technology, the humble telephone, to deliver an innovative type of therapy right in the client's home at a convenient time, thus allowing the therapeutic process to be realized in a way that would simply not occur otherwise.

Congratulations also to **Drs. Kathleen Pajer** and **Ruth Carter** on receiving the IWK Board Award of Leadership and **Dr. Allan Abbass** on receiving the Douglas Utting Award!

We need to make better use of both old and new technologies to deliver more and better care to the patients who need it. Even though many clinicians still lack access to a full electronic medical record (EMR), which is just part of the general lag in the adoption of the full EMR that pertains across the country, we do have a number of communications systems at our disposal, including email and the telephone. We need to ask ourselves several questions in our clinical work: How can this patient be best served, in a patient-centred fashion; How can the network of care best be mobilized (which includes self-management)?; Could I prevent the need for a formal consultation on the care of a new patient by discussing the patient with the referring family practitioner, in person or on the telephone?; Does a known patient need to come back to see me?; If so, how soon?; Can the patient be followed exclusively in primary care?; If not, would an "as needed" quick repeat consultation work best, rather than a routine return appointment?; Would a telephone appointment with a known patient work? (there are many advantages to this, including no need for the patient to travel, park, wait in the waiting room, have an appointment of a fixed duration which might not be needed, etc.); Would email communication with the patient work (provided that the patient agrees to this less-secure form of communication)? While the fee-for-service payment system might not reimburse doctors for many of these activities, anyone on a salary or payment system that provides reimbursement for a range of

professional activities will only be limited in choice of approach by their imagination!

A good example of an up-to-date and coordinated approach to care is described on page 8 by **Dr. Phil Tibbo**, who holds the Dr. Paul Janssen Chair in Psychotic Disorders.

*The Because your Mind Matters* campaign, developed by Ms. Margie Crown, the Nova Scotia Early Psychosis Program Education Coordinator, and the other members of the team, is aimed at the prevention and early detection and treatment of psychosis (i.e., primary and secondary prevention). In addition to providing information and reducing the stigma of mental illness, the website serving this campaign has information on how to access care. I hope that his type of comprehensive approach will become the rule rather than the exception, and for this is required both adequate levels of funding (a government responsibility) and optimal use of resources (a responsibility of the health care provider).

We welcome to the department **Drs. Kene Ezeibe** and **Anett Bessenyei** who are working at the IWK in outpatient psychiatry and the Reproductive Mental Health clinic respectively. We bid farewell to **Dr. Curtis Steele**, whose career in psychiatry spanned more than five decades, most recently at the Bayers Road clinic and in private practice. We thank him sincerely for his years of service and wish him a happy retirement.

I would also like to thank **Dr. Lara Hazelton** for her excellent work as Medical Humanities Coordinator for the Department of Psychiatry since 2008 – please note that we are looking for a successor; the advertisement is found on page 14.

I hope to see many members of the department at our general meeting on November 12 and our end-of-year party on December 6 and I'd like to wish everyone a happy holiday season.



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## HEADLINES

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# Research Section

Submitted by: Janet Bardon  
Research Administrator

## Meet a Researcher: Dr. David Lovas

This issue profiles Dalhousie psychiatrist and researcher Dr. David Lovas. *Meet a Researcher* is a recurring article in the Research Section of Headlines. If you are interested in being profiled in an upcoming publication, please contact **Ms. Jennifer Brown** at [Jen.Brown@dal.ca](mailto:Jen.Brown@dal.ca).



Dr. David Lovas

### **Current research interests:**

My current research focuses on pediatric somatic symptom disorders or functional disorders, previously referred to as somatoform disorders, their etiology (environmental and psychological factors, as well as neurological, immune, endocrine, and autonomic biomarkers), and treatment (particularly mindfulness interventions).

### **Current research projects:**

- 1) Pilot study of a mindfulness-based intervention for Functional Abdominal Pain, looking at self-report and biomarker outcomes.
- 2) Brain MRI volumetric study of somatic symptoms in patients with and without a trauma history.
- 3) Mediation Analysis of trauma and somatic symptoms.

### **A typical "Day in Your Work Life":**

Firstly, most of my days are currently clinical, so like most clinician-researchers, I often end up squeezing research in, including after-hours. However, a typical research day starts with an 8:30 or 9:00am meeting with some combination of my collaborators, my research assistant (RA), and my

undergraduate psychology honours student. Here we divvy up the work that needs to be done for the week, and report back on tasks completed from the following week. At 10:00am I problem-solve with my RA regarding recruitment issues, procuring supplies, and other logistical issues. At 10:30am, I catch up on emails (often dealing with clinical issues, as well as research issues). At 11:00am, I work on the review article we are doing on biomarkers in recurrent abdominal pain. At 12:00pm, I grab some food, and start going through the mindfulness treatment manual we will be using for the study. I prepare any questions and proposed modifications I have for my upcoming meeting. At 2:00pm, I do a Skype conference call with a colleague at UBC who designed the mindfulness treatment manual, Dr. Dzung Vo. At 3:00pm, I have a meeting with my co-investigator and mentor, **Dr. Kathleen Pajer**, to discuss updates, and to problem-solve regarding new challenges arising. From 4:00 to 6:00pm, I do some combination of preparing a poster for an upcoming meeting, revisions to the Research & Ethics Board (REB), more email, and more logistics. Soon the 3:00-6:00pm time slot will be spent running the mindfulness intervention group, and earlier in the day will be spent interviewing and collecting baseline

measures of potential participants. Grant applications are also on the horizon.

***What I wish I'd known:***

Resist the temptation to do it on your own. Collaborate, collaborate, collaborate.

***Most satisfying and frustrating aspects of doing research:***

The most satisfying: the creativity, the ability to synthesize data and generate hypotheses, meeting and working with fascinating people. The most frustrating: the early stages when you don't have enough time or help and you end up doing too much on your own, and consequently spin your wheels. Ask me this question again around grant season!

***Experience that best prepared me for this position:***

Doing a pilot study of a mindfulness intervention almost

completely on my own, and learning the minutia of how the sausage gets made in research.

***My research mentors:***

Arthur Barsky, MD – hypochondriasis & somatization expert at Harvard Medical School  
 Martin Teicher, MD, PhD – neurobiology of development and trauma expert at Harvard Medical School  
 Kathleen Pajer, MD, MPH – biomarkers in child psychiatry expert at Dalhousie University

***Second career choice:***

Hard to say, as I've always been fascinated by the mind, and the decision to go into psychiatry evolved quite organically. I was intrigued by surgery and neurology along the way, but found that psychiatry was the best fit.

## Education Section

Submitted by: Annette Cossar  
 Education Administrator

## Postgraduate News

**MARK YOUR CALENDARS** – The 2014 CaRMS Process is underway. Interview dates for Canadian candidates have been confirmed for Saturday, Jan. 18, Saturday, Jan. 25 and Monday, Feb. 3. Match Day is March 5.

## Undergraduate News

In addition to the core clerkship rotation, the curriculum will be divided into four units called 'Piers,' which will occur outside of core clinical time. These units will focus on content that crosses all domains of student education: therapeutics, communication skills, student affairs (career planning and student wellness) and professionalism, as well as using cases to help students integrate their knowledge. The Piers occur as follows:

**Pier 1 (Med 3)** replaces Introduction to Clerkship and therefore occurs the last week of August and first two weeks of September.

**Pier 2 (Med 3)** replaces the Med 3 two-week elective period in December.

**Pier 3 (Med 4)** occurs after the September Med 3 OSCE for two weeks and is the start of Med 4.

**Pier 4 (Med 4)** occurs at the end of Med 4 in April/May and incorporates ACLS and CRAMS.

As part of the new curriculum, there has been a re-conceptualization of Clinical Skills, which will now be called the *Four Year Skilled Clinician Program* and involves the students being assessed over the four years. In Med 3, clerks

will be required to complete two Mini-Clinical Evaluation Exercises (mini-CEX) during their six-week psychiatry rotation. As part of self-directed learning, the clerk will be responsible for presenting the form to any faculty member, resident or allied health professional to have the form completed.

The Neurosciences block wraps up November 15. Clinical skills finishes November 7 with 82 students having completed four clinical interviewing skills sessions throughout HRM.

As the Med 2s prepare for their track selection in December/January, we will once again offer a recorded presentation (available on BbLearn) of the rotation assignment process in Psychiatry to help them make their choices.

Due to curriculum renewal, there will be no mandatory Med 3 elective period in December. It has been replaced with Student Led Clinical Case Review sessions. These are student-led discussions around actual clinical cases they have experienced during their clerkship experiences. The format is around a brief case presentation by a designated student to a group of peers followed by a facilitated discussion of the case.

Clerkship Supplemental/Deferral will be held December 13. Examiners have been recruited.

## Continuing Education Activities

### Recent Highlights

#### 4th Psychiatry Debate

It was standing room only in Room 4074 on September 11 for the 4th Department of Psychiatry Debate on the topic "Does Mental Illness Enhance Creativity." Arguing in favour of the motion were **Drs. Zenovia Ursuliak** and **Vanessa Thoo**. Arguing against the motion were **Drs. Lara Hazelton** and **Rachael Bell**. After a very lively and interactive debate, the audience voted Drs. Hazelton and Bell the winners. Many thanks to all our debaters for their excellent presentations.



Drs. Rachel Bell and Lara Hazelton.



Drs. Vanessa Thoo and Zenovia Ursuliak.

#### University Rounds

This year all of our invited University Rounds speakers have agreed to conduct a workshop with the residents following their University Rounds presentation. This will provide an excellent opportunity for the residents to interact with internationally recognized experts from a variety of fields in psychiatry.

On September 18, Mr. Jason Butler, Drama Therapist and Licensed Creative Arts Therapist at Concordia University, presented on the topic "Playing the Unplayable: Drama Therapy and Creative Forms of Engagement," followed by an experiential workshop with the residents.

On October 9, Dr. Michael First, Professor of Clinical Psychiatry, Columbia University, Research Psychiatrist at New York State Psychiatric Institute, and APA Editorial and Coding Consultant for DSM 5, presented on the topic "DSM 5: A Critical Overview." He also conducted two workshops on the SCID for DSM 5, which were well attended by residents, interested faculty and other mental health professionals.



Dr. Jason Butler



Dr. Michael First

### Upcoming Continuing Education Events

#### Clinical Academic Rounds

- |             |   |
|-------------|---|
| November 6  | <b>Dr. Jonathan Brake</b> (Child & Adolescent)        |
| November 13 | <b>Dr. Phil Tibbo</b> (NSEPP)                         |
| November 27 | <b>Dr. Joel Town</b> (Centre for Emotions and Health) |
| December 4  | <b>Dr. Normand Carrey</b> (Child & Adolescent)        |
| December 11 | Seniors Mental Health/Geriatric Medicine Joint Rounds |

#### Inter-Professional Education

- |             |  |
|-------------|--|
| November 5  | Ms. Dorothy Edem - Recovery and Integration  |
| November 12 | <b>Dr. Joseph Sadek</b> - Psychiatry         |
| November 19 | Mr. Barry Banks - Spiritual Care             |
| November 26 | Cole Harbour Community Team                  |
| December 3  | Ms. Rachel Boehm - Addiction Services        |
| December 10 | <b>Dr. Ian Sarty</b> (Resident) - Psychiatry |
| December 17 | <b>Dr. Jason Morrison</b> - Psychiatry       |

#### University Rounds

- |             |   |
|-------------|---|
| November 20 | Dr. Glenda MacQueen (University of Calgary) |
| December 18 | Dr. Gary Chaimowitz (McMaster University)   |



## Child and Adolescent Psychiatry Division

Submitted by: Michelle Patenaude

Child and Adolescent Psychiatry Administrative Manager

**Dr. Normand Carrey** has been appointed as Conference Co-Chair for the Infant Mental Health Promotion Conference in 2015. Dr. Carrey was also chosen as the Canadian Academy of Child Psychiatry representative for the two-week long workshops sponsored by Norlien Foundation in Alberta entitled, *Accelerating Innovation: Telling the brain story to inspire action*.

## Sun Life Financial Chair in Adolescent Mental Health

Submitted by: Dr. Stan Kutcher

Sun Life Financial Chair in Adolescent Mental Health

## Dr. Stan Kutcher participates in Canada-China Joint Health Research Initiative



**Dr. Stan Kutcher** participated as a member of the CIHR (Canada Institute of Health Research) delegation to the Canada-China Joint Health Research Initiative in September. Meetings held in Beijing covered a wide range of topics related to the ongoing Canada-China Health Research collaboration. This collaboration has been successfully underway for many years and Dr. Kutcher has participated as a grant reviewer for the program and in some of the initial discussions related to the establishment of this program while he was a member of the Institute of Neurosciences, Mental Health and Addictions of the CIHR.

(Left) Dr. Kutcher with Drs. Wang and Ling at the Canada-China Joint Health Research Initiative meeting.

## Transitions launched nationally

*Transitions* was launched nationally on Sept. 27, 2013 at University Hall at Dalhousie University. With a full audience including community organizations, universities, government departments, partners, supporters and endorsers, as well as the media, *Transitions* made its way into the hands of care providers, staff, faculty and students.

A panel of guests, including Dr. Bonnie Neuman, Vice President of Student Services at Dalhousie University; The Honourable Jane Cordy, Senator, Nova Scotia; Louise Bradley, President & CEO of the Mental Health Commission of Canada; Deputy Minister Carole Olsen of the Department of Education & Early Childhood Development; and **Dr. David Pilon**, Program Leader at Capital District Health Authority Addictions & Mental Health Program, came to speak and provide their endorsement and support for the launch of *Transitions*. *The Kids Help Phone* and *The Jack Project*, along with the Kelty Mental Health Resource Centre, CMHA and others, endorsed and supported the launch of *Transitions* both at the event, as well as through their communication mediums.

Dr. Kutcher welcomed the audience and opened with a video to explain *Transitions* as seen from the eyes of the youth that will be transitioning their way into their first year

of university. Ms. Bradley noted that the format versatility of *Transitions* as an App, an eBook, in print and online will ensure it is in the hands of everyone that needs it and she believed, "*Transitions* will spread like wildfire."

Dr. Neuman spoke to the impact of *Transitions* at the university and noted, "What we have here today, and are



(L-R) Senator Jane Cordy, Dr. David Pilon, Dr. Bonnie Neuman, Ms. Louise Bradley, Deputy Minister Carole Olsen and Dr. Stan Kutcher.

celebrating, is the launch of a resource, that is going to make a difference for many people in terms of making that transition (the four or five years) an extraordinarily successful one."

Dr. Pilon talked about how *Transitions* will provide information on housing, finances and sexuality, as well as mental health information, that is key to the success of any young person who may not be as comfortable seeking the assistance they need. Senator Cordy spoke to how *Transitions* will lead to peer support and sharing that will provide youth the information they need to support one another. Deputy Minister Olsen then talked about how *Transitions* filled a gap for young people and how it would now facilitate self-help, but also provide information on supporting their peers, their families and their communities.

In addition to the various highlights of the event, *The Stay*

*Connected Project*, generously supported by the Fountain family, invested in the purchase of three thousand copies of *Transitions* to be distributed across the partner universities and colleges (Dalhousie University, Saint Mary's University, Kings College, Mount Saint Vincent University, and the Nova Scotia Community College). The App was also made available to six thousand incoming first year students, along with the eBook at a nominal cost of \$0.99 for all students, staff, faculty and families.

As requests for *Transitions* are now coming in from across Canada, its roll out within the various provinces is now being planned. *Transitions* is available at <http://www.teenmentalhealth.org/transitions> on all the various platforms and further queries on the same can be sent to Faten.Alshazly@iwk.nshealth.ca.

## Mental health literacy taking off in Calgary

Dr. Stan Kutcher and his team began a project with Alberta Health Services, funded by the Alberta Children's Health Foundation, training over 30 educators, counselors and school psychologists from Calgary-area school boards in school mental health. The training began with two days of Mental Health and High School Curriculum Guide Training, followed by two days of "Go-To" Educator Training.

"This project will help to set a strong foundation for the Calgary and area school boards to embed mental health literacy into their curriculum through the application of the Mental Health and High School Curriculum Guide," says Dr. Kutcher. "Additionally it provides a cadre of trained trainers who can meet ongoing school board training needs and support teachers in the classroom as the curriculum is applied."

The outcomes from the pre/post tests displayed a significant increase in mental health knowledge and very positive satisfactory ratings. For a full report, visit [TeenMentalHealth.org](http://TeenMentalHealth.org).



Dr. Kutcher, SunLife Financial Chair in Adolescent Mental Health team member Mr. Mitch Shea and members of Calgary area school boards.

*continued from page 1*

negotiation in Canada.

Since 2006, Strongest Families service has helped approximately three thousand families Canada-wide yielding consistently strong results with an 85 per cent success rate in resolving the presenting problem. More programs are in development and testing in the Centre for Research in Family Health lab at the IWK Health Centre.

"Receiving the Ernest C Manning Encana Principal Award acknowledges

the value of the Strongest Families innovation for the social and cost benefits provided to children, families and the health care system," says Dr. Lingley-Pottie. "The recognition of the Manning award will lead to broad dissemination of the Strongest Families success in helping children and families and as a cost-effective access solution to wait times."

Drs. McGrath and Lingley-Pottie are hoping that increased awareness will

lead to more widespread adoption of the services so they can help many more families across Canada and worldwide, especially those living in remote or underserved regions.

For more information on the Strongest Families Institute please visit [www.strongestfamilies.com](http://www.strongestfamilies.com) or contract Dr. Patricia Lingley-Pottie at [ppottie@strongestfamilies.com](mailto:ppottie@strongestfamilies.com) or by phone at 902-442-9521.



## Dr. Paul Janssen Chair in Psychotic Disorders

Submitted by: Dr. Phil Tibbo

Dr. Paul Janssen Chair in Psychotic Disorders

In September **Dr. Phil Tibbo** was made aware that renewal for his position as the Dr. Paul Janssen Chair in Psychotic Disorders was approved for the next five years. He remains committed to the mandate of the Chair to encourage and promote research in psychosis and to educate and be an advocate in this field. Highlights from two recent projects that fall in the domains of advocacy/education and are found below.

### Knowledge Sharing/Translation:

Drs. Tibbo, **Sabina Abidi** and **David Whitehorn** were recently successful in obtaining a NSHRF Knowledge Sharing grant. In this new initiative, clinicians and researchers from the NSEPP and the Nova Scotia Early Psychosis Network will make key research findings in early and optimal treatment of psychosis readily accessible to eight key stakeholder groups. These eight groups include: government, health authority administrators, mental health clinicians, family physicians, people experiencing psychosis, family members, community support agencies, and the general public. This initiative will employ four regional onsite workshops in Cape Breton, Annapolis Valley, Truro and Halifax over the next year, in addition to interactive online webinars.

### Because Your Mind Matters:

The first year of post-secondary education is a time of vulnerability when mental disorders are likely to emerge. These disorders are treatable, and the sooner they are recognized and appropriate treatment is started, the better. Research suggests, however, that youth often experience delays in accessing appropriate treatment. The Nova Scotia Early Psychosis Program (NSEPP) has developed a multimedia community education campaign *Because Your*

*Mind Matters* which targets students (18-19 years old) making this transition with the goal of reducing treatment delay.

Ms. Margie Crown, NSEPP Education Coordinator, and the NSEPP team created the *Because Your Mind Matters Project*, which developed in three phases:

- 1) Needs assessment: Focus groups were conducted separately with students, patients and families to identify the preferred topics and formats for education content.
- 2) Education materials design and development: Using the feedback from focus groups, education materials and a website, [becauseyourmindmatters.ca](http://becauseyourmindmatters.ca), were developed in collaboration with Egg Studios. A multimedia approach is used to convey information on the signs and symptoms of psychosis, how and where to get help, information on overall health and wellness and links to additional online resources. Wrist bracelet flash drives were designed and preloaded with the education resources for handout to participating students.
- 3) Implementation: Planning included liaison with key contacts at an urban university and rural community college site in order to pilot the program.

The [becauseyourmindmatters.ca](http://becauseyourmindmatters.ca) website became live on September 30. Through collaboration with Mount Saint Vincent University faculty and senior administration, we have already offered two education sessions in their introductory psychology classes, effectively reaching approximately 100 students. Further sessions are planned in coming weeks, including a session at a rural community college campus. Funding support for this project was provided by the Mental Health Services Branch of the Department of Health and Wellness.

## Dalhousie Global Psychiatry

Submitted by: Ms. Sandra Hennigar

Special Projects, Global Psychiatry

### Mental Health Nursing in the NWT

**Ms. Sandra Hennigar** and Ms. Loretta Whitehorne, from the Registered Nurses Professional Development Center, travelled to Yellowknife to finalize the details that will allow them to proceed with offering specialty mental health nursing education for nurses on the inpatient services at Stanton Territorial

Health Authority (STHA). Global Psychiatry has been in negotiations with STHA to offer this program since last fall. A number of staff changes within the organization had prevented them from moving more forward earlier.

The trip was very successful and they were able to meet with the manager of

the unit, Mr. David LeMire, who had only arrived in Yellowknife from Toronto in mid-June. Ms. Linda Strakowski, the Clinical Educator for the unit, helped them to understand her role, the unit responsibilities and challenges and answered their questions about the level of care provided on the unit. Dr.





Ms. Linda Strakowski and Mr. David LeMire.

Pauweliena Laureijs, a graduate of Dalhousie Psychiatry residency program who joined the inpatient team about a year ago, helped them to understand the

challenges faced in managing or maintaining a good bed-utilization process when a small unit serves a large geographical area with limited resources. Neither Yellowknife nor the surrounding or remote areas they serve have adequate community and mental health services to meet the demands of individuals with mental health and addiction issues.

Dalhousie Psychiatry's partners in the NWT collaborated with two independent nurse practitioners from the community to determine how they might be able to

assist in delivering some of the face-to-face workshops required as part of the curriculum. STHA staff agreed to continue to work with them to facilitate a potential agreement with this aspect of the education program.

All agreements have been signed since the visit occurred. The program began on September 13 with eight students. Ms. Whitehorne will schedule regular online interactive sessions with the students, reviewing course content, answering questions and administering quizzes and tests. She will return to Yellowknife with Ms. Hennigar on two occasions in 2014 to do clinical supervision with the students.

## Global Health Poster Presentation

Ms. Sandra Hennigar participated in the Global Health Poster Presentation in September presenting on the training being provided to the mental health staff of the Tobago Regional Health Authority in the Prevention and Management of Aggression and Violence (PMAV). The Global Psychiatry section in the Department of Psychiatry has entered into a formal agreement with the Canadian Training Institute (CTI). This non-profit organization, with its home base in Toronto, provides many accredited training programs for staff working in youth, justice and mental health services. This agreement will allow use of the training materials in the Caribbean, including the train-the-trainer program, an aspect that is vital for the ongoing resource development within low-and-middle-income countries. The department has also created a formal partnership agreement with the Annapolis Valley District Health Authority that allows access to their PMAV trainer, Ms. Keltie Donnellan, who has been part of the Tobago training for the past two sessions.

## Primary Mental Healthcare Education Leader

Submitted by: Dr. Bianca Lauria-Horner  
Primary Mental Healthcare Education Leader

## Mental Health Physician Practice Support Program being piloted in Nova Scotia

The Practice Support Program (PSP) on Adult Mental Health for general practitioners (GPs) and their medical office assistants (MOAs) will be introduced over the next 18 months in Nova Scotia. The program, designed by General Practice Services Committee (GPSC), a joint initiative of the BC Medical Association and the BC Ministry of Health, built around an approach developed by Dr. Rivian Weinerman and her team, arose out of needs expressed by the province's family doctors as part

of larger comprehensive efforts to reform and revitalize primary care and improve patient care in British Columbia.

Most patients with mental health conditions see their family physician first, and while a certain percentage of the population could benefit from specialized treatment, most do not need specialized care. In addition, mental health problems are often intertwined with physical health issues (e.g., chronic conditions). This makes primary care (i.e., the family physician's office) a

logical place for treating many mild to moderate mental health conditions and stable chronic mental health conditions. Family physicians however, are at a disadvantage when dealing with psychiatric illness, primarily because of lack of educational exposure. They might not have the tools to feel confident and comfortable dealing with these patients, have lack of time for each patient, and experience system level barriers such as inefficient or lack of reimbursement, lack of support and lack

of access to specialty services. Even when access is available, wait times are extensive, leaving the family physician alone to treat the patient in any case.

In 2004 and 2005, the General Practice Services Committee (GPSC), a partnership of the BC Medical Association (BCMA) and the Ministry of Health, conducted a province-wide consultation with GPs, listened to their perspectives on the decline of family practice, and their ideas about solutions to the mounting problems of low morale and decreasing professional satisfaction. Through these consultations, the committee learned that the declining interest in family practice might be curbed if family physicians:

- Felt valued.
- Were appropriately compensated for their work.
- Received adequate, ongoing training.
- Were supported to provide high-quality care for an increasingly complex and aging patient population.

The GPSC responded to the request for training and support by establishing the Practice Support Program (PSP) in 2007, an initiative for family physicians, specialist physicians, and their medical office assistants (MOAs) to improve clinical and practice management. BC physicians can now benefit from ten PSP learning modules including one specific to Adult Mental Health. Province-wide qualitative evaluation showed that physicians feel that the training is worthwhile, that the program enhances physicians' skills and comfort in treating patients with mental health problems, reduced stigma, and find themselves relying less on prescription medication for the treatment of mental health problems. The MHCC's interest was piqued in this module with the development of a novel hypothesis: increased comfort and skills could decrease healthcare providers' stigmatizing attitudes.

As part of its 10-year mandate, The Mental Health Commission of Canada (MHCC) has embarked on an anti-stigma initiative called Opening

Minds (OM) to change the attitudes and behaviours of Canadians towards people with a mental illness. OM is taking a targeted approach, initially reaching out to healthcare providers, youth, the workforce, and media, and actively seeking out programs to evaluate them, determine their success at reducing stigma, and to replicate effective programs nationally. OM found a significant decrease in stigma of family physicians and residents who attended an all day training workshop in the BC PSP Adult Mental Health module at the 2011 Family Medicine Forum. Thus, the PSP is one of the programs OM felt could be of value. In partial fulfillment of two action items from the mental health and addictions strategy, The Nova Scotia Department of Health and Wellness partnered with OM to pilot and evaluate the Adult Mental Health module of the PSP program in Nova Scotia. Nova Scotia is an ideal province to evaluate the program as Primary Care Physicians have not been exposed to the Practice Support Program.

The Mental Health Practice Support Program is unique in that it increases the capacity of primary care physicians to treat those patients presenting with a mental illness and making their work with these patients much easier. As part of the NS demonstration project, the principal components of the program include: (1) training; and (2) practical practice support.

- Training is delivered in three half-day interactive workshop-style sessions followed by a 6-8 week implementation action period conducted over a 24 week period.

- Practice support is two-fold

1. Through an assessment tool and three different evidence-based Supported Self-Management tools : a) The Cognitive Behavioural Interpersonal Skills Manual, which provides a protocol time-efficient approach including assessment, care plan development and evidence-based supported self management skills, not only pills; b) The Bounceback program led by the Canadian Mental Health Association, BC Division, which consists of a

telephone-delivered evidence-based skills program designed to help adults experiencing symptoms of mild to moderate depression, low mood, or stress, with or without anxiety; and c) The Antidepressant Skills Workbook for patients with mild and moderate depression.

2. Through a practice-support coordinator to ensure participants receive as much benefit as possible throughout the training period and have the guidance they need to incorporate newly acquired tools, skills and processes into their everyday practice workflow.

The Department of Health and Wellness has committed funds to implement the training and support components as part of the demonstration project.

The evaluation of the project will be under the direction of **Dr. Bianca Lauria-Horner** and the Opening Minds Principal Investigator for Health Professionals, Dr. Scott B. Patten, University of Calgary. The aim is to evaluate the impact of the program on patient outcomes, family physicians', confidence and comfort, and stigma reduction. Depression is the primary lens used for the PSP pilot because of its high prevalence as a primary disorder and its co-morbidity with other mental health disorders and chronic diseases such as diabetes, heart disease, etc. Many of the program's principles are broadly applicable.

This initiative has the potential to impact significantly physician capacity to manage mental illness and patient wellness across the province. The outcome of this project will be of interest not only to Nova Scotia in terms of future roll-out, and other policy and programming interests, but will have significance and interest across jurisdictions and provinces, nationally and internationally.

If you are interested in learning more, please contact Dr. Bianca Lauria-Horner [hornerb@dal.ca](mailto:hornerb@dal.ca) (902-473-5633) or Ms. Tara Beaulieu [Tara.Beaulieu@cdha.nshealth.ca](mailto:Tara.Beaulieu@cdha.nshealth.ca) (902-473-5593).

# Clinical Divisions of the Department of Psychiatry

Each month we highlight one of the many services offered by the Department of Psychiatry. This issue we feature Recovery and Integration Services.

## Recovery and Integration Services

Submitted by: Dr. Edward Gordon

Psychiatrist, Capital District Health Authority, Dalhousie Department of Psychiatry

There has been considerable change in the Recovery and Integration (R&I) sector. Simpson Landing, a 40 bed purpose-built residential unit spread over four contiguous bungalows at the Nova Scotia Hospital site, opened in June of 2012. This state-of-the-art residence (meeting LEED silver designation) will provide a safe environment in which individuals with Serious and Persistent Mental Illness (SPMI) can work at developing and practicing skills needed for independent or supported community living. Patients are admitted to Simpson Landing from Acute Care Services or the community. It is envisaged that their follow-up care in the community will be provided by the community Hub for their geographic residential location. The staffing resource for Simpson Landing came essentially from the closure of Laurel & Maritime Halls. The old Maritime Hall space was renamed Transition Hall, nominally a 12-bed unit dedicated to the care of SPMI patients with a more chronic and challenging illness trajectory. The overall bed numbers in the R&I portfolio cannot exceed 52 and the balance between Simpson Landing and Transition Hall numbers has fluctuated through the year.

The second exciting feature of the new R&I model of care came on stream in July 2012 when the first of the Hub teams got up and running. Based at what was Connections Clubhouse Halifax, Dr. Scott Theriault started to see R&I patients in the community in conjunction with the interdisciplinary team at what was restyled Connections Halifax. Equivalent Hubs were established at Connections Dartmouth (formerly New Beginnings Clubhouse) to serve the Dartmouth & Cole Harbour Mental Health Service areas and a totally new entity Connections Sackville to serve the Bedford-Sackville & West Hants Mental Health Service areas.

Where clinically indicated, it is anticipated that Simpson Landing patients will be linked as early as possible to and have as many activities as possible taking place in their native communities facilitated by the Hubs.

It is envisaged that R&I patients will benefit from a wrap-around model of care, having continuity between in-and-outpatient care providers working on common patient-centred care goals. Hospitalization when necessary and when safety permits will occur at Simpson Landing, with follow-up in the community. Hub staffing was drawn from the former Clubhouses and the disbanded Supportive Community Outreach Team.

A third major component of R&I was the creation of a 16-bed Community Transition Program at Memory Lane, Sackville. This is a joint venture between Capital Health Addictions & Mental Health Program and the Departments of Health and Wellness and Community Services. It serves the complex rehabilitation needs of those individuals who have been deemed unclassifiable by the established care processes of the Department of Health and the Department of Community Services. Some of these patients have occupied hospital beds without making significant gains and others have lost multiple placements in the community by way of refractory disorders or challenging behaviours. The target length of stay is 12 months. This service started receiving patients in May 2013. Internally, significant developments have been the expansion of the Peer Support Program for inpatients and the community-based From Recovery to Discovery Peer Support Group and the commencement of the Meriden Family Support Program.

## News & Announcements

### Congratulations

#### Dr. Kathleen Pajer wins leadership award

Congratulations to **Dr. Kathleen Pajer**, who, along with **Dr. Ruth Carter**, was awarded the IWK Board Award of Leadership. This award distinguishes exemplary IWK Health Centre leaders. It pulls to the forefront for recognition the outstanding contribution of one (or a team) of IWK employees, physicians, or volunteers whose leadership has propelled the Health Centre in new directions, introduced innovative solutions and moved the IWK closer to achieving its mission, vision and strategy.

#### Dr. Allan Abbass receives Douglas Utting Award

Congratulations to **Dr. Allan Abbass** who was named the recipient of 2013 Douglas Utting Award. The award is given to an individual, working in Canada, who has made a significant contribution to the study, understanding or treatment of depressive disorders. Dr. Abbass will receive the award and make a public presentation in Montreal in early November.



## Staff and Faculty Changes

**Dr. Anett Bessenyei** joined the faculty effective Sept. 3, 2013, as a Lecturer and staff psychiatrist based at the IWK Reproductive Mental Health unit. Dr. Bessenyei completed her medical training at the University of Debrecen in Hungary, and her postgraduate training here at the Dalhousie University Department of Psychiatry. Her office is located in the IWK, Room G2152 on the Main Floor. She can be reached at [Anett.bessenyei@iwk.nshealth.ca](mailto:Anett.bessenyei@iwk.nshealth.ca) or 470-8098.

**Dr. Kenechukwu (Kene) Ezeibe** joined the faculty, effective Sept. 10, 2013, as an Assistant Professor and staff psychiatrist based at IWK Mental Health Clinic in Dartmouth. Dr. Ezeibe completed his medical training at University of Nigeria Nsukka and his postgraduate training at the Royal College of Psychiatrists (UK). He has also completed a Master's Degree in Health Systems Management (Public Health Stream) at the University of London. Dr. Ezeibe's office is located in Dartmouth at the Wyse Road Clinic. He can be reached at [kenechukwu.ezeibe@iwk.nshealth.ca](mailto:kenechukwu.ezeibe@iwk.nshealth.ca) or 469-8170.

## News

### Feeling FIP in Dublin

Submitted by: Dr. David Gardner

Professor, Psychiatry & Pharmacy, Dalhousie University

The International Pharmaceutical Federation (FIP) represents three million pharmacists and scientists, from 127 member organizations across the globe. Dublin played host to the 106th FIP World Congress of Pharmacy and Pharmaceutical Sciences. Speaking on Innovations in Pharmacy Education to Meet Community Mental Health Needs, **Dr. David Gardner** led a symposium that focused on the Role of the Pharmacist in Mental Health. Dr. Gardner was invited by the symposium's chair Professor Tim Chen from the University of Sydney. Co-presenters included Dr. Claire O'Reilly (U of Sydney), who together with Professor Chen,



Dr. Gardner presents at the 106th FIP World Congress of Pharmacy and Pharmaceutical Sciences.

have extensively researched stigma in pharmacy education and practice, and Ms. Mary Culliton, the former Director of Advocacy of Ireland's Health Services Executive. Also joining the panel was Ms. Dolores Keating, National Liaison Pharmacist for Mental Health in Ireland. Earlier in the week Ms. Keating and the pharmacy department of the St. John of God Hospital, a private psychiatric facility in Dublin, hosted the panel members for a lunch that was specially attended by the institution's Chief Executive Officer and Vice President.

Dr. Gardner's involvement in the Dublin congress facilitated new opportunities for Irish pharmacists. Two weeks before arriving in Dublin a trade commissioner from the Canadian Embassy in Dublin contacted Dr. Gardner offering her services. The gesture by Canada's embassy eventually led to a meeting involving Mr. Greg Price, the current Director of Advocacy in Ireland's Health Services Executive, Ms. Caroline Bolduc, Trade Commissioner (Canadian Embassy), Ms. Dolores Keating and Dr. Gardner. Participation at FIP offered Dr. Gardner the opportunity to develop new and stronger relations with colleagues internationally. In meeting and spending time with Drs. Chen and O'Reilly, as well as Dr. Simon Bell of Monash University, he intends to move forward with several new Australia-Canadian scholarly initiatives. He also met several other colleagues with interest and experience in qualitative and mixed methods research regarding psychotropic medicines, patient and family experiences, and the roles, relationships, and experiences of mental health care providers. He hopes that his initial discussions with them will forge new opportunities for interested Dalhousie faculty.

Dr. Gardner would like to thank the Department of Psychiatry for supporting his participation in FIP in Dublin.

## Dr. Ronald Fraser writes book on borderline personality disorder

Submitted by: Dr. Ronald Fraser

Assistant Professor, Psychiatry, Dalhousie University, Psychiatrist, Capital District Health Authority

**Dr. Ronald Fraser**, consulting psychiatrist at CDHA and director of the Extended Care Clinic of the MUHC Personality Disorders Program and Dr. Lise Laporte, PhD, Research Director of the MUHC Personality Disorders Program, have written an illustrated book for children of parents with borderline personality disorder, describing a very serious mental illness that has potentially devastating effects on individuals and their families.

This book provides, through a touching story, clinically sound, age-appropriate information for children

(under the age of 12), giving clear answers to frequently asked questions about the illness of a parent and suggesting ways to cope with the situation. Through weather pattern analogies, the book describes two days in the chaotic life of David and Mary. Psychoeducational comments are provided throughout the book by a “weather wiz” who explains simply to the children and reader their mother’s sometimes strange behaviours that are challenging to comprehend. The wonderful illustrations help lighten the story with humour and understanding.

This book will help children to take a certain distance, to understand better what is happening at home and, mostly, not to feel responsible for their parents’ stormy moments.

The book will be published in English and in French in November 2013. If you are interested in being informed when the book will be available, please communicate with Dr. Laporte at [lise.laporte@muhc.mcgill.ca](mailto:lise.laporte@muhc.mcgill.ca) or Dr. Fraser at [ronald.fraser@cdha.nshealth.ca](mailto:ronald.fraser@cdha.nshealth.ca).

## The Complexities of Changing Behaviour

Submitted by: Dr. David Gardner

Professor, Psychiatry & Pharmacy, Dalhousie University

Much of what we do in healthcare and healthcare research is encourage behaviour change in individuals, organizations, and systems. From experience, we know that this is easier said than done. On October 1-2, the Nova Scotia Health Research Foundation (NSHRF) sponsored a by-invitation-only workshop to support local knowledge and skill development in behaviour change methods for complex interventions. The workshop was organized locally in large part due to the efforts of Dr. Janet Curran, School of Nursing, and Mr. George Collier, NSHRF. Researchers were invited and asked to bring with them a policy maker involved in their area of health service research.

**Drs. Andrea Murphy** and **David Gardner** participated in the workshop and were joined by Ms. Patricia Murray, Special Advisor to the Deputy Minister of Health on Mental Health. Approximately 40 health services researchers and other policy makers from across Nova Scotia also participated.

In addition to hearing from Dr. Curran and medical librarian, Ms. Robin Parker, the workshop featured international leaders in knowledge translation (often referred to as implementation science during the workshop). They included Susan Michie, PhD, Professor of Health Psychology,

University College London, Jeremy Grimshaw, MD, PhD, Professor of Epidemiology and Community Medicine, University of Ottawa, and John Lavis, MD, PhD, Professor of Clinical Epidemiology and Biostatistics. Approached with increasing detail and complexity, Dr. Michie reviewed the Theoretical Domains Framework and her recently published taxonomy of behaviour change techniques and Behaviour Change Wheel. With the participants, she walked through examples of how to apply theory to support behaviour-change associated with complex interventions. Dr. Grimshaw covered why and how to use theory to inform intervention design, feasibility studies, and considerations in evaluating interventions. Complementing the resources reviewed by Ms. Robin Parker including McMaster's Canada's Evidence-Informed Healthcare Renewal (EIHR) Portal (<http://www.mcmasterhealthforum.org/healthsystemsevidence-en>), Dr. John Lavis spoke to evidence-based policy making.

The workshop was particularly stimulating and supported new program and research alliances as well as solutions for effective multi-stakeholder knowledge translation.

## Upcoming Award Deadlines

There are many awards that Department of Psychiatry faculty, fellows, residents, and staff are eligible to win each year. The following is a list of awards with upcoming deadlines. Please send any nominations to **Ms. Kate Rogers** at [Kate.Rogers@cdha.nshealth.ca](mailto:Kate.Rogers@cdha.nshealth.ca) by the internal nomination deadline listed here, in order for the nominee to be considered.

Please note that the internal due date is for departmental purposes only and is generally three weeks prior to the due date of the granting body to allow time for award package preparation, mailing, etc. If you wish to submit nominations directly to the granting body, please refer to the external due date in brackets, found on the departmental website ([psychiatry.medicine.dal.ca/awards/awards\\_date.htm](http://psychiatry.medicine.dal.ca/awards/awards_date.htm)). If no external deadline is listed, please refer to the website of the granting body for further information.

Granting body: **Canadian Psychiatric Association**

Internal deadline: January 9, 2014

- C.A. Roberts Award for Clinical Leadership (Feb. 1)
- J.M. Cleghorn Award for Excellence and Leadership in Clinical Research (Feb. 1)
- Paul Patterson Education Leadership Award (Feb. 1)
- Alex Leighton Joint CPA-CAPE Award in Psychiatric Epidemiology (Feb. 1)
- Joint CPA-COPCE Award for the Most Outstanding Continuing Education Activity in Psychiatry in Canada (community/rural) (Feb. 1)
- Joint CPA-COPCE Award for the Most Outstanding Continuing Education Activity in Psychiatry in Canada (academic) (Feb. 1)
- Fellows of the CPA (Feb. 1)
- COPCE Best Paper Award by a Psychiatry Resident (Feb. 1)

For the terms of reference of awards please visit the website of the granting body. If you have any questions please contact Ms. Kate Rogers at [Kate.Rogers@cdha.nshealth.ca](mailto:Kate.Rogers@cdha.nshealth.ca) or by phone at 473-1677.

## Humanities Corner

Submitted by: Dr. Lara Hazelton  
Humanities Coordinator

## Recruiting: Humanities Coordinator

Do you believe in promoting and supporting the medical humanities? Then you might be interested in the position of Humanities Coordinator with the Department of Psychiatry. The Humanities Coordinator reports to the Director of Education, and liaises with the Dalhousie Medical Humanities Program. Responsibilities of the Humanities Coordinator include overseeing the annual student writing competition, organizing movie nights and other student activities, and providing a point of contact for members of the community such as writers, film makers, and artists. If you are interested in learning more about the position, contact **Dr. Allan Abbass** at [Allan.Abbass@cdha.nshealth.ca](mailto:Allan.Abbass@cdha.nshealth.ca).

Thank you to **Dr. Lara Hazelton** for all her hard work as the Humanities Coordinator. We wish her the best as she embarks on new endeavours.



## Photo Feature

Submitted by: Dr. Shabbir Amanullah  
Psychiatrist and Lecturer, Department of Psychiatry



House on the hill, Meech Lake, Gatineau Park, Chelsea, Quebec.

### 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 Jan. 10, 2014, with the deadline for submissions to be Dec. 13, 2013.

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