

Department of Psychiatry HEADLINES

Stampeding Humanities

Submitted by: Dr. Lara Hazelton
Humanities Coordinator, Psychiatry



Dr. Lara Hazelton chats with medical students Tom Muir (psychiatry representative) and Nicola Smith (creative writing representative) at the Medical Humanities Stampede Breakfast held during Orientation Week, 2010.

On September 2, Dalhousie Medical Humanities hosted a very successful Stampede Breakfast for incoming medical students as part of Orientation Week. The Department of Psychiatry was one of the organizations who had a display table, with information available for medical students regarding elective opportunities with members of our Department. A number of students

indicated interest in being contacted about upcoming humanities activities in psychiatry, including films and guest speakers.

Of potential interest to both medical students and residents is a new initiative this fall, the Dalhousie Department of Psychiatry 2010 Student Writing Competition. Dalhousie medical students and residents are invited to

submit reflective essays, poetry, or short fiction that address the intersection of mental health, humanism, and the humanities. One entry in each category (medical student, resident) will be selected to receive a \$50 cash prize, and be published in *Headlines*. Contest deadline is October 29, 2010. For more information, contact **Dr. Lara Hazelton** at Lara.Hazelton@cdha.nshealth.ca.

Message from the Head

Dr. Nick Delva

Our front-page story describes just one of the ways in which the Department of Psychiatry is supporting the new undergraduate medical curriculum at Dalhousie, and the expansion of the undergraduate program to New Brunswick. The new curriculum is inspiring to all, and the new videoconferencing facilities joining the Halifax and Saint John campuses are most impressive. I am very much enjoying my work as a tutor in the Professional Competencies Unit — I share this responsibility with my co-tutor, Dr. Stacy Ackroyd of the Department of Emergency Medicine. This week, *inter alia*, we studied the *Canada Health Act*. As you can imagine, this educational material differs quite markedly from the traditional curriculum that I followed in my own first year medical class way back in 1971!

The start of the academic year brings our regular schedule of rounds, and we also look forward to the NSH Academic Day, delayed from its initial spring date by the eruption of Eyjafjallajökull. This year's NSH Academic Day promises to be very interesting with its focus on the family in mental health care, as does our upcoming Research Day, with visiting speaker Professor Robin Murray.

You will be interested to read the comparison between the Canadian and Danish systems of mental health care written by Dr. Birgitte Norrie, currently a Visiting Professor in our Department. Each country has its own challenges, one of Denmark's being

the large proportion of the population on social assistance. Some of the strengths that Dr. Norrie sees here in Canada are training aimed at inculcating the CANMEDS competencies, and of course, our local skills in ISTDP! Visiting Professor Dr. Ute Lewitzka will be with us over the next year or so, working at the IWK with **Dr. Anne Duffy**.

Dr. Nadia Aleem's article on her experience in Guyana is striking in its illustration of the volume of clinical work that visiting doctors are exposed to. The patients seen in the clinic suffer from a range of serious psychiatric and neurological illnesses, and the visiting doctor is expected to be even more than just a generalist neuro-psychiatrist but a competent general physician too! The lack of ready availability of diagnostic tests, including CT, took me back once again to my medical school days when I was taking an elective at the National Hospital for Neurology and Neurosurgery at Queen Square in London. Sir Godfrey Hounsfield had just invented the CT scanner (known then as the "EMI scanner" as it was developed by this firm) and one of the three existing EMI scanners in the world was at the hospital. The members of the hospital staff were immensely proud of the machine, but they still had all their expert clinical skills! Today the challenge is to develop and use clinical skills, and keep thinking, while ordering no more tests than necessary! Hats off to **Drs. Sonia Chehil** and **Matt Morgan** for their efforts in developing a



curriculum for a Guyanese two-year postgraduate program in Psychiatry.

We welcome **Drs. Duncan Veasey**, IWK (Waterville), **Gretta Taylor**, Mental Health Hospitalist, and **Glendon Tait** (Consultation/Liaison Service) to the Department. We bid farewell and wish good luck to **Dr. Tarvinder Kukreja** of the Sleep Disorders Clinic, who has moved to Ontario. **Dr. Joann Davis** has left her work at 7 Lane, but continues to provide vacation coverage, and **Dr. Normand Carrey** will be taking a year's leave-of-absence in Montreal.

Finally, on September 22 there was a celebration of the start of construction of the new Community Focused Living Units at the NSH site. Our "Family Campaign" (the Department of Psychiatry and the CDHA Mental Health Program) has raised over \$100,000 toward the construction of these units, which will be an important component of our rehabilitation and recovery services. A heartfelt "thank you" to all who have generously donated your hard-earned dollars to this most worthy cause.

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Department of Psychiatry HEADLINES

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Research Section

Submitted by: Janet Bardon
Research Administrator

10 Questions for a Dalhousie Psychiatry Researcher

This issue profiles Dalhousie Psychiatry researcher **Dr. Abigail Ortiz**. "10 Questions..." 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 MacDonnell** at Jennifer.MacDonnell@cdha.nshealth.ca.

1. *Where were you born?* I was born in Mexico City, Mexico.

2. *Why did you want to come to Dalhousie University?*

I chose to come to Dalhousie University because of my mentor, **Dr. Martin Alda**.

3. *What is your educational background?* I graduated *cum laude* from Medical School (National University of Mexico).

I started doing research at the Institute of Neurobiology in Mexico at the same time I was going to medical school, studying the effects of electromagnetic fields on calcium channels. I did my residency at the National Institute of Psychiatry and in my last year I won an award for best resident. The prize included a three-month international elective for further training in research methodology. I was lucky to have met Dr. Alda as my mentor for this elective. At that time, he invited me to join his research group at McGill University. I graduated from McGill University with a Master of Science (Psychiatry) and then came to Dalhousie for a postdoctoral fellowship in Mood Disorders, which I just completed.

4. *What are your current research interests?* My current research interests are in the interphase between mathematics and psychiatry. Particularly, we are looking at understanding mood regulation using nonlinear techniques (time-series analysis and complexity measures) in both healthy volunteers and bipolar disorder patients. This study could also have an effect on the concept of mood regulation *per se*, as a system whose dynamics are probably ruled by stochastic processes. We have also been studying the comorbidity between migraine and bipolar disorder from the clinical and pharmacologic perspectives.

5. *What research projects are you currently participating in?* My current research projects include mood regulation using nonlinear techniques in healthy volunteers and bipolar disorder patients. Other projects that are currently active include cardiovascular abnormalities in bipolar disorder patients using fractal analysis, in collaboration with Drs. Kamil Bradler and Martin Alda, and the analysis of actigraph data in bipolar disorder patients using time-series analysis, in collaboration with **Dr. Ben Rusak**.

6. *Why did you choose psychiatry as a career?* Because I love neuroscience.

7. *What was your second career choice?* Quantum physics.

8. *What experience best prepared you for your job?* Very thorough clinical training, an active questioning of most facts, and a bit of skepticism.

9. *Who was and is your mentor?* I would say I have a composite of mentors. Two researchers in particular have made a difference. Dr. Mauricio Diaz, a biophysicist working at the Institute of Neurobiology, was my first mentor. He opened my mind to the wonders of research. The most important thing he taught me was to be able to amaze and to ask yourself questions all the time. Dr. Alda has taught me from loglinear models to how to write a successful grant proposal.

10. *What do you consider the biggest challenge facing researchers today?* Time!



Dr. Abigail Ortiz

Congratulations

Congratulations to the recent recipients of Department of Psychiatry Research Fund grants:

- Dr. Kazue Semba: "Sleep regulation in a rodent model of schizophrenia"
- **Dr. Michael Teehan**: "Long Term Outcomes in Early Psychosis"
- Mr. Daniel McGrath: "Cross-domain cue reactivity among regular VLT players who smoke"
- Ms. Jillian Filliter: "Preference Acquisition in Adolescents with Autism Spectrum Disorders"

Dr. Cynthia Calkin has received funding in the amount of \$14,949 from the Capital Health Research Fund for her project entitled "Sub-phenotyping Bipolar Disorder as a Function of Diabetes Co-morbidity".

Dr. John LeBlanc, Departments of Pediatrics, Psychiatry, and Community Health & Epidemiology, has been awarded a grant from the Mike Weir Foundation for his submission "Child Mental Illness: optimize emotional and cognitive development through early childhood education".

Research Day

This year's event is scheduled for Thursday, October 14 at the Lord Nelson Hotel. Now in its 20th year, Psychiatry Research Day promotes student involvement in research and showcases the Department's diverse expertise to our university and local

communities. This year's keynote speaker will be Dr. Robin Murray, Professor of Psychiatry, Institute of Psychiatry at the Maudsley, Kings College, University of London.

If you are interested in attending this year's Psychiatry Research Day, please contact **Ms. Jennifer MacDonnell** at Jennifer.MacDonnell@cdha.nshealth.ca before October 6, 2010. For more information, please contact Jennifer at 473-7358.

CIHR Café Scientifique: "The vicious cycle: The link between substance misuse and mental health disorders"

Speakers include: Dr. Robin Murray, Professor, Institute of Psychiatry at the Maudsley, Kings College, University of London; **Dr. Sherry Stewart**, Killam Research Professor, Departments of Psychiatry and Psychology, Dalhousie University; **Dr. Sean Barrett**, Assistant Professor, Departments of Psychology and Psychiatry, Dalhousie University as well as a panel of experts who will be attending to answer questions from the public.

When: Wednesday, October 13

Time: 7:00–9:00pm

Where: Alderney Landing, Dartmouth Waterfront
2 Ochterloney Street, Dartmouth, NS

Please email RSVP to Kim.Good@dal.ca or telephone RSVP to 473-3571.

Education Section

Submitted by: Annette Cossar
Education Administrator

Undergraduate News

With Ms. Martine McKay in her new position in Moncton, the position of undergraduate coordinator is currently vacant, so faculty and students should contact: **Ms. Annette Cossar**, **Ms. Norma Thompson**, or **Ms. Carrie Wipp** for inquiries about Education activities; for providing faculty contact for electives: **Dr. Jason Morrison**; for Patient-Doctor: **Dr. Allan Abbass**; and **Dr. Lara Hazelton** as component head for Brain and Behaviour. **Dr. Cheryl Murphy** is on maternity leave but will be covering clerkship issues. The undergraduate coordinator position will be posted in the very near future.

In exciting news, Dalhousie Medicine New Brunswick (DMNB) in Saint John has opened its door this month

to the first group of Med I students.

Dr. Laurie Potter will be coordinating educational activities for members of our Department based in Saint John. Also, Dalhousie Psychiatry has established a strong presence in Student Affairs as **Dr. Pam Forsythe** was recently named the Director of Student Affairs at DMNB, and **Dr. Michael Teehan** was recently named the Assistant Dean of Student Affairs here in Halifax. Congratulations to both!

Congratulations to **Drs. Cheryl Murphy**, **Mark Bosma**, and **Lara Hazelton** on receiving a grant for \$2,000 from the Dalhousie Centre for Learning and Teaching. The grant, provided through the Teaching with Technology Grants Initiative, will be used toward a project

to develop online video tutorials to supplement case-based learning for medical students.

Lastly, our New Med I curriculum is being rolled out this fall. With this, several members of our faculty are tutoring in Professional Competencies Unit. Also, exciting new technology in the Tupper Building lecture theatres now allows lectures to be broadcast to students in New Brunswick.

Postgraduate News

Since July we have welcomed the new residents and we are now in full swing with the academic year embarking on the fall schedule of activities. Our senior residents are in the midst of their STACER exams, and we want to wish them the best of luck!

The Annual Awards Dinner was held on August 26 at The Westin Nova Scotian. Graduation certificates were presented to the Class of 2010:

Drs. Sherry James, Heizer Marval, Christa Peters, Maryna Pogosyan, and Martina Ruzickova — congratulations!

Drs. Abigail Ortiz and Christopher Bryniak were recognized for their completion of Fellowship Training — congratulations!

During the evening celebrations awards were also handed out to **Dr. Randy Zbuk** (Alexander H. Leighton Resident of the Year); **Dr. Sabina Nagpal** (Dr. Charles J. David Prize); **Dr. Emily Maxan** (Dr. Robert & Stella Weil Fund in Psychiatry); **Dr. Daniel Rasic** (Dr. W.O. McCormick Award), and **Drs. Amanda Ginnish, Christa Peters, Jennifer Slater, and Randy Zbuk** were awarded the Loonie Award as runners-up.

The Clerks' Choice Award was handed out for the second time to **Dr. Michael Stubbs** and Teacher of the Year, as chosen by the residents, was presented to **Dr. Jason Morrison**.

Looking forward, the CARMS interview period will begin at the end of January and continue into the first week of February. We would like faculty and residents to make sure to reserve the

dates in your calendars for interviewing and meeting the candidates. If anyone has any brilliant marketing ideas for our program, please let us know.

In other news, the Royal College Accreditation Committee met in May to discuss the review that was carried out in December, 2009. Many know that we received a rating of provisional approval with an external review. The Department of Psychiatry and the Medical School are both appealing the decision. As well, the postgraduate curriculum underwent a thorough review this summer and the new recommendations will be gradually implemented over the current and following academic years.

Our 'Resident as Teachers Workshop' that was developed by a group of enthusiastic educators (**Drs. Cheryl Murphy, Mark Bosma, Adriana Wilson, Michael Stubbs, and Malgorzata Rajda**) and with help from the Division of Medical Education was successfully delivered last spring. The outcomes of the workshop included the development of a curriculum for Residents as Teachers that has now been incorporated into the residency program. As well, an abstract and presentation was created at the workshop and was delivered at the annual meeting of the Association of Academic Psychiatry in Los Angeles.

Dr. Lara Hazelton is part of an education research group that recently received funding from the Royal College of Physicians and Surgeons to study professionalism

education in postgraduate training. The Professionalism Working Group, which includes physicians and researchers from a number of departments, is an initiative of the Dalhousie Division of Medical Education's Program for Health and Medical Education Research (PHMER). PHMER's mandate is to facilitate education research across the education continuum by strengthening research capacity, building interprofessional collaboration, and contributing to increased scholarly productivity. Led by principal investigator Dr. Andrew Warren of the Department of Paediatrics, the group received a \$16,200 RCPSC/AMS Research and Development Grant for their project entitled, "Exploring perceptions of program directors on teaching and evaluating the CanMEDS professional role".



Dr. Emily Maxan poses with her Dr. Robert & Stella Weil Fund in Psychiatry award and **Dr. Randy Zbuk** poses with his Alexander H. Leighton Resident of the Year award.



The graduates: **Drs. Heizer Marval, Sherry James, Maryna Pogosyan, and Christa Peters.**

Missing from photo: **Dr. Martina Ruzickova.** **Dr. Samir Taleb** graduated from our program earlier this year.



Continuing Education Activities

Journal Clubs Now Videoconferenced

The Journal Clubs that run twice each month on Mondays from 12:00–1:00pm in Rm. 4074 of the Abbie Lane are now being videoconferenced to the NSH, Belmont House, Bedford/Sackville, Bayers Road, and Cole Harbour.

Clinical Academic Rounds at the QEII

October 6: Dr. Scott Theriault “Mental Health Law and Human Rights”

October 20: Drs. Sumeer Bhalla and Gerald Gray, Child and Adolescent Psychiatry Division

October 27: Dr. Ian Slayter “General Concepts”

Clinical Academic Rounds at the NSH: to be announced

October 8, 15, 22, and 29

University Rounds at the QEII

October 13: Dr. Lili Kopala “Psychotic Disorders: Genes and Neuroprotection”

Child and Adolescent Psychiatry Division

Submitted by: Michelle Patenaude
Administrator, Child and Adolescent Psychiatry

Conference of the Canadian Academy of Child & Adolescent Psychiatry

The Dalhousie Division of Child and Adolescent Psychiatry was well represented at this year's Conference of the Canadian Academy of Child & Adolescent Psychiatry in Toronto, September 25-28. Those participating include:

- Welcome & Opening Remarks, **Dr. Wade Junek**
- Lunch Discussion Panel: Should We Define Who We See By Age Alone? Drs. Klaus Minde, Derryck Smith, and **Stan Kutcher**
- The Future of Child Psychiatry, Chair: **Dr. Normand Carrey**
- Global Child & Adolescent Mental Health: A Canadian Perspective, **Dr. Stan Kutcher**

Clinical Research Presented at APA in San Diego

Dr. Alissa Pencer (co-authors **Drs. Alexa Bagnell**, Cheryl Gilbert MacLeod, and Marie Poisson) presented a poster “Effectiveness of CBT for Anxiety in Youth in Clinical Practice” at the annual convention of the American

Psychological Association (APA) in San Diego in August.

The research conducted by the IWK Treatment of Anxiety Group (TAG) examined the effectiveness of a group CBT protocol (Cool Kids ©; Rapee et al., 2006), for children and adolescents (age 7-19 years) with a range of anxiety disorders, conducted by a multidisciplinary team at a secondary/tertiary health care centre. The results of the study support the effectiveness of evidence-based CBT group treatment of child and adolescent anxiety disorders in reducing anxiety and improving function in a real world clinical setting. According to parent report on the SCARED self-report (Screen for Child Anxiety Related Emotional Disorders; Birmaher, 1997) 33% of children and 19% of adolescents no longer have clinically significant anxiety. On the SCARED self-report, 45% of children and 29% of adolescents report no longer having clinically significant anxiety symptoms.

Publications

In the August Issue (Vol 55, No 8; 2010) of the *Canadian Journal of Psychiatry*

(CJP), Dr. Paul Grof wrote “Bipolar and psychotic disorders were initially thought to affect adults, with an occasional onset in adolescence. However, those concepts are gradually changing”, in his Guest Editorial of that issue featuring lead articles by **Dr. Anne Duffy** and Dr. Patrick McGorry.

Look for the Guest Editorial in an upcoming edition of the *British Journal of Psychiatry* (BJP) where **Dr. Anne Duffy**, writes “From predisposition to illness: Genetically sensitive intermediate pathways to mood disorders”.

Longitudinal studies of high-risk children allow for the mapping of the early natural history of bipolar disorder and identification of associated biomarkers. This blending of clinical with neurobiological research is discussed in a review paper by **Dr. Anne Duffy** in a recent edition of *Future Neurology* entitled “The early stages of bipolar disorder and recent developments in the understanding of its neurobiology”.

International Psychiatry Section

Submitted by: Dr. Sonia Chehil
Director, International Psychiatry

Reflections from Guyana

Dr. Nadia Aleem, PGY-5 in Psychiatry, University of Western Ontario

It has been three months since my last article and, as I reflect upon the past three months in Guyana, I cannot believe how much I have experienced. Prior to this elective I had felt like a competent resident. I was confident that I had a broad clinical exposure and a fairly thorough understanding of psychiatry. However, within a week of being in Guyana I soon realized that while I may have been a well-trained psychiatrist in North America, I was relatively unprepared for what faced me in a developing world. There was not a day that went by that I did not feel challenged and energized by the excitement that faced me at the clinic.

With limited access to labs, x-rays, and CTs, I was forced to use parts of my brain which had laid relatively dormant since medical school. I had to rely solely upon my history and physical exam to make a clinical diagnosis and was forced to recall lists of differential diagnoses that would, in Canada, have been made much shorter with the use of technology. Everyday I saw things I had only read about in textbooks such as catatonia, dystonias, hydrocephalus, and various tropical diseases. For the patient, you are not their psychiatrist but also their neurologist, family doctor, and often internist. The psychiatry clinic is a place where patients come to get all of their medical needs met and you have to be prepared to face the day with

an open mind and a readiness to treat anything that comes your way.

Teaching was a major component of the work I did in Guyana. The interns and students who attended my lectures and rotated through the clinic were happy to have a Canadian physician supplement their psychiatric training. Naively I assumed that teaching in Guyana would be identical to the experiences I had in Canada. However, even in this realm one is continually made aware of the cultural context in which we practice psychiatry. In the course of my lectures I was forced to re-evaluate the context in which I provided medical education and adjust my teaching to accommodate for information that is most relevant for physicians who practice in Guyana.

Though this may all seem daunting, the challenge was exhilarating and the patients I met were unforgettable. There are few places where I have experienced the warmth and hospitality that I did while I was in Guyana. People everywhere go out of their way to make you feel welcome and the patients are kind, generous, and so appreciative of the care they receive. As a psychiatrist visiting the country you are in a unique position to experience many facets of life in Guyana. Through your patients and Guyanese colleagues you are privy to the intimate details of city life, country life, and everything in between. You become

familiar with local dialogue and customs and are soon able to understand the trials and tribulations that come with living in Guyana.

“The challenge was exhilarating and the patients I met were unforgettable.”

After work, one is often moving in the world of “the foreigner”, mingling with others like yourself who are visiting the country and working in many different fields within Guyana. Here, you learn about

the frustrations of trying to adjust to life outside of what you are familiar with. You hear about the challenges of development and the longing for cultures where the infrastructure of comfort and convenience is more established. You are continually in a dance where you are at once treated like a local and a visitor. While there, I had a taste of local culture when I attended a reggae concert, a cricket match, a theatre performance, and a wedding. At the same time I watched the World Cup with people from all over the world and learned to navigate the market and most of the facets of day to day life as a foreigner in Guyana. And yes, I was able to visit Kaiteur Falls and the rainforest, both of which were nothing less than magnificent. As I had anticipated, Guyana did present me with many adventures. What I did not anticipate however, was how much I would miss it when I was gone.

Postgraduate Diploma Program in Psychiatry: Opportunities for Faculty / Resident Involvement

Submitted by: Dr. Matthew Morgan
Psychiatrist, Dalhousie University

Earlier this month I had the opportunity to present at Grand Rounds to give an overview of the work the International Psychiatry Section (IPS) is doing in Guyana. We have been working on developing and implementing a postgraduate diploma program in psychiatry (PGDPP) for general physicians. The country is extremely underserved in regards to mental health care, with only three trained psychiatrists, and the majority of care is provided by general physicians with little or no mental health training.

We are planning to start the two-year postgraduate diploma program in January 2011. This would require significant participation from the Department of Psychiatry faculty and residents. As I reviewed at Grand Rounds, there are several opportunities that vary on their level of required commitment.

Initially, we are looking for at least 10–12 clinical supervisors that are willing to travel to Guyana to provide two weeks per year of clinical supervision and didactic teaching. The curriculum and schedule will be established and the responsibility of the supervisor will be to deliver this curriculum and supervise the physicians in the program. The supervisor will also need to provide two weeks of supervision (online or by e-mail) upon their return from Guyana.

The second opportunity involves taping of didactic lectures that can serve as a part of the core component of the curriculum for the students. This might include lectures that are already being done for the Medical School or Postgraduate Program. The third opportunity is to share with the IPS specific reference papers or websites that would be helpful to the physicians and their learning of the curriculum.

We are hoping that Dalhousie residents can be a part of the delivery of the curriculum. There is opportunity for residents to do a three month elective in Guyana. They would be able to aid in supervision and teaching during their time in the elective. Also, there will be a significant mentorship role that will occur here between the IPS faculty and the Guyanese learners. We are hoping that residents might be interested in sharing that mentorship in their senior years to develop some invaluable experience prior to becoming psychiatrists themselves.

I hope this gives you a quick but clear overview of the potential exciting opportunities available to the Department in the work we are doing. If you have interest in this program please contact: **Ms. Julie O'Grady, Dr. Sonia Chehil**, or myself.

The Dalhousie International Psychiatry Experience

Submitted by: Drs. Sabina Abidi and Mark Bosma
Psychiatrists, Dalhousie University

In March 2010 we had the privilege of being asked by the Dalhousie International Psychiatry Section to travel to Guyana and Tobago. Our objective was to provide education to multidisciplinary clinicians in these developing areas in our specialty areas of early psychosis and geriatric psychiatry. Prior to our departure we developed case-based teaching modules focusing on the early detection and treatment of psychotic disorders, and the 3Ds (depression, delirium, and dementia) of geriatric psychiatry. The modules were modified to meet the needs of different learners, ranging from community health workers to family physicians. The talks were presented in a variety of settings, including public hospitals and community health centres.

After a challenging journey coloured by sick airline passengers, near missed flights, and lost luggage, we received a warm welcome from the Guyana Ministry of Health. We rested briefly, and then embarked on seven busy and challenging days of interactive teaching with eager participants. Despite the sometimes unbearable heat, the presentations were a success. This was measured by the obvious enthusiasm and willingness to learn relayed by the various participants. Case histories and past experiences were shared openly. Myths about mental illness and issues related to stigma and stereotypes regarding the elderly, youth, madness, and medicine were discussed and debated. The overall respect and desire for learning among the audience was

by times overwhelming and certainly valued. Furthermore, the opportunity to share and compare experiences and knowledge with this audience enhanced our own learning and certainly broadened our scope.

The journey from Guyana to Tobago was short with views of the beautiful countryside visible from our tiny plane. There we were welcomed by Dr. Helene Crooks, a psychiatrist originally from Quebec who has been practicing in Trinidad and Tobago for more than 40 years. Her expertise and experience working in this developing area provided us with many interesting stories about the needs of Tobago. Although mental health resources in Tobago are greater than those in Guyana, local clinicians had a strong desire to learn from our

discussions in order to foster improved mental health service across the lifespan of their people.

During our travels, we were pleasantly surprised at the pace at which progress has occurred in mental health education and service, particularly in Guyana. The Ministry of Health appears to have a clear vision for expansion of mental health services, with implementation

of education programs to allow for continued sustainability. It has been a privilege to be part of this process, yet there is much work to still be done. To this end, since our return we have continued to develop education tools including video-recorded teaching modules for future training purposes. It is our hope that these modules will help serve as a foundation for ongoing

teaching of mental health clinicians and trainees, a process of which we both hope to continue to be a part. The aim of these efforts will hopefully allow for continued improvement of our own teaching skills, and allow us to be part of a collaboration fostering progress for a population in need of expertise, training, and ultimately provision of good clinical mental health care.



Drs. Mark Bosma and **Sabina Abidi** teach in their areas of speciality to a group of enthusiastic multidisciplinary clinicians in Guyana



Drs. Bosma and Abidi pose with Drs. Helene Crooks and **Sonia Chehil** in Tobago

News & Announcements

Staff / Faculty Changes

Dr. Joann Davis has resigned from the Department, effective July 31.

Dr. Tarvinder Kukreja has resigned from the Department, effective August 15.

Dr. Duncan Veasey has joined the Child and Adolescent Division as an Assistant Professor and Staff Psychiatrist, effective September 13. Dr. Veasey is located at the Waterville Youth Detention Facility.

Dr. Gretta Taylor has joined the faculty as Lecturer and Mental Health Hospitalist, effective September 20. Dr. Taylor will be working on 6 Lane.

Dr. Glendon Tait has joined the faculty as an Assistant Professor and Staff Psychiatrist, effective September 27. Dr. Tait will be working in the Consultation/Liaison Service as well as Emergency.

Dr. Normand Carrey, Child and Adolescent Division, will be taking a one year leave of absence effective October 1.

Dr. Ute Lewitzka is visiting the Department as an Assistant Professor working with **Dr. Anne Duffy** until January 2012. She will be working with Dr. Duffy on developing the longitudinal studies of neurobiological correlates of the early stages of illness in offspring of bipolar parents. Dr. Lewitzka is a full-time faculty member in the Dresden University Clinic in Dresden, Germany. She is a member of IGSLI (International Groups for Studies of Lithium Treated Patients) and is a psychiatrist with expertise and subspecialty training in mood disorders. We are fortunate to have Dr. Lewitzka join us and welcome her to the Department and to the Division of Child and Adolescent Psychiatry in particular.

Congratulations

Inpatient Group Psychotherapy Program Wins Award

Congratulations to the Inpatient Group Psychotherapy Program for being awarded the “Top 10 People’s Choice Award” at the Capital Health District Quality Summit for their poster presentation. The Acute Inpatient Psychiatry Units on 6 and 7 Lane have been offering a daily, structured program of psychotherapy groups over the last year. In addition to the clinical initiative, research was undertaken to examine the perceived clinical utility of the program to patients and staff on 6 and 7 Lane.

The goal of the group psychotherapy program is twofold. It aims to improve patient care by offering an opportunity for patients to experience therapeutic factors of a group experience. In addition, it aims to improve unit culture and staff morale by developing more appropriate interpersonal skills among stakeholders on the unit and providing additional opportunities for patient socialization and leisure. Patients are provided with the opportunity to attend a variety of groups including coffee and newspaper group, interpersonal relationships or “conversation” group, creativity group, music group, acupuncture, and solution focused therapy groups. We would like to extend our thanks to all the patients and staff of 6 and 7 Lane who participated in the study and who have dedicated their time and energy to making the group psychotherapy program a reality.



CDHA Service Award

Dr. Douglas Maynes received his 25 year CDHA Service Award on August 26 as he was unable to attend the Faculty Meeting in May. Dr. Maynes poses with his wife Jane before the ceremony.

Dr. Stan Kutcher Wins J.M. Cleghorn Award

Congratulations to **Dr. Stan Kutcher** on being named the most recent recipient of the prestigious J.M. Cleghorn Award. Honoured by the Canadian Psychiatric Association, Dr. Kutcher is the tenth recipient of this award that recognizes his excellence and leadership in the area mental health research. This award is dedicated to the memory of Dr. John Cleghorn, an early neuroendocrine researcher and the first chair of the Scientific and Research Standing Committee (originally the Scientific Council).

The IWK Health Centre, Dalhousie University, and the Department of Psychiatry congratulate Dr. Kutcher on this well-deserved award.

Dr. Gail Eskes Appointed Director of Research, Brain Repair Centre

Dr. Gail Eskes, Departments of Psychiatry, Medicine (Neurology), and Psychology, has been appointed Director of Research and Education for the Brain Repair Centre (BRC). This is a key leadership position that will guide the BRC's strategic research planning and development while strengthening educational goals and activities.

Dr. Zenovia Ursuliak Welcomes New Family Member

Dr. Zenovia Ursuliak is proud to welcome her 8 lb, 10 oz son Metro Cayden Haut. He was born on September 15 and both baby and mom are both well!

Announcements

Atlantic Canada Psychosis Conference, November 5, 2010

The Nova Scotia Early Psychosis Program (NSEPP), in collaboration with the Capital District Mental Health Program and the Department of Psychiatry, Dalhousie University, will present the 8th Atlantic Canada Psychosis Conference on Friday, November 5 at the Halifax Marriott Harbourfront Hotel in Halifax.

This year's conference is entitled "Recovery: From Theory to Practice" and will offer a combination of lectures, workshops, and poster displays providing ample opportunity for interactive learning and information exchange for clinicians, researchers, and educators. Register by October 7 to receive the Early Bird rate. For more information on the conference agenda, speakers, and registration process, visit www.e-earlypsychosis.ca or contact Ms. Margie Crown at (902) 473-4022 or Ms. Carolyn Sinyerd at (902) 473-1678.

Open Minds Across Canada Mental Health Symposia 2010, October 28, 2010

Healthy Minds Canada, formerly known as the Canadian Psychiatric Research Foundation, is hosting the second annual Open Minds Across Canada — Mental Health Symposia 2010. Eight sites across Canada will be participating by hosting free workshops open to the public on Thursday, October 28, 2010. The Halifax location is the Royal Bank Theatre, Halifax Infirmary, 1796 Summer Street, Halifax, NS. Registration opens at 6:30pm and sessions start at 7:00pm. Admission is free. Please register in advance or on the day. For more information and to register, please visit: <http://www.cprf.ca/>.

Save the Date: Annual Christmas Holiday Celebration, December 10, 2010

Invitations will be sent out in early November for the Department's Annual Christmas Holiday Celebration on December 10.

News

Team Psyche

On July 18 the Department of Psychiatry was well represented in the annual PARI-MP resident golf tournament. In all, seven psychiatry residents spread across three separate teams signed up to take on the best all of the other residencies had to offer. Good fun, great shots, excellent food and drink, perfect weather, and prizes for all who entered highlighted the day.

Of particular note, a longstanding trio of psychiatry residents who have attempted to take home the honour of a first place finish for the past three years finally broke through with the addition of Cory Jubenville from the affiliated specialty of Neurology. **Sumeer "I'm Just Going to Put this in Play" Bhalla** (PGY3) led the way with long, straight drives

off the tee. **Jennifer "I'm Going Right over this Twig" Slater** (PGY3) followed up on the tail-end with some monster birdie putts. **Michael "I Hope this Slices" Stubbs** (PGY5) lent a hand with getting from the fairway to green with dialed-in iron shots. "Team Psyche" ended up securing six birdies and an eagle on the front nine, followed by six more birdies on the back nine to take first place by four strokes and a record score of 58 (14 shots under par). Sumeer also collected the title of men's long drive champion, while hopefully a good time was had by all residents who entered. Of note, "Team Psyche" may have an opening next year looking to defend their title for all aspiring Jack Nicklaus and Annika Sorenstams so hit the links and get those clubs warmed up!



Dr. Claire O'Donovan was the winner of the first Department of Psychiatry Outstanding Clinician Award announced at the awards dinner on August 26. Congratulations!



Team Psyche from left to right: Drs. Cory Jubenville (Neurology), **Sumeer Bhalla** (PGY3), **Jennifer Slater** (PGY3), and **Michael Stubbs** (PGY5).

Community Living Initiative Drawings Unveiled



Ms. Barbara Hall, Mr. Vince Daigle, and **Dr. Nick Delva** unveil the drawings at a celebration held on the grounds of the NSH on September 22.

On September 22 Capital Health's staff and physicians celebrated their more than \$110,000 investment to date in the future of mental health care for Nova Scotians as the latest architectural drawings for the Community Living Initiative were unveiled.

Dr. Nick Delva, Co-Chair of the *Opening Minds* Family Campaign, spoke at the event and helped to unveil the drawings.

The Community Living Initiative consists of four residential-style housing units designed for patients with mental illnesses and significant daily living challenges as they transition back in their communities. The Department of Health has committed \$8 million to fund the construction of the homes.

Features

Comparing Danish and Canadian Psychiatry

Submitted by: Dr. Birgitte Norrie

Visiting Assistant Professor, Dalhousie University



I am a Danish psychiatrist and have spent the last 4.5 months at the Centre for Emotions and Health training in ISTDP with **Dr. Allan Abbass**, and will be staying until the end of October. While I can't say that I know Canadian psychiatry well, there are some differences I have noted, mainly on an organizational level.

In general I find the similarities between the two countries are greater than the differences. We work with the same scientific guidelines, but in Denmark we use ICD-10 instead of

DSM as a diagnostic tool, but we know they overlap. The discussions that I have attended at rounds are similar to the ones we have in Denmark. So in that sense it is familiar to work here in Canada, though working in the English language is a big difference! I would be apprehensive doing a psychiatric evaluation where I would have to sort out thought disorders in a second language — I think that would really require you know the language first hand.

At home in Aarhus, Denmark, I am chief of a ward with 16 beds for people

with depression and bipolar disorders and an additional bed for affective disorders. The average time of stay at the ward is 21 days.

Differences

I have learned from **Dr. Nick Delva** that only a few experienced psychiatrists here in Halifax give ECT. In Aarhus (two departments North and South, in total 144 beds) we give ECT three times a week, often there can be 10–15 patients, and it is the residents that give ECT. But we do have very experienced staff at the ECT department to work with. We always have an experienced anesthesiologist and nurse present giving the anesthesia while the diagnosis and order of treatment is given by an experienced psychiatrist. The reasons to give ECT are acute delirium, severe depression with active suicide threats, and severe depression where the patient has difficulty eating and there is a risk of the patient going into delirium. We very seldom give ECT to schizophrenic patients — it is only used as a last resort when medication does not work well. This is the usual way that ECT is organized in Denmark, for the residents to give ECT. At the smaller hospitals where ECT is not given as often it is more likely that an experienced psychiatrist gives ECT the first time but then it is usually handed over to the resident. But if ECT needs to be given involuntarily there will always be a senior psychiatrist present.

Dr. Delva is researching the distance a patient in Canada has to travel to get ECT. That isn't an issue in Denmark as it is a much smaller country. Where Canada is the second largest country in the world, Denmark is number 132 on that list.

In Nova Scotia you have a surplus of forensic beds. In Denmark we have too few as more and more psychiatric patients become forensic patients. From 1980 to 2007 the number of forensic patients increased from 300 to 2,014. In 2004, 20% of the general psychiatric beds were occupied with forensic patients. In Aarhus we have just opened up a new ward for forensic patients, taking these beds from general psychiatry.

It is the hope this change will help the patients to stay as there have been quite a number of runaways.

The most troublesome forensic patients are prisoners who have not been sentenced but are in custody, and they claim that they suffer from suicidal thoughts, which they can indeed have but sometimes these symptoms are an act. These are the more psychopathic patients and they do not fit well among the depressive and manic patients. A judge decides whether these patients can go back into custody and there the patient/prisoner can again plead that they suffer suicidal thoughts, even though a psychiatrist may determine that there is a motive behind those symptoms. And the patient/prisoner might have their symptoms improve by going to the psychiatric ward but plead that they will become suicidal if they are sent back to jail. In these cases the psychiatrist feels like they are caught in a "Catch 22".

There are very few beds for rehabilitation for schizophrenic patients in Denmark. In Aarhus we closed our rehabilitation units in 2000. In those units a patient suffering from schizophrenia could stay for one year.

The number of beds in general psychiatry has gone down dramatically in Denmark. In 1984 there were 16,000, in 2004 it had gone down to 3,408, and at present we have about 3,000.

Many Danish psychiatrists including myself find that we have closed down too many beds, especially for the lower functioning patients suffering from schizophrenia. And many find that it is part of the reason the population of forensic patients are on the rise. That seems to bring institutionalization back, but in an odd and demeaning way for the patients.

From my ward I recognize this problem with prisoners/patients more or less psychiatrically ill and more or less psychopathic. We often have from one to three patients that are forensic patients. Some stay at the ward for

five years. The real forensic patient, one that has been sentenced, can be a problem but does not need to be as we have them long enough to start a good treatment, both medically and socially, though we find it hard to do good rehabilitation work with the patient. The psychopathic prisoner/patient might have to stay at the ward for several weeks before going to trial, and if we have more than one they usually find each other and can start ruling the ward. This is not an easy situation for physicians or staff.

Problems for Danish Psychiatry

The above described situation is a very real and hard problem for Danish psychiatry. Another is the number of specialists in psychiatry. At the moment there are about 700 but we are an aging group and it is estimated that by 2020 the number will reduce to 500. A higher number of younger doctors are now training in psychiatry, but far from enough. And the demand for psychiatric expertise is not going down, on the contrary the demands are going up.

The reason for this problem is that there have not been enough younger

doctors and psychiatry has not been on the priority list for many young doctors. The Danish Psychiatric Association has started a summer school for younger doctors trying to attract more doctors to this truly very interesting speciality.

Other problems is for psychiatric patients — that they are given social pensions for depression and anxiety, instead of getting good treatment so they can stay active and be able to work.

One in four adults between 18 and 65 years are on some kind of social support, and many of them are on social pensions that are given without time limits. We have recently started looking into this huge problem, and the laws for social pensions will be changed so you can given time limited pensions for some years, until they recover and are out of their depression and are able to work again.

"I would be apprehensive doing a psychiatric evaluation where I would have to sort out thought disorders in a second language — I think that would really require you know the language first hand."

Research

I think it is well known that Danish psychiatry research has one advantage compared to the rest of the world — we have very good registration of the patients and their treatment. The registration system is based on the fact that every person in Denmark is given a civil personal number.

Inspiration from Canada

In Denmark we have changed the training for young doctors as inspired by the Canadian way using the seven competences of medical specialist, etc.

And then you may ask, what is a Danish psychiatrist doing at the Centre for Emotions and Health?

I have trained in ISTDP since 2004, where we initiated a three-year course with Dr. Patricia Coughlin Della

Selva. And in 2008 Dr. Abbass visited Denmark to train us, and I exclaimed I would like to go and work with him. And he replied that it was possible! So here I am.

I find ISTDP very interesting and useful for many patients. It is my hope that I can treat depressive patients with ISTDP +/- medication at the ward, thereby helping them to restructure their character so they will not get depressed again. That would be a huge gain if we could prove that once a person has depression, they do not need to fear they will get it again. We have to remember there is a very huge risk of depression a second time if you have had it once. As I remember, it is approximately 80% that have recurrent depressions.

So far my stay here at Dalhousie has been very inspiring. It has been interesting to meet Canadian psychiatrists and to personally have the experience that we truly live in a global world. It is not that far from home — in many ways we talk the same language.

And my final thought is this: I was somewhat shocked to see my office at the 4th floor of the Abbie Lane was without windows! This is not allowed in Denmark, perhaps because in Denmark the dark period is much darker than here in Canada. During the darkest time of the year the day is two hours shorter than here. Next time you have to build, do remember windows in every office!