

# HEADLINES

News from the Department of Psychiatry at Dalhousie University

FEATURE ► COVER STORY

## Meet the class of 2020

*New PGY-1 residents welcomed to department*



New residents: Back (L-R): Melissa Lahti, Alexandra (Ali) Manning, Katherine (Katie) Radchuck. Front (L-R): Nadia Hassanali, Crystal Zhou, Matt Havenga, Laura Downing.

On July 1, 2015 the Class of 2020 began their postgraduate training in the Department of Psychiatry. Among the seven PGY-1s are four graduates from Dalhousie Medical School, one from the University of Alberta, one from Memorial University of Newfoundland, and one from

Trinity College Dublin School of Medicine in Ireland. Unlike last year, this class is made almost entirely of female residents, with only one male, aligning with the growing trend of more female residents in psychiatry.

The PGY-1 year differs from other postgraduate training years

in that the PGY-1 residents are scheduled to rotate through many other departments. The first block of the year is designed to help them become familiar with the Department of Psychiatry while being matched with a psychiatrist mentor and attending a series of

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## Message from the Head

The front-page story of this issue of Headlines helps us to get to know our new PGY1 residents: **Drs. Laura Downing, Nadia Hassanali, Matthew Havenga, Melissa Lahti, Alexandra Manning, Katherine Radchuck, and Crystal Zhou.** I am very happy to see that they are all getting an excellent start in their careers in psychiatry, and that morale is high within the resident group.

This issue's article on "Meet an Educator" features **Dr. Sherry James**, who is a clinician at the Bedford-Sackville Mental Health Clinic and the Associate Program Director and Director of Fellowship and Subspecialty Training Programs. Dr. James was an educator before going into medicine and has been able to merge successfully her two major career interests. Our department is fortunate to have Dr. James and a number of other well-trained and expert educators. I note that two of our PGY1 residents have backgrounds in teaching, and their skills and knowledge in this area will serve to strengthen an already strong contribution to teaching by our resident body. I am confident that the coming years will see increasing excellence in education and educational scholarship in our department.

Congratulations to **Dr. Gail Eskes**, whose work was recently recognized by the Heart and Stroke Foundation, and welcome to **Dr. Jacob Cooney**, one of the three graduates of our general psychiatry training program in 2015, who has just become a member of our faculty.

You will note on pages 10 and 11 a thought-provoking piece on the importance of government



Dr. Nick Delva

support for social housing by **Ms. Sandra Hennigar**. Ms. Hennigar urges us to be politically engaged, and speak with the candidates in the upcoming federal election and ask them about their views on social housing. I would suggest that we also engage the candidates for federal office in discussions about mental healthcare. We live every day with an underfunded "non-system" of mental healthcare, and I cannot say that funding has been improving in recent years, despite the inauguration of the Mental Health Commission of Canada and a higher level of visibility and societal acceptance of mental illness. Some parts of the non-system are particularly dysfunctional, like the lack of a coordinated approach to the care of those with intellectual disabilities. Governments have not been motivated to do anything much to change the status quo, and the drive is rather to reduce spending on healthcare in general. Our costs are only going up, but the mental health budget does not keep up with this, let alone expand to allow our existing programs to be "right-sized" or new programs developed. I would therefore encourage all to get involved in the political process and among other things, engage the candidates for federal office in discussions on equitable funding for mental healthcare.

## New residents *continued from page 1*

orientation sessions. Learners spend two separate blocks of training in psychiatry at the Saint John training site, completing emergency and consultation/liaison training, and community psychiatry training. They also have one block of emergency psychiatry in the ER at the Halifax Infirmary, two blocks of training in general medicine, two in neurology, two in emergency medicine and one block of family medicine. Beyond this, they are permitted two blocks of their choice. Needless to say, our new PGY-1s are in for a busy year! You'll be introduced to each one of them below.

### **Laura Downing**

**Originating from:** Harbour Grace, Newfoundland

**Medical School:** Memorial University of Newfoundland

### **Why she chose the Dalhousie**

**Department of Psychiatry:** I was very interested in the psychotherapy program offered beginning in the second year, and that really pushed me to choose Dalhousie. I also have a cluster of family here and it was much easier for my significant other to transfer his employment. Finally, another great thing Dalhousie offers is the mentorship program to start off your residency. It is one month of psychiatry in an area you're interested in. It might seem silly, but I was really worried about how residency would knock me off my feet in the first year. I really appreciated that the program started you off with your home speciality to get your feet wet, and get used to being called "doctor."

### **Specific areas of interest in**

**psychiatry:** Perhaps it's affection

for crime and mystery novels, or my previous interest in law school, but I am intrigued by forensics. On another spectrum, geriatrics and palliative care work has always filled me with happiness, and my previous work in prenatal care lends me some interest in prenatal/postnatal psychiatry. I think in short, it's definitely a mystery where I will go, one that hopefully will be solved at the end of five years.

### **Highlight of first month in the**

**department:** I am continually surprised by how much you can learn from clients and their families; how much personal information people will give you and entrust in you. On a non-work related note, I've been enjoying the Halifax life and have developed a love for salt water taffy.

### **Biggest challenge so far:**

It's challenging being in a new province and getting used to different policies, staff and the general areas. In Newfoundland, I had a personal contest over the past years to visit every community. I'm only missing five! I really believe when you understand the context of where a person lives and what's available you can provide the most comprehensive care. Also, it's comforting for people to know that you've been to their hometown, older patients in particular. So this is challenging that I am now adrift in a (somewhat) foreign location. It's a work in progress however, and a new goal to explore and get to know a new place and the people.

### **Second career choice:**

As mentioned, I'd wanted to be a lawyer for a good chunk of my childhood, but I actually chose Bachelor of Nursing as my undergraduate (probably because my family tried to talk me

out of it; they are all nurses). I really loved my community-based positions working in wound care/palliative care in St. John's and Public Health in northern Labrador.

**Interesting fact:** I love to write, and have written a novel. It's a disaster and won't be a best seller anytime soon, but it was a big accomplishment for me. A second strange thing is my relatively high speaking voice, but yet I sing Tenor/Bass in choir. It always gives people a good shock if I burst out in song.

### **Nadia Hassanali**

**Originating from:** Mississauga, Ontario

**Medical School:** University of Dublin, Trinity College Dublin in Ireland.

### **Why she chose the Dalhousie**

#### **Department of Psychiatry:**

Dalhousie has an excellent reputation, it's within a relatively large city with a small town feel, and the program itself focused on a variety of unique aspects that other schools did not have. The people that I met throughout the interview process also solidified Dal as one of the schools that I'd like to attend for my PGME.

### **Specific areas of interest in**

**psychiatry:** I am interested in geriatric psychiatry, but wouldn't rule out reproductive mental health, or global health either. Regardless of the specialty that I enter, I would like to be community-based.

### **Highlight of first month in the**

**department:** Looking back at the past month, meeting so many wonderful people is one of the highlights of coming to Dalhousie. Everyone has been extremely cordial and welcoming. I won't lie—those

Wednesday lunches aren't too shabby either!

**Biggest challenge so far:** Getting used to so many different passwords between the QEII and IWK!

**Second career choice:** I would love to be involved in education as I was a high school science teacher in a prior life, but I also wouldn't mind applying for Jon Montgomery's job on The Amazing Race Canada, if he were to ever leave the show.

**Interesting fact:** I was named after Nadia Comaneci, who scored the first perfect 10 in gymnastics at the 1976 Olympics, which my parents coincidentally attended. I however, have never participated in the sport.

#### **Matt Havenga**

**Originating from:** Wood Islands, Prince Edward Island

**Medical School:** Dalhousie University

**Why he chose the Dalhousie Department of Psychiatry:** During my third year psychiatry rotation, I had an awesome experience on the SSU and 7 Lane, both with the staff and residents. The residents seemed very happy with the program and there was a great sense of morale within the group. The staff were also keen to teach and made me feel like a valued member of the team.

**Specific areas of interest in psychiatry:** At this point, it's too early for me to tell, although, I could see myself working at least partly in an acute care setting. The Early Psychosis Clinic would also be an interesting area to work in.

**Highlight of first month in the department:** Wednesday lunches!

**Biggest challenge so far:** Learning the art of a psychiatric interview... especially the timing.

**Second career choice:** General Surgery.

**Interesting fact:** I have a Dutch/German heritage!

#### **Melissa Lahti**

**Originating from:** This is always a difficult question to answer. I mainly grew up in Fredericton, NB since grade 7. Prior to that I lived in Thailand and the US and was born in Bangkok, Thailand.

**Medical School:** Dalhousie University (Saint John campus)

**Why she chose the Dalhousie Department of Psychiatry:** The excellent program and the supportive community. The residents seemed very happy as well.

**Specific areas of interest in psychiatry:** I don't have any in particular at the moment. I still find most of it fascinating, so deciding on just one aspect is difficult.

**Highlight of first month in the department:** Being in psychiatry! It's been a month off service and I already miss it. More seriously though, it was great to find clinical research much more interesting than I thought it would be, and I hope to pursue that more in the future.

**Biggest challenge so far:** The biggest challenge so far has been getting used to the idea that I'm a physician and the newer responsibilities associated with it.

**Second career choice:** I probably would have gone into engineering as a back-up choice, but there is no clear second option that I can think

of—maybe physics. I have multiple “fun” retirement jobs that I think about—like chocolate maker, florist, or interior designer.

**Interesting fact:** My favourite fruit is probably durian.

#### **Alexandra Manning**

**Originating from:** Head of St Margaret's Bay, Nova Scotia

**Medical School:** Dalhousie University

**Why she chose the Dalhousie Department of Psychiatry:** It felt like the right fit for me. It emphasized flexibility in the program to be able to have some ability to shape your residency training to fit my long-term professional goals. The warm collegiality also helped sway me.

**Specific areas of interest in psychiatry:** Child and adolescent psychiatry is an area of interest for me. Before medicine I studied education and worked as a teacher. I have an interest in how mental illness presents in the classroom and the intersection between the psychiatry and pedagogy. Specifically, I'm interested in creating spaces within the discourse of education for better understanding the emotional, social and cognitive challenges of students with early psychosis in the classroom.

**Highlight of first month in the department:** I really enjoyed my mentorship month in Child and Adolescent psychiatry. It's a much broader field than I had thought.

**Biggest challenge so far:** Adjusting to the new identity of being a psychiatrist.

**Second career choice:** That's a tough one! I don't know if I really had a second; I'd say I had two

first choice careers: psychiatry and paediatrics.

**Interesting fact:** I am a millennium child (/adult?)!

**Katherine Radchuck**

**Originating from:** Halifax, Nova Scotia

**Medical School:** Dalhousie University

**Why she chose the Dalhousie**

**Department of Psychiatry:** A strong pull for me throughout the CaRMS tour was that I could tell the residents are happy at Dal and seemed to be well supported by their department. I was also excited to be a part of a strong department that has the depth to allow residents to explore different areas of interest.

**Specific areas of interest in**

**psychiatry:** I am drawn towards the extremes in age. I have loved neurodevelopmental disorders

throughout my electives, but will remain open to geriatrics, as I imagine there will be a growing need in our community.

**Highlight of first month in the department:** It's hard to pick one moment! Getting to know the other residents in my year has been great.

**Biggest challenge so far:** Getting used to being the resident on-call while on internal medicine!

**Second career choice:** Professional Soccer player followed by guidance counsellor, since I don't think I could physically last too long in the former!

**Interesting fact:** I played in two women's soccer junior world cup tournaments representing Canada.

**Crystal Zhou**

**Originating from:** Red Deer, Alberta

**Medical School:** University of Alberta

**Why she chose the Dalhousie Department of Psychiatry:** I did an elective here a year ago and loved the program, the clinicians I worked with, and the city.

**Specific areas of interest in psychiatry:** Mental health systems improvement, and addictions.

**Highlight of first month in the department:** Choosing a single high point of my first month is challenging. Meeting my fellow residents has been very fun, and my mentorship month with **Dr. Ava Muir** has been wonderful!

**Biggest challenge so far:** Setting up a home from scratch - it's been a long time since I last moved.

**Second career choice:** Speech language pathology

**Interesting fact:** I love travelling the world, photography, and putting those two things together!

# Research Report

BY MS. JANET BARDON, ADMINISTRATOR, RESEARCH

## 25th annual department of psychiatry research day

This year's event is scheduled for Friday, October 23, 2015 at the Lord Nelson Hotel. Now in its 25th year, Psychiatry Research Day promotes student involvement in research and showcases the department's diverse expertise to our university and local communities. This year we will be giving presentation awards in the following categories:

- \* undergraduate;
- \* graduate;
- \* resident;
- \* junior faculty; and
- \* psychiatry staff.

We are pleased to announce that this year's keynote speaker will be Dr. Zafiris Jeffrey Daskalakis, Chief of Mood and Anxiety and Head of the Temerty Centre for Therapeutic Brain Intervention at the Centre for

Addiction and Mental Health (CAMH), and Professor of Psychiatry at the University of Toronto.

If you are interested in attending this year's Psychiatry Research Day, please contact **Ms. Megan Bellefontaine** at [Megan.Bellefontaine@dal.ca](mailto:Megan.Bellefontaine@dal.ca) or check your emails for a registration form.

# Education Report

BY MS. ANNETTE COSSAR, ADMINISTRATOR, EDUCATION

## meet an educator: dr. sherry james

*Meet an Educator* is a recurring article in the Education Report of *Headlines*. In this issue we profile **Dr. Sherry James**, assistant professor in the Department of Psychiatry and Associate Program Director and Director of Fellowship and Subspecialty Training Programs. If you are interested in being profiled in an upcoming publication, please contact **Ms. Annette Cossar** at [Annette.Cossar@nshealth.ca](mailto:Annette.Cossar@nshealth.ca).

### **Current education/teaching**

**interests:** I recently started the second year of my role as assistant postgraduate education director and director of fellowship & subspecialty training, which has required a lot of learning about the role and responsibilities over the last year. I am primarily responsible for matters pertaining to our first year psychiatry residents, and help coordinate the recruitment and experiences of fellows and subspecialty residents. I also assist **Dr. Mark Bosma**, postgraduate director, with other residency program operations and initiatives. We've recently reviewed and refreshed the didactic curriculum, including the introduction of a new clinical interviewing skills series, which we are excited about. I am a primary supervisor of psychiatry residents completing their six-month rotations in outpatient care, which is one of my favourite things to do. I am typically involved with undergraduate and graduate clinical exams and teaching each year, and try to tutor new activities whenever possible.

### **Preferred method of teaching or curriculum delivery:**

I prefer the teaching that happens in my clinical practice each day with residents and other learners. I enjoy teaching around cases longitudinally through



**Dr. Sherry James**

the initial assessment and ongoing management of patients, and seeing learners develop their clinical skills at every stage of patient care.

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

There is quite a lot of variety in my work days, which I like very much. Most of my time is spent assessing and treating patients in a community mental health setting, where I also supervise residents, and discuss clinical care with my team. My

postgraduate education role has brought with it many meetings, so I am regularly in meetings with the education team, residents and faculty, often requiring travel between sites. It is a bit tricky sometimes juggling my clinical, teaching and administrative responsibilities, but it is always stimulating and I wouldn't change it.

### **The most satisfying aspects of doing academic work:**

I feel quite satisfied as I see residents become

more confident in their knowledge and clinical skills during their training with us here at the clinic, and when the broader resident group is pleased with a program change that I have played a part in making.

**The most frustrating:** What I find most frustrating is that it is often difficult to find time to be able to do something new to freshen up the rotations/learning experiences for residents due to clinical demands. We have so many enthusiastic faculty who would like to help in this process if there was more time.

**Your education/academic mentor:** Ms. Judith Linton hired me in my first professional position at George Brown College fresh out of graduate school, very “green” to the work, and more than 20 years younger than most of my colleagues in the field. I

was scared, but she was not, and she encouraged me to trust and develop my skills. Judi was a huge support in helping me to launch my career. I am grateful that a number of excellent psychiatrists in our department have influenced me over the past 10 years.

**Dr. Keri-Leigh Cassidy** modeled how to seamlessly integrate learners into her daily practice and offered timely and meaningful feedback. She respects learners’ strengths and challenges them to use and grow them. I wanted to someday be a supervisor like that. Dr. Cassidy could use the smallest pockets of time to initiate tasks or teach, and I aspired to replicate that. I believe I am much more flexible in my work and a much better “juggler” of tasks because of her example. Most importantly, Dr. Cassidy encouraged me to develop my leadership skills in our field, and that was an important and timely

message for me as a resident.

**Second career choice:** I have been fortunate in my career to have incorporated my top choices. After completing a Masters of Education, I worked as an educator and counsellor in Student Support Services departments of various colleges and universities helping young adults during that very challenging stage of navigating educational and career plans. That was exactly where I wanted to be then, and to be able to combine interesting clinical work and support our psychiatry residents in my current position makes me feel very lucky, and is exactly where I want to be now.

## undergraduate news

On September 1, several of our faculty volunteered to have a Med 1 student shadow them for the day to help the students understand what “life in medicine” is all about. Faculty participate annually with the hopes to

inspire a career in psychiatry.

The Class of 2016 finishes Med 3 on September 18 when they have their OSCE. The Class of 2017 begins their Med 3 rotations on September 21.

Annual Med II Skilled Clinician starts September 10 and runs for eight weeks within the Neurosciences block. The undergraduate coordinator will be reaching out to the units soon for patient volunteers.

## continuing education news

### ANNOUNCEMENTS

#### Important Changes to Wednesday Clinical Academic and University Rounds

As the Nova Scotia Health Authority no longer provides Telehealth for education purposes, a new and more accessible system has been implemented.

You no longer have to go to a designated room in order to participate in rounds. Using Adobe Connect, you are now

able to participate in rounds using your own computer from a location of your choice. The link to the site is published weekly in “This Week in Psychiatry” and can also be found on the Department of Psychiatry website [psych.dal.ca](http://psych.dal.ca).

If you have any questions regarding the new system, please contact **Ms. Tracy Fraser** at [tracy.fraser@nshealth.ca](mailto:tracy.fraser@nshealth.ca) or **Dr. Heather Milliken** at [Heather.Milliken@dal.ca](mailto:Heather.Milliken@dal.ca).

## “Yellow Cards” go electronic: New process for Rounds evaluations.

We have now introduced a new online process for completing evaluations of University Rounds and Clinical Academic Rounds.

Department of Psychiatry faculty and residents can access the evaluation forms on One45. All other participants can access the evaluation forms via the link provided on the “This Week in Psychiatry” announcements or on the Department of Psychiatry website [psych.dal.ca](http://psych.dal.ca).

If you have any questions regarding the new process please contact Tracy Fraser at [tracy.fraser@nshealth.ca](mailto:tracy.fraser@nshealth.ca) or Dr. Heather Milliken at [heather.milliken@dal.ca](mailto:heather.milliken@dal.ca).

## Save the Date! XXVII W.O. McCormick Academic Day

The XXVII W.O. McCormick Academic Day will be held on Friday, April 29, 2016 at the Lord Nelson Hotel, Halifax.

The theme for the conference is “Psychotherapies in Clinical Practice” and the planning committee has already begun organizing an excellent program featuring both invited and local experts who will present on a wide range of topics relevant to the theme.

## Reminder

Videos of all of the presentations at the XXVI W.O. McCormick Academic Day “Emergency Psychiatry” are posted on the Department of Psychiatry website [psych.dal.ca](http://psych.dal.ca).

## UPCOMING CONTINUING EDUCATION EVENTS

During the summer months we have been very busy planning the 2015-2016 schedule for University Rounds, Clinical Academic Rounds and Child & Adolescent Psychiatry Academic Rounds. Based on the results of the CPD learning needs survey, we are also in the process of developing several workshops which will be accredited for RCPSC MOC Section 3 credits. Look for further details in future editions of Headlines.

### University Rounds

September 16 Dr. Eric Teboul, chief of psychiatric emergency services, St. Jerome Regional Hospital. “Gaining Insight into Lack of Insight. An evidence-based examination of lack of insight and its implications for the treatment of psychotic disorders.”

October 21 Dr. Jon Davine, associate professor, Psychiatry & Behavioural Neurosciences, McMaster University. “Making your presentations more interactive: the better way!”

### Clinical Academic Rounds

September 9 **Dr. David Pilon, Dr. Rudolf Uher** and Ms. Joanne Brothers. “Conducting depression research in partnership with individuals with lived experience: the CDRIN experience.”

September 23 *Child & Adolescent Psychiatry*  
Guest Speaker: Dr. Ann York, consultant child & adolescent psychiatrist, St. George’s Mental Health NHS Trust, senior lecturer, St. George’s Medical School, London. “CAPA: the choice and partnership approach.”

September 30 CANCELLED (65th Annual Canadian Psychiatric Conference, Vancouver BC)

October 7 *Child & Adolescent Psychiatry*  
**Dr. Jose Mejia**. “Update on psychopathy in adolescents...Didn’t we say it doesn’t exist?”

October 14 8th Psychiatry Debate  
Debaters: Faculty: **Dr. Curt Peters & Dr. Ava Muir**. Residents: **Dr. J. Ojibe & Dr. M. Malik**. “Physician assisted suicide-implications for psychiatry?”

October 28 **Dr. Joseph Sadek**. “Malingering and psychiatric co-morbidity: some interesting cases.”

# Child and Adolescent Psychiatry

BY MS. MICHELLE LEBLANC, CHILD AND ADOLESCENT PSYCHIATRY ADMINISTRATIVE MANAGER

The Child and Adolescent Psychiatry Divisions has said goodbye to **Ms. Janelle Duguay**, education/research coordinator. Janelle has been

accepted into the School of Social Work at Dalhousie University and left child and adolescent psychiatry in the middle of August. Janelle's kindness

and compassion will be well suited for this type of work, and although we will miss her, we wish her every success.

## Report from the Sun Life Financial Chair in Adolescent Mental Health

BY DR. STAN KUTCHER, SUN LIFE FINANCIAL CHAIR IN ADOLESCENT MENTAL HEALTH

### world health organization collaborating centre re-designation

In July, the Department of Psychiatry at Dalhousie University was re-designated as a Pan American Health Organization/World Health Organization (PAHO/WHO) Collaborating Centre for Mental Health Training and Policy. Through this re-designation process, **Dr. Stan Kutcher** will continue his role as director of the centre.

Dr. Kutcher believes the renewal is an important step in continuing many evidence-based projects in

developing areas of Latin America, and has been content with the level of collaboration achieved since originally becoming the director.

"The work of the chair in collaboration with the Pan American Health Organization is a good example of how our Department of Psychiatry has obtained and is maintaining an international reputation as an innovator and leader in youth mental health and contributing to the improvement of youth mental health

care globally," says Dr. Kutcher. "I look forward to continued activities with the Pan American Health Organization and the World Health Organization in the future."

In the past, much of the focus of the collaborative work with WHO/PAHO has been school mental health-based, by adapting the programs developed in Canada to identify, diagnose, and treat mental illness in Latin America.

### mental health and high school curriculum guide: updated edition

The updated edition of the Mental Health and High School Curriculum Guide has recently been released (free to download) on [teenmentalhealth.org](http://teenmentalhealth.org), and has been made available for purchase online through Amazon. Recognized as

the only Canadian evidence-based mental health literacy curriculum resource, the Guide is used by both educators and students in junior high and secondary schools.

Following the international success of the original edition of the Guide, the

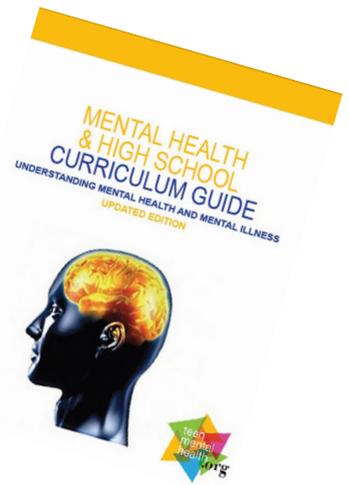
updated edition provides up-to-date and relevant information based on the DSM-5 update that was released in 2013.

Since the hard copy release of the Guide in 2009, the online modules found on [teenmentalhealth.org](http://teenmentalhealth.org) have

been updated periodically to remain current. Along with many visual changes and updated activities, the updated edition now provides consistency between the revised online modules and the hard copy of the Guide.

To access the updated edition of the Guide, visit [teenmentalhealth.org/](http://teenmentalhealth.org/)

curriculum. For more information on the evidence behind the resource, visit [teenmentalhealth.org/smh/reports](http://teenmentalhealth.org/smh/reports).



# Global Psychiatry at Dalhousie

BY MS. SANDRA HENNIGAR, SPECIAL PROJECTS, DALHOUSIE GLOBAL PSYCHIATRY

## why do we need social housing and why is this the perfect time to be asking that question?

Did you know that the federal government will be reducing its investments in affordable housing over the next 25 years as the operating agreements between the federal government and the provinces come to an end? The funding will drop from its current \$1.6 billion to \$0 in 2040. Why is this such an important issue for all those who work with and support people with mental illnesses?

People recovering from a mental illness are representative of the many Canadians who live in poverty and are forced to make difficult decisions each day about whether to pay rent or spend their sparse dollars on food and medications. These are untenable situations that are faced by many individuals with a mental illness who lack the supports, resources and skills to secure safe and affordable housing. In a country, such as Canada, known for its affluence, many assume that all Canadians

have access to the basics of shelter and food. Canadian statistics are describing larger gaps between “the haves” and “have not’s” with an even greater reliance on social programs and services. Unfortunately many of these services are being eradicated through provincial and federal funding cuts. All Canadians deserve access to good, safe and affordable housing. With those needs met they are able to focus on meeting other needs for food, health care and productive engagement within their communities. Without being able to meet these basic needs, recovery is impossible for many.

So why raise this issue now? As citizens and advocates for people with mental illnesses we are in an excellent position to speak with electoral candidates regarding their campaign platforms as they approach us with promises for a better tomorrow. We can ask them about their views on social housing and

how their party intends to support the 12.5 per cent of Canadian families who find themselves in core housing need. We too will be faced with a difficult decision on election day as we decide which party to support that will foster a greater country with both strong economic policies as well as policies that focus on supporting all of its people.

The Canadian Housing and Renewal Association (CHRA) is proposing a new and transformed partnership with the federal government called Housing for All to ensure those social housing assets that were developed using public dollars continue to be a viable asset for Canadians well into the future. You can read their full report published in August 2014 “Housing for all: Sustaining and Renewing Social Housing for Low-Income Households.” You can find some helpful data on the housing crisis in Canada that will provide you with speaking points when talking

with candidates during the current federal election campaign using the link [housing4all.ca](http://housing4all.ca).

Bridgette Witkowski, president of the CRHA and well known for her advocacy on affordable

and supported housing, states, “Canadians will demand to know why a wealthy nation can’t make better provisions for its most vulnerable populations.” Global Psychiatry supports and advocates for good

social policy to sustain those with mental illnesses and further believes that safe and affordable housing is a key building block to promoting good mental health.

## NEWS & ANNOUNCEMENTS

### news from the department

#### WOMEN IN PSYCHIATRY

Balancing several life roles is a familiar theme for many female professionals, especially physicians. A woman in psychiatry mentorship meeting was held on June 18 hosted by **Dr. Margaret Rajda**.

Approximately 10 female psychiatrists and residents joined together for a very informal discussion on issues surrounding being a female physician and psychiatrist, the advantages of mentorship and different ideas

surrounding mentorship. The group is planning to continue meeting three or four times a year. Those interested in participating should contact Dr. Margaret Rajda at [Malgorzata.Rajda@nshealth.ca](mailto:Malgorzata.Rajda@nshealth.ca).

### staff and faculty changes

**Dr. Jacob Cookey** has joined the department as an assistant professor and staff psychiatrist based at the Cole Harbour Mental Health Clinic and the Early Psychosis Program, effective August 4. Dr. Cookey obtained his MD at Dalhousie

University in Halifax. He recently completed his residency in the Department of Psychiatry, Dalhousie University, during which he also satisfied the requirements of the two-year Royal College Clinician Investigator Program and gained a

MSc. Dr. Cookey’s office is located at Cole Harbour Place, Dartmouth. He can be reached at [Jacob.cookey@nshealth.ca](mailto:Jacob.cookey@nshealth.ca) and or by phone at 902-434-2188.

## LAING HOUSE'S FAMILY SUPPORT GROUP OFFERS SAFE SPACE FOR LOVED ONES OF PEOPLE LIVING WITH MENTAL ILLNESS.

BY: MS. REBECCA HALIBURTON, LAING HOUSE COMMUNICATIONS COORDINATOR

A diagnosis of mental illness can be a traumatic experience for not only the person receiving the diagnosis, but their family as well. Often times, family members don't know who to turn to or how to cope with another person's health challenges. For those supporting someone living with a mental illness, the Laing House Family Support Group is a safe space for people to learn the tools they need to assist in their loved one's recovery.

Laing House is a peer support organization for young people who have been diagnosed with a mood disorder, psychosis, and/or anxiety disorder. We offer an environment that fosters relationships with other youth living with mental illness, along with resources and programs to empower them to reach their full potential. The Laing House Family Support Group provides a similar experience for friends or family members of those living with mental

illness and is open to everyone, not just those associated with Laing House members. Through this group, people have the opportunity to share experiences and to provide hope for each other through rough times. Guest speakers are invited to cover a range of topics, from physicians and pharmacists to mental health advocates that present valuable information and resources to assist in navigating the system. Family Support Group facilitates building a network of people and resources to better equip each other for coping with the struggles associated with living with mental illness.

"Participants comment on how helpful it is to speak to others who have gone through significant mental health challenges with family members as they know they are not alone," says Laing House's Family Support Group coordinator Barb King. "Many continue to participate in meetings

even after the family member is doing well and so they are able to give those in crisis hope that better days are coming. Our guest speakers often provide valuable information on important and relevant topics such as medications, resources, communication skills and recovery."

The Laing House Family Support Group meets on the first Monday of every month from 7-9pm at 1225 Barrington Street. Anyone (friend, family or supporter) is welcome to join in this non-judgmental, empathic, safe space for people to share their honest experiences. Personal information is held in strict confidence and all Family Support Group members are there to respect your personal struggle. If you or someone you love is in need of hope, please attend the next meeting or call 902-425-9018 for more information.

## awards & honours

### DR. ESKES RECOGNIZED BY HEART AND STROKE FOUNDATION

**Dr. Gail Eskes** has been recognized by the Heart and Stroke Foundation for her tremendous contributions to the development and updates of the Canadian Stroke Best Practice Recommendations. Her work, specifically on the Mood, Cognition and Fatigue Module update was recently published in

the International Journal of Stroke and the recommendations have been recognized and adopted by healthcare professionals across Canada as the primary source for setting standards and direction for stroke care delivery. Congratulations to Dr. Eskes on her outstanding work.



Dr. Gail Eskes

## announcements

### DR. CHRISTINE CHAMBERS LAUNCHES “IT DOESN’T HAVE TO HURT” INITIATIVE WITH MEDIA PARTNER YUMMYMUMMYCLUB.CA

On September 21, with funding from the Canadian Institutes of Health Research Knowledge to Action program, **Dr. Christine Chambers**, at the Centre for Pediatric Pain Research at the IWK Health Centre and Dalhousie University, will launch a year-long initiative with the YummyMummyClub.ca (YMC) with the aim of getting research evidence about pediatric pain directly into the hands of parents who can use it.

The initiative will span a 12-month period of targeted dissemination and discussion of content about children’s pain on YMC blogs, videos, Twitter parties, Facebook polls, and social media images, all posted and promoted on the YMC website and social media. The partnership capitalizes on YMC’s monthly reach of over five million people. Research objectives include documenting the reach of the initiative (e.g., number of content views) and evaluating the impact of the initiative by using surveys and telephone interviews to look at changes in parent knowledge and behaviour to prevent and minimize children’s pain.

**Be part of the conversation.**

Over social media we can all understand pain management for our children.

It Doesn't Have to Hurt is an initiative led by the Centre for Pediatric Research to get evidence about children's pain directly into the hands of parents who can use it.

**September 21, 2015**  
**Halifax Central Library**  
**6:30 pm - 8:00 pm**

#itdoesnthavetohurt  
itdoesnthavetohurt.ca

**register today!**

**It Doesn't Have to Hurt**  
Proven Pain Control for Children

The desire is that this work will bridge a critical knowledge-to-action gap in children’s pain. This partnership model has strong potential as an approach for mobilizing evidence to the public, and could be applied to other areas of children’s health and health more generally.

Please help spread the word about this initiative by:

1. Attending the launch event at the Halifax Central Library on September 21 at 6:30 pm or watching the live stream. Details can be found at [www.itdoesnthavetohurt.ca](http://www.itdoesnthavetohurt.ca)
2. Following and sharing the initiative content via the hashtag #itdoesnthavetohurt

## TEACHING AND ASSESSING CRITICAL THINKING COURSE

Do you consider yourself a critical thinker? Are you aware of your own thought processes and cognitive biases? How comfortable are you with teaching learners to critically reflect upon their thought processes?

Psychiatrists observe the thought processes of others. Through

supervision and training, they are encouraged to develop reflective capacity. They are supposed to be able to step back from situations and consider how their own emotions and responses affect them. Yet psychiatrists are not immune to cognitive errors.

The Dalhousie Faculty of Medicine offers an online course in Teaching and Assessing Critical Thinking (TACT). The course was developed by Dr. Pat Croskerry, a local emergency room physician who is also an internationally-recognized authority on critical thinking. Part

1 focuses on how to apply critical thinking in the clinical setting. Topics include System I and System II thinking, cognitive biases, and debiasing strategies. The program, which is available to faculty anywhere internet is available, is completed over 12 weeks and is accredited for 20 hours of Royal College CPD credits. With the exception of three live webinars, most of the course (modules, readings and videos) is completed asynchronously, meaning you can work at the time most convenient to you. Discussion boards provide the opportunity to interact with course instructors and fellow participants from a variety of departments.

There is also a Part 2, which is open to those who complete Part 1. Part 2 covers basics of medical education, as well as strategies for teaching and assessing critical thinking. A number of members of our department have already participated in the program,



bringing a valuable psychiatric perspective to the discussions.

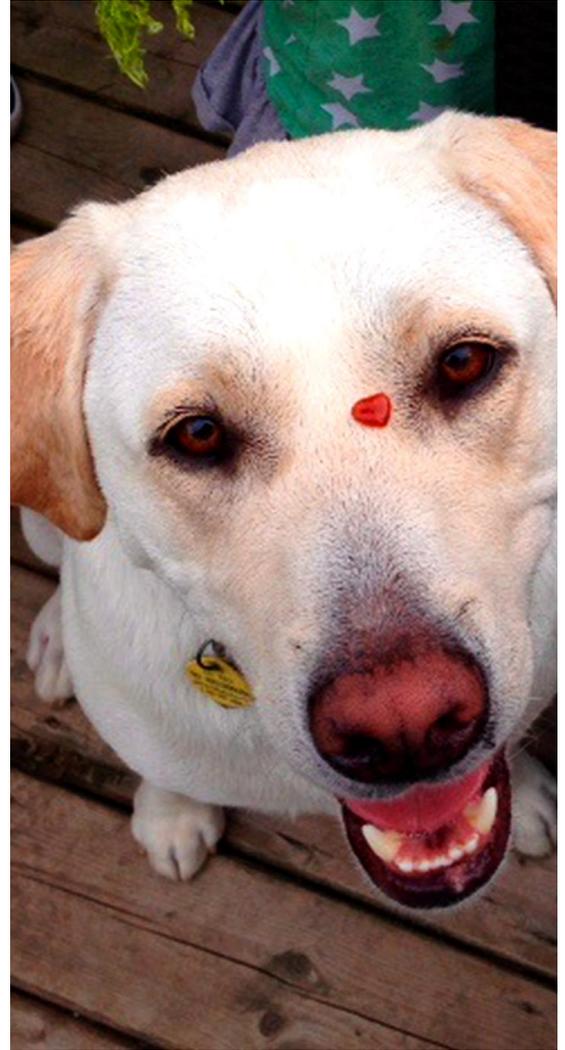
The next offering of TACT 1 will begin on September 14, 2015. The cost is only \$100.00. Registration

is limited, so register early to avoid disappointment. Visit the [facdev.medicine.dal.ca](http://facdev.medicine.dal.ca), or contact [facdev@dal.ca](mailto:facdev@dal.ca) for more information.

# Residents' Corner

BY DR. CELIA ROBICHAUD, CHIEF RESIDENT, DEPARTMENT OF PSYCHIATRY

## new resident welcome bbq



Residents gathered together in July for food and fun, and to welcome the PGY-1s to the department!

# Photo Feature

BY DR. SHABBIR AMANULLAH, PSYCHIATRIST AND ASSISTANT PROFESSOR



To go or not to go!

## 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 Nov. 2, 2015, with the deadline for submissions to be Oct. 16, 2015.

Please send all submissions to Ms. Kate Rogers: [Kate.Rogers@nshealth.ca](mailto:Kate.Rogers@nshealth.ca)

## 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. If you would like to nominate someone please contact **Ms. Kate Rogers** at [Kate.Rogers@nshealth.ca](mailto:Kate.Rogers@nshealth.ca). The awards committee will work with you to organize nomination materials. For further details and terms of reference for the awards please visit our website (<http://www.medicine.dal.ca/departments/department-sites/psychiatry/about/awards.html>).

### Granting Body: **Association of Faculties of Medicine of Canada**

- Award for Outstanding Contribution to Faculty Development in Canada (Oct. 15)
- Young Educators Award (Oct. 15)
- John Ruedy Award for Innovation in Medical Education (Oct. 15)
- President's Award for Exemplary National Leadership in Academic Medicine (Oct. 15)
- May Cohen Equity, Diversity, and Gender Award (Oct. 15)

### Granting Body: **Canadian Association for Medical Education**

- Ian Hart Award for Distinguished Contribution to Medical Education (Oct. 15)
- Meridith Marks New Educator Award (Oct. 15)

### Granting Body: **Canadian College of Neuropsychopharmacology**

- Heinz Lehmann Award (Nov. 30)
- Innovations in Neuropsychopharmacology Research Award (Nov. 30)
- Medal Nomination (Nov. 30)
- Young Investigator Award (Nov. 30)

### Granting Body: **Canadian Medical Association**

- Medal of Service (Nov. 30)
- May Cohen Award for Women Mentors (Nov. 30)
- Sir Charles Tupper Award for Political Action (Nov. 30)
- Frederic Newton Gisborne Starr Award (Nov. 30)
- Award for Excellence in Health Promotion (Nov. 30)
- Award for Young Leaders (Nov. 30)
- Dr. William Marsden Award in Medical Ethics (Nov. 30)
- Physician Misericordia Award (Nov. 30)