



UNIVERSITY OF
CALGARY

Department of Psychiatry Annual Report 2024



Alberta Health
Services

Table of Contents.....	1
Message from Dr Valerie Taylor	2
Our Vision, Mission and Value.....	3
Department Organizational Chart.....	4
Department Membership.....	5
Clinical Metrics	6
Academic Metrics.....	8
Psychiatry Recruitment	9
Department Promotions.....	10
Awards.....	10
Quality Assurance.....	11
Child and Adolescent Program	13
Alberta Children’s Hospital Pediatric Consultation Liaison Service.....	15
Alberta Children’s Hospital Day Treatment Program.....	17
Emerging Adult Treatment Clinic.....	18
Summit Centre: Marian and Jim Sinneave Centre for Youth Resilience.....	19
Child and Adolescent Psychiatry	20
Richmond Road Diagnostic and Treatment Centre Specialized Services	23
Alberta Children’s Hospital Psychiatric Emergency Services	25
South Health Campus Unit 56.....	26
Community Outpatient Program.....	27
Community Extension Team Sheldon Chumir.....	29
Addictions, Claresholm, and Rural Psychiatry.....	30
Geriatrics	33
Forensics.....	34
Arnika Centre	37
Inpatient Programs.....	
Foothills Medical Centre (FMC)	39
Peter Lougheed Centre (PLC).....	42
Rockyview General Hospital (RGH)	44
South Health Campus (SHC).....	46

Education	
Undergraduate Medical Education (UME)	47
Post Graduate Medical Education (PGME).....	48
Subspecialties	
Child & Adolescent.....	52
Fellowship.....	54
Continuing Professional Development (CPD)	56
Grand Rounds 2024	58
Mental Health Clinical Trials Unit	59
Mathison Center for Mental Health Research & Education	61
Departmental Wellness.....	67
Department of Psychiatry Research.....	69

Message from the Department Head

Dr. Valerie Taylor

With change comes opportunity. I am sure many of you are sick of hearing that phrase, but sometimes things become clichés because they are true, and I do feel there will be much opportunity as we transition to Recovery Alberta. I do appreciate that this is a complex and at times stressful proposition, but ultimately the work doesn't change. I know everyone in the Department will continue to provide outstanding clinical care and will continue our tradition of punching above our weight in excellence in teaching and research.

It is always inspiring to review the accomplishments from the last year and to reflect on what was done. I hope you enjoy reading this report as much as I do and are as impressed with the amount of work done and the successes achieved. We have award winners, grant winners, scholarship winners and as always, a commitment to excellence in clinical care that is unparalleled. I know how hard all of you work and this report, as inspiring as it is, is merely a snapshot of what happens in this Department.



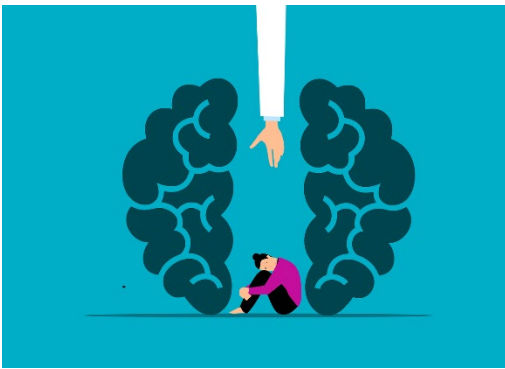
We continue to grow, and I hope, thrive, under some interesting conditions, and that will always continue. I am most impressed by the advocacy of this group, advocacy for your patients, advocacy for your colleagues and advocacy for the health system. Continue to do that and I know we will have a successful ride on the sometimes-bumpy road to recovery.

Happy reading and as always, be kind to yourselves.

Dr. Valerie Taylor
Professor
Zone Clinical Department Head

Our Vision

Advancing mental health solutions for our community.



Our Mission

Promote the highest quality care for individuals with mental disorders and their families.

Support mental health promotion and prevention.

Promote a learning environment through psychiatric education and research.

Represent the profession of psychiatry.

Collaborate and develop networks.

Develop innovative service delivery models.

Integrate mental health care with health care.

Work to reduce the stigma of mental illness.

Our Values

Best standards of clinical practice

Highest ethical standards of professional conduct

Prevention, access, care and sensitivity for patients and their families

Patient-focused treatment decisions

Evidence-based principles of treatment

Advocacy for patients

Leadership

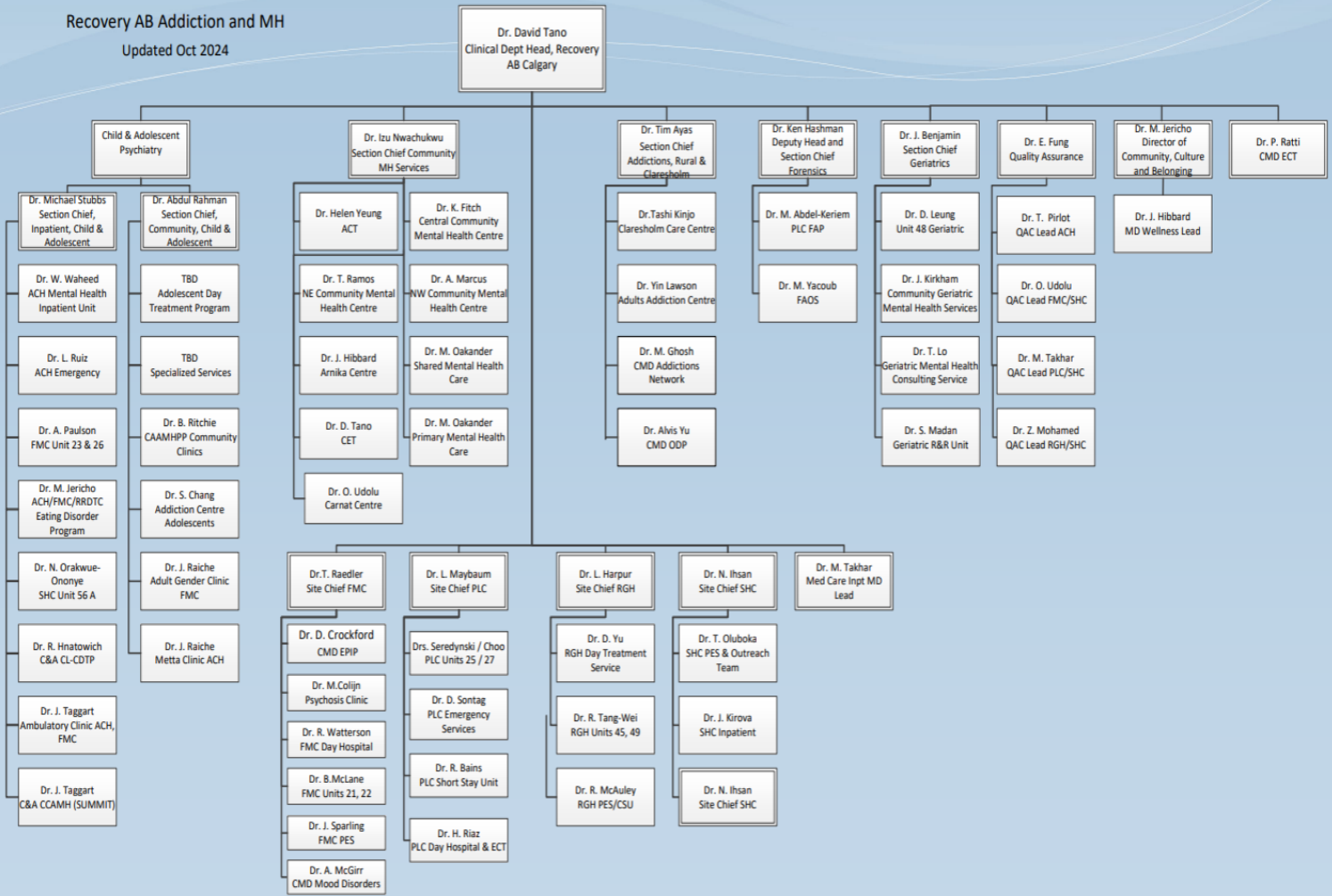
Lifelong learning

Collegial Support

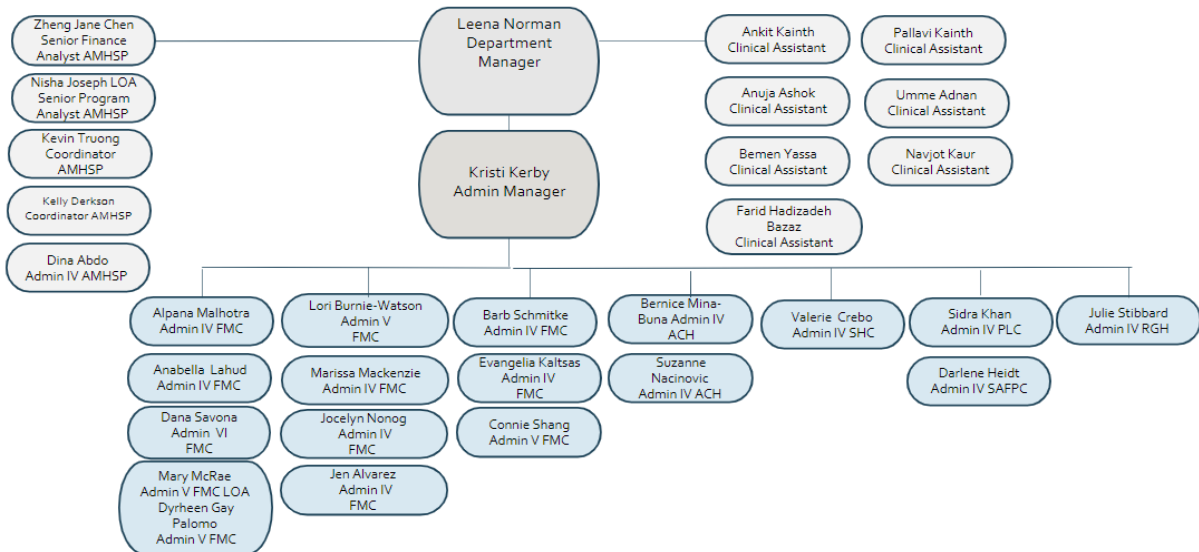
Respect for other health professionals

Respect for multi-disciplinary team approach

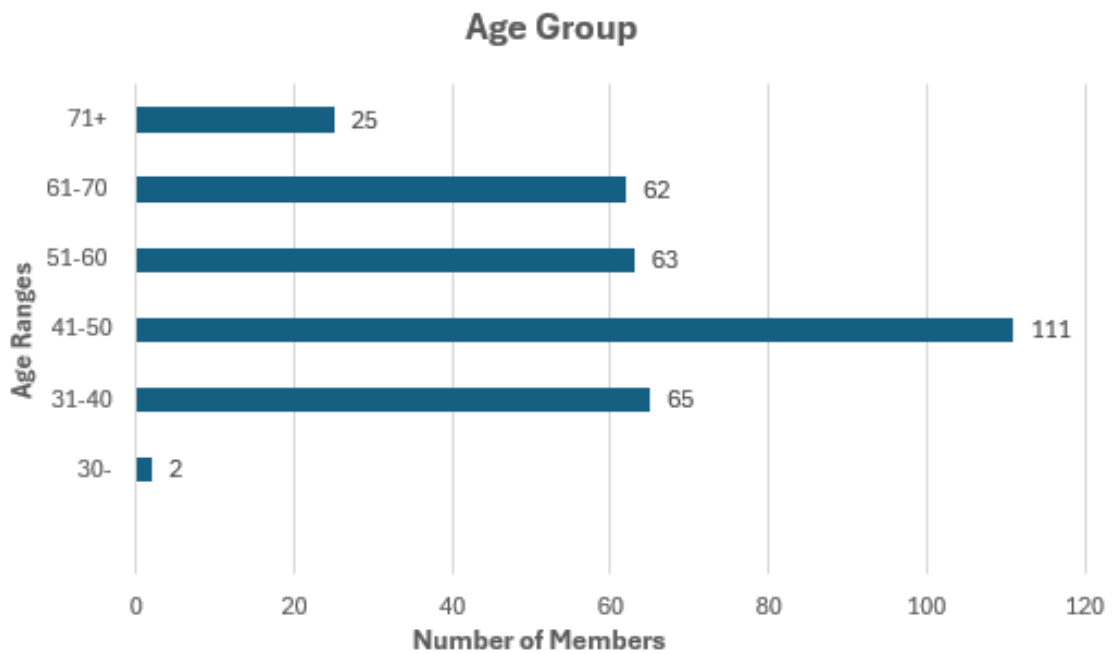
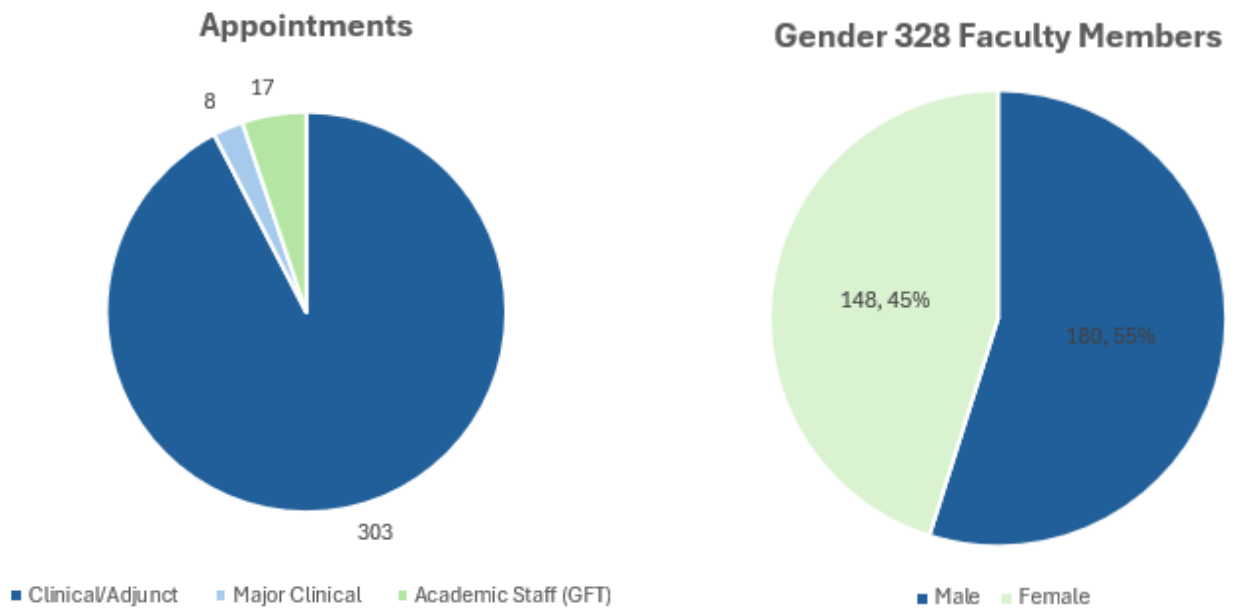
Recovery AB Addiction and MH
Updated Oct 2024



Support Team Department of Psychiatry

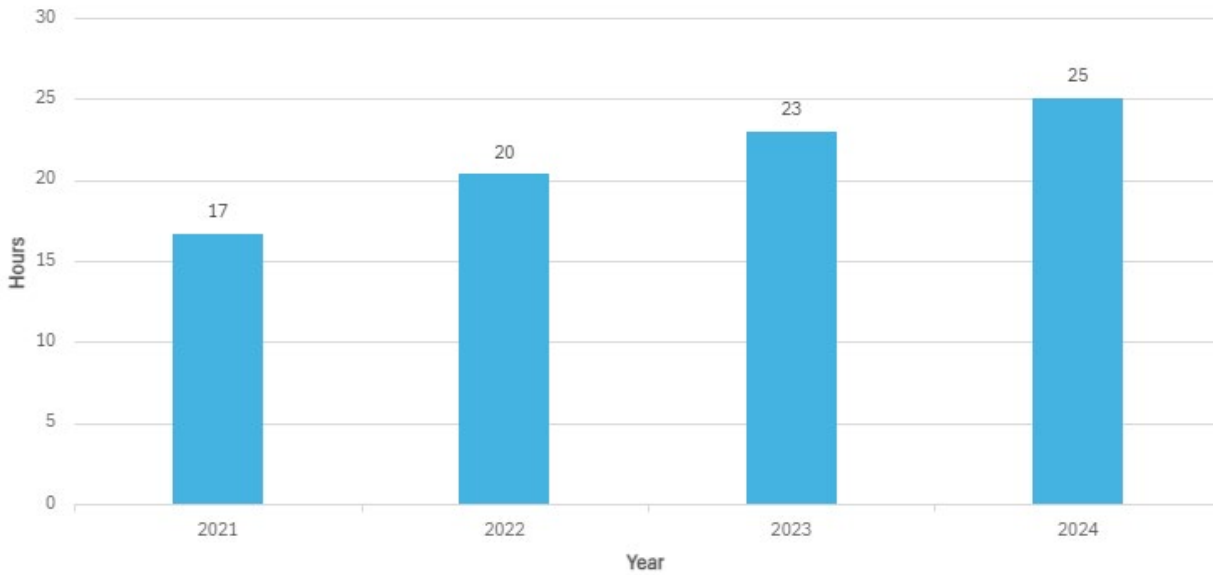


Department Membership

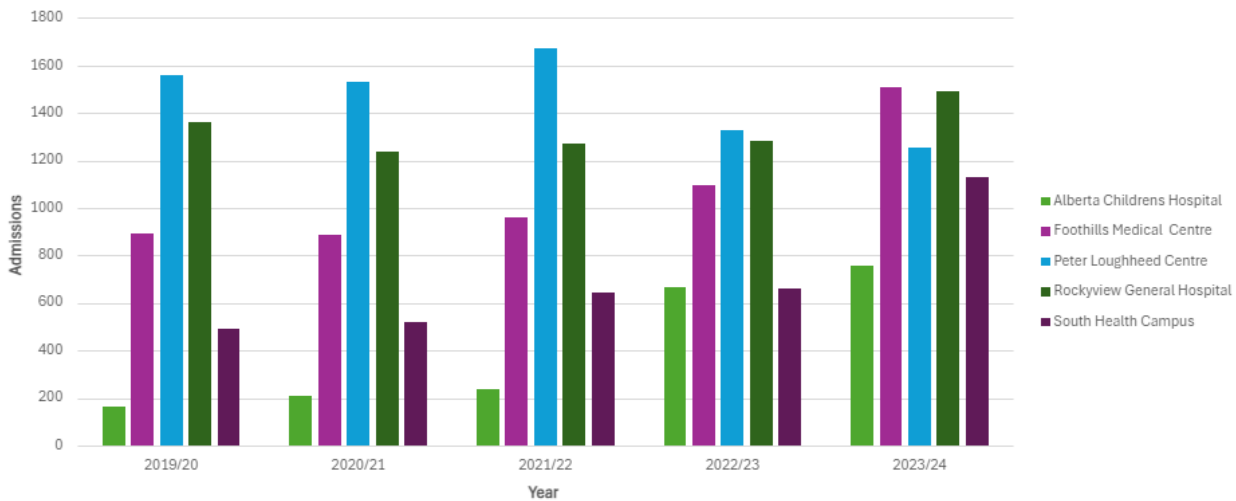


Clinical Metrics

Average Hours to Admit - All Emergency Departments Calgary Zone



Number of Patients Admitted through Emergency by Admitting Physician Service



Community Addiction and Mental Health Clinics are the core outpatient mental health service provided for children, adolescents, adults and seniors. AMH Community Clinics provide community-based treatment for people with moderate to severe mental illness.

Services include: intake assessment, psychiatric consultation, individual and or group therapy, managing medication, transition services (e.g. Independent Living Support), and case management.

Community clinics are a step up from primary care, usually as part of a care pathway, when several attempts for treatment have occurred without success at the primary care level and/or through an agency, not-for profit or private provider in the community. They can also be a step down, providing follow up care in the community after discharge from acute care or a more intensive treatment stream.

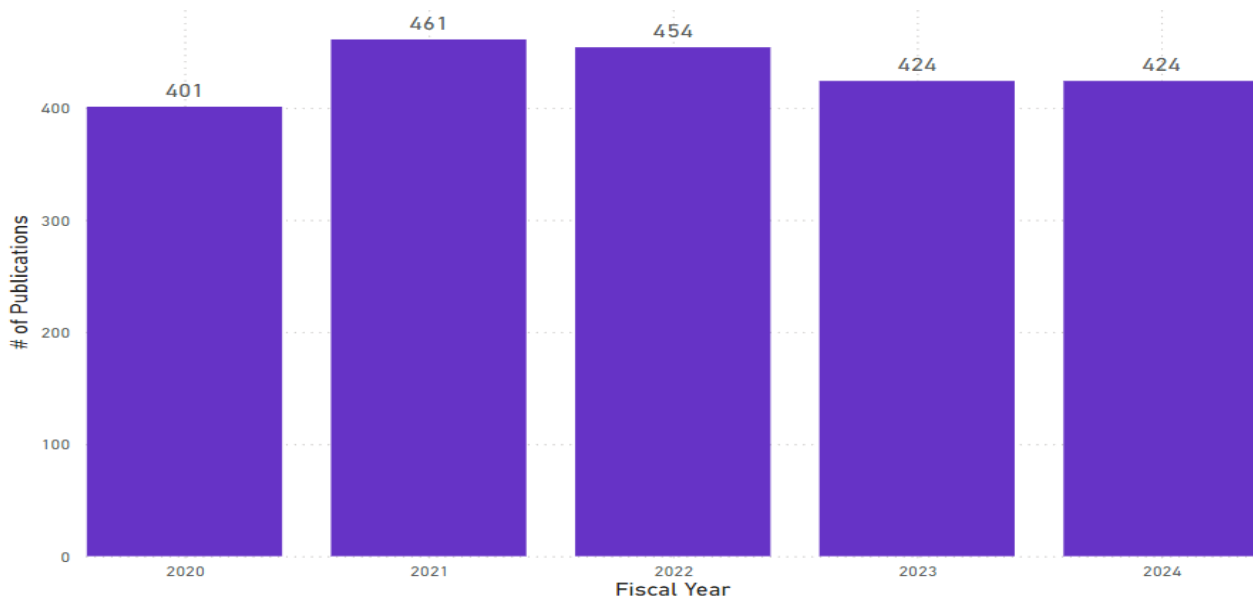
Program Name	Location	Number of Unique Clients Served
Airdrie Addiction & MH Clinic	Airdrie-Centre Ave	705
Airdrie Addiction & MH Clinic	Airdrie-Provincial Bldg	640
Banff Addiction & MH Clinic	Banff	280
Canmore Addiction & MH Clinic	Canmore	764
CAAMHPP Community Clinics- East	Calgary	464
CAAMHPP Community Clinics- NW	Calgary	716
CAMHC - NW Services	Calgary	976
CAAMHPP Community Clinics- South	Calgary	462
CAMHC - South Services	Calgary-South Calgary	572
Community Geriatric MH Service	Calgary-South Calgary	81
CAMHC - South Services	Calgary	1525
CAMHC - Central Services	Calgary	1245
Community Geriatric MH Service	Calgary-Sheldon Chumir	225
CAMHC - NE Services	Calgary	1761
Community Geriatric MH Service	Calgary- Sunridge	43
Cochrane Addiction & MH Clinic	Cochrane	930
Claresholm Addiction and MH Clinic	Claresholm	232
Chestermere Addiction & MH Clinic	Chestermere	457
Didsbury Addiction & MH Clinic	Didsbury	247
Diamond Valley Addiction & MH Clinic	Diamond Valley	104
High River Addiction & MH Clinic	High River	457
Okotoks Addiction & MH Clinic	Okotoks	424
Strathmore Addiction & MH Clinic	Strathmore	577

Data Source: Connect Care

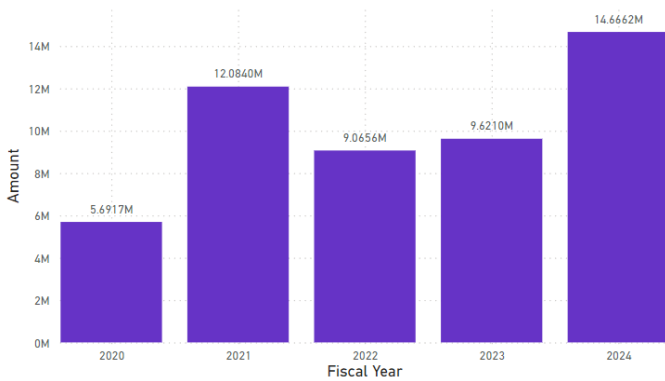
Time Period: June 1, 2023 to May 31, 2024 (12 month time period chosen because some programs did not go live with Connect Care until May 2023; hence the FY23-24 would be incomplete).

Academic Metrics

of Publications by Fiscal Year



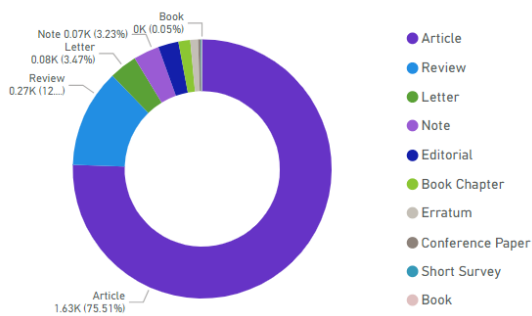
Research Funds Received By Year



Top Funding Sources 2024

Sponsor	Amount
Government Of Alberta	3,263,483.40
Multiple Sources	3,012,158.34
Canadian Institutes Of Health Research	1,493,141.77
Alberta Children's Hospital Foundation	1,410,833.71
City of Calgary	471,535.00
Calgary Health Foundation	443,650.00
Brain Canada Foundation	358,000.00
Natural Sciences and Engineering Research Council of Canada	319,000.00
Yale University	317,644.12
Hunter Family Foundation	300,000.00
United Way Of Calgary	250,000.00
Canadian Academy of Geriatric Psychiatry	235,000.00
Regents of the University of California	211,059.98
University of Laval / CERVO Brain Research Centre	209,000.00
Anonymous Donor	200,000.00
Canada Research Chairs	200,000.00
University Hospital Foundation	190,000.00
University of California	171,529.96
Unity Health Toronto	145,000.00
Ontario Brain Institute	137,308.00
The Brawn Family Foundation	133,333.33
Branch Out Neurological Foundation	127,000.00
Sunnybrook Health Sciences Centre	107,042.79
University of British Columbia	101,000.00
Alberta Health Services	95,000.00

of Publications by Type



Psychiatry Recruitment



Dr. Hilary Aadland
Psychiatrist
Inpatients
SHC



Dr. Mark Fraccaro
Psychiatrist
Inpatients
RGH



Dr. Navjot Kaur
Clinical Assistant
PLC and ACH



Dr. Sean Andrea
Psychiatrist
Children and
Adolescents



Dr. Rohit Ghate
Psychiatrist
Inpatients
FMC



Dr. Anike Atigari
Psychiatrist
Inpatients
FMC

Missing:	Dr. Ejezie, Okechukwu	Psychiatrist	In Patient – FMC
	Dr. Jaylynn Arcand	Psychiatrist	In Patient – FMC
	Dr. Elisabeth Merner	Psychiatrist	In Patient – PLC
	Dr. Harleen Hehar	Psychiatrist	Outpatient – SHC
	Dr. Katherine Rittenbach	Psychiatrist	GFT
	Dr. Mary Mammoliti	Psychiatrist	Inpatient - PLC

University of Calgary Promotions

The Department of Psychiatry is pleased to report the following Clinical promotions. Please join us in congratulating our members as we recognize their hard work and achievements.

Dr. John McLennan	Clinical Professor
Dr. Izu Nwachukwu	Clinical Professor
Dr. Blair Ritchie	Clinical Associate Professor
Dr. Joseph Raiche	Clinical Associate Professor
Dr. Martin Vetter	Clinical Associate Professor
Dr. Monty Ghosh	Clinical Associate Professor
Dr. Zahra Mohamed	Clinical Assistant Professor
Dr. Eric Fung	Clinical Assistant Professor

Awards

Dr. Donald Addington	Distinguished Fellow of the Canadian Psychiatric Association
Dr Sean Andrea	PARA Leadership Award – Honorable Mention
Dr. Sean Andrea	McMaster University PGME Quality Assurance Award
Dr. Anees Bhaji	2024 Emerging Scholars Grant, Canadian Research Data Centre Network
Dr. Anees Bhaji	2024 Izaak Walton Killam Doctoral Award, University of Calgary
Dr. David Crockford	2023 American Academy of Addiction Psychiatry Award for Residency Education
Dr. David Crockford	2023 University of Calgary Cumming School of Medicine Postgraduate Clinical Education Award for Clinical, Adjunct and Research Faculty
Dr. Janet de Groot	Department of Oncology Equity, Diversity and Inclusion Award
Dr. Janet de Groot	Teams Award for Innovation, Indigenous Cancer Patient Rounds Member
Dr. Janet de Groot	Bronze Award for Teaching, Cumming School of Medicine
Dr. Monty Ghosh	2024 CBC Calgary Asian Changemakers
Dr. Monty Ghosh	2023 Medical Post Awards: Make a Difference award: Urban Category
Dr Megan Howlett	2023 Physician of the Year (Resident or Fellow), FMC Medical Staff Association
Dr. Zahinoor Ismail	Preceptor of the Year Award, Geriatric Psychiatry
Dr. Iliana Ortega	PARA Wellbeing Award, University of Calgary
Dr. Iliana Ortega	Associate Deans Letter of Excellence for Teaching, University of Calgary
Dr. Abdul Rahman	Lifetime Achievement Award, Dow Graduates Association of North America
Dr. Abdul Rahman	Lifetime Achievement Award, Dow Graduates Association of Northern Europe
Dr. Rory Sellmer	PGME Outstanding Commitment to Residency Education Award
Dr. Sterling Sparshu	RIME (Pre clerkship) Gold Star Teaching Award
Dr. Valerie Taylor	Cenovus Equity, Diversity, Inclusion Accelerator Award
Dr. Rita Watterson	PARA Clinical Teaching Award
Dr. Kimberly Williams	Change Maker Award, University of Calgary Psychiatry Residents

Quality Assurance

Dr. Eric Fung

Quality Assurance Lead

Overview

Since January 2024, Eric Fung has taken over leadership of the Quality Assurance portfolio from Lisa Gagnon. Many thanks to Lisa for her eight years of work in developing a culture of patient safety in the Department of Psychiatry.

Thank you to, Clinical Safety Leader Kim Conlon, along with our team of Quality Assurance Review leads who keep this system running: Zahra Mohamed, Tyler Pirlot, Manrit Takhar, and Josh Udolu.

Triggers for an initial assessment involving unexpected death are:

- any serious harm or death for a psychiatry inpatient in Calgary Zone, resulting from suicide attempts while on the unit or on a pass
- an unexpected death while receiving care from an outpatient Calgary Zone Addiction and Mental Health program
- an unexpected death within 30 days post discharge from an inpatient or outpatient program
- an unexpected death within 72 hours post discharge from a psychiatric emergency service consult and/or while on a waitlist for services

In other adverse events (e.g. aggression, medical management), harm ranges from

close calls to death. These are reviewed at the program level with Patient Safety support and a decision is made whether to take it for a review or not.

Starting in 2024, all adverse events are reviewed at the program level involving the manager and medical lead who then make suggestions for next steps for systemic learning from the adverse event.

A Patient Safety consult is an analysis following an adverse event when a QAR is not required but an initial examination of the event is completed with co-management involving Patient Safety.

Highlights

As of 16 September 2024:

Reported Adverse Events

Jan 1, 2023 - December 31, 2023 — 109

Jan 1, 2024 - September 16, 2024 — 64

QARs completed in the last 12 months — 15, involving 31 patients, resulting in 22 recommendations.

Patient safety consults — 41

In progress:

Patient safety consults — 12

QARs in progress — 10

Total Recommendations in progress — 24

Education

Several Patient Safety courses are available through MyLearningLink under the umbrella of AHS's Academy of Quality Improvement Sciences.

Patient Relations provides suggestions for navigating the Patient Concerns Resolution Process on their Insite page. As of the time of this writing, AHS will continue to oversee Patient Relations matters.

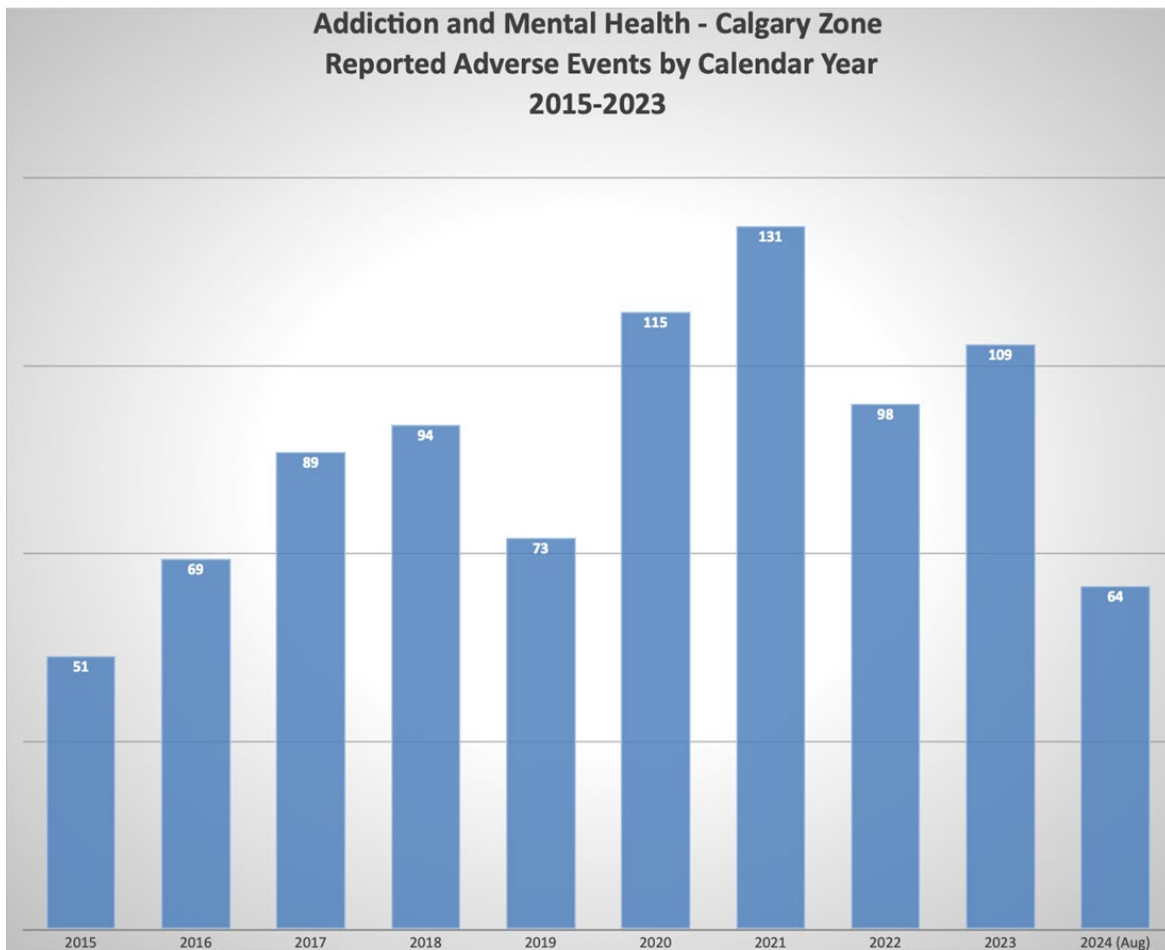
Future Plans

The transition to Recovery Alberta is anticipated to impact how Patient Safety work is completed. As of the time of this writing, I expect a Recovery Alberta Quality Assurance Committee to be formed to take over from the work of the AHS Addictions and Mental Health QAC, though details are pending.

All physicians and staff are encouraged to report patient safety events through RLS. The RLS system for reporting patient safety incidents is being upgraded on 26 November 2024 with features including:

- Simplified reporting process
- Improved sharing and feedback mechanisms
- Enhanced data quality - more meaningful data to inform decision making.

Approval has been received for an MD lead for medical care on inpatient psychiatry, who will work with the operations team and Psychiatry Primary Care in optimizing the care provided to this at-risk population.





Child and Adolescent Program

Dr. Abdul Rahman & Dr. Michael Stubbs

Section Chief's Child & Adolescent

Overview

2024 saw a large number of changes within the section of Child and Adolescent Psychiatry. The Summit: Marian & Jim Sinneave Centre for Youth Resilience completed its one year of operation. This amazing project has had a major impact on children's mental health and flow of patients. Many people who had to wait for a long time to be seen in mental health centers, are now being seen on a more regular basis. There was also a change in the leadership within Child psychiatry.

Dr. Rahman completed his 20 years of service with Alberta Children's hospital as Site Chief and 10 years as Section Chief psychiatry for inpatient programs. Dr. Michael Stubbs, Clinical Medical Director for the psychiatric emergency services completed 10 years in that role. Dr. Lisa Ruiz replaced Dr. Michael Stubbs as Clinical Medical Director for the Psychiatry Emergency Services at Alberta Children's Hospital. Dr. Michael Stubbs was successfully recruited to be the Site Chief for Alberta Children's Hospital as well as the Section Chief for inpatient program in Calgary zone.

Emerging Adult Program was expanded. We have two additional part time physicians who have joined the program. They are Dr. Greg Montgomery and Dr. Ursula Hines. Both of them are not new to Calgary and the EAP is very happy to have their services and the experience that they bring with them.

Dr. Jaylynn Arcand took a 0.5 part time position at Unit 32 for Eating Disorders, Dr. Cherylyn Lakusta took a part time position back at ADTP after Dr. Owen took a year off for maternity leave. Dr. Sean Andrea was a successful candidate for a part time Summit Position. Dr. Marin Vetter was the successful candidate for a part time evening position at Alberta Children's Hospital. This position was created to improve patient care and flow.

Highlights

Highlight for 2024 is the start-up of a new unit at Peter Lougheed Hospital for Med-Psych Child and Adolescent Population. This is a brand-new unit funded by a private donor to provide services for children with concurrent medical and mental health needs. The department is currently in process of hiring two part time physicians to look after this unit alongside department of pediatrics. Dr Tyler Pirlot is providing interim services to this unit till it is fully operational.

Annual Retreat: CAP Team also had it' annual retreat where successes and challenges were discussed. The theme was of Christmas, and people were dressed up accordingly. It was a real fun filled evening. We hope to continue to this tradition of annual retreat that helps us to bond, share thoughts and ideas and contribute in planning ahead.



Challenges

Hiring of new psychiatrists to fill all the vacant spots has been a challenge. We are in process of recruiting for a part time psychiatrist for Youth Addictions Program as well as for Richmond Road Diagnostic and Treatment Centre.

Research

Mathison Centre for Children's Mental Health continues to remain involved in ongoing research and has undertaken the work of Measurement Based Care starting at The Summit expandable to other services starting with other inpatient programs.

Future Plans

We are hoping to recruit three physicians in near future. One full time for East Calgary Health Centre and South Calgary Health Centre, one full time for Richmond Road Diagnostic and Treatment Centre and two part time Child and Adolescent Psychiatrists for Peter Lougheed Med Psych Unit.

Alberta Children's Hospital Pediatric Consultation Liaison Service

Dr. Rachel Hnatowich
Clinical Medical Director

Overview

The PCL service at ACH continued to be extremely busy, as inpatient and outpatient consults continue to rise. We were able to add Dr. Lisa Ruiz to the service, which has increased our psychiatry capacity significantly, while improving the multidisciplinary nature of our program and our ability to collaborate with medical services. We have also received support from Dr. Michael Stubbs who has been able to see some of our outpatient cases, which also increases our capacity. At the same time, one of our psychiatrists, Dr. Tyler Pirlot, has left the inpatient service to support the new Med Psych Unit at PCL, which will decrease the psychiatry FTE in the later ½ of 2024. We are also able to make two additional temporary staff positions permanent, which has been huge for staff moral and stability within the program. The Somatic Symptom Rehabilitation Clinic (SSRC - a pilot project under PCL), while precarious due to lack of steady funding, has been able to continue to provide intensive treatment to 2 cohort per year). Additionally, PCL has been collaborating with the Eating

Disorder Program and Adolescent Medicine to provide upfront diagnosis, treatment



planning, family support and overall management to newly identified eating disorder patients, until they are medically stable and can be connected to the ED service as an outpatient. This has been a quite successful collaboration, and we have been able to provide intensive support to this patient population that was previously underserved. That said, there continues to be growing pains in terms of what PCL's involvement realistically looks like (given other demands on our service), and what the expectations of the pediatricians may be of our service. We continue to work with Adolescent Medicine to identify challenges and brainstorm around how to address these challenges.

Challenges

The case complexity of our inpatient particularly has increased astronomically, putting immense strain and stress on our staff, despite increases in our staffing. The volume of inpatient referrals has skyrocketed as we have started to see the new eating disorder

patients (sometimes have 10 inpatient ED cases at once, in addition to all other inpatient PCL patients). As these patients are often admitted for weeks, this leads to a high baseline inpatient case load, that be challenging to support given the volume of new inpatient consults we may get each day.

The lack of a predictable funding model for SSRC continues to be a huge stress for our team members (who are working with some of the most challenging families in PCL and I would say psychiatry in general), some who do not know if they will have a position for the next cohort.

Despite PCL being an excellent service for education and learning (with exposure to complex medical patients, eating disorder patients, safety assessments, substance abuse, somatic presentations, very challenging family situations/abuse and dealing with complex multidisciplinary teams and at times, escalated colleagues, in both the inpatient and outpatient setting) we rarely ever have residents or fellows rotate with us. This is a huge loss both for us and for the residents and would like to continue to put this on the departments radar.

We continue to be challenged by how to provide more predictable time and care to inpatients when the volume our service sees can change drastically day to day. We are working with adolescent medicine to see how we can identify and classify the complexity of the new eating disorder cases up front, to set more predictable expectations of what our service can provide, based on the complexity of each case.

With the upcoming staff changings, we will be somewhat challenged in how to cover our inpatient service, and we may need to adjust the amount of outpatient referrals we see to

ensure the inpatient service is adequately covered.

A final challenge has been supporting somatic symptom cases. While we are immensely grateful to the existence of the SSRC program, it can only see approximately 16 cases a year. We receive many more referrals the spaces available, and struggle to support those patients that cannot be accepted into SSRC, or which the next spot may not be for 9 months. This just speaks to the growing need for there to be more education and robust services for this very complex population, who can be very high health care utilizers.



Research / Education

Continue evolution of the SSRC, continue to streamline PCL's involvement in inpatient eating disorder cases, continue to evaluation of best ways to increase capacity to support somatic symptom patients.

Future Plans

Continue to evolve our inpatient service and gain further sophistication in the treatment of ED patients, specifically in identifying a way to classify new patients in terms of severity to try and match that with the intensity of services PCL can provide.

Alberta Children's Hospital Day Treatment Program

Dr. Rachel Hnatowich
Clinical Medical Director

Overview

In 2024, we continue to work at CDTP to improve access to our service, as our waitlist continues to expand. We continue to work on tightening our criteria to try and offer our program to patients who can most benefit. A large part of that is trying to better assess family's readiness to participate, as we have found that to be vital to patient's success in our program. To further decrease our waitlist, we will be decreasing the length of stay in our program from 10 weeks to 8 weeks, in the hopes that can increase the number of patients we can see in a year, without compromising patient care. We have continued to see significant staff turnover during 2024, but the leadership team has worked hard to fill vacancies as soon as possible. We continue to have 4 psychiatrists attached to the service, supporting approximately 3 patients each.

Challenges

There does continue to be staff turnover, as in any program. There has been staff turnover in the psychology position, family therapist and management. As it is a large team, however, we have been able to be flexible to ensure care remains unaffected.

Future Plans

Continue to evaluate what works in our program, and what we may be able to add or adjust. Potentially directions would be adjusting the psychologic and educational curriculum. There is also a plan in the future for CDTP to move to Richmond Road, which would be significant adjustment and would change the very nature of our program, going from a hospital based one to an outpatient-based program. This would be a vast improvement in our space, the physical layout of our program, and I believe in our ability to provide care, but would also change the types of patients we do admit to our program (we would not be able to walk a patient up to the ED if they were escalating, for example). We continue to work on trying to increase access to our program through ensuring families are ready to participate prior to starting and by decreasing the length of the admission to increase our overall capacity.





Emerging Adult Treatment Clinic

Dr. Michael Stubbs

Clinical Medical Director

Overview

Stabilization of staffing and implementation of new processes.

Highlights

Moved to a stage of care model. Now fully operational with 4 full time psychiatrists and a full complement of therapists. Able to run a variety of novel group treatments and increase flow. Able to form a partnership with adult neuropsychiatry

Challenges

Looking to hire a family physician part-time as medical needs are complex for our group. Struggling to find the right fit/interest.

Research

Ongoing work by Tom Mogan and Dr. Melissa Potestio advancing previously gained knowledge through the Emerging Adult Initiative (EAI) into practice.

Future Plans

As noted, looking to hire a part-time family physician. Also looking to develop more disciplinary partnerships (psychology, OT/SLP, etc.).

Summit Centre: Marian and Jim Sinneave Centre for Youth Resilience

Dr. Jason Taggart

Clinical Medical Director

Overview

First full year of operations including services for youth walk-in, intensive community treatment and day hospital programs. Significant service utilization over the past year assisting with youth transitioning from hospital and reducing need for hospitalization through crisis intervention in the community.

Highlights

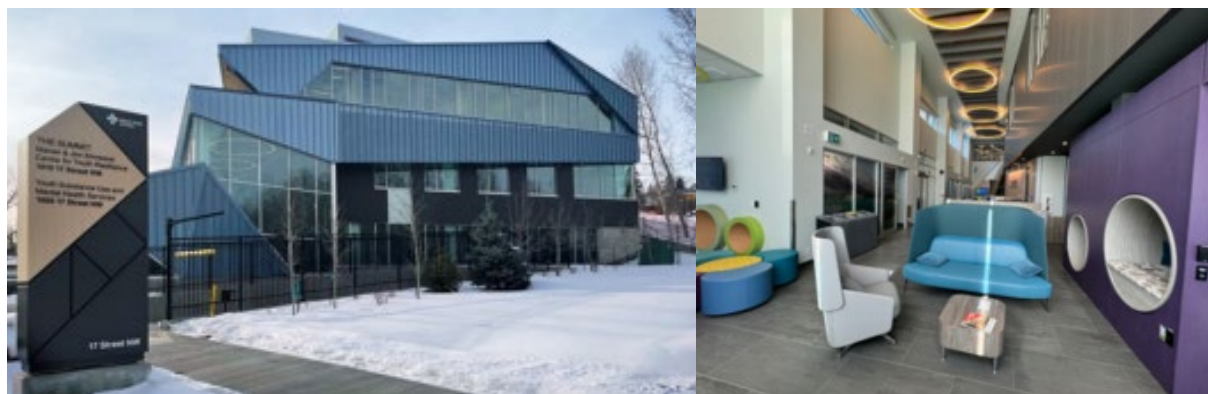
Stabilization of physician workforce – recruitment of additional psychiatrist.

Research

Ongoing work with Mathieson Centre for a variety of research initiatives – most notably measurement-based care initiatives.

Future Plans

Continued service provision in domains above and further process modifications based on patient and staff feedback.





Child and Adolescent Psychiatry

Dr. Iliana Ortega
Academic Lead

Overview

Overall, 2024 was a positive year regarding recruitment and retention of child and adolescent psychiatrists in Calgary. We were able to sponsor and secure Practice Readiness Assessment for two International Graduate Child and Adolescent Psychiatrists. One of locally trained subspecialty residents integrated to our Calgary Mental Health Services.

Highlights

Dr. Ortega received two local awards.

- PARA Wellbeing Award, University of Calgary.
- Associate Deans Letter of Excellence Award for teaching, University of Calgary.

Participated in a leadership course for women through the Office of Faculty Development and Performance, Cumming School of Medicine, University of Calgary (Plus 4W Women in Leadership).

Presented at The 44th annual meeting of the Canadian Academy of Child and Adolescent Psychiatry, Winnipeg, Manitoba, on Sept 22 – 24 2024.

Participated as a panelist regarding Insight and Advancements in ADHD during the Owerko Conference on May 14, 2024.

Presented at the Owerko Neuro Rounds. Detangling Obsessive Compulsive Disorder and Autism Spectrum Disorder. Jan 10, 2024.

With the study “A Focused Suicide Prevention Strategy for Youth Presenting to the Emergency Department with Suicide Related Behaviour: A Multi-site Randomized Controlled Trial Sponsor: Alberta Children's Hospital Foundation, SickKids Foundation”. We were able to overcome some challenges to recruit participants. Currently 12 participants have completed the intervention. Mental Health Research 4 kids. The implementation and evaluation of measurement-based care (MBC) at the Summit, evaluation and policy framework. Has been very successful with recruitment: Walk in clinic 301, day hospital 134, ICTS 654. As expected, the numbers continue to raise as awareness of The Summit’s growth, and we proceed to adapt our learnings from the Mental Health Research Program to help shape the care required by those in need. The MBC is expected to be implemented in other sites in Calgary and a CIHR grant application Fall 2024 has been submitted to evaluate the implementation of MBC across nine CAMHS clinics. The implementation will be led by Calgary’s CAMHS. INSIGHT project.

Challenges

We experienced some difficulties filling all the available positions for the subspecialty in Child and Adolescent Psychiatry. We experienced some difficulties with recruitment for one of the studies through the Emergency Department at Alberta Children’s Hospital. However, we were able to find other alternative routes, Connect Care and LISTS, and currently the study is no longer having difficulties with recruitments for that study. Latin American Trans-ancestry initiative for OCD genomics

Research and/or Education

Co-PI A Focused Suicide Prevention Strategy for Youth Presenting to the Emergency Department with Suicide Related Behaviour: A Multi-site Randomized Controlled Trial Sponsor: Alberta Children's Hospital Foundation, SickKids Foundation.

Co-I Examining the influence of cooperative play on decision-making in emerging adults with a history of suicidal behavior

Co-I Framework for Research in Emerging Adults (FREA) TMS for young adults with suicidal ideation.

Co-I Mental Health 4 Kids Measurement Based care - Implementation and evaluation of measurement-based care (MBC) to the Summit.

Publications

McCabe E, Dyson M, McNeil D, Hindmarch W, Ortega I, Arnold PD, Dimitropoulos G, Clements R, Santana MJ, Zwicker JD. A protocol for the formative evaluation of the implementation of patient-reported outcome measures in child and adolescent mental health services as part of a learning health system. *Health Res Policy Syst.* 2024 Jul 15;22(1):85. doi: 10.1186/s12961-024-01174-y. PMID: 39010106; PMCID: PMC11251393.

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Future Plans

To develop an academic Framework regarding academic, educational and research priorities of the Division of Child and Adolescent Psychiatry for the next 5 years. This should ensure that it reflects the priorities of the Department of Psychiatry. It should be done in consultation with current child and adolescent psychiatrists as well as Department Head and Mathison Centre director.

Explore training /scholar/ education/ research opportunities for our division members to be involved.

To continue with the implementation of Measurement Based Care through other child and adolescent mental health services

Continue having a strong presence during grand rounds, and other academic events both locally (University of Calgary, ACRI, Owerko, Mathison Centre, HBI) and nationally (Canadian Association of Child and Adolescent Psychiatrist, IACAPAP).

Richmond Road Diagnostic and Treatment Centre Specialized Services

Dr. Shola Oyetola

Clinical Medical Director

Overview

Specialized Services continues to provide multi-disciplinary care for complex, tertiary level outpatients and their families. The teams (Neuropsychiatry, Complex ADHD Treatment Team, Community Assessment and Consultation Service, Child and Adolescent Psychiatry Service, Childhood Psychosis Service and Emerging Adult Treatment Clinic) providing assessment, diagnostic clarity, consultation and support, collaboration with community, GOA and school providers, and treatment (individual, family and group). Our transition from AHS to Recovery Alberta continues to evolve and emerge.



Highlights

Specialized Services Clinics at the Richmond Road Diagnostic and Treatment center continue to grow and adapt:

Neuropsychiatry Service (NPS) continues to meet the needs of complex cases presenting with co-occurring Neurological and Mental Health concerns. NPS works with AHS health clinics including Neurology, Genetics, Endocrinology and others, and with the Neurodevelopmental Disorders (NDD) navigators on many cases to coordinate care across Mental Health and Medical Health systems. NPS works closely with FSCD/ Children's Services and Education partners to advocate for, and design coordinated care plans for children and families involved in multiple care systems. Dr Abdul Rahman is the attending Psychiatrist.

The Complex ADHD Treatment Team (CATT) has been adapting to meet the needs of this growing referral population: The team ran Facing your Fears for co-occurring Anxiety and ADHD with Dr Carly McMorris' research group. The clinic continues to meet the needs of complex neurodevelopmental patients and their families. CATT works with Neurodevelopmental Disorders (NDD) navigators on many cases to coordinate care across Mental Health and Medical Health systems and to work with FSCD /Children's Services and Education to meet the multi-system needs of this population. The team provides consultation, assessment, and

treatment. The team recently piloted an Emotion Focused Family Therapy Skills group for parents and will work to expand this model. Dr Abdul Rahman and Dr Dina Munim are the attending Psychiatrists.

Community Assessment and Consultation Service (CACS) –CACS provides discipline consultation and assessment to CAAMHPP Community Portfolio in the areas of OT, SLP and Psychology to support CAAMHPP therapists where the assessment and adaptation of care to meet specific needs enhances therapy and outcomes. CACS supports a variety of areas and provides assessment feedback to therapists, patients, parents and schools to enhance functioning across those domains.

Emerging Adult Treatment Clinic (EATC)– through a combination of budget and grant funding, EATC is adapting to provide timely access to service for Emerging Adults through an evolving model of care guided by engagement with Emerging Adults, stakeholders and service providers. This work has been led by Dr Melissa Potestio. Developing model of care in partnership with the Framework for Research with Emerging Adults (FREA) research partnership with Dr Paul Arnold and Matheson Center, the Emerging Adult Service aims to scale and spread a proven model of care that other Emerging Adult serving Services in Recovery Alberta Calgary Zone and surrounding Rural areas can adopt. Dr Michael Stubbs, Dr Qasim Hirani, Dr Greg Montgomery and Dr Ursula Hines providing consulting Psychiatry support.

Childhood Psychosis Clinic (CPC) – CPC serves children diagnosed with early onset Psychotic disorders (14 and under). CPC has

worked closely with families and patients providing psychology and Family Therapy support, intensive nursing involvement, medication and Clozapine monitoring, and the RN can support routine and regular bloodwork monitoring within the clinic starting this year. Dr Jason Taggart is the Psychiatrist supporting this area.

Child and Adolescent Psychiatry Service – This Psychiatry-only consultation service continues to be busy supporting primary care and pediatrics through Access MH referrals for diagnostic opinions and treatment recommendations from Psychiatry. With the support of an RN, this clinic has Dr Shola Oyetola, Dr Julia Stratton, Dr Ursula Hines, Dr Iliana Ortega and Dr Sylvia Lorefice as consulting Physicians.

Challenges

Waitlists, demand for service are concern across the clinics – timely access to care.

Staffing and filling posted positions for clinicians with requisite experience and acumen.

Space for delivering Group and team assessment and intervention.

Balancing virtual and in-person care for a catchment area that can encompass Southern Alberta for some clinical areas.

Grants

ACHF Grant for continued engagement and clinical support for the Emerging Adult population at both EATC and Central Adult Community Clinic.



Psychiatric Emergency Services Alberta Children's Hospital

Dr. Michael Stubbs
Clinical Medical Director

Overview

Some stabilization of numbers of presentation but overall high demand. Stabilization of 24-7 nursing model of care with good response. Continued partnership and evolution of a pathway of care with our ED colleagues.

Highlights

24-7 model of care a definite learning curve but by all accounts, largely a strong success for improved patient care. Acute at home continues to be a valuable resource. Working

closely and ongoing revisions to pathway of care have led to a more streamlined approach and positive relationship with our ED colleagues.

Challenges

Volume of patients and complexity!

We have also faced an increasing number of patients with psychosocial challenges often falling outside the scope of any single discipline.

Our CA, while an exceptionally nice person, was not a fit for our service and our new CA is on mat leave during the training process – CA implementation remains a challenge.

Research and/or Education

Pathway of care work continues to produce a variety of articles, conference proceedings, abstracts and grant applications.

Provided some education to new pediatric colleagues who will be working on med-psych unit at PLC regarding care of the agitated patient.

Future Plans

Transition of leadership and new vision of care under Dr. Lisa Ruiz. Possible changes to daytime complement of psychiatrists.



South Health Campus Unit 56

Dr. Nneka Orakwue – Ononye

Clinical Medical Director

Overview

Unit 56A remains dedicated to providing the best care for its patients and families. The management team has been working together to identify deficiencies and explore areas for growth, especially with patient care and safety

Highlights

The team was excited to welcome our Unit Manager, Michelle Houle, who returned to work after her maternity leave. We are also grateful for the fantastic support and leadership of Courtney Johnson, who covered Michelle's absence, during which period the team witnessed a lot of growth and stability. Courtney has since then taken on a role as Unit Manager for U23 Foothills Medical Centre. Many thanks, Courtney, and best wishes for your new role.

The team also welcomed Evan Stacey as the new temporary Clinical Nurse Educator. Evan has been instrumental in coaching our nursing team, especially the new recruits. Thanks, Evan, and many thanks to Sharon Martin,

who was in this role and is currently in a new managerial role.

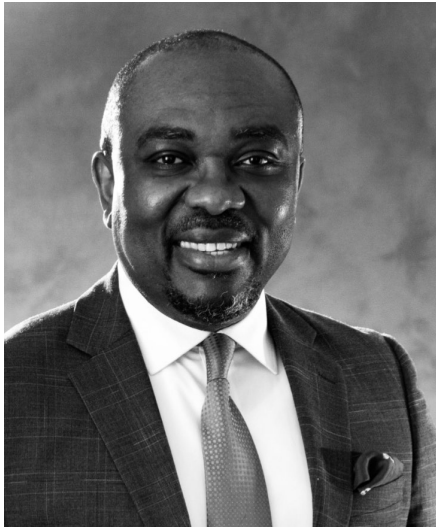
The collaboration with our Psychiatry Primary Care Team (PPC) remains of immense help as they support our youth with their medical needs. Thank you

Challenges

The team continues to experience significant staff turnover, especially amongst the nursing staff. The acuity level on the unit remains very high, leading to considerable bed closure over the summer months owing to poor staff complements.

The team has been faced with very complex patient situations where the length of stay has been prolonged because of placement issues. There have been hurdles coordinating with community partners in this regard, requiring ongoing review.

The outpatient program has been running seamlessly, and the team continues providing highly sought-after group therapy for caregivers and youth. The Collaborative Problem-Solving group has been popular, with very positive feedback from families. Many thanks to all the family counselors who facilitate groups in the outpatient program.



Community Outpatient Program

Dr. Izu Nwachukwu
Section Chief

Overview

Following the announcement of Recovery Alberta as one of the four new provincial health authorities in November 2023, Recovery Alberta was established July 1, 2024, with full transition from AHS completed on September 1, 2024. At the core of its mission, vision, and goals Recovery Alberta will expand community-based services, moving away from over-reliance on acute

interventions towards a recovery-oriented system of care that is patient-centered, strengths-based, trauma informed, and culturally sensitive. We consider this a win for our patients, our services, and our system at large and look forward to delivering improved health outcomes for our community.

Highlights

In line with the recovery model of care, a Navigation Center was opened in July to serve the homeless and vulnerable population in our community. This followed the successes of a similar initiative in Edmonton and will provide a walk-in, one stop shop that connects vulnerable individuals with essential support services including supported housing and access to mental health and addiction treatments, etc.

There have also been notable expansions in the clinical services delivery at our Addiction & Mental Health Supported Housing portfolio. In the past few months we added BOREAL House, a 20-bed unit in the SE Quadrant of Calgary to our continuum of supported housing, along with introduction of Case Management for patients residing in our Approved Homes. With the successes of Skypointe II (32 beds) and Templemont Gardens (70 Beds), we are continuing to provide the needed psychosocial rehabilitation and support for some of our most vulnerable persons, reducing the cost and trauma of hospital-based care.



Challenges

Evolving mental health demands, under-resourced systems, and workforce shortages continue to pose serious challenges to our ability to optimally serve the needs of our community. Increasing capacity pressures in acute care and across our EDs mean that we continue to receive patients with higher levels of acuity than our community programs are resourced to support. With current economic realities, psychosocial determinants of health are now beyond the reach of many, making it more difficult to attain meaningful recovery.

Future Plans

We remain committed to driving improvements in community-based services by strengthening our care models, improving

access and flow, and ensuring the interdisciplinary integration of mental health care across the broader health system. We will continue to build on our efforts at making our services more trauma-informed and culturally sensitive. We will strive to make the recovery model to be at the core of our system improvements and to embed the recovery model in the cultural fabric of our organization.

In the near future, we hope to attract capital investments and goodwill to establish an adult walk-in rapid assessment service similar to the Access 24/7 program that has been greatly successful in Edmonton. We also hope to expand our outpatient services to address wait times and better meet the needs of our rapidly expanding communities.

Community Extension Team Sheldon Chumir

Dr. David Tano

Clinical Medical Director

Overview

CET has had an eventful year. Due to ongoing pressures, acuity and urgencies, we have had the need to not only expand our clinician workforce but also our Psychiatry support over the past several years. We have been so fortunate to have had Dr Susan Poon join our team after Dr Sowa's retirement and Dr Ismail's adjustment to his practice and this past July have had the fortune of taking on one of our new grads, Dr Rohit Ghate as our new CET consultant! Both have had previous exposure and experience in CET while residents which allowed for a very smooth transition. CET continues to explore various innovative ways to respond to the never ending pressures from the units for discharge and still do it in a safe and responsive manner. We thank all of you for your patience and guidance as we work together for the benefit for our patients!

Similarly, the PACT teams have had to expand to meet the ever-growing needs in the community. We continue to have the PACT crisis teams which are responding to crisis in the community which require police services or are initiated from police calls. They have now been integrated in their triage process with the Mobile Response Team who have also been increasingly busy responding to community needs. Further, teams have been established to support police in their various districts, as well as in the arrest process unit. We are also working with the downtown

police units to help support them with their numerous interactions with mentally ill patients. Demands for the PACT-CTO team continues to escalate exponentially. Dr Trevor Prior has been supporting the PACT-CTO teams immensely and it has been such an answer to need as we have found that so many of these referrals also seem to encompass the PDD population.

Mobile Response Team has expanded to 24 hours per day due to the ever-growing demands in the community. They are also now supporting general Calgary Police Services when they are interacting with mentally ill patients and trying to support them in the community often diverting patients from the Emergency rooms.

Urgent Mental Health continues to support Chumir with urgent mental health consultations and supports.

Though it has been amazing how all of these services have been responding and caring for all these people in the community; it has also been sad to see how the acuity in the community has increased to this degree so quickly over the years. We continue to try to coordinate all of these services and seek innovative ways to help all of these people in the community.

Challenges

To figure innovative and creative ways to continue to try to respond to the higher and higher acuity needs in the community.



Addictions, Claresholm, and Rural Psychiatry

Dr. Tim Ayas
Section Chief

Overview

Dr. Izu has stepped down as Chief of Rural Services in the Northern Zone, hence he requested all Rural Psychiatry to be adopted by my portfolio. If any general adult psychiatrists are interested in working in rural psychiatry, either in person or remotely, please do not hesitate to contact me!

The Claresholm Centre has been at almost full capacity this past year. I'd like to thank the psychiatrists and multiple multidisciplinary staff for bearing the increased work-load while still providing excellent care to our patients. The addition of Dr. Kevin McLeod this past year has been a saving grace.

Addiction service delivery continues to be an increasingly large and complex portfolio. The reduction in opioid related deaths by 55% the past year has been a promising statistic. I would like to take this opportunity to acknowledge the diligent work of the

concurrent disorder and addiction providers contributing to this improvement

Highlights

I would like to thank Dr. Sarah Elliott for being an exceptional co-clinical medical director at the Opioid Dependency Program, she has now left the position in exceptional hands with Dr. Alvis Yu.

Dr. Herb Cohen has recently informed the Claresholm Centre about his upcoming retirement. Herb has been an exceptional psychiatrist and mentor for many years, which many of us can state from personal experience, and we wish him the best.

Peter Czepuryk , an excellent administrator who was the operational director of Renfrew Detoxification Centre passed away suddenly on June 23rd, 2024. Peter worked in healthcare for over 25 years, the majority within Addiction and Mental Health in clinical and leadership roles. His boisterous and friendly personality overshadowed his prodigious height, he will be greatly missed.

Challenges

The Bow Valley corridor (Banff, Canmore, Cochrane) is in desperate need of general adult psychiatry assistance. Dr. Deepak Mirok has been doing yeoman's work assisting this area temporarily.

We are still adapting to the changes imposed by the provincial Narcotic Transition Service, especially at the Opioid Dependency Program. We are also aware that there will likely be a future direct impact on addiction service delivery through the transition to Recovery Alberta.

Research and Education

Ayas T, Swainson J, Mak M, Robison D. Panel discussion. The Intersection of Addiction and Sleep. Canadian Psychiatric Association Ann Meeting, Vancouver, BC Oct 20th, 2023

Bahji A, Gautier L. Research integrity and artificial intelligence in journal publishing. International Society of Addiction Journal Editors (ISAJE) Annual Meeting 2023. September 5th to 7th, 2023; Boulder, Colorado, USA.

Bahji A. Cannabis Use Disorder (CUD): Understanding, Prevention, and Treatment. What's New in Addiction Medicine Special Edition, British Columbia Centre on Substance Use. August 1st, 2023; Vancouver, British Columbia, Canada.

Crockford D, Bahji A, Cooley E. Reviewing the Evidence For & Against Involuntary Treatment of Adults with Substance Use Disorders. Canadian Society of Addiction Medicine Ann Meeting, Victoria, BC Oct 21, 2023.

Bootsman N, **Tanguay R Crockford D**, Michael JP. Debating Involuntary Treatment. Canadian Society of Addiction Medicine Annual Meeting. Victoria, BC Oct 19, 2023.

Crockford D, Bahji A, Brasch J, Schutz C, Buckley L, Danilewitz M, Mak M, George TP. Training in Substance Use Disorders – What Current Psychiatrists & Residents Need to Know. Canadian Psychiatric Association Ann Meeting, Vancouver, BC Oct 20, 2023.

Ghosh M. International Society of Addiction Medicine: Mandated Treatment, a Canadian perspective. Marrakech, Morocco.

Grants

Current National Overdose Response Service (NORS) an expansion into texting, mental health and harm reduction. Substance Use and Addictions Programming Health Canada. Dr. Monty Ghosh.

Alberta Health Alberta Virtual Pain Program
Dr. Robert Tanguay

Developing Quality Indicators for Substance Use Disorders in Alberta to Improve Care.
Dr. David Crockford.

The University of Calgary Cumming School of Medicine Matt Newell Endowment in Substance Use, Dr. Anees Bahji

The University of Calgary Cumming School of Medicine Leroy H. le Riche Endowment in Substance Use, Dr. Anees Bahji

Publications

Bahji A, Crockford D, Brasch J, Schutz C, Buckley L, Danilewitz M, Debrueq S, Mak M, George TP. Training in Substance Use Disorders. Part I: Overview of Clinical Practice Recommendations. Canadian Psychiatric Association Position Paper – Can J Psychiatry 2024;69(6).

Bhaji, A. et al. Canadian Network for Mood and Anxiety Treatments (CANMAT) 2023 Update on Clinical Guidelines for Management of Major Depressive Disorder in Adults. *Can J Psychiatry*, 2024.

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Bhaji, A. Prevalence of Mental Health Disorders Among Individuals Experiencing Homelessness: A Systematic Review and Meta-analysis. *JAMA Psychiatry*, 2024.

Bakouni H, Haquet L, Socias ME, Le Foll B, **Lim R**, Ahamad K, Jutras-Aswad D, OPTIMA Research Group within the Canadian Research Initiative in Substance Misuse. Associations of Methadone and BUP/NX Dose Titration Patterns With Retention in Treatment and Opioid Use in Individuals With Prescription-Type Opioid Use Disorder: secondary Analysis of the OPTIMA Study. *Drug and Alcohol Review* May 9 2024

Jenna Langlois, Nadia Fairbairn, Didier Jutras-Aswad, Bernard Le Foll, **Ron Lim**, M. Eugenia Socias. Characterizing methamphetamine/amphetamine use among opioid agonist therapy-seeking adults with prescription-type opioid use disorder in Canada. *Journal of Addiction Medicine* 2024, 18(2), 167-173

Bahji, Leger, Nidumolu, Watts, Dama, Hamilton, **Tanguay**. Effectiveness of Involuntary Treatment for Individuals With Substance Use Disorders: A Systematic Review. *The Canadian Journal of Addiction* 14(4):p 6-18, December 2023.

Cooley E, Bahji A, Crockford D. Involuntary Treatment for Adult Non-Offenders with Substance Use Disorders? *Can J Addiction* 2023;14(2):25-31.

Barry R, Anderson J, Tran L, Bhaji A, Dimitriopolous G, **Ghosh M.** Kirkham J, Messier G, Patton S, Rittenbach K, Seitz D. Prevalence of Mental Health Disorders Among Individuals Experiencing Homelessness: A Systematic Review and Meta-Analysis. *JAMA Psychiatry*. Published online April 17, 2024. doi:10.1001/jamapsychiatry.2024.0426

Victor Mocanu, Dylan Viste, William Rioux, **S. Monty Ghosh.** Accessibility gaps of physical supervised consumption sites in Canada motivating the use of overdose response technology/phone based virtual overdose response services: a retrospective cohort study. *The Lancet Regional Health - Americas*, Volume 34, 2024, 100770,

Turner, Allen, Carson, Graves, **Tanguay**, Green, Cook. Guideline No. 443b: Opioid Use Throughout Women's Lifespan: Opioid Use in Pregnancy and Breastfeeding, *Journal of Obstetrics and Gynecology Canada*, Volume 45, Issue 11, 2023

Future Plans

Rural Psychiatry is actively recruiting adult general psychiatry to the Bow Valley Corridor (Banff, Canmore, and Cochrane) and Strathmore regions.

Involuntary treatment for patients with addiction may be proposed by our government. We will likely need to recalibrate existing resources to accommodate this potential proposal.

The transition to Recovery Alberta will likely impact the delivery of addiction services in the future.

Geriatrics

Dr. Joshua Benjamin

Section Chief Geriatrics

Overview

As of 2024 we are in the midst of our fifth full year of Royal College accredited training for geriatric psychiatry. We continue to accept one resident per year for training in geriatric psychiatry beginning in their PGY5 year. Application for the position begins while residents are in their fourth year of training

Highlights

Our most recent subspecialty resident Dr. Harry Zhou has completed his training in geriatric psychiatry and has successfully transitioned to independent practice. He has been contributing back to the program with resident supervision and educational rounds.

Challenges

We continue to build awareness and interest in pursuing a career in geriatric psychiatry at the postgraduate level through various initiatives including inviting general psychiatry residents to the geriatric psychiatry journal clubs and participation in teaching of general psychiatry residents completing their mandatory rotations.

At the medical student level, we have made a concerted effort at accommodating elective and core psychiatry student experiences.



Future Plans

To foster more awareness of our Subspecialty at the undergraduate medical education level we will be involved in career days at the Cumming School of Medicine, and we will start to accept clinical clerks during their mandatory psychiatry blocks.



Forensic Psychiatry

Dr. Ken Hashman

Deputy Head
Section Chief Forensics

Overview

The forensic psychiatry section provides assessment of and treatment for adults and adolescents with mental disorders within the legal system and works to ensure the courts understand the individuals in order to make the most appropriate decisions for those individuals and the community.

Our work includes pretrial assessments of an accused's fitness to stand trial and assessments of criminal responsibility, mental health circumstances around infanticide, pre-sentence risk and dangerous or long-term offenders. We also perform assessments mandated by the Youth Criminal Justice Act.

The Forensic Assessment and Outpatient Service (FAOS) provides community-based

outpatient assessment and treatment of adults mandated by the legal system.

The Forensic Adolescent Program (FAP) provides community-based outpatient assessment and treatment of adolescents mandated by the legal system. We also provide service in the areas of mental health diversion, correctional clinics, correctional transition teams, telehealth and community geographic teams, which provide services to smaller centres in southern Alberta.

The Southern Alberta Forensic Psychiatry Centre (SAFPC), our inpatient facility in southern Alberta, has 21 beds for acute assessment and treatment of people in custody, as well as 12 beds for those found unfit to stand trial (UFT) or not criminally responsible by reason of a mental disorder (NCRMD).

Three rehabilitation homes, the Lighthouse (6-beds), Bright Harbour (4-beds) and Port Hope (4-beds) allow people who are found NCRMD to gradually reintegrate to the community, depending on their mental stability and safety of the community.

Highlights

The SAFPC Needs Assessment was approved by AHS and the Ministry of Mental Health and Addiction. It is currently with Alberta Infrastructure to consider options for building a major expansion of our inpatient beds in the next few years. The expansion of our services is needed to meet the current and future needs of our clients.

The Forensic Psychiatry Subspecialty Program at the University of Calgary has been actively recruiting to our subspecialty program. Individuals interested in the training program should be in contact with Dr. Tano – Program Director. We are looking at various

strategies across the country to increase awareness and interest in the subspecialty of forensics. Forensic Psychiatry programs across the country have now joined the CaRMS program to help facilitate and coordinate residents applying for the subspecialty training. This year we are pleased to announce that there have been several people that appear interested in applying to our program. We will be embarking on the CaRMS processes and hoping to secure a resident for the 2025-2026 cycle. Further to this, we have had increased interest from both the medical student level as well as general psychiatry resident level.

Seclusion nursing enhancement pilot was introduced to provide greater clinical care to individuals housed in our off-unit seclusion rooms at SAFPC. Early outcomes suggest faster stabilization of clients and transition to on-unit assessment, which increases our flow of assessing and discharging clients.

We continue to collaborate closely with our partners in the Northern Alberta Forensic Psychiatry Service to optimize the capacity and services of our services at a provincial level.

Challenges

Staffing vacancies leading to significant overtime. Difficulties recruiting to specialty positions, such as PhD prepared Psychologists, which delayed testing and treatment for some patients. Acuity of patients leading to longer lengths of stay at SAFPC.

Ongoing high number of individuals on the triage list and non-urgent patients waiting longer for their assessments at SAFPC.

High referral volumes and recruitment into specialized staffing vacancies remain a

significant challenge throughout the outpatient services given the specific treatment needs of the population.

Research and/ or Education

The Forensic Psychiatry Section remains active in teaching of medical students and residents. Didactic teaching continues at the medical school as part of the MIND course and to both junior and senior psychiatry residents. Clinical training experiences are available for medical students, residents, and sub-specialty training.

PREVENTION IN FORENSIC

PSYCHIATRY: While the history of preventative psychiatry can be traced to the early 1900s, primary prevention in forensic psychiatry is in its infancy.

Improved understanding of the role of adversity in the development of psychopathology has significant implications for the practice of Forensic Psychiatry that is beginning to develop beyond court-ordered assessments and tertiary prevention.

Forensic psychiatry is in an optimal position regarding high-risk populations with a history of violence and mental health disorders. Our research explores different models of prevention and how they can be incorporated into the practice of forensic psychiatry by implementing a multifaceted approach aimed at improving resilience and reducing the incidence of mental illness, addiction, violent behavior, and violent recidivism among at-risk populations (Individuals and Families of NCR-MD Populations) on account of their exposure to violence, mental illness, incarceration and prolonged hospitalization

predisposing them to Adverse childhood experiences and thus high ACE scores.

The psychiatric difficulties of children and relatives of people suffering from mental illness, addiction and incarceration are well documented. The National trajectory project identified family members, followed by professionals, such as police and mental health care workers, as the most frequent victims.

However, little is known about the impact of the NCR-MD designation and its sequelae on their families and relationships as well as the treatment available for them despite the significant history and impact of mental illness, violence, prolonged hospitalization and incarceration and the exposure of their families to high levels of trauma and grief.

It has been established that children grow and develop in a relational environment. Safe, stable, nurturing relationships help build resilience and buffer the negative impact of adverse experiences. Promoting relational health in clinical practice shifts the focus from adverse childhood experiences (ACEs) to positive childhood experiences (PCEs).

Our research focuses on preventative strategies (Primary Prevention) focused on therapeutic family interventions with children and families of individuals that were found Not Criminally Responsible on account of mental disorder (NCR-MD) in Southern Alberta.

Preliminary findings suggest a significant decrease in psychopathology of children and relatives that took part in family therapy sessions in the NCR-MD population in Southern Alberta.

Future Plans

Working closely with Recovery Alberta and the Ministry of Mental Health & Addictions to finalize plans for expansion of our inpatient services.

Staffing strategies to recruit and retain staff within SAFPC & all outpatient service areas.



Arnika Centre For Developmental Disabilities Mental Health

Dr. Jennifer Hibbard
Clinical Medical Director

Overview

2024 has been another busy year in developmental disabilities mental health. We continue to receive many referrals through Connect Care and Access Mental Health. Currently, we are not accepting referrals for persons living outside of Calgary zone due to limited ability to provide outreach services outside of our region. We continue to work collaboratively with our complex need's partners in South and Central Zone. Consistently, between 15-25 patients occupy acute care beds within our hospital units, many of whom are eligible for PDD funded housing. Unfortunately, there is often a very long wait time for these services to be available. Our population continues to be at high risk for substance abuse disorders and very likely an elevated risk of accidental deaths due to opioids. Our teams work collaboratively with Opioid Dependency Clinic, Office of the Public Guardian, Disability services and Community mental health clinic to support many patients who

have needs across all sectors and do not benefit from silo approaches to mental health.

Highlights

In May 2024, the Educational Society for Developmental Disabilities Mental Health hosted a virtual conference with over 300 registrants, entitled "What are we not talking about? Sexual behaviours in intellectual disability". The presentation was offered free of charge to clinicians, service providers and families and explored topics such as healthy sexuality, paraphilic disorders and behaviourally informed treatment approaches to problematic sexual behaviours.

Our Mental health support team have built a robust group therapy program for persons with intellectual disabilities, including a new group for adults with Autism – "Moving Forward with Anxiety" (modified from Dr. Carly McMorris's Facing your fears program. Groups currently on offer include a care giver support group, a self esteem group, cognitive

behaviour therapy group and skills system (modified Dialectical Behavioural therapy). Occupational therapy has also been busy developing an Interoceptive skills group and a relaxation group.

Our DDMH team has been happy to welcome Dr. Megan Howlett to Arnika center in a neuropsychiatry role. Dr. Mark Colijn and Dr. Howlett are providing much needed support to our team for our many complicated case presentations.

We are also proud to announce the implementation of RUBI parent training offered within our Behaviour team for families and caregivers seeking support for behaviours of concern in adults with Autism. Implementation of this program in adults is a first in Canada, and the team is working closely with Dr. Karen Bearss to build capacity for behavioural approaches in adult developmental disabilities and mental health.



Challenges

Our team was much saddened by the departure of Dr. Cherilyn Lakusta from Arnika Centre. Dr. Lakusta has returned to Adolescent day treatment program and supporting these critical resources for families and adolescents. Dr. Lakusta was instrumental in the remodeling of our

programs to offer evidence-based psychotherapies and is greatly missed.

We continue to experience challenges in supporting individuals with legal issues or substance use disorders, and trying to support patients requiring more outreach than can be supplied by our team. We are grateful to the support of the PACT team and Addiction services in providing for these very vulnerable patients.

Future Plans

Our team is looking forward to providing another educational event in 2025. We also have an Educational Program in development to support our colleagues in hospitals and community clinics in managing the care needs for individuals with intellectual disabilities who are being supported outside our geographic barriers or program capacity. Our mainstay hospital team provides in hospital support for patients with Intellectual disabilities and have successfully launched an in-reach worker program to spend time with inpatients and support their behavioural needs. We are optimistic that all of our programming will continue to receive support as we transition to Recovery Alberta.



Inpatient Programs Foothills Medical Centre

Dr. Thomas Raedler

Site Chief, Foothills Medical Centre
Associate Dean, Cumming School of
Medicine

Shawn Currie

Director Adult NW Addiction and Mental
health Services

Carol Coventry

RN FMC Program Manager Acute Mental
Health

Overview

Coming out of the unprecedented challenges of the COVID-19 pandemic has been more difficult than anticipated. Many members of our teams have been struggling with increased stressors at work and with feeling burned out. Many experienced members of our teams decided to pursue new opportunities. Over the past year, we have experienced a clear improvement in staff morale and workplace satisfaction, which results in a renewed focus on providing excellent patient care in the context of family oriented and trauma-informed care. Thanks to the dedication and efforts from all staff, physicians and

administration, we have been able to overcome the challenges of the past years.



The most noteworthy change for all AMH services in 2024 was the creation of Recovery Alberta, the new provincial health agency responsible for providing comprehensive and accessible recovery-oriented mental health and addiction services. On September 1, 2024, the accountability for all FMC mental health and addiction programs transitioned to Recovery Alberta. There has been no change to staffing, locations, or service access arising from the creation of this new health organization. Recovery Alberta continues to be associated with AHS for all important

clinical support services, IT systems including Connect Care, and administrative infrastructures such as payroll, finance and human resources.

Highlights

We were able to recruit new staff and psychiatrists to the Department of Psychiatry at Foothills Medical Centre.

Following the other Calgary hospitals, Foothills Medical Centre shifted to a 24 / 7 model in PES (Psychiatric Emergency Services). In addition to providing consultations around the clock, PES nursing has also taken over caring for patients admitted and waiting for a bed.

In early 2024, a bed flow optimization initiative was launched to reduce EIP wait times. The initiative provides new protocols for surging eligible patients to inpatient beds faster, increasing the use of the expected date of discharge (EDD) as a discharge tool, and increasing the proportion of morning discharges. The FMC adult units are showing good progress with this bed flow initiative.

The Day Hospital resumed the Foundation stream. In comparison to the regular stream, the Foundation stream provides a less intense Day Hospital experience.

We were able to hire three Clinical Assistants who are supporting psychiatrists with providing care in PES and with completing assessments in a timely fashion.

Challenges

Like all other healthcare facilities, we are struggling with filling positions for physicians, nurses and other healthcare professionals. Staffing shortages increase the pressures on our staff. We need to maintain an ongoing focus on workplace satisfaction and staff retention and to continue to provide a safe,

respectful and supportive environment for all staff working at Foothills Medical Centre.

The Department of Psychiatry at Foothills Medical Centre is experiencing an ongoing increase in demand for emergency services, inpatient services and outpatient services. All our programs are currently operating at maximum capacity and are experiencing long wait-times. Many Emergency Inpatients (EIP) need to wait for several days in PES until a suitable inpatient bed becomes available.



Research / Education

Foothills Medical Centre continues to be one of the main sites for the education of nursing students, medical students as well as psychiatric residents.

Foothills Medical Centre continues to support research through the Mathison Centre for Mental Health Research & Education.

Future Plans

Our rTMS program is planning to expand services to include people suffering from Obsessive Compulsive Disorder (OCD).

The ECT program at FMC is spearheading a service expansion by offering outpatient ECT start-ups for eligible patients. FMC is piloting an outpatient ECT protocol and process that will eventually expand to all sites.

The newly created Eating Disorders Unit is temporarily located on Unit 32 and is awaiting an expansion to 10 inpatient beds.

Plans for an extensive renovation of PES are currently being finalized. These renovations are long overdue and will create a more

comfortable, safer and more trauma-informed space for patients, their families and staff.

Time will tell how the transition to Recovery Alberta will affect the day-to-day operations of the Department of Psychiatry at Foothills Medical Centre.

We continue to strive for excellence in patient care, education and research. The immediate goal is to deliver excellent patient care while providing staff with a safe, respectful and supportive work environment.

We thank all our staff and physicians for their ongoing dedication to excellence in patientcare.

Inpatient Programs Peter Lougheed Centre



Dr. Lloyd Maybaum
Site Chief

Overview

Since our last report, our dedicated team in Mental Health and Addictions strives to do their utmost to deal with the overt capacity pressures during this post-pandemic population surge in addiction and mental health difficulties. Our teams continue to be stretched but have been managing across the hospital including the inpatient units, med-psych unit, consultation liaison, outpatient programs and the emergency department. While balancing these pressures this team continues to strive towards optimal patient/family centered and trauma informed care.

Highlights

Despite all the challenges that we have faced in the last year, the importance of addiction and mental health continues to shine at the PLC. The mental health SSU space is approaching two years of operations in December. Having a permanent on-unit

security guard presence on this unit has made an unimaginable difference in ensuring patient and staff safety but equally important, in shoring up staff morale. It is our hope that one day, security will be placed permanently on every inpatient mental health unit in the province. In keeping with the PLC being a sort of test facility for new ideas, we have closed one high observation bed on the SSU dropping the bed count to 21 beds but using the extra bed as a flex bed that patient scan be moved into in response to overt behavioral concerns. We look forward to the study outcomes. This year the SSU was also able to use their secure outdoor space. This unit is seen as a model for how all inpatient units should be built in a trauma informed manner. Vandalism is virtually unheard of on this unit whereas it was almost a daily occurrence on our previous unit. Meanwhile, construction is forging ahead with the new psych ICU and ECT/rTMS suite in the space of the former SSU. Safety, dignity and a trauma informed, healthy environment for our patients continues to be our guiding principle through these planning deliberations. These improvements will help manage the ongoing and increasing demands for addiction and mental health supports for our patients in the city of Calgary. A city that has the lowest per capita mental health beds compared to any other major metropolitan area in Canada.

Challenges

Our length of stay has remained manageable, however; we continue to struggle with overt capacity pressures as our zone simply does not have enough, per capita, mental health beds. The sheer amount of mental illness,

addiction issues and fractured social determinants of health such as a lack of affordable housing has skyrocketed demand for mental health beds placing us far worse off than we have ever been. Unheard of numbers of emergency room inpatient mental health patients remains the norm, regularly exceeding 50 across the ER's in the zone. This is causing stress throughout the system and certainly amongst our workers. Stress, burnout, attrition and sick leave continues to affect MH&A staff across the continuum. Maintaining adequate staffing levels and some semblance of staff morale continues to be an ongoing challenge and will likely continue to present as an ongoing challenge into the next few years. We continue to struggle to recruit psychiatrists to work in the Day Program. The uncertainties regarding the transition from AHS to Recovery Alberta and the lack of clear direction and what appears to be an abject lack of planning and execution prior to the roll-out of RA, is adding to the stress levels of both clinicians and management. Call is so incredibly busy at our site that many of our psychiatrists are finding it unmanageable. This is prompting us to look at alternative on-call models and considering call sharing ideas especially as the new PICU is scheduled to open by July 2025, adding a further 12 beds to what is already the highest mental health call burden in the city.

Research and/or Education

Our PES team and inpatients units continue to spearhead our teaching components with a steady stream of psychiatry and family medicine residents as well as medical school learners and clinical clerks allowing all learners to fulfill their mandates for clinical bedside education. We are also looking at new programming and service delivery areas which

may facilitate further influx of students and residents at the PLC.



Future Plans

Our acute care areas continue to rise to the challenge during these difficult pandemic times. CME programming is progressing as we are having more and more lunch and learn programs. We also eagerly await the opening of the Phase2 rebuild of the PLC ER. Unfortunately, the emergency department arbitrarily removed planned meeting/office space for our PES team, but we are fighting to get this back. We are also beginning the operational planning and consideration of service delivery models for the new psych ICU and ECT/rTMS suite.

In terms of medical staff, we are pleased to announce that Drs. Elizabeth Merner, Justin Khunkhun and James DeCesare have joined us as staff psychiatrists. We are still recruiting and need additional staff in our Day hospital.

The staff members at the PLC exemplify collaborative work and do not hesitate to assist and to support one another. It continues to be a joy to work at the PLC and we are proud of our excellent teamwork and commitment.

Inpatient Programs Rockyview Hospital

Dr. Rosalyn McAuley
Acting Co-Site Chief

Overview 2024

2024 seemed to pass in the blink of an eye. Fortunately, it did so with relatively little chaos compared to the previous few years.

Highlights

PES has continued to settle into the new model of care. While there is the odd hiccup here and there, overall, our new team has come together to provide an efficient, high standard of care - due to the tireless efforts of our PES nursing team, both new and seasoned. We appreciate the patience and support of the RGH Psychiatrists in helping our new PES nurse recruits get up to speed.

Recently we were fortunate to welcome Mark Fraccaro, one of our new Calgary graduates, to the team at Rockyview!

After a few years of being short staffed we are now grateful to have a robust team on the inpatient units, allowing for more vacation time and less burn out! We continue to recruit for Day Program and other outpatient programs.

On that note we have had the pleasure of welcoming Dr. Dorothy Yu to the position of CMD of Outpatients at RGH. She has been an enthusiastic and energetic addition to our group at RGH, and we are grateful to her for taking on this role.

The beautiful new rTMS space opened this year at RGH! Opened in the Holy Cross

Building, this space has provided a peaceful environment for the patients receiving care and for the staff that work in the clinic. The demand for rTMS continues to outstrip the supply, and there is a lengthy wait list for patients requiring this treatment.

Rockyview held the first interhospital Psychiatry social this year, at Heritage Park. Thank you to Dr. Yu and Dr. Harpur for organizing! The casino portion was quite the hit!



Challenges

Unit 48 continues to undergo their high observation bed renovation, the completion of which will be followed by the renovation of the Unit 49 high observation area, which of course reduces our capacity to manage acuity for the time being.

We are sad to announce the retirement of the beloved inpatient Rec Therapist, Alan Reese, who many psychiatrists would have had the pleasure to meet during their rotations through RGH as a resident. He has been a fixture at RGH and it won't be the same without him.

Research / Education

Rockyview continues to be a sought-after site to complete rotations, both for clerks and residents. We have had a steady stream of senior residents on CSU, in PES, and continue to welcome residents from all stages of training on the general units and in outpatients. We also have been welcoming visiting elective residents and continue to train Family Medicine Residents in PES.

Future Plans

2025 promises to be an interesting year, what with so many energetic and innovative early career psychiatrists on board. Dr. Harpur has always been such a great cheerleader for Rockyview and supportive of new initiatives and ideas for how to make Rockyview an even better place to work or receive mental health care. I think I can speak for my colleagues in that we feel lucky to call Rockyview home.





Inpatient Programs South Health Campus

Dr. Novin Ihsan

Site Chief South Health Campus

Overview

We had another great year at South Health Campus (SHC). Our team has worked hard to keep up with the capacity pressures and changes in the system. Our Psychiatry staffing has increased overall to accommodate the movement of staff. We work closely with our operations counterparts to implement the changes supported by the Department of Psychiatry.

Our Emergency room under Dr. Oluboka's leadership is well supported by consistent day time Psychiatry coverage and 24/7 nursing presence. Our Inpatient and CL team led by Dr. Kirova is well staffed and we have added a new psychiatrist to our inpatient team this year. Day Hospital has gone through some delivery model and staffing changes, and we boast of a full roster of Psychiatrists needed to deliver care to the patient numbers expected of us. Our Outpatient team has seen

some movement of staff too and we have added two new psychiatrists to this team this year in an attempt to keep up with the capacity needs of the system. Our Urgent Psychiatric Consult Clinic is keeping up with the ebbs and flows of consults.

This year we celebrated Dr. Oluboka's contribution to Inpatient Psychiatry with a going away summer barbecue party for him. We had 120 staff and their families in attendance to show Dr. Oluboka how much his work on inpatients has been valued over the years. We also hosted our SHC Psychiatry Christmas get together last December and enjoyed conversations with peers outside of the work setting. An afternoon tea held for the new Psychiatrists (all females) that joined our team this year was a success too.

Challenges

Challenges this year for us are limited clinician staffing in outpatients which has resulted in outpatient wait times for therapy increase significantly. Our Day Hospital has seen significant staffing changes too. Our operations leadership continues to work on recruitment and retention on these teams. Our other challenge is limitation of clinical office space. Though the Hospital has been generous in giving us two non-clinical physician offices this year, we will not be able to increase clinical work for Psychiatry in the Outpatient setting with the limited clinic office space we have.

Future Plans

Our future plan is to continue what is already going well for us but improve where there is room for improvement. We have an excellent working relationship with our operations teams and we are confident we will work together towards another successful year.



Undergraduate Medical Education

Dr. Huntae Kim

Yet another busy year has passed for the Undergraduate Medical Education team.

All of the medical students at University of Calgary experience 6 weeks of psychiatry in total, 4 weeks of general adult psychiatry and 2 weeks of child and adolescent psychiatry. We continue to be one of the few schools in the country with as much mandatory exposure to child and adolescent psychiatry, providing students with a broader perspective on the specialty as well as equipping many of our future pediatrics colleagues with important skills for their practice.

Clerkship numbers continue to grow, and psychiatry consistently rates at the top of the clerkship rotations despite this increase. We owe much of this to all the preceptors and residents who make the experience not only rich and educational one, but also one where students feel welcomed and appreciated. Thank you, everyone, for your continued support of our future colleagues in training.

This year, we are bidding farewell to Dr. Tim Ayas from his role as a Clerkship Director. He has been a leader and advocate for students

and preceptors alike who has been involved with UME for many years, including as an Evaluation Coordinator since 2012 until he took on the role of Clerkship Director in 2018. He was an inspiration for many and it is with his leadership that the psychiatry rotation continued to flourish. Thank you for all your years of contribution to UME, Dr. Ayas. You will be dearly missed.

As I step into the role of a Clerkship Director, I would also like to acknowledge the core team members, including the site leads and administrative staff who make it possible for us to continue offering such excellent experience to the medical students. Our residents and student reps also play an integral part in this success, and I would like to personally thank them for their support as well.

The current cohort of clerks are the last class of the “legacy curriculum” including Course 7. Dr. Sterling Sparshu and I continue to be involved with the new RIME curriculum, psychiatry topics being covered more in-depth around September-October of second year. Seeing how this change in preclerkship translates to students’ engagement and performance in clerkship will be a major task ahead for us, as will continuing to find ways of engaging and attracting our best students to psychiatry.

Thanks to the support from the department, we are happy to announce that the annual UME retreat will take place this year on November 15, 2024, at the Blackfoot Hotel. It is an annual tradition that has been well attended by a mix of medical students, residents, psychiatrists, as well as administrative staff. RSVP has already begun for this year, and it promises to be a good mix again.



Post Graduate Medical Education

Dr. Rory Sellmer

Program Director

Dr. Monique Jericho

Associate Program Director

Overview

Please join us in celebrating both the **PGY4's and 5's in their success at the Royal College exams!** This was a very unusual year as we had a double cohort of both PGY4 & 5's writing the exams. Hilary Aadland, Jaylynn Arcand, Jacqueline Bobyn, Mark Fraccaro, Rohit Ghate, Harleen Hehar, Liz Merner, Holly Breton, Emily Cooley, Amy Fowler, Raechelle Gibson, Alynna Lirette, Keely Murphy, and Howie Wu all worked incredibly hard this year, please congratulate them! A huge thank you to all the staff who have provided mentorship, teaching, supervision, and exam support to make this all happen. We could not have such a successful residency training without the incredible dedication and passion you all bring.

We're also excited to share news about where our recent grads have started working:

Hilary Aadland will be starting at South Health Campus on July 1st, working on the inpatient unit, providing ECT to patients and working at Day Hospital.

Jaylynn Arcand will be doing in-patients on Unit 21 and 32, ECT, and some of afternoon coverage in CL all at FMC.

Jacqueline Bobyn will be working at the Refugee Clinic, South Health Campus Outpatients and running an IPT group with Rohit Ghate.

Mark Fraccaro will be at the Rockyview Hospital starting on Unit 49 in July doing inpatients and then starting Day Hospital late September 2024.

Rohit Ghate will be doing inpatient work on unit 22 at Foothills, seeing outpatients at Community Extension Team (CET), facilitating an interpersonal therapy group with Jacqueline Bobyn and Rachel Grimminck, and contributing to medical education initiatives.

Harleen Hehar will be joining the team at SHC as a locum and helping out at the FMC in the ER before she sets off on some serious travel.

Elizabeth Merner will be working on Medical Psychiatry Unit and Consultation Liaison at Peter Lougheed Centre.

Emily Cooley and Keely Murphy are moving on to their next adventure – joining the child and adolescent subspecialty training program, please wish them well.

We cannot speak highly enough about how seamlessly Dana Savona has stepped into the program administrator role. We could not do our jobs without her, and she has skillfully taken on the multitude of tasks required to keep our program running. Please keep an eye out for emails from her or calgarypsychiatryresidency@albertahealthservices.ca for opportunities to get involved in education.

The department of Psychiatry really shone at the recent 2024 **PARA/PGME awards**: of note, all physicians are eligible to be nominated for the 2 PARA awards and it's exciting that both went to psychiatrists.

- Iliana Ortega: PARA Wellbeing Award
- Rory Sellmer: PGME Outstanding Commitment to Residency Education Award
- Rita Watterson: PARA Clinical Teaching Award

Speaking of awards, our very own Lucy Miao received the **Best Poster Presentation Prize** for her presentation during the 26th World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions in Brazil. Way to go Lucy! Howie Wu and Emily Cooley both received the **Gold Star Award** in Recognition of Outstanding Teaching in Psychiatry by the medical school Class of 2023.

Another successful virtual CaRMS took place in the spring, thanks to the support of our amazing residents who make this time

consuming and critical process manageable! Once again, we proved to be a competitive and sought after program, fully matching, which is always what we aspire to. For the first time ever, we expanded our program to 9 first year residents; this PGY-1 cohort are dynamic and talented young professionals that will represent our program well, and who are bringing their diverse interests and enthusiasms to the work. We enthusiastically welcome Drs Jusnoor Aujla, Connor De Melo, Ella Forgie, Anna Girard, Chaim Katz, Erica Marr, Anna Sampson, Aliaksandr Savin, and Matthew Tester. This group is the fifth cohort of Competence by Design (CBD) residents.

Challenges

We continually work to be nimble and inventive in adapting to fiscal realities and budget constraints and are grateful to the incredible support from Dr Taylor and the department who help us to deliver our incredibly rich curriculum. We have been working hard to support and integrate the clinical assistant program and value their contributions to the challenges in the ER, which has coincided with the changes to 24/7 nursing coverage approaches we have all been adapting to. The residents are always working to optimize their ability to provide equal coverage across the city, while our role is to ensure they are prepared to work with efficiency and confidence in this complex environment.

Curriculum Highlights

Our curriculum is continuously re-shaped based on the feedback of residents and educators, and by processes and innovations that support our goal of contemporary training excellence. No longer throwing our trainees into the proverbial deep end, PGY-1 residents begin by spending the first 2 months

of training on inpatient and psychiatric ER rotations to ensure they have access to cases and work-based assessments that prepare them for a safe experience on call. In addition, an enriched academic series of acute psychiatry topics and SIMulations have been designed to provide the opportunity for practice and preparation with psychiatric presentations. Dr Eric Chan took over as curriculum chair and Dr. Rita Watterson now leads the SIM program. Dr. Kim Williams has stepped in as the CBD lead.

As a key addition to our R2&3 training, Drs. Montgomery and Sellmer have continued to develop “The Art and Science of the Psychiatric Interview”, this series will establish strong foundational skills and training in clinical interviewing, preparing them as they move towards the consistently highly rated and invaluable exam prep training with Dr. Ursula Hines and Dr. Phil Stokes, lovingly called “finishing school”.

We have been thrilled to host the annual OSCE exam, junior and senior SIMS, as well as the qualifying and practice STACERS in person and are incredibly grateful to the 50+ examiners who provide hundreds of hours of their time to ensure we provide these critical training experiences. This speaks loudly to the incredible dedication of our teaching faculty. We are continuing to evolve our wellbeing curriculum, which involves three conceptually linked and reinforcing approaches: BOUNCE events, the vertical

mentorship program, and opportunities to explore professional identity development.

Research and academic scholarship is a requirement of training that can sometimes feel difficult for residents to engage in. Dr Seitz has developed a series of lectures and interactive events to ensure residents are being connected to research mentors, have the chance to complete research projects earlier in training and leverage these for presentations at conferences. He is supported by a world class team of researchers including Drs. Scott Patten, Alex McGirr, Illiana Ortega, Janet DeGroot and Julia Kirkham.

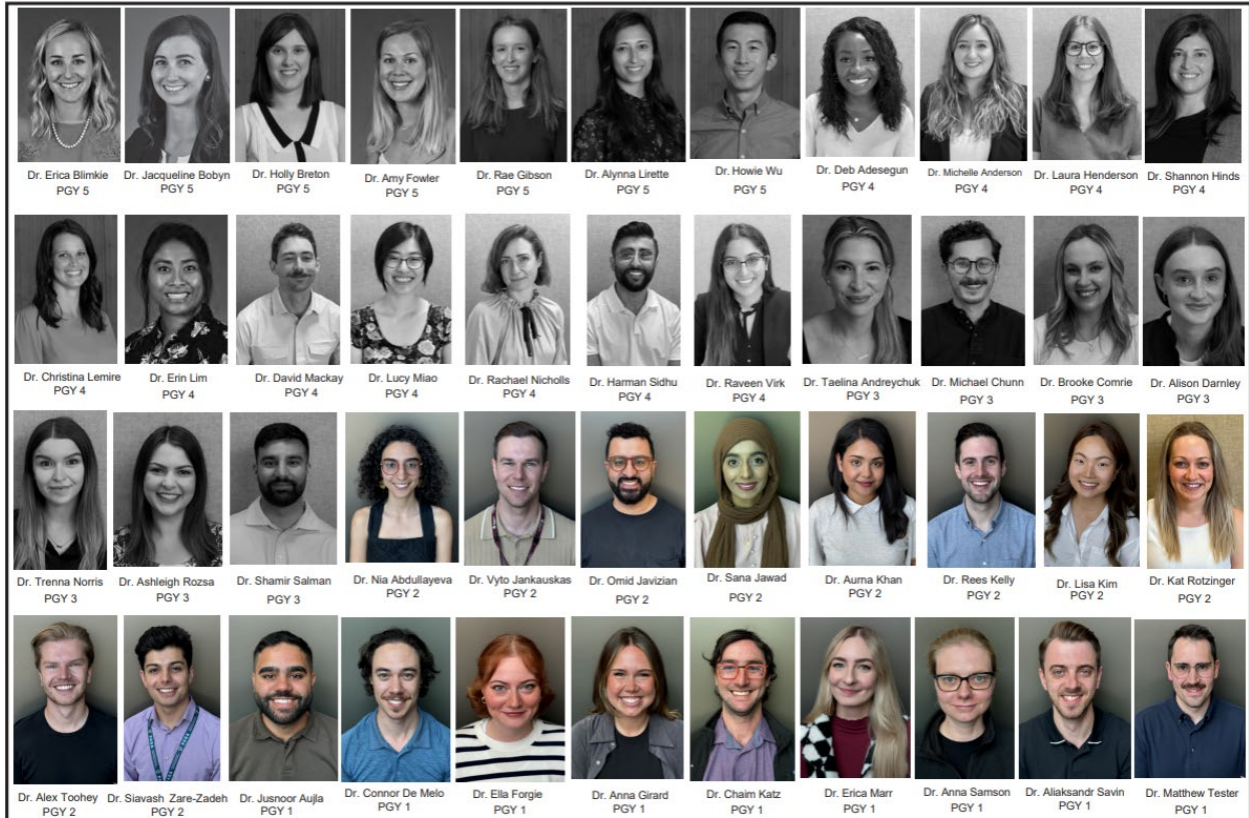
We are proud of the work our cultural psychiatry committee played in developing the 5th Annual Cultural Psychiatry Day focused on the exploration of immigrant and refugee mental health. Residents and local experts worked hard to make the day another success.

Future Plans

We have been approved for an ongoing 9 CaRMS positions and hope to grow the program in a sustainable manner in the coming years to meet the significant societal demand for psychiatry. Our faculty and trainees remain the reason we are a competitive and sought out residency program and we will continue to do our best to foster the next generation of educators to ensure ongoing success.



Department of Psychiatry Residency Program 2024-2025





Child and Adolescent Subspecialty Training Program

Dr. Nneka Orakwue-Ononye
Program Director

Overview

The Child and Adolescent Subspecialty Training Program has had a productive year filled with successes and new hopes. The Program continues to focus on improving the quality of training for our subspecialty residents to ensure the best patient care and family support as they graduate and transition to independent practice.

Highlights

The Program delightfully celebrated Dr Sean Andrea's graduation in June. Dr Andrea was an exceptional resident who joined us last year from McMaster University. In addition to excelling in his training, Sean contributed significantly to program development. Thank you, Sean, and best wishes as you progress in your career as a child psychiatrist. Sean has also recently taken on the role of UME lead for Child and Adolescent Psychiatry since his graduation. Congratulations!



The Program also welcomed our PGY5, Dr. Emily Cooley and Dr. Keeley Murphy. Emily and Keely joined us from the University of Calgary General Psychiatry Training Program, and they look forward to a memorable training experience. Drs Cooley and Murphy successfully completed their Royal College Fellowship exams in their PGY4 year, making them our pioneer trainees for the 2-year full-time CAP subspecialty training without the overlap PGY5 year between the General Psychiatry Program and the Subspecialty Program.

Dr. Jamie Hickey is the only PGY6 trainee and Resident lead. Dr. Jamie remains invaluable to our Program as she mentors and supports her PGY5 colleagues and the Program. She was pivotal in planning an awesome graduation event for Dr Sean Andrea, bringing so much cheer and fun. Thank you, Jamie!

The Program welcomed Dr Sterling Sparshu, the former Program Director, as the new CBD lead. Thank you, Dr Sparshu, for your ongoing interest in and support of the program. Thanks to Dr Krystyna Banas, who stepped down from this role and made significant contributions, especially during the transition to CBD.

Warm congratulations to Dr. Huntae Kim, who has stepped down from the role of UME lead for Child and Adolescent Psychiatry and into his new role as the University of Calgary Clerkship Director.

Many thanks to the ever-supportive Residency Program Committee (RPC), Competence Committee (CC), Preceptors and our very committed Program Administrator Bernice Mina-Buna, without whom the Program wouldn't be where it is today. You are all most appreciated! Thank you, Dr Val Taylor, for your continuous support of the program.

And lastly, thanks to Dr Abdul Rahman who recently stepped down from his role as Section Chief for Inpatient Child and Adolescent Psychiatry. Dr. Rahman always lent a listening ear and acted in the best interest of our trainees while in his role. Best wishes Abdul!

Challenges

As with other national programs, recruitment of trainees into sub-specialty training remains a challenge.

Research / Education

Dr Sean Andrea delivered grand rounds on "An approach to disengaged learners for clinical supervisors" on February 27th. He also presented his projects "Medical Education in Psychiatry: A National Needs Assessment" and "Qualitative Analysis of learner experience in the Psychiatry Emergency Call Setting" at the Alberta Psychiatry Association (APA) Conference in March

Dr Jamie Hickey presented Detangling Obsessive Compulsive Disorder and Autism Spectrum Disorder at the recent CACAP conference in September at Winnipeg with Dr. Iliana Ortega

Dr Jamie Hickey also presented "Shocking and inhumane": Disparities in physical health care for mental health patients" during grand rounds in April and has regularly presented "Forum on Failure" to 5th year trainees for the Student Advocacy and Wellness Hub



Future Plans

The Program continues to focus on Continuous Quality Improvement and Program Development. Measures remain in place to promote interest and recruitment in the University of Calgary Subspecialty Training Program.



Fellowship

Dr. David Crockford

Overview

Fellowships continue to be offered and utilized with 1 neuropsychiatry fellow completing her fellowship training in 2024.

Highlights

1 completed fellow – Dr Megan Howlett – neuropsychiatry June 2024. Four incoming fellows for 2025 (Dr. Sharifi Vandad - Mood Disorders fellowship Jan 1/25, Dr Alain Bateman - Addiction Psychiatry fellowship July 1/25, Dr Grace Andrada - Forensic Psychiatry fellowship July 1/25, and Dr. Khalid Alsultan – Psychosocial Oncology July 1/25).

Challenges

Access to funding for fellowship training remains a challenge, however the department has established funding for current and future fellows.

Education

Education: Dr Howlett was active in teaching and advocacy. Invited presentations include:

Howlett, M. - Autoimmune Encephalitis- A primer for psychiatrists, Department of

Psychiatry Grand Rounds (Oct 17, 2023), Calgary, AB

Howlett, M. - Functional Neurologic Disorders (October 5, 2023) - McMUST-Kolabo partnership lecture series, Mbarara, Uganda

She taught the neuropsychiatry cases/patient presentation at the Cumming School of Medicine with Dr Williams for Course 5 (Neurology) and ran a clinical core group for them. She taught seminars for the psychiatry residents on Epilepsy & Parkinson's Disease, did Anatomy Lab teaching, and the Neuroanatomy Overview.

She taught a functional neurologic disorders lecture in November for the psychiatry PGY2/3 residents. and presented at the Department of Psychiatry Grand Rounds on Autoimmune Encephalitis.

In an international collaboration, she is on the executive of the Kolabo Project leading psychiatry training development in Uganda and Tanzania in partnership with McMaster and universities in Africa teaching psychiatry residents in Uganda on Epilepsy and Parkinson's disease.

An upcoming publication is: Howlett, M., Grimminck, R. (2023). The Human Side of Structural Stigma: A Call to Action to Address the Lack of Equity in Mental Health and Substance Use Care. *BMJ Leader*, in press. She continued leadership roles developing curriculum for vulnerable populations, anti-racism, and transgender care.

Future Plans

The University of Calgary Department of Psychiatry continues to offer a variety of one to two year fellowship opportunities in neuropsychiatry, addiction psychiatry, mood disorders, early psychosis, psychosocial oncology, child and adolescent psychiatry, forensic psychiatry, geriatric psychiatry, and family therapy.

McMaster University

MBARARA UNIVERSITY OF SCIENCE & TECHNOLOGY

COLLABORATION FOR **MENTAL HEALTH EDUCATION**

IN SEPTEMBER 2023, PSYCHIATRISTS AND TRAINEES FROM MCMASTER UNIVERSITY AND THE UNIVERSITY OF CALGARY IN CANADA WILL MEET WITH THEIR COUNTERPARTS AT MBARARA UNIVERSITY OF SCIENCE & TECHNOLOGY (MUST) IN UGANDA ALONGSIDE COLLEAGUES FROM THE CATHOLIC UNIVERSITY OF HEALTH AND ALLIED SCIENCES (CUHAS) IN TANZANIA TO DISCUSS PSYCHIATRIC TRAINING PROGRAMS. THESE TEAMS HAVE A SHARED GOAL OF TRAINING MORE MENTAL HEALTH PROFESSIONALS IN EAST AFRICA AND PROVIDING ADEQUATE MENTAL HEALTH CARE TO ALL.

CATHOLIC UNIVERSITY OF HEALTH AND ALLIED SCIENCES

KOLABO



Continuing Professional Development

Dr. Thomas Raedler

Site-chief, Foothills Medical Centre
Associate Dean, Cumming School of Medicine

Overview

The multi-disciplinary CPD committee of the Department of Psychiatry oversees all CPD-activities through our department and meets on a monthly basis. I would like to thank Drs. Amy Maghera, Blaine Beemer, Cindy Beck, Daniel Kopola Sibley, David Crockford, Iliana Ortega, Inge Smit, Janet DeGroot, Nneka Orakwue-Ononye, Oluyemisi Ajeh and Taelina Andreychuk for volunteering their time, expertise and services to the CPD-Committee of our Department.

A special thank you to Dustin Morris, who has been running all departmental CPD activities since the beginning of January 2023.

Grand Rounds:

We continue to offer weekly multi-disciplinary Grand Rounds on Tuesdays from 1200 – 1300. Grand Rounds remain available via Zoom only and are aimed at a multi-disciplinary audience. In 2024 we are offering a total of 38 Grand Rounds sessions covering a variety of topics relevant to the Department of Psychiatry. Attendance varies between 80 and 200 participants. Speakers include local,

national and international experts with a special focus on presentations by trainees. We also offer Grand Rounds presentations that are dedicated to Black History Month and the National Day for Truth and Reconciliation.

Psychiatry Online Literature Review Course (POLRC):

This online education program is aimed at urban and rural psychiatrists. Past participants included psychiatrists and residents from across Canada. The 2024 Psychiatry Online Literature Review Course (POLRC 2024) ‘Highlights of 2023’ was held from April 2024 until June 2024 and had over 20 participants. We discussed 12 recent top publications from the areas of General Psychiatry, Addiction Medicine, Child & Adolescent Psychiatry, Geriatric Psychiatry and Psychotherapy.

Psychiatric Quarterly Updates (PQU):

Psychiatric Quarterly Updates are 3-hour sessions that are dedicated to a single topic.

On April 24, 2024 we held a Psychiatric Quarterly Updates (PQU) on Transgender

Mental Health, which was attended by over 75 participants.

On September 13, 2024, we are holding a Psychiatric Quarterly Updates (PQU) Mood Day 2024.

We are planning to hold POLRC 2025 from April 2025 until June 2025.

We are looking for suitable topics for PQU presentations in 2025.

Highlights

In the Spring 2024 Grand Rounds Semester we awarded a total of 789 Section 1 CME Credits to a total of 111 participants (31 CME Credits per Grand Rounds presentation).



Challenges

The CPD-Committee needs to cover costs for educational events, including honoraria for external speakers. To offset these costs, we need to charge registration fees for PQU and POLRC. The availability of free CME activities has made it more difficult to draw a sufficient audience for paid events.

Several participants have expressed a desire to resume Grand Rounds sessions and other educational activities in person. At the same time, Zoom has proven to be a very convenient platform for participants and organisers. The CPD-Committee of the Department of Psychiatry decided to continue Grand Rounds via Zoom only until at least June 2025.

Research and/or Education

We offer presentations on current research projects as well as educational initiatives. We always encourage presentations by trainees.

Future Plans

We will continue to offer weekly Grand Rounds via Zoom only at least until June 2025.

Grand Rounds 2024

Date	Name	Presentation
January 9, 2024	Nick Mathew	The Vital Need for Opioid Agonist Therapy in Psychiatric Care
January 16, 2024	Tanya Behm	Living with Schizophrenia: A Personal Perspective Presentation
January 23, 2024	Don Addington	Management standards and service standards in Addictions and Mental health services: An Organizational Case study.
January 30, 2024	Charl Els	Physicians with a Substance Use Disorder
February 6, 2024	Payman Hajiazim	Review of Insomnia and Hypersomnia Treatments
February 13, 2024	Nia Abdullayeva	Competence in Integrating Spirituality into mental health care
February 20, 2024	Seyi Akinola	From Continent to Diaspora: Celebrating Black Resistance
February 27, 2024	Sean Andrea	Education in Medicine
March 5, 2024	Robert Tanguay	Mandated Addiction Treatment
March 12, 2024	Michael Trew	MAID Update
March 19, 2024	Adrianna Giuffre	Transforming Youth Mental Health: Advancements in Neuromodulation Therapies.
March 26, 2024	John McLennan	ADHD: a continuum, NOT a categorial disorder
April 2, 2024	Jamie Hickey	Disparities in Physical Health Care for Patients with Mental Disorders
April 9, 2024	Samra Zafar	Equity and Inclusion in Mental Health
April 16, 2024	Nick Kates	To bed, perchance to sleep – Managing Insomnia in clinical practice
April 23, 2024	Paul Arnold	Mathison Centre Update
April 30, 2024	Araba Chintoh	HARMONY - Healthy Active Recovery in Mental Health & Obesity; Network for Youth
May 7, 2024	Dallas Seitz	Population-Mental Health Research in Alberta: the Hotchkiss Brain Institute Real World Evidence Initiative and Alberta Health Services Provincial Addiction and Mental Health Program
May 14, 2024	Pamela Roach	Redefining Professionalism: socially accountable competencies
May 21, 2024	David Dozois	Strategies to improve clinical outcomes in cognitive therapy for depression.
May 28, 2024	Deborah Prowse	Considering Competence and Consent. Review of the Starson case
June 4, 2024	Monique Jerico	"Eating Disorders Treatment: Challenges and Opportunities"
June 11, 2024	Mark Colijn	The Genetics of Schizophrenia: Should Psychiatrists Care?
June 18, 2024	Martha Ignaszewski	Working With Youth Who Use Substances
June 25, 2024	Monique Jerico	"Wellbeing, Medical Culture, and what works for Psychiatrists?"
September 17, 2024	Jenna Wray, Tracey Pickup	Skills for Safer Living: Suicide intervention ` skills training for young people and their caregivers
September 24, 2024	Juveria Zaheer	Psychiatrists' and residents' experiences coping with suicide loss: A qualitative study



Mental Health Clinical Trials Unit

Dr Thomas Raedler

Site-chief, Foothills Medical Centre
Associate Dean, Cumming School of Medicine

Overview

The Mental Health Clinical Trials Unit (MHCTU) continues to be part of the process of finding new and better pharmacological treatments for psychiatric disorders. We participate in phase II, phase III and phase IV clinical trials. Our current clinical trials cover the areas of schizophrenia and OCD. Participating in a clinical trial offers participants the opportunity to receive treatment with novel pharmaceutical compounds that are not yet commercially available as well as frequent assessments and oversight of care. Many participants experience an improvement in their symptoms while participating in a clinical trial.

Thank you to Jeff Cheng, Natasha Wen, Aunshu Goyal, Fahima Mustanzid and Shaun Taylor as well as all Principal Investigators and Co-Investigators for their services and support over the last year. A special thank goes to all volunteers who participated in our clinical trials over the past years.

Highlights

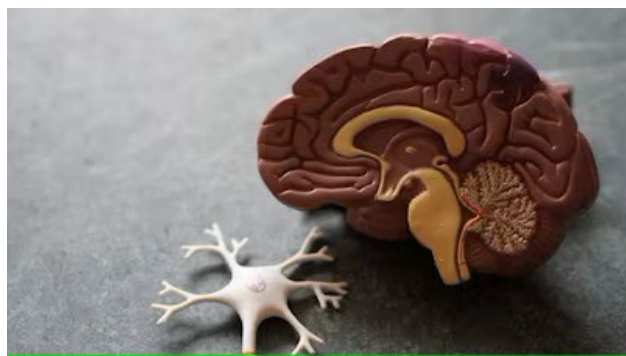
We were able to recruit four patients into the Connex-1 clinical trial ‘Clinical Trial of Iclepertin Effect on Cognition and Functional Capacity in Schizophrenia’ (NCT NCT04846868). Iclepertin (BI 425809) is a glycine transporter inhibitor that is being administered in addition to ongoing antipsychotic treatment. Our last participant completed this clinical trial in August 2024. We were previously part of a phase II clinical trial with the same compound. Recruitment for this clinical trial ended in February 2024 and we were, again, the best recruiting Canadian clinical trial site.

Two subjects enrolled in the Connex-X clinical trial (NCT05211947). This clinical trial is a one-year open-label extension study of Iclepertin in schizophrenia.

Two subjects completed the initial OCD study with adjunctive troriluzole. Two subjects are currently enrolled in the long-term extension OCD with adjunctive troriluzole.

Challenges

Recruitment of suitable participants remains a major challenge, and we continue to rely on support from the community. More recently, we have been having difficulties finding new clinical trials to participate in.



Research

The MHCTU is currently participating in the following clinical trials:

Iclepertin (Sponsor Boehringer-Ingelheim):

Iclepertin (BI 425809) is an orally administered glycine transporter-1 inhibitor. Connex-1 is a phase III clinical trial ‘Clinical Trial of Iclepertin Effect on Cognition and Functional Capacity in Schizophrenia’ (REB22-0898; NCT04846868; PI Dr. T Raedler) that assesses whether add-on treatment with this compound helps to improve cognition in schizophrenia. This clinical trial is now completed.

Connex-X ‘A Study to Test Long-term Safety of Iclepertin in People with Schizophrenia Who Took Part in a Previous CONNEX Study’ (REB23-0645; NCT05211947; PI Dr. T Raedler) is a one-year open-label extension study for subjects who completed Connex-1.

Troriluzole (Sponsor Biohaven Pharmaceuticals):

Troriluzole is a tripeptide prodrug of the glutamate modulating agent riluzole. In two phase III clinical trials the acute effects of adjunctive troiriluzole in Obsessive Compulsive Disorder (REB21-0310; NCT04693351; PI Dr. P Arnold) and the long-term effects of adjunctive troiriluzole in Obsessive Compulsive Disorder (REB21-0841; NCT04708834; PI Dr. P Arnold) are being assessed.

NaBen (Sponsor SyneuRx International):

NaBen (sodium benzoate) is already approved as a food-additive (E211). This compound is being tested in clinical trials as it is thought to improve the function of the NMDA-receptor. We were previously part of a phase II / III clinical trial in Adults with Clozapine-resistant schizophrenia (REB17-1845; NCT03094429; PI Dr. T Raedler). We were asked to participate in a modification of this clinical trial, which may start in late 2024.

Future Plans

We will continue to participate and recruit in the clinical trials mentioned above.

We are always looking for new members to join our research team. We are also interested in learning about new clinical trials.



Mathison Center for Mental Health Research & Education

Dr. Paul Arnold

Director

Overview

The Mathison Centre made remarkable gains in advancing research in mental health over the 2023/2024 academic year. Membership of the Centre grew from 111 members in fall 2023 to 125 members in fall 2024. Members received prestigious awards and funding from a range of sources including philanthropy, external funding agencies and government to advance mental health research. Mathison Centre investigators have also benefited from exciting research initiatives across the university. Some notable developments over the year include the following:

CIHR research funding – over \$12.9m in PI & Co-PI funding

Recruitments – Drs. Adrianna Guiffre and Kay Rittenbach

Planet Youth Calgary – research partnership with United Way Calgary & Area to implement a youth substance use prevention model – first of its kind in Alberta.

One Child Every Child (OCEC) initiative, an audacious \$268-million investment into child health research awarded to U Calgary, with direct benefits for child mental health research.

Integrated Pathway from Addiction to Health (iPath), a comprehensive transdisciplinary research initiative focused on improving the lives of individuals affected by addictions.

Mental Health Initiative for Stress and Trauma (MIST), a research initiative emotional stress and physical trauma impact the brain, and how this affects mental health. MIST also increases public education about stress, brain trauma and emotional health.

Highlights

Mathison Centre expertise in substance misuse is in the limelight thanks to the work of Dr David Hodgins and his colleagues from across Canada. They have been awarded a \$4-million operating grant to further research that's improving addictions practice and policy across the country. Dr Hodgins leads the Canadian Research Initiative in Substance Misuse (CRISM) formed in 2015 with thousands of members across Canada — researchers, service providers, policymakers, and people with lived experience of substance use — who are organized in five regional “nodes:” in B.C., the Prairies, Ontario, Quebec, and Atlantic Canada. Find out more [here](#).

The Canada Foundation for Innovation (CFI) have invested in advanced imaging technology equipment to further research into opioid use disorder. Mathison members Drs Stephanie Borgland and Tuan Trang are studying how opioid use disorder (OUD), a complex mental illness, changes the brain. Using brain imaging equipment funded by the CFI, they will record the activity of hundreds of neurons and single cells in rodent models to help in better understanding how neural circuits change with chronic drug use. Read more [here](#).

The ATTACH (Attachment and Child Health) program developed by member Dr. Nicole Letourneau and her team has received international acclaim after being implemented in Brazil and Denmark. The program, an effective intervention tool for families affected by toxic stress (family violence, parental depression, poverty). has had great success leading to its international adoption. Read more [here](#).

Member Dr. Monty Ghosh has been recognized by the CBC as one of Calgary's Asian Changemakers for 2024 for his work towards revolutionizing addiction medicine with empathy and innovation. Monty spearheaded transformative programs like Calgary's medical respite program and Alberta's first home detox initiative, aimed at providing compassionate care for individuals facing homelessness and substance use challenges. Find out more [here](#).

Funding from Alberta Innovates and UCalgary's UCEED Health Fund has enabled Dr. Chad Bousman to transition an innovative idea from demonstration to commercialization. Dr. Bousman developed Sequence2Script, a new software tool that uses pharmacogenomic (genetic) information to help doctors choose the best prescription for individual patients based on their genes. Additional details can be found [here](#).

Challenges

As the Centre continues to grow in membership, some challenges have emerged along the way.

In 2020, the Centre established the Mathison Centre Research Grant (MRG) to support innovative pilot projects that align with the Centre's priority areas of research. While there has been appreciable interest in the grant, a major limitation is that there is only 1 award of \$50k per year. We continue to explore opportunities with the fundraising team to seek additional funds to be able to support more projects.

The Centre has limited space footprint on the 1st and 4th Floors of the CWPH building on the CSM campus. With new recruitment and expansion of research teams enabled by new grant funding, there has been increasing demand from members for space allocation to

support their research activities. We are actively exploring ways of using our space more efficiently and look forward to future opportunities to find new space as UCalgary expands.

The Centre has had challenges in effectively engaging some members who are located on the UofC's main campus and whose research focus is primarily in the non-medical disciplines. In November 2024, the Centre will hold a research day on main campus to engage with main campus members and highlight their contributions in mental health research.

Grants and Major Funding Awards to Members & Trainees

Members of the Mathison Centre obtained over \$15.4m in research grants over the last year.

External Grants to Members & Trainees of the Mathison Centre

(CIHR awardees only)

Faculty members

David Hodgins, CIHR Networking Grant, \$4,000,000

Gina Dimitropoulos, CIHR IYS Networking Grant, \$1,258,472

Nicole Letourneau, CIHR Project Grant, \$1,147,500

Valerie Taylor, CIHR Project Grant, \$1,018,426

Zelma Kiss, CIHR Project Grant \$986,850

Tuan Trang, CIHR Project Grant \$983,025

Andrea Protzner, CIHR Project Grant \$937,125

Jillian Miller, CIHR Project Grant \$664,020

Zahra Goodarzi, CIHR Project Grant \$539,325

Aravind Ganesh, CIHR Project Grant \$504,900

Kirsten Fiest, CIHR Project Grant \$309,825

Kirsten Fiest, CIHR Catalyst Grant \$196,000

Aravind Ganesh, CIHR Project Grant \$100,000

David Hodgins, CIHR Catalyst Grant, \$99,999

Carly McMorris, CIHR Catalyst Grant, \$99,975

Gina Dimitropoulos, CIHR Catalyst Grant, \$98,000

Catherine Lebel, CIHR Operating Grant \$75,000

Trainees

Marilena DeMayo, CIHR Fellowship \$135,000

Gavin Petrie, CIHR Fellowship \$135,000

Wiley Bevin, Vanier Canada Graduate Scholarships \$150,000

Dylan Guan, Vanier Canada Graduate Scholarships \$150,000

Awards & Recognitions – Faculty

Clarivate list of most highly cited researchers in their fields for 2023

Jean Addington
Tamara Pringsheim
Sheri Madigan

RSC College of New Scholars Bukola Salami

Alberta Science & Technology (ASTech) award Monty Ghosh

Kathryn Birnie have recently received Alberta's science and technology (ASTech) awards in recognition of their leadership and advancements in research. The ASTech Awards recognize and celebrate the brightest minds and the greatest achievements of outstanding individuals and organizations within Alberta's science and technology innovation community. Read more [here](#).

2023 Avenue Magazine Top 40 Under 40 - Dr Aravind Ganesh

Asian Changemaker 2024 - Monty Ghosh

Children's Healthcare Canada: 2024 Emerging Leader Award – Katie Birnie

Publications & Citations

A search conducted by the HBI team in Scopus in September 2024 showed 931 **Citations connected to the Mathison Centre for Mental Health Research & Education**

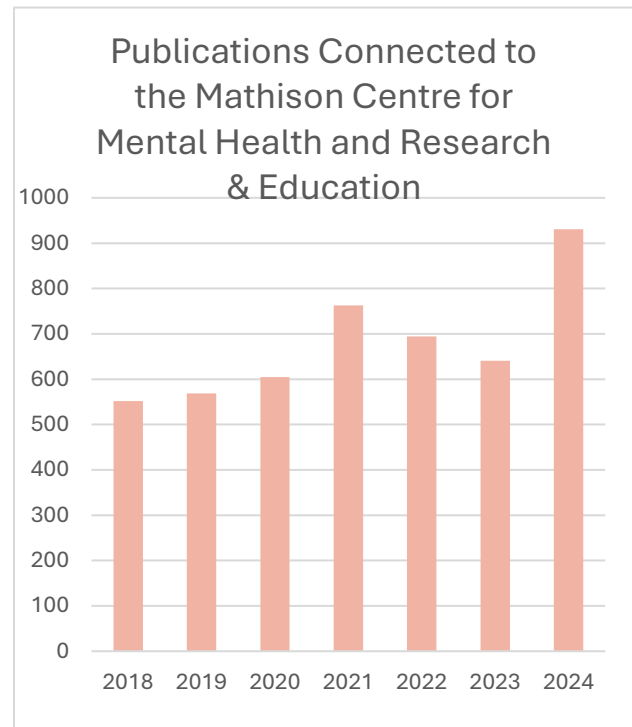
Publications on Web of Science that indicated an affiliation with the Mathison Centre were cited over 93, 209 times over the last 6 years (2018 – 2024).

Future Plans

Current and future strategic initiatives:

The Centre, the HBI & the Department of Psychiatry are to working with community partners including the Sheldon Kennedy Centre of Excellence, the Red Deer College and the Central Alberta Child Advocacy Centre to establish the Alberta Centre for Data Excellence and Discovery. The goal is to establish a data platform that can facilitate

published papers with an identified affiliation to the Centre so far in the year. This is an increase from 641 for October 2023.



connectedness and sharing of data among various government and community agencies to inform better evidence-informed policy, programs, and services and enhance the health and well-being of Albertans.

The Centre will continue to build on the momentum generated with the creation of the Mental Health Initiative for Stress and Trauma (MIST) and the integrated Pathway from Addiction to Health (iPATH) programs. These are ongoing initiatives with the HBI and the mental health community to support the advancement of research into pathways of addictions and how stress and brain trauma lead to long-term consequences for mental health.

Advance the ongoing collaboration between the Mathison Centre and the Community

Mental Health and Well-Being (previously UCalgary Campus Mental Health Strategy) team on the mental health of post-secondary students and emerging adults. The collaborative team was successful in receiving a translational grant from the VPR to convene 2 networking sessions on developing a postsecondary mental health hub at the University of Calgary.

Research and/ or Education

[Carly McMorris](#) and Jennifer Williamson are leading a new research project that addresses the imbalance in supports for autistic university students by studying their mental health experiences. While an increasing number of neurodiverse students, including those on the autism spectrum are attending post-secondary education worldwide, supports for this community have remained inadequate and graduation rates for autistic students have stalled at approximately 30 per cent. Read more [here](#).

Drs. Paul Arnold and Quan Long are part of a team of UCalgary researchers involved in studies to unearth the genetic basis of neurological and psychiatric disorders. The research team developed the image-mediated association study (IMAS) method. The IMAS approach identified image-derived phenotypes (IDPs) that are relevant to four neuropsychiatric disorders - specifically schizophrenia, major depression disorder, bipolar disorder, and autism spectrum disorder. Read more [here](#).

[Dr. Meghan McDonough](#) and graduate student Bobbie-Ann Craig have been studying the links between physical

activity and the mental health benefits of finding community within the fitness sphere. Early findings from their study show that there can be a huge positive impact on mental health and social well-being. Read more [here](#).

A study by Dr. Gina Dimitropoulos and colleagues at the CHEO Research Institute in Ottawa published in the [Deloitte Access Economics report](#) found that due to a lack of surveillance data on eating disorders, not all components of the cost of care, including the cost of standard eating disorder treatment programs such as day hospital programs, and support-based community eating disorder services (which rose by 118 per cent during the first two years of the pandemic) were being accounted for in economic reports. Find out more [here](#).

Dr. Jennifer Jackson's research is providing evidence-based insights to support the The City of Calgary's Mental Health and Addiction Strategy. The research involves using GPS-enabled cameras to understand the spread of needle debris across the city to generate data that can lead to the testing of solutions and interventions to address drug use problems and community safety. Read more [here](#).

Drs Leah Mayo and David Hodgins and their team begun conducting the largest single-site clinical trial of its kind in Canada to determine whether psilocybin combined with motivational enhancement therapy is a clinically feasible treatment for alcohol use disorder. The study will recruit 128 people diagnosed with AUD. Find out more [here](#).

The [UCalgary Recovery Community \(UCRC\)](#) initiative at the University of Calgary is an [evidence-based](#) recovery program founded by Dr. Victoria Burns to support all pathways of recovery, build community and reduce addiction-recovery stigma on campus. The inclusive program will ensure that members of the university community do not have to abandon education and employment because of addiction or recovery. Read more [here](#).

A study by Dr. Melanie Noel and colleagues found that most media on Netflix showed pain arising from violence and injuries, and not other kinds of pain that teens also experience in real life such as in medical procedures and chronic pain. In addition, most of the media showed boys and white people experiencing pain; there was a lack of pain represented in girls, gender diverse people, and people with racialized identities. Find out more [here](#).

Dr. Dallas Seitz and his colleagues have found that among the homeless population, 1 in 10 have a serious

mental illness. Also, while psychotic disorders affect one per cent of the general population, that number is eight times higher for those who experience homelessness." Read more [here](#).

Dr Kara Murias and colleagues are exploring the possibility of using transcranial magnetic stimulation to reduce the reliance on drugs in treating youth attention deficit hyperactivity disorder (ADHD). Read more [here](#).

The Mathison Centre for Mental Health Research & Education and the Centre for Wellbeing in Education at the Werklund School of Education are conducting a comprehensive review of research focusing on the crucial skills, knowledge, and competencies student services staff require to nurture adolescent mental health. The team are partnering with the Calgary Board of Education and Converge Mental Health Coalition to build capacity of student services staff through a learning series. Find out more [here](#).



Departmental Wellness

Dr. Monique Jericho
Director of Community Culture
Dr. Jennifer Hibbard
Departmental Wellness Lead

Overview

2024 has been focused on outreach, connection and strategic development.

With formal positions for both a Departmental Wellness Lead (Dr Jennifer Hibbard) and the Director of Community Culture and Belonging (Dr Monique Jericho) now established, we have been shifting towards engaging with the broader Wellness community and with our department members in a more fulsome way, with a view to bringing more rigor to our process and approach in 2025.

Dr Hibbard has been connecting with representatives from the PFSP, AHS, as well as with Wellbeing champions from across the city and province, building a network and an understanding of existing resources and approaches. Dr Jericho has continued to

represent the department at the PESJO council and participated in the International Congress for Academic Medicine national meeting on the Okanagan Charter. The involvement in in these broader initiatives ensures that our department is kept abreast of emerging opportunities in the areas of EDIA and Wellbeing while contributing a psychiatric perspective. More locally, Dr Jericho took the show on the road, and met with site leads across the city along with multiple outpatient leaders, to hear from them regarding the wellbeing challenges of their physicians and teams. These meetings have highlighted the variety of experiences and challenges faced by our physicians across the city.



In keeping with the goals of added rigor and strategic development, over the fall of 2024 both Dr's Jennifer Hibbard and Dr Monique Jericho are participating in the Stanford Physician Wellbeing Director's Course. This

course offers the most up-to-date research and proven approaches to the design and establishment of wellbeing strategies and interventions for medical teams. Already proving itself to be worthwhile, we will be bringing this knowledge forward as we work towards our first Wellness Retreat for Leadership, happening in October of 2024.



The Wellness In Psychiatry (WIP) committee has refined its mandate as our departmental resources have evolved. For 2024/25, the committee intends to focus on promoting two Wellbeing events annually, with the goal of supporting our community and enhancing belonging and support. The Holiday Fundraiser will return this year, with the goals of making it easier to donate and blowing last year's impressive total of 12 000 dollars out of the water! As mentorship and support of the upcoming generation is part of the spirit of this event and aligned with the goals of the committee, WIP will be sponsoring the resident Holiday Rounds once again. Watch for details around all these upcoming events!

Looking ahead, our biggest challenges are engagement and the development of effective strategies for support and change. The same forces that lead to physician burnout can preclude involvement in strategies for improvement; and we need to hear from and support those who might be having the greatest difficulty. We know that our physicians are stressed, have full schedules, and have been faced with a great deal of uncertainty this year, especially as Recovery Alberta was launched and continues to unfold. We remain committed to our fantastic community of psychiatrists, and to creating strategies that will support all our membership, combined with tools that can measure outcomes and point us in the right direction towards greater wellbeing.

Looking forward to the year ahead, and as always, a great thanks to all of you for your important work and commitment to patient care and leadership!





Department of Psychiatry Research

Dr. Scott Patten

Overview

During the past, I was involved in a combination of activities. These included epidemiologic teaching (MDCH740) and research, as well as clinical care and service roles.

Highlights

One of the PhD students, Dr. Asmita Bhattarai was awarded the 2023 Chancellor's Medal for her dissertation work.

I was recognized by the Canadian Psychiatric Association as a Distinguished Fellow.

Challenges

I have been exploring dimensional approaches to diagnosis of mood disorders – which is a difficult problem and most existing data sources have weaknesses.

Research and Education

I taught MDCH740 (Advanced Epidemiology) – most recently in the Winter term 2024.

I collaborate on multiple projects (see below).

Grants and Publications

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Future Plans

I am currently on a Research & Scholarship leave to June 30, 2024, which will allow me to complete a long-term project on simulation of major depression epidemiology, integrating dimensional and categorical concepts.

Hospital Service Locations:

Alberta Children's Hospital
28 Oki Drive NW
Calgary AB T3B 6A9

Foothills Medical Centre
1403-29 Street NW
Calgary AB T2N 2T9

Peter Lougheed Hospital
3500 26 Avenue NE
Calgary AB T1Y 6J4

Rockyview General Hospital
7007 14 Street SW
Calgary AB T2V 1P9

South Health Campus
400 Front Street SE
Calgary AB T3M 1M4

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