

Enhancing Patient Care and Promoting Innovation



DEPARTMENT OF PSYCHIATRY | ANNUAL REPORT | 2016

Hospital Service Locations

Alberta Children's Hospital

2888 Shaganappi Trail NW, Calgary, Alberta T3B6A8

Foothills Medical Centre

1403 29 Street NW, Calgary Alberta T2N2T9

Peter Lougheed Centre

3500 26 Ave NE, Calgary Alberta T1Y6J4

Rockyview General Hospital

7007 14 street SW, Calgary, Alberta T2V1P9

South Health Campus

4448 Front Street SE, Calgary Alberta T3M1M4

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THE MATHISON CENTRE
for MENTAL HEALTH RESEARCH & EDUCATION



**Alberta Health
Services**



UNIVERSITY OF CALGARY
CUMMING SCHOOL OF MEDICINE
Department of Psychiatry

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Message from

Dr. Beverly Adams

Head of the Department of Psychiatry Alberta Health Services and the University of Calgary



The Department of Psychiatry is committed to enhancing patient care, training the next generation of clinicians, generating new knowledge to advance our understanding of psychiatric illnesses and disseminating knowledge into clinical practice.

We are making significant gains. Despite ongoing capacity challenges, our dedicated team of 199 psychiatrists, nurses and support staff is delivering excellent care through Calgary's four adult acute-care sites, the Alberta Children's Hospital, the Southern Alberta Forensic Psychiatry Centre and the Claresholm Centre for Mental Health & Addictions.

With mental health clinics in all quadrants of the city, a large mental health program at the Sheldon M. Chumir Health Centre and psychiatrists who travel as far as Banff and Drumheller, we are working with communities to improve mental health. We provide psychiatric consultation services to a range of other facilities, such as Aventa (for women with addictions) and Wood's Homes (for children with mental illness). In addition, we are improving access to treatment and flow of patients by reorganizing current community clinics and developing new clinics in conjunction with Primary Care Networks.

We remain optimistic about the implementation of the Mental Health Review recommendations, Dr. David Swann presented at Grand Rounds in the Department of Psychiatry to review the progress to date.

Community Treatment Orders are a tremendous success in patient care. There are 384 in the Calgary Zone, which is an increase from 219 last year. 85% of patients on a CTO were not hospitalized within one year past CTO.

The Choosing Wisely Initiative includes recommendations for the use of antipsychotics, benzodiazepines and antidepressants. The initial work done on antipsychotics recommends that atypical antipsychotics should not be used as a first-line intervention for insomnia in children and youth. They should also not be used routinely to treat primary insomnia in any age group.

We have been working collaboratively with the SCN to bring in rTMS for the treatment of depression. It is an exciting opportunity for integrated care and collaboration with the Non-Invasive Neurostimulation Network (N3) which is a part of the Hotchkiss Brain Institute. The Mood Program has launched as our first Brain and Mental Health Research Clinic using the REDCap database. The early Psychosis Intervention Program and Dr. Paul Arnold's OCD Clinic at ACH are also beginning this process.

Another exciting Mathison collaboration is with the Sheldon Kennedy Advocacy Centre and Warren Binford (Fulbright Palix Scholar) where a cohort of children who

have suffered severe trauma will be followed and studied prospectively over a two year period. This project is also supported by the HBI and the Palix Foundation.

The Community Adolescent Mental Health Centre is moving ahead with an exciting opportunity for the integrated care of our youth. Clinical services include intensive day treatment services, a day hospital and a walk-in clinic. Clinical research will be an important focus for the centre as well as the unique opportunity for our learners. Thank-you to the Alberta Children's Hospital Foundation and AHS for supporting this incredible community project.

Congratulations to Dr. JianLi Wang and his team who received CIHR Funding for the successful project grant on "The impact of disclosing personalized depression risk information on high-risk individual's outcomes." Dr. Scott Patten received the O'Brien Institute Research Excellence Award recognizing his dedication to exceptional research in the epidemiology of depression.

Under the leadership of, Dr. Paul Arnold, the Mathison Centre for Mental Health Research and Education (Mathison Centre) is helping the department become more research intensive by bringing together mental health researchers, co-ordinating conferences and events to share research findings and providing funding support for seed grants and graduate students. It also provides

the department the opportunity to focus on child and youth mental health and liaise with the Canadian Mental Health Association, the Calgary Police Service and other community partners.

The 2016 search confirms that the Department of Psychiatry's research productivity continues to increase rapidly. The 2015 Annual Report projected that 2015 would be the most productive year in the history of the Department. The current search confirms this, identifying 175 publications in 2015. As of the search date (November 18, 2016) 156 publications from 2016 were identified, strongly suggesting that 2016 will surpass 2015 as the most productive year for the Department.

We continue to collaborate with the Hotchkiss Brain Institute (HBI) and the Alberta Children's Hospital Research Institute. Through Mathison Centre funding made possible by the HBI, our researchers have access to pilot funding, which should translate into heightened success at national and international funding competitions. With excellent recruits, increased research funding and a continual search for innovative solutions to capacity issues, the Department of Psychiatry is poised to serve Calgary and the broader community in the coming years.



*Dr. Beverly Adams
Department Head, Psychiatry
Alberta Health Services and
University of Calgary*

Child and Adolescent & Addiction Mental Health Psychiatry Program Outpatient & Specialized Services

The section of CAAMHPP Community Outpatients and Specialized Services has been very busy and responsive to the mental health needs of children and youth in Calgary. In particular there has been a reorientation within our leadership and services to include the perspective of adverse child experiences (ACE) at multiple levels including data collection, clinical and organizational implantation. So as a result of this, since September 1, 2016 all clients and families seen within CAAMHPP will be asked about Adverse Childhood Experiences and their score will be centrally recorded in an electronic database. As of July 1, 2016 over 1,500 ACE questionnaires were completed by 'early adopting' CAAMHPP programs. Of the ACE scores entered into RAIS, 40% had an ACE score of 4 or higher. The ACE scores in CAAMHPP range from the minimum score of 0 to the highest score of 10, meaning that some CAAMHPP clients have experienced all 10 forms of abuse, neglect and household dysfunction. The data also revealed that 40% of clients whose ACE score was collected had an ACE score of 4 or more. Research has shown that compared to people with zero ACEs, those with 4 or more ACEs are 12 times more likely to have attempted suicide, 4.6 times more likely to be depressed, 7 times more likely to be an alcoholic, 10 times more likely to have injected street drugs, 3.9 times more likely to have chronic obstructive pulmonary disease and 2.4 times greater risk to have hepatitis - www.thepermanentejournal.org/files/PDF/Winter2002.pdf.

The ACE Research and Evaluation Working Group has submitted many abstracts and have been accepted to several different local and international conferences to share the preliminary ACEs data and lessons learned during the implementation to date. These conferences include: 21st International Society for Prevention of Child Abuse and Neglect (ISPCAN), Sebastian K. Littmann Research Day, 22nd International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP), 2016 Canadian Association of Pediatric Health Centres (CAPHC) and the 2016 Conference on Adverse Childhood Experiences: Awareness To Action.

New developments also include the expansion and redesign of Transitional Youth Services (TYS), as demand for services continues to be very high resulting in an 8 month waitlist, so a new service stream has been developed for clients in September, 2016. Stream 1 will be a group called the "Fundamentals of Change" for those clients who appear to be pre-contemplative. Stream 2 is an active treatment phase. Clients will receive either a DBT group, or a psychotherapy group, or individual therapy. Stream 3 will be a maintenance phase in anticipation of discharge or referral to another service provider.

There has been the addition of a new adult psychiatrist. Dr. Kent Sargeant is joining the team in October, 2016. YYS has made steps in integrating research and clinical activities. There is a grant for research in partnership with Dr. Gina Dimitropoulos from the Faculty of Social Work at the U of C and there was a presentation at IACAPAP.

Other capacity building educational achievements include the Community Education Service (CES) which has begun to offer educational sessions to the public via webinars. This allows participants to join the session from their home or mobile devices. Dr. Wilkes and Catherine Lochhead, Psychologist for SHC, will be presenting in November on Collaborative Problem Solving (CPS). The MORE Program for schools also now receives annualised funding.

There are some important clinical shortages occurring at The Metta Clinic for transgendered youth now has a 2 year wait list and more resources are needed. Similarly Network Liaisons routinely struggle in meeting requests for services for children and youth on the ASD spectrum. Volume of work is also high in the Complex Kids Services for CFS patients, but the team has developed a more integrated approach with the inclusion of two CFS staff members and Dr. Tyler Pirlot is doing more direct consultations. There has also been a provincial roll out with CFS of the neurosequential model of treatment (NMT) and Dr. Wilkes has been involved in some of these introductory sessions in Lethbridge and Medicine Hat.

New developments with specialized services at RRDTC include the Parent Consultation Clinic who presented on parental mental health at the 5th International Conference on Families and Children with Parental Mental Health Challenges in Switzerland, at the 2nd International Neurosequential Model Symposium in Banff as well as the 2016 IACAPAP Congress. The Neuropsychiatry Service also presented on Medical Trauma and Mental Health at the 2nd International Neurosequential Model Symposium in Banff and presented on Post Concussion at IACAPAP 2016. There has been the addition of the Child & Adolescent Psychiatry Telephone Consultation Service for Pediatricians led by Dr. A. Rahman. There is also a Child & Adolescent Psychiatry Assessment Service with Dr. A. Venumbaka and Dr. N. Gudeon. There have been some Smart But Scattered Parent Groups: 4 modules Organization/Homework Completion, Emotional Regulation/Behavioural Management: Working Memory, Sensory Strategies - offered on an ongoing basis in the evening at RRDTC. Additionally there has been the opening of a sensory room funded by ACHRI.

Other collaborations include participating in the NDD pilot in partnership with CDC, ACH Paediatrics and ACH Neurology and working with the U of C Faculty of Social work to develop an MSW clinical specialty in Child and Adolescent Mental Health as well as a Clinical Certificate Program.

The Youth Community Support Program (YSCP) at Wood's Homes has been incredibly successful as the data shows with the number of emergency visits by clients were cut in half, the number of inpatient admissions reduced by two thirds. The number of days in inpatient beds was reduced (1463 days 6 months prior to admission, 120 days during admission). Referral sources have a fairly good understanding of the program criteria and are sending appropriate referrals, but the problem is that the number of referrals is exceeding the number of available beds. Progress is limited for those families who are less engaged, but the team continues to have discussions regarding how to increase engagement with the families. Again there was an opportunity to present at IACAPAP 2016.

Collaborative mental health Care/Early Childhood Mental Health Outreach presented ACE's implementation process at the Littmann Research Symposium & IACAPAP 2016. There has also been an opportunity to provide zone and province wide training to other AHS Mental Health Programs in the area of prenatal, infant and early childhood mental health (Calgary Zone Rural MH Services, Stollery Children's Hospital). This is in alignment with the perinatal mental health team which includes a program clinician involved in two federal task forces to develop the Entry to Practice Competencies for Public Health and Mental Health Nurse Nursing. This also involves the federal initiative by the Canadian Association of Schools of Nursing (CASN). These competency recommendations are for all schools of nursing in Canada. Within the mental health nursing competencies, specific mention is made of child maltreatment conferring risk on children and internalizing and externalizing problems are included.

The Child and Adolescent Shared Mental Health Care/Primary Care Network Intervention Team (CASMHC) has moved to ECHC to be co-located with PCN IT to ensure better continuity of care in the community. The Community Clinics have developed and implemented "Dyad" appointments to facilitate discharge of young people from inpatient units. These appointments are conducted jointly by psychiatry and the Urgent Community Services therapists where early involvement of such a team will facilitate hospital discharge.

The Quality Improvement Team has also been working on the redesign of our service delivery model to improve both access to care and treatment. There has also been voluntary deployment of several staff to Fort McMurray. This also highlights our shortage of Psychiatry at the Northwest Clinic since the loss of 3 consulting psychiatrists this year. There is limited clinical staff to meet the access targets, but new positions as of January, 2017 should help to alleviate this situation. But limited space continues to be an issue.

Youth Addictions has presented at IACAPAP 2016 and has been able to gain 3 beds at the PChAD program at Hull Services Mobile Service and has a team working with the Calgary Police Service YARD Team. There is also a new/updated Gaming presentation for the public and professionals. There has been an alignment of YAS clinical documentation, processes and direction with CAAMHPP and AHS including ACE's implementation across all programs. Some of the highlights include the redevelopment of Parent Programming with a number of Family Centred Care activities including surveys of parents in a number of programs. Also partnership with CFS continues with the PSECA contract at Hull Services extended another three years. There is a nurse practitioner for intensive treatment programs. Some outstanding problems include lack of psychiatry for the unit, programming space limitations, continued lack of profile in the community since the integration into AHS and the loss of the AADAC branding, service and program information are difficult to access and locate on the AHS corporate website and finally the accessing data and health records with multiple electronic systems.

School Based Mental Health continues to build strong partnerships with Calgary and area school boards and do excellent work as outlined below.

- "CONeX-Your Mental Health Navigation & Support Team"
 - 14 month pilot project serving children and families with complex needs in Calgary & Area RCSD, Bow River RCSD and Central East RCSD
 - Offering clinical support, case management, and system navigation alongside existing treatment teams
 - Developmental evaluation process attached to assist in guiding the work and direction.
 - Partnership with Health, Education and Human Services

- Ongoing promotion of Mental Health Literacy Project
 - Presenting at IACAPAP Conference
- Renegotiated relationship with CBE to allow for direct consultation model
- New and emerging relationship with Tsuut'ina First Nations Community through partnership with RCSD

Some of the key highlights include the following:

- School Based Mental Health had 581 total cases in 2015-16 school year
 - Therapists engaged in over 3200 unregistered consultations
 - Early adopters of collecting ACEs information of clients
 - Increased psychiatric consultations with the additional support of Dr Venumbaka
 - SBMH therapists continue to be a key conduit to other CAAMHPP programs and services
 - SBMH therapists continue to build capacity in schools and with teachers to support the ongoing mental health of all children in their classrooms
- 91 children were referred to the Mental Health Therapist working out of Sheldon Kennedy Child Advocacy Centre between January and June 2016, of those 44 met criteria and received specialized assessment and/or treatment
 - In 95% of those cases consultation to other professionals was also provided strong partnerships with the Calgary and Area School Boards.

“The Quality Improvement Team has also been working on the redesign of our service delivery model to improve both access to care and treatment. “

The Key Challenges Facing Outpatient and Community CAAMHPP Include:

- Mental Health Therapist at Sheldon Kennedy Child Advocacy Centre is a grant funded position and only has one year of funding left for it, concerns that the demand already exceeds capacity – how can we ensure ongoing support to this vulnerable population?
- Each year the number of cases registered with School Based Mental Health increase significantly without reciprocal increases in funding
- Ongoing challenges with availability of current technology to support the therapists in the program
- No Clinical Supervisor role for the team, which supports children and adolescents with increasingly complex mental health issues
- Challenges bridging relationship with adult mental health programs, a significant number of the children and adolescents served have one or more parents/caregivers who are also struggling with mental health issues

CAAMHPP Community and Specialized Services Areas of Significant Need:

- Additional Psychiatry support at NW Community Clinic
- Annualized funding for Family Counsellor position(s) at Sheldon Kennedy Child Advocacy Centre
- Annualized funding for a Clinical Supervisor position for School Based Mental Health
- Additional annualized funding for Gender Services
- Additional annualized funding for Emerging Adults Service
- Annualized funding for one additional Family Counsellor for the Transition Mental Health Classrooms

Dr. Christopher Wilkes, Section Chief
Child and Adolescent Psychiatry Outpatient
Specialized Services

Mental Health Services (Data Source: RAIS)	Number of Referrals	Number of Enrolments	Number of Discharges
CAAMHP Community Clinic-East	479	375	416
CAAMHP Community Clinic-North West	581	409	524
CAAMHP Community Clinic-South	603	474	565
CASMHC-PCN Intervention Team	135	112	135
School Liaison Worker	285	285	
CMHC	402	352	392
CMHC-Therapeutic Access	11	11	10
Community Action Team	81	77	102
Complex Kids	235	216	280
Early Childhood MH Outreach-Home Visitation	268	169	289
Early Childhood MH Outreach-Parent Group	42	42	43
Early Childhood MH Outreach-Preschool	24	15	8
MASST and YARD	79	75	67
Neuropsychiatry Service*	70	71	59
PBDC	68	62	67
Perinatal Mental Health	278	87	230
Specialized Services*	446	394	548
RRDTC-Psychiatry Only	110	107	10
School Based Mental Health	516	440	370
Shared Mental Health Care	305	309	314
Transitional Youth Service	307	175	223
Transitions Classrooms	22	21	24
Urgent Community Services	23	19	13
Youth Community Support Program-Community	31	18	17
Youth Community Support Program-Treatment Bed	26	12	19

***Neuropsychiatry Service** combines data for the Neuropsychiatry Service and Post Concussion Mental Health

***Specialized Services** combines data for the ADHD Clinic, Autism+, Community Assessment and Consultation Service, Mood, Anxiety and Psychosis Service, Parent Consultation Clinic.

Child and Adolescent Psychiatry

Inpatient, Day Treatment Programs, Eating Disorders

Consultation Liaison/Psychiatry Ambulatory Clinic Reports

Year 2016 has continued to see growth in many different areas with Child Psychiatry. The department has recruited several new Child & Adolescent Psychiatrists, started new initiatives, launched new research activities and consolidated the previously established programs. The section of Child and Adolescent Psychiatry held its 3rd Annual Retreat in Calgary this year on February 18. This year's retreat took place Hotel Alma in the Senate Room. The retreat was attended by 25 Child and Adolescent Psychiatrists and Dr. Bev Adams, the Department Head.

There are 4 new physicians starting with Child and Adolescent Psychiatry services at Foothills Medical Centre, South Health Campus and Alberta Children's Hospital.

The department is happy to see Drs. Ben Grintuch, Sylvia Mousa and Yuserly Rosas joining Unit 23, Unit 56A and Mental Health Patient Care Unit respectively.

Dr. Grintuch completed his residency training in Calgary and Dr. Rosas completed her fellowship with Dr. Waheed also in Calgary.

The Department of Psychiatry is also fortunate to have acquired the services of Dr. Paul Arnold, a renowned researcher in genetics of mental health disorders. Dr. Arnold has taken the charge as Director of Mathison Centre and will also be involved in doing OCD research based at Alberta Children's Hospital.



NEWS

Child and Adolescent Mental Health Centre

We are continuing to make progress on the Child and Adolescent Mental Health Centre. If built, this center will house Clinical, teaching and research activities and will partner closely with Mathison Centre and Hotchkiss Brain Institute as well as Cumming School of Medicine, University of Calgary. This center will have multiple clinical services including Walk in, Day Hospital and Intensive Outpatient and it is hoped that this will fill the gaps in many service areas.

Partnership with Community Partners: Community Psychiatric Unit at Woods Home

After successfully completing the six-month pilot project at Wood's Homes, we have launched our much-awaited Community Psychiatry Unit at Woods Home. Dr. Abaya Venumbaka has provided the services in 2016 and we are hoping to add other psychiatrists to the services next year.

Collaborative Problem Solving Training Comes to Calgary

Earlier this year, the department also arranged for tier 2 training program in Collaborative Problem Solving, a world renowned program to train our staff to apply different and more affective approaches to children with behavioral issues. The focus will be to reduce the incidence of severe behaviors, to develop self-regulatory skills of these children, reduce intensive 1-1 interventions and to reduce staff burn out.

New Research Initiatives

Within Alberta Children Hospital, new research initiatives have been started in Eating Disorders involving Eating Disorder Program and University of Calgary and well as in Obsessive Compulsive Disorders involving Department of Psychiatry and Mathison Centre. Partnership in research covering area of Autism, ADHD and Epilepsy has started in collaboration with the department of Neurology at Alberta Children Hospital. This research has been initiated by Neurology where partnership has been provided by Neurodevelopmental Psychiatry teams at Richmond Road Diagnostic and Treatment Centre. Consultation Liaison Clinic is working with Pediatrics to create a service for Somatization Disorders where research will be embedded within clinical work.

Adolescent and Children's Day Treatment Programs, CAAMHPP Emergency Services, Eating Disorder and Consultation Liaison Services

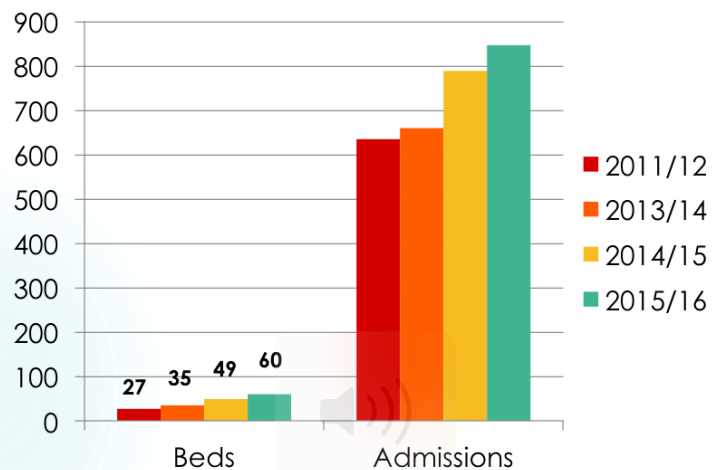
Both our Day Programs have been phenomenon in providing services to accommodate patient flow through our systems while keeping their waiting lists under their control. Eating Disorder program went through a review and this review generated several commendations for their good professional work. Consultation Liaison Clinic and Psychiatry Ambulatory Clinics, both located at Alberta Children's Hospital have been able to provide exemplary services while addressing the needs to patients who need care at a very short notice.

CAAMHP (Child and Adolescent Addictions and Mental Health/Psychiatry Program) Emergency Services has been in the "eye of the storm" in recent years. The team provided exceptional care in face of many challenges.

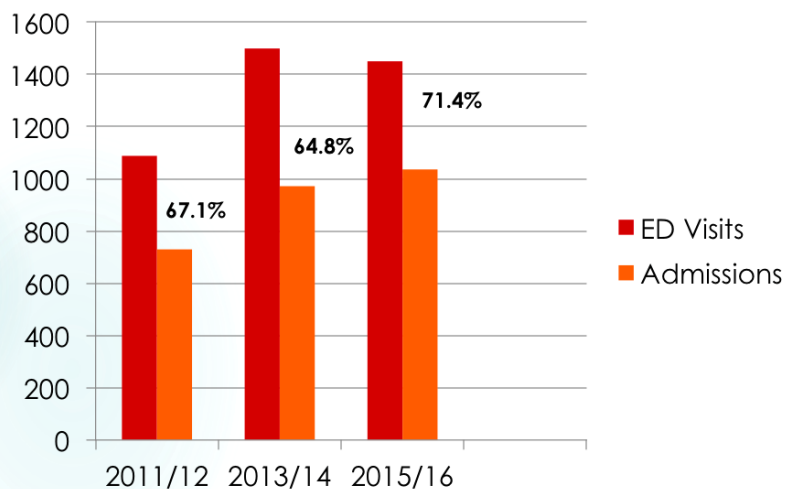
Inpatient Capacity

Emergency Department Inpatient services continue to see upwards trends both for admissions and for number of patients showing up in emergency department. Below are some numbers for the past years.

Capacity and Admissions Trends



ED Visits and Admissions



Number of Admissions Over Past Year

The tables below show the number of admissions to any hospital psychiatry unit over the previous year for unique individuals discharged from ACH MHPCU, FMC Units 23, 26 and SHC Unit 56A within the 3Q or 4Q 2015-6.

MHPCU – Number of Admissions Over Past Year		
Number of Admissions	Number of Individuals	Percentage of Individuals
1	75	79.8%
2	18	19.1%
3	1	1.1%
4 or more	0	0.0%
Total	94	100.0%

FMC 23 – Number of Admissions Over Past Year		
Number of Admissions	Number of Individuals	Percentage of Individuals
1	87	73.1%
2	20	16.8%
3	9	7.6%
4 or more	3	2.5%
Total	119	100.0%

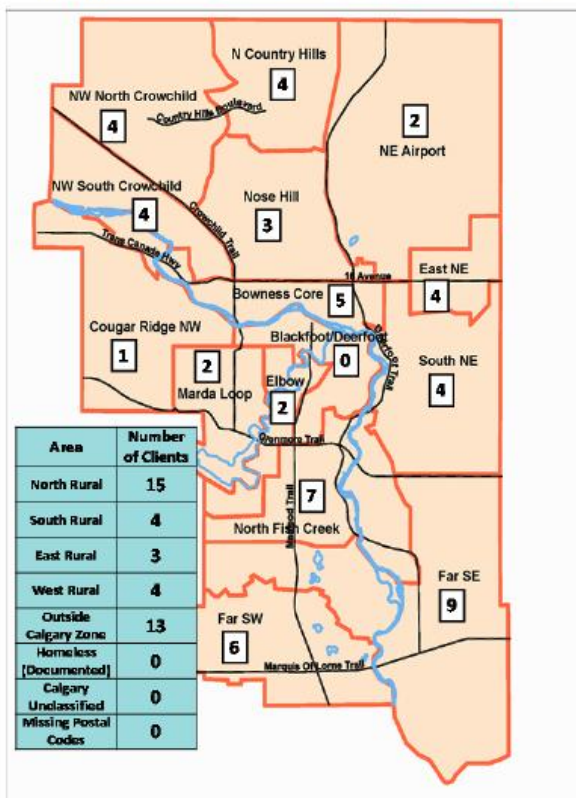
FMC 26 – Number of Admissions Over Past Year		
Number of Admissions	Number of Individuals	Percentage of Individuals
1	70	76.1%
2	13	14.1%
3	8	8.7%
4 or more	1	1.1%
Total	92	100.0%

SHC 56A – Number of Admissions Over Past Year		
Number of Admissions	Number of Individuals	Percentage of Individuals
1	81	68.6%
2	31	26.3%
3	4	3.4%
4 or more	2	1.7%
Total	118	100.0%

It is interesting to note that although our two out of three hospitals are located in north and only one in south with small number of beds, all three hospital continue to receive more patients from north of the city.

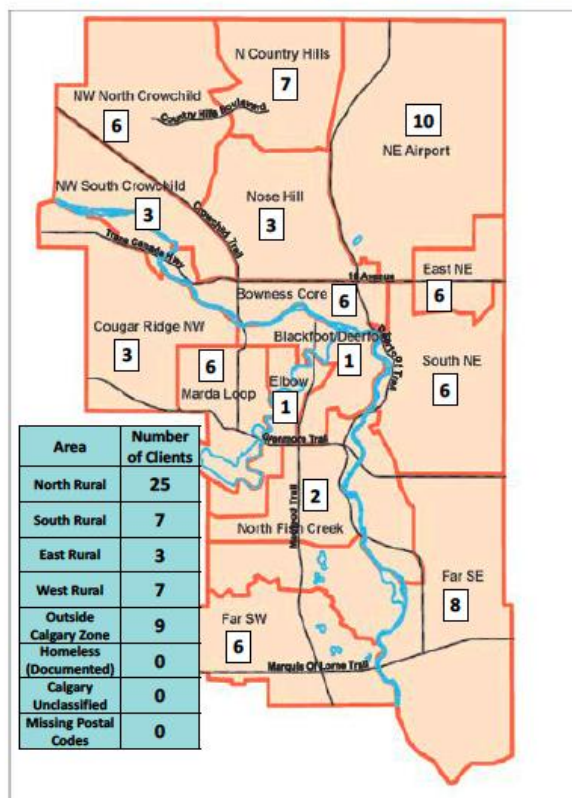
MHPCU - Place of Residence

(Number of clients in boxes) Total=96



FMC 23 - Place of Residence

(Number of clients in boxes) Total= 125



Future Recruitments

We are in the process of recruiting more child and adolescent psychiatrists. We are hoping to attract four more Child and Adolescent Psychiatrists in 2017, which should significantly enhance our ability to provide outpatient, day treatment and inpatient services.

Dr. Abdul Rahman, Section Chief
Child and Adolescent Inpatient, Day treatment,
Eating Disorder, Consultation Liaison, CAAMHPP
Emergency Services

“Both programs have been phenomenon in providing services to accommodate patient flow through our systems while keeping their waiting lists under their control.”

Geriatric Psychiatry

The Geriatric Mental Health Service provides seniors experiencing late-life mental disorders with integrated and interdisciplinary services that are patient-focused, flexible and proactive.

Facilities and Services

Unit 48 at Rockyview General Hospital (RGH) is a multidisciplinary, 22 bed unit that is typically full to capacity. It is the only designated acute-care geriatric psychiatry unit in southern Alberta.

The Geriatric Mental Health Rehabilitation and Recovery Unit at Carewest Glenmore Park, a 20-bed sub-acute inpatient geriatric psychiatry unit, is a unique shared-care unit that focuses on group therapy and helps people who do not require acute care or involuntary admission. Geriatric psychiatrists provide consultation-liaison support to medical-surgical wards at adult acute-care hospitals across Calgary, sub acute facilities, long-term care & assisted living facilities, Primary Care Networks and Seniors' Health programs. Community based mental health teams are available to assist seniors with substance abuse issues, chronic illnesses (including those on Community Treatment Orders) and mood disorders. Outreach support is available for frail elderly who reside independently in the community.

The Geriatric Mental Health Outreach Team at RGH, comprising one full-time nurse and one full-time social worker, provides prompt follow-up and caregiver support to inpatients on psychiatry units and medical-surgical wards, speeding up patient discharge and reducing relapse and readmission to hospital.

News

We continue to seek support for a dementia stabilization unit, a mental health-focused long-term care unit, a formal outpatient geriatric service and a second inpatient unit to supplement the 22 beds at RGH and serve our aging population. Our services that provide transitional support for patients from hospital to community also lack staff.

Ten transitional housing beds opened in the spring of 2016 at the Kerby Centre. It is anticipated that these beds will assist with speeding up discharge from acute care and assist patients with the transition back to the community. We are also planning to provide service to Aboriginal Seniors in the New Year, hopefully with ARP support.



**“Ten transitional
housing beds
opened in the
spring of 2016 at
the Kerby Centre.”**

Our application to Royal College of Physicians and Surgeons of Canada for a Geriatric Psychiatry residency program is undergoing revision and likely will be approved in the upcoming year.

There is limited availability of accredited geriatric psychiatry training programs across Canada; as residents often prefer to stay where they train, we hope that having our own program will help us replace some of our doctors, many of whom are approaching retirement and reducing capacity of their professional practices. Every year one to two residents in Calgary's general psychiatry program express an interest in more geriatric psychiatry training.

Research

Our section has one geographic full-time academic position dedicated to geriatric research within the Cumming School of Medicine, and we have an ongoing commitment to support research in geriatric mental health. Present studies underway include observational cognitive cohort studies involving biomarkers and brain imaging funded by the CHR, Brain Canada and the Canadian Consortium on Neurodegenerative and Aging. A 'Mild Behavioural Impairment Checklist' for the early detection of neurodegenerative disease was developed by Dr. Z. Ismail and there are 9 international translation-validation studies in process for this scale. A follow-up on an Immersive therapy study for mood disorders is also planned for the next 1-2 years.

We actively teach geriatric psychiatry to residents within psychiatry, geriatric medicine and family medicine. We also contribute to educational events, speaking frequently at conferences for general psychiatry and other disciplines with an interest in eldercare. Geriatric psychiatrists strive to take a leadership role with Medical Assistance in Dying (MAID) and in addition to hosting a conference on this topic in May 2016, section members will assist with the development of educational modules for capacity assessment in MAID.

We are keen to recruit individuals with enthusiasm and expertise in geriatric psychiatry, patient care, teaching and teamwork.

Dr. Suparna Madan, Section Chief
Geriatric Mental Health Services

Forensic Psychiatry

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 provides community-based outpatient assessment and treatment of adults mandated by the legal system.

The Forensic Adolescent Program 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 team, telehealth and community geographic teams, which provide services to smaller centers in southern Alberta.

The Southern Alberta Forensic Psychiatry Centre (SAFPC), our inpatient facility in southern Alberta, has 25 beds for acute assessment and treatment of people in custody, as well as eight beds for those found unfit to stand trial or not criminally responsible by reason of a mental disorder (NCRMD).

A group home in southwest Calgary, the Lighthouse, has six beds to allow people who are NCRMD to gradually reintegrate to the community, depending on their mental stability and safety of the community.

News

With the formal recognition of forensic psychiatry as a subspecialty, we are currently in the process of obtaining accreditation for subspecialty training in forensic psychiatry.

A second group home for those found NCRMD and reintegrating into the community is expected to open in early 2017.

Treatment of sex offenders in provincial custody is being transferred from Alberta Hospital Edmonton to the Calgary Correctional Centre with opening of this program expected April 2017.



Given the demands on our service for court-ordered assessments and treatment of mentally ill individuals in custody, as well as the increase in individuals who are NCRMD, we are working with Alberta Health Services and our stakeholders to optimize efficiencies in our service and enhance capacity.

Dr. Ken Hashman, Section Chief
Forensic Psychiatry

**“We are currently in the
process of obtaining
accreditation for
subspecialty training in
forensic psychiatry.”**

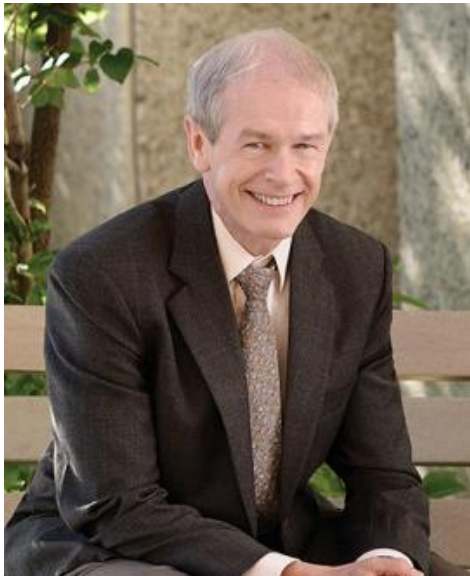
Community and Rural South

Addiction Psychiatry

The Claresholm Centre for Mental Health & Addictions (CCMHA), one hour's drive south of Calgary, provides treatment and rehabilitation for adults coping with a mental illness who may also have chronic pain, addiction or benzodiazepine dependence with anxiety. Our facility, which is unique in Canada, helps people with bipolar disorder, mood and anxiety disorders, schizophrenia and substance abuse or other disorders to manage their illness and increase their independence. We perform joint admissions reviews and consultation with the 48-bed Lander Treatment Centre for addictions in Claresholm.

CCMHA currently provides 40 active psychiatry rehabilitation beds and 28 concurrent disorders (addiction) beds. Once patients are ready to return to their community, we co-ordinate follow-up support, outpatient programs and outreach services.

The Addiction Centre in Calgary continues to provide outpatient treatment to patients suffering from concurrent mental illness and substance abuse. The Opiate Dependence Program provides for the increasing needs of patients maintained on methadone and Suboxone. The Renfrew Recover Centre provides medically supervised detoxification services in Calgary.



Dr. Hugh Colohan, Section
Chief Addictions and
Community, Rural South

News

The province wide roll out of the lifesaving medication naloxone has been completed. The Calgary zone addiction services contributed to the distribution of naloxone kits and provided the necessary training to patients at risk.

Physician coverage for Renfrew Detox has been increased. There continue to be severe problems with capacity at Renfrew and options to address this area being explored. We have also been successful in attracting a new physician for the Calgary Opiate Dependence Program at the Sheldon Chumir Centre. Opportunities to improve capacity generally for opioid maintenance are being explored.

Our physicians have started participation in research with the Canadian Research Initiative in Substance Misuse (CRISM).

The first graduate of our one year fellowship in addiction medicine has begun work in the Opiate Dependence Program and at Renfrew Detox. The fellowship program can currently train one physician in addiction medicine per year.

Psychiatric consultations to Adult Addiction Services in Calgary are now provided weekly.

The community clinics in the rural south of the zone are part of the Rural Coordinating Committee which has been reviewing the effectiveness of the psychiatry access models and the rural clinic intake procedures in the major rural clinics in the Calgary zone. The committee is also concerned in with improving the delivery of services to the chronically mentally ill population and to children and adolescents. Resource allocation and working with Primary Care Networks are other activities which are coordinated by the committee.

**“Opiate addiction
remains the most
urgent threat to our
patients.”**

Community and Rural North

Outpatient Psychiatry Program

Since our last annual report, there continues to be extensive plans and activities underway within the outpatient psychiatry programs here in the Calgary zone. Numerous clinics within the zone have undergone the AIM process which was designed to review and streamline various clinics throughout the zone. Continuing from the last few years, we are involved in a time of exciting change with the goal of enhancing and improving on the already great services provided to the mental health population within Calgary. The focus has been to improve processes, standardize care, and improve flow.

The following are some of the activities occurring within the outpatient services:

- 1) Over this past year continued work has been completed by the core clinics (NW, Central and NE – previous Alberta Mental Health Clinics). These clinics have been working extremely hard at creating an overall standardization of care across all three sites and thus geographically across all of Calgary. Numerous working groups have been established and working over the past year to look at various aspects from standardization of forms and processes to understanding the general philosophy of care. We are pleased to report that many of these standardization processes and improvements in efficiency have been implemented in these clinics, however there continues to be work that needs to be done. Wait times have significantly decreased and we continue to look at processes on how to help patients that perhaps appeared chronically well upon discharged and deteriorated thereafter.
- 2) Discussions regarding the core basket of services and expertise continue to be discussed and we are currently entering phase two of the implementation process of this standardization. Phase 2 will focus on the subspecialty clinics. This is proven to be more difficult given the diversity within these other clinics and the diversity of their expertise. Ideally a citywide strategy in order to provide seamless and efficient care for patients is the goal. This year we will embark on understanding the patient populations seen within our clinics, what we currently do, how our clinics are different from each other, and to try to develop a strategy in order to better link our subspecialty clinics in a more coordinated fashion.

- 3) Urgent services are also being looked at to see if there are ways to improve efficiencies between emergency and urgent services and to provide care to patients away from the emergency departments.
- 4) Discussions continue to occur with respect to integrating addiction services within our mental health services.



- 5) Extensive discussions and work have been occurring with respect to engaging the Primary Care Networks and Family Care Centres within the Calgary zone. Workshops and education days with Primary Care have occurred to increase collaboration and discussion with respect to how the psychiatric department in the Alberta Health Services can further provide support to our Primary Care partners in the community. Multiple mental health days have been set up both with the family physicians as well as Allied Health providers within the PCN's in an effort to continue to increase collaboration with the Department of Psychiatry, Addictions and Mental Health and Alberta Health Services. Furthermore the hope was to increase the PCN's "bandwidth" to be able to care for the mentally ill in a more comprehensive and evidence-based manner. The ongoing work of Shared Care and their outstanding success continue to be a vital aspect of collaboration with the Primary Care Networks. We hope to increase collaboration with our Primary Care partners to provide them with increased supports to care for the mentally ill and allow our outpatient clinics to increase capacity to provide for the more acutely ill patients. Thank you to the work of Dr. Rick Ward for helping establish such communication with the Primary Care system and ongoing discussions and work and strategies will continue over this next year.

- 6) We are also embarking on evaluating and improving efficiencies and care to our rural populations. A committee has been set up to evaluate and look at various strategies to provide care for rural settings. We are considering looking at three major rural sites as hubs to be able to provide mental health care to the surrounding areas. These sites include Airdrie, Cochrane, and Okotoks.
- 7) Discussions and collaborations have also occurred with respect to Calgary Police Services and the Department of Psychiatry. Items that have been focused on include strategizing on how to address the numerous form 10's in the community as well as how to help and collaborate with Calgary police services in order to allow police officers to leave the emergency departments and a timely fashion.

Over the next year we aim to develop a long-term strategy to organize our services to provide efficient evidence based care to our patients while working closely with our Primary Care partners.

**Dr. David Tano, Section Chief
Community and Rural North**

**"The focus has been to
improve processes,
standardize care, and
improve flow."**

Foothills Medical Centre

Inpatients, Emergency Psychiatry and Consultation Liaison

We are working extraordinarily hard with the acute care resources that are available to serve our population. The demand on the emergency room and the inpatient units continues to be exceptional. We consistently are managing patients in the ER more and more often as the inpatient units are filled to overcapacity almost every day of the year.

In spite of the pressures, we are making adjustments to improve the quality of care and training for the ER and inpatient units. We have been happy to welcome Dr. Rachel Grimminck to work in the ER and inpatient units. Dr. Grimminck has worked to develop educational resources for residents to help orient them to ER care, in addition to developing a rotation for emergency psychiatry that has already been well reviewed by residents. The ER itself is nearing the completion of its renovation and the movement of the psychiatry ER office nearer to the patient beds has improved communication and efficiency overall. We continue to work to develop a dedicated force of emergency psychiatrists to minimize uncovered shifts during the day and allow our staff to continue the important work that they do throughout the day.

In the face of the bed pressures and extreme demand for inpatient resources, we are beginning the process of renovation for important safety features for interview rooms to help protect staff and minimize unauthorized patient disappearances. Interview rooms have been the first targets for safety improvements and were completed in October. Our goals of increased patient safety and staff safety are being overseen by Dr. Lisa Gagnon.

Two major program implementations to improve patient care have begun: Non-Violent Crisis Intervention and Collaborative Problem Solving. We have started the process of training staff in these methodologies to improve outcomes and minimize risks. As well, we are now sharing our length of stay data with inpatient psychiatrists as an important feedback metric.

Consultation-Liaison is very happy to welcome a new psychiatrist, Marie-Claire Bourque to the inpatient consultation team. Outpatient consultation continues to grow with embedded clinics in the Southern Alberta Transplant Program. Also, we are moving closer to initiating a neuropsychiatric fellowship in the upcoming year.

Dr. Lauren Zanussi, Site Chief
Foothills Medical Centre



Peter Lougheed Centre

Addictions and Mental Health at the Peter Lougheed Centre continues to deal with capacity and acuity pressures, like many other areas in the system. Nowhere is this more apparent than in the Emergency Department. Having the smallest physical space of acute care Emergency Departments and a high volume of Complex and Diverse patients presents unique challenges.

The issue of admitted patients holding in ER when there are no beds across the city strains everyone. We have made some strides in trying to mitigate this. Also we are looking at additional measures and staffing models to try to address this.

PLC has 2 large inpatient units with a capacity of up to 34 beds each. Also there are 6 med psych beds which are meant to deal with patients with complex co-occurring medical and psychiatric needs. And lastly, the Short Stay Unit has up to 18 beds. These latter 2 units are regional programs, meaning they service the entire city. In working with our community partners we have made progress in reducing barriers to discharge and length of stay, although we continue to strive for improvements here.

The consultation liaison service provides both inpatient and outpatient services to our medical colleagues. They are particularly helpful in providing psychogeriatric consultation and follow-up. The Department would like to expand the outpatient services component.

We are proud of our staff and how they diligently they try to provide compassionate and quality care in challenging circumstances. And we are pleased that they work collaboratively and are constantly trying to improve as we introduce new measures to try to deal with the capacity pressures.

Dr. Arlie Fawcett, Site Chief
Peter Lougheed Centre



Rockyview General Hospital

Emergency Psychiatry Services, aka “The A-Team”, continues to run efficiently and effectively. Being the busiest Emergency in the city, the team is very cohesive and work at a level of expertise that is impressive. This includes the efforts of our Emergency Room Outreach team, without whom we would be unable to discharge countless numbers of patients. We have continued to liaise with Emergency staff and Physicians and we boast excellent working relationships that we believe are second to none. This milieu provides an excellent training environment that is instructive and nurturing for our first year residents and models the best of working within a multidisciplinary team. Despite the pressures of lack of capacity, the team provides care for our patients waiting for beds in the system and we have been able to introduce a float nurse who can help ensure patients in the ED are included in appropriate inpatient programming and services while they wait to get to a unit.

The inpatient units continue to run efficiently despite ongoing pressures within the system for beds. Unit 48 has gone through many changes in management and continue to provide innovation in their care of our seniors. Unit 45 and especially Unit 49 continue to have amongst the lowest length of stay but also have a comparable recidivism rate to other units in the city. The Adult Units have overcome significant changes in staff and management over the past few years to have ongoing excellence in care for inpatients. Patient and Family Centered Care is our top priority. We have continued to receive survey feedback on patient and family experiences and are using this information to improve our services. Our visiting hours have been extended and patient programming is being enhanced. Our Drumming Group has become infamous and draws participation from patients and visitors from every area of the hospital as we focus on decreasing stigma for the mental health clients.

Staff development sessions are continually being provided for “The Nuts and Bolts of Mental Health”, “Legally Speaking”, “When Mental Health Turns Medical”, and “Dealing with Aggressive Patients”. These education sessions have translated in to improved patient care and a decreased number of incidents on the units.

Much time and effort has been invested in creating an improved culture of respect within the workplace across all disciplines. This has resulted in improved communication, a more respectful work environment, and improved focus on patient care.



Our nurses and allied staff are receiving training in group and individual therapy techniques to improve capacity in order to provide better quality care for all inpatients, regardless of diagnosis, during days, evenings, and weekends. As well, nurses and allied staff are being trained across inpatient and outpatient programs so that they may respond to the needs of the system on any given day. Psychiatrists, Psychologists, Nurses, and Allied staff are working concertedly to strive for excellence in provision of services despite the looming threat of benchmarking, which may ultimately reverse our efforts as we resist a “custodial care only” model.

Safety continues to be addressed and we will be putting double doors on the exits of the inpatient units. As well, we are very pleased to have the support of the RGH administration in securing funding to enclose the D Block area of Emergency in order to create a safe and therapeutic treatment area for our planned 23 Hour Crisis Stabilization Unit.

Consultation Liaison, has had a declassification within the nursing role to that of an RN. This change limits the scope in which the nurse can practice on behalf of the patient. Thus RGH has provided increased service to the units devoted to providing education and support to staff and physicians for our mental health patients in the hospital. This includes education about patient diagnoses and care, legal issues, and behavioural strategies.

Our Outpatient Services have undergone significant changes. In the Day Hospital Program, we have revamped our triage and are pleased to say that we are operating at full capacity. Our Psychiatric Consultation Clinic provides a place for medical students to learn about interviewing and treatment planning, while providing a high level of care for more than 30 patients a week coming for services. The team has been able to respond to the request for services and have no wait list at all.

We have been working diligently to introduce rTMS into Alberta and have a seat at the table provincially in planning policies and procedures, and developing treatment guidelines. At Rockyview, we have been planning for our rTMS program, which we hope to have running next year. This program will provide a long needed service to those patients who have failed at traditional treatments for depression. We also plan to integrate a research component into the treatment delivery, to help inform patient care.

Dr. Lisa Harpur, Site Chief
Rockyview General Hospital

South Health Campus

South Health Campus is in its fourth year of operation this year. Our Emergency department has become busier than previous years and the parallel clearance process in Psychiatric Emergency Services has been going well. Our Psychiatric Emergency Outreach Team (PORT) is currently undergoing restructuring to support the increased volume and need for mental health services in the south part of the city.

Inpatients at South Health Campus are also running at full capacity and we continue to work with our colleagues in the rest of the city to help with the capacity pressures in the system. ECT at this time is only being offered to inpatients. The Consultation Liaison Psychiatry staff continues to build alliances with other specialties on site and offer mental health support as needed.

Outpatients at South Health Campus continue to grow and support the mental health needs in the south part of the city.

We offer a multitude of groups and consultations for patients, along with the injection and clozapine clinics. Day Hospital is now running at full capacity and takes referrals primarily from our own Emergency, Inpatient and Outpatient departments. We have recently been able to get access to some office space to start an Urgent Assessment Clinic for addictions and mental health at South Health Campus. By doing this we hope to support the growing needs of our Emergency department and PORT team.

We have recruited two new Psychiatrists this summer and added staff to the on-call roster at our site. We hope to keep building and supporting the ever increasing needs of mental health in southern Calgary.

Dr. Novin Ihsan, Site Chief
South Health Campus



Education

Postgraduate Program

We continue to enjoy a very high retention rate for graduates becoming faculty including 8 of our recent graduates joining faculty and 2 others continue on with the Child and Adolescent sub-specialty training stream. In light of the extraordinary interest in the subspecialty stream, the Child and Adolescent program received additional one-time funding to take three (vs the regularly allotted two) residents for July 2016. As the General Psychiatry program continues to grow, we send residents equitably for regular rotations to all 5 acute care sites across the Calgary zone and use our community based clinics regularly, including the Alex Youth Centre.

Overseeing of the program changed hands on July 1, 2016 with Dr. Jordan Cohen's retirement from the role and Dr. Greg Montgomery taking over as Program Director. In March 2016, the CaRMS match yielded a very high rate- five out of eight successful applicants- from medical schools outside of Calgary, an event not seen in the prior five years. We attribute this in part to growing departmental support for visiting clerkship electives.

Innovation is an important quality of our program, and we are using various tools to assess residents and our programming. Schedules and manpower are in place to institute an annual OSCE Day each spring for all PGY-2 to-5s to assist in their preparation for the certifying exams.

We continue to use a 360-degree evaluation process in the Child and Adolescent psychiatry rotation allowing residents to reflect on their collaboration skills and professionalism. Feedback for faculty is now occurring twice a year after each residency retreat enabling preceptors an enhanced awareness of the teaching qualities we wish to reinforce. Our residents on the ONE45 electronic system will also evaluate all rotations to give information about the structure of the teaching environment.

Faculty with an interest in medical education and global health are working with residents that have a similar interest to establish wonderful medical-education collaboration with a medical school in Tanzania, and we hope this relationship will develop long term into important advocacy and research. Our formalized mentorship system has now gone through its sixth year, and a research outcome study has been initiated to review the benefits and challenges of this system. Residents are expected to present a formal research project by the time they complete their training; this is a requirement of the Royal College Specialty Committee in Psychiatry. Many of our residents are involved in clinical trials and are presenting other scholarly work. We continue to develop our teaching of research and links with partners in research at the Cumming School of Medicine (e.g. Mathison Centre for Mental Health Research & Education and the Sheldon Kennedy Foundation).

**Dr. Greg Montgomery, Director
Postgraduate Program**

Undergraduate Program

Our medical students continue to show strong interest in pursuing psychiatry as a specialty program. Excellent faculty and residents involved in teaching have resulted in students again rating the psychiatry program, Course 7, amongst the highest preclinical course this year. We continue to have a significant percentage of the graduating class apply to Psychiatry, well above the national average.

Course 7 is offered late in the curriculum, so extra effort is made to introduce psychiatry as a specialty, including a

student-run psychiatry interest group that organizes talks by faculty, presents workshops and holds movie nights to spark students' interest in the field.

A six-week clerkship includes four weeks of adult psychiatry and two week of child and adolescent psychiatry. Our undergraduates can also take a variety of electives across the spectrum of psychiatry.

**Dr. Nancy Brager, Director
Undergraduate Program**

Fellowship Training

The range of fellowship and subspecialty training opportunities continue to expand in the Department. In June 2016, the two inaugural subspecialty residents completed their training in our recently accredited Child and Adolescent Psychiatry program. The program director is Dr. Waqar Waheed, and the program currently has 5 residents. Work is also continuing on obtaining accreditation for our planned geriatric psychiatry and forensic psychiatry training programs. Dr. Waheed is heading the application for Forensic Psychiatry, and they are aiming to receive accreditation for July 2017. Dr. Suparna Madan has been spearheading the Geriatric Psychiatry application, also hoping for accreditation for July 2017.

In terms of fellows, Dr. Iliana Ortega is in the second year of a Child and Adolescent Psychiatry Fellowship, and will be finishing her training in June, 2017.

**Dr. Cindy Beck, Director
Fellowship Program**



Continued Professional Development

The Department of Psychiatry of the Cumming School of Medicine has a sound structure in place to support continuing professional development (CPD). The CPD resort has undergone changes over the past months. Dr. Steven Simpson, retired from his position as CPD-director on June 30, 2016. Since July 1, 2016, Dr. Thomas Raedler, a GFT psychiatrist, has been providing leadership through the Continuing Professional Development Committee. Administrative Support is now being provided by Ms. (Trang) Van Pham.

Continuing Professional Development Committee

This committee plans and implements educational events based on the identified needs of the Department of Psychiatry, and also implements a series of regularly scheduled learning activities and events that fulfil the requirements of the Royal College of Physicians and Surgeons of Canada. Committee membership includes the director of Continuing Professional Development as chair, representatives for the site co-ordinators from Alberta Children's Hospital, Foothills Medical Centre, Peter Lougheed Centre and Rockyview General Hospital and the four academic division chiefs. In addition, non-psychiatrist education co-ordinators from the clinical departments are invited to attend to help coordinate events schedules and develop needs assessments.

Activities and Events

The committee supports a range of activities:

- Region-wide rounds program linked by teleconference across Calgary and southern Alberta. This program hosted more than 20 Grand Rounds in 2016. Over 70 individual psychiatrists and residents participated in these activities.
 - Site-based and divisionally-based ongoing education programs, e.g., journal clubs and lunch-and-learn rounds.
 - Online education program (Psychiatry Online Literature Review Course) aimed primarily at rural psychiatrists from across western Canada; currently 25 psychiatrists access this program.
 - Continuing medical education in other departments and groups, supported by individual psychiatrists and psychologists.
 - Healthy Minds Healthy Children, organized by the social work department at the Alberta Children's Hospital.
 - Provincial Concurrent Capable Learning Series of the Alberta Health Services' addictions medicine group.
- Special events in the last academic year addressed specific national and local education topics:
- Mood Day, February 2016
 - Psychosis Day, September 2016
 - Sebastian K. Littmann Research Day, March 2016
 - Forensics Day, September 2016
 - Women's Mental Health Day, May 2016
 - Psychotherapy Day, November 2016
 - Concurrent Disorders Telehealth series (addictions program of Alberta Health Services), throughout the year
- This structure is linked to the Cumming School of Medicine Office of Continuing Medical Education programs, where the department contributed to major events:
- Calgary Therapeutics Course April 2016
- The Department of Psychiatry contributed to the following annual conferences:
- IACAPAP 2016 meeting

Looking Ahead

The Department of Psychiatry will continue to offer weekly Grand rounds. For 2017, planning for future events includes Mood Day in February 2017, Sebastian-Littmann-Day in March 2017, Women's Mental Health Day in May 2017 and Psychosis Day in the fall of 2017.

A further focus for continuing professional development remains developing skills transfer courses that are accredited at the Section 3–assessment level for the Royal College of Physicians and Surgeons of Canada's Maintenance of Certification Program and the College of Family Medicine MAINPRO C.

2016 Psychiatry Grand Rounds

Jan 20, 2016	Mild Behavioural Impairment (MBI): A new syndrome linking later life neuropsychiatric symptoms (NPS) and neurodegenerative disease	Dr. Zahinoor Ismail
Feb 9, 2016	Malingering in Clinical Settings: Case Presentations and Review of Detection and Management	Dr Rachel Grimminck with Dr Lindsay Ward
Feb 23, 2016	An imaging genetics approach to understanding psychopathology	Dr. Ryan Bogdan MD, FRCPC – Washington University
Mar 1, 2016	Can a food-additive cure schizophrenia? The NaBen® adolescent schizophrenia study	Dr. Raedler MD & Dr. Iliana Garcia – Ortega
Mar 8, 2016	I can't live like that-Will you help me to die if I get there?: Discussion of Personality Disorder and Physician Assisted Death (PAD)	Dr. Steve Simpson MD FRCPC
Mar 15, 2016	Psychoactive Medicines and Driving Risk	Dr Kim Wolff PhD, MBE
Mar 22, 2016	Video gaming and ADHD; Addictive or Addiction	Sam Chang & Dr. Shervin Vakili PhD., R.Psych
Apr 5, 2016	Social Determinants of Health & Implications for Psychiatry practice: A Focus on Racism	Ann Phillips B.Sc. (Hons), M.Sc., Ph.D
Apr 12, 2016	Building Resilience in the Long Shadow of Risk: The Developmental Origins of Mental Health and Illness	Ryan J Van Lieshout, B.Sc (Hons), M.D., PhD, FRCPC
Apr 19, 2016	Town Hall on Aggression	Lisa Gagnon MD & Robert Bush Director, Adult Mental Health Services
Apr 26, 2016	Triaging and Managing Patient Violence on Psychiatric Units	Kim Reeves, Ph.D., R.Psych
May 3, 2016	Hey Doc? Can I Smoke Weed or Crack After a First Episode Psychosis	Dr. Amal Abdel-Baki MD, FRCPC, M.SC
May 10, 2016	The photographer: A diagnostic dilemma	Dr. Lauren Zanussi MD FRCPC
May 24, 16	Antipsychotic-induced weight gain: Hope through a SIMPLE plan	Vera Krejcik (PGY 3) – Psychiatry Resident
May 31, 2016	Memorial to Dr Gerry McDougall -Dr. Gerald McDougall: The Man and his Legacy in Psychiatry	Dr Carol Adair
June 7, 2016	Non-invasive Brain Stimulation in Child and Adolescent Psychiatry	Dr. Paul Croarkin DO MSCS
June 14, 2016	Psychiatric Presentations of Inborn Errors of Metabolism	Dr. Brienne McLane
June 21, 2016	Quality Assurance Reviews	Dr. Lisa Gagnon & Kim Conlon
June 28, 2016	Farewell Lunch Dr. Stevie Simpson and Dr. Don Angus	
Sept 13, 2016	Targeting Cognitive Dysfunction to Support Functional Recovery in MDD	Dr. Roger McIntyre MD, FRCPC
Oct 6, 2016	Newly Published CANMAT Depression Guidelines	Dr. Ray Lam, MD, FRCPC
Oct 13, 2016	Valuing Mental Health	Dr. David Swann, MLA
Oct 20, 2016	Do the Past Trials and Tribulations in the Treatment of Adolescents with Eating Disorders tell us Where do we go from here?	Dr. Daniel Le Grange
Oct 27, 2016	A Biopsychosocial Approach to Treating Adult ADHD	Dr. Sara Binder, MD, FRCPC. & Dr. Carmen Guenther
Nov 15, 2016	Schizophrenia in men and women: update regarding gender differences in diagnosis, evolution and treatment of schizophrenia”	Dr. Marie-Josée Poulin MD FRCPC
Nov 22, 2016	Atypical Antipsychotics: Weighing the Evidence of Metabolic Impact in Treating Mental Illness	Dr. Val Taylor MD FRCPC

Quality Assurance

It was with great pleasure, honor and anxiety that I took the new role as Quality Assurance for the Department of Psychiatry in the fall of 2015. It combined part of the earlier responsibilities, done with compassion and eloquence, by Dr. Sowa, which included working with the Patient Relations team and overseeing Quality Assurance Reviews (QAR). Dr. Lauren Zanussi took over the other part as the Site Chief of the Foothills Medical Centre for the department.

QAR and working with Patient Relations highlight and provide venues for change for systems issues. During my year we have standardized the QAR process with the other dedicated chairs - Drs. Ihsan, Stokes and Harpur. We have continued to build on Dr. Sowa's initiative in assuring support for our staff, including Psychiatrists, and remaining loved ones / families who have been touched by a critical incident.

This role as Quality Assurance also involves identifying and then exploring and trying to address system issues as it applies to patient care. Some of this work started a few years prior by looking closely at aggression on inpatient units, in collaboration with Kathy South (manager of unit 21 at the FMC) and our dedicated committee. Over the years this committee highlighted this issue and, in combination with other work done with our administrative team, several initiatives have been underway. Focused education around aggression for all staff and learners, structural changes to the units, assessment for and identifying patients at risk to act out aggressively, a process from Calgary Police Service to charge mental health patients who acted out violently, to name a few. Although I am extremely proud of the work this group has done, we need to continue to work to make mental health units a safer place.

“Although I am extremely proud of the work this group has done, we need to continue to work to make mental health units a safer place.”



Capacity pressure has been identified as an ongoing issue. Our frontline staff continues to work diligently, providing treatment for our most vulnerable population under extreme capacity pressures. I want to thank them for their dedication. One of many initiatives underway, is the Length of Stay (LOS) Initiative, whereby we are exploring LOS in a formalized fashion as it pertains to diagnosis, hospitals, units and physicians compared with national standards for certain diagnoses. This initiative will educate all of us and be a venue for further targeted action.

Absconds from inpatient units is problem for all types of units at the hospitals and mental health units are no exception. Our AWOL committee has started a number of initiatives to try to address this issue, including education, signage, renovations to the units, and identifying patients at risk of absconding.

Dr. Lisa Gagnon
Quality Assurance, Department of Psychiatry

The Mathison Centre for Mental Health Research & Education

The Mathison Centre for Mental Health Research & Education was established in 2012 based on a partnership between the Hotchkiss Brain Institute and the Department of Psychiatry and enabled by a \$10 million donation from Mr. Ronald Mathison, President and CEO of Matco Investments Ltd. and Matco Capital Ltd. Our mission is to promote internationally recognized research and education on the early identification, treatment and prevention of mental disorders, with a particular focus on children and youth. Over the last year, our centre has accomplished notable successes on various fronts. This report provides highlights of our achievements for the year in review.

Faculty

Our current faculty consists of 31 full and associate members. Our membership cuts across diverse disciplines (e.g., Medicine, Health Sociology, Psychology, Social Work) and bring on board a comprehensive range of research interests. This diversity has created opportunities for collaborative projects conducted by multidisciplinary teams and also allowed us to explore partnerships with community practitioner agencies working in the relevant areas of our research interest. In furtherance of our growth as a centre and the broadening of our research forte, we are actively recruiting for two new faculty positions at the assistant professor level with expertise in child and adolescent psychopathology or clinical and developmental neuroscience. We also eagerly anticipate recruitment of an additional faculty member through the Cuthbertson and Fischer Chair in Pediatric Mental Health (in partnership with Alberta Children's Hospital Research Institute).

Grants & Recognitions

Our researchers and trainees have been successful in obtaining a number of competitive new grants and also recognition for various laudable achievements. Notably, external agencies from whom our researchers continue to receive funds include the Canada Research Chairs, National Institute of Health, Canadian Institute for Health Research (CIHR), Canadian Foundation for Innovation (CFI), Alberta Innovates-Health Solutions, Alberta Centre for Child, Family & Community Research, and the Ontario Brain Institute. In terms of internal research grants, a project on mental health and school success by the Mental Health Neuroteam made up of researchers from our centre

and other faculties across the UofC led by Dr. Paul Arnold as principal investigator was successful in securing funds from the Brain and Mental Health Strategic Research Fund. Another internal research grant, the 2015 HBI/Pfizer Canada Research Award went to Dr. Jian Li Wang.

Our researchers have been recognized for making significant contributions to the academe over the year including as key note speaker at IACAPAP 2016 (Anne Duffy), Journal of Attention Disorders 2015 Scientific Contribution Award (Frank MacMaster), Canadian Association of Neuroscience Young Investigator of the Year Award, 2016, Killam Emerging Research Leader Award (Matthew Hill) and O'Brien Institute Research Excellence Award 2016 (Scott Patten). On the trainee front, six postdoctoral fellows from the Mathison Centre were successful in obtaining AI-HS Fellowships in January 2016. The fellowship recipients were Maria Morena (supervisor Matt Hill), Elliott Brown (supervisors Zelma Kiss and Raj Ramasubbu), Lisa Buchy (supervisor Jean Addington), Benjamin Lau (supervisor Stephanie Borglund), Kewir Nyuyki (supervisor Quentin Pittman) and Ciaran Murphy-Royal (supervisor Jaideep Bains). The Centre has awarded a number of grants, studentships and fellowships over the year, in partnership with the Department of Psychiatry who generously began providing co-funding for trainee awards this year.

Trainees

Our centre continues to attract and maintain high-quality trainees including 25 graduate students and 8 postdoctoral fellows. Our vibrant cohort of trainees organized under the Mathison Trainee Organization (MTO) has been involved in multiple innovative initiatives ranging from educational seminar series to community oriented outreach activities. Among the MTO's activities for the year was a collaboration in which the HBI and a group of Mathison Centre trainees delivered a series of talks focused on a number of areas in mental health to the Deer Park United Church community.

Community Connections

The Centre has continued to build on existing and develop new community connections with organizations interested in mental health. Among the list of the Centre's current partners are the Sheldon Kennedy Child Advocacy Centre, Mental Health Commission of Canada (MHCC), Calgary

Board of Education, Rocky View School Board, Canadian Mental Health Association and the Calgary Police Service. Some of our community partnerships have resulted in concrete research collaborations; notable among them is the school and mental health success project, a collaboration between our Centre, the MHCC and the Rocky View School Board. We are continually considering and expanding these community connections towards a coordinated knowledge translation program to ensure the latest research in mental health is shared and exchanged within our community.

News

The Mathison Centre was integral as a diamond partner to the IACAPAP (International Association for Child and Adolescent Psychiatry and Allied Professionals) 2016 conference held in Calgary. The event under the theme 'Fighting Stigma, Promoting Resiliency and Positive Mental Health' brought together attendees from some 70 countries to present a program that covered broad based themes to increase both awareness and prevention of mental health problems for children and youth around the world, and advocate for evidenced-based treatments which are both neuro-developmentally sensitive and trauma informed. Sponsorship of the event allowed our Centre to showcase our activities, facilitate the engagement of our researchers and trainees with allied colleagues from all over the world as well as acquaint our community partners with the state of the art research we are conducting in child and adolescent mental health.

Our Centre has hired a Projects & Partnerships Coordinator (Ms. Josephine Adda) to augment its administrative team. This role was created to support the Director and his leadership team in furthering the Centre's project and partnership development activities.

"Our researchers have been recognized for making significant contributions to the academe over the year."

Looking Forward: Broadening Partnerships

Our Centre continues to remain of central strategic importance under the University's Brain and Mental Health Research Strategy. Leveraging on this, we will be engaged in multiple activities to contribute in pursuing the goals of the strategy. Among upcoming activities are engagement in funded research partnership activities led by the Centre including the Mental Health and School Success and the Impact of Childhood Sexual Abuse projects, the development of a strategic plan for the centre, exploration of funding in the form of donations and grants for new research activities such as the Mental Health In Our Communities initiative, seizing timely opportunities to explore new research topics and collaborations, expanding its membership, building new community partnerships and recruiting into the two assistant professor level positions.

We will continue to strive to establish the Centre as a leader in mental health research and education focused on children and youth.

Dr. Paul Arnold, Director
Mathison Centre for Mental Health Research and Education



Researcher Profiles

The Department of Psychiatry is proud to have many prominent researchers as faculty members. The researchers listed below are full members of the University of Calgary's Mathison Centre for Mental Health Research & Education of the Department of Psychiatry and the Hotchkiss Brain Institute.



Dr. Donald Addington
Professor

Dr. Addington is active in research, education and clinical practice. His research activities include health services research and knowledge synthesis, with a focus on access, quality and outcome

of schizophrenia and first-episode psychosis services. He has most recently developed a fidelity scale for first-episode psychosis services, which is being applied both in research and quality management in Canada and the United States. An older technology the Calgary Depression Scale for Schizophrenia continues to be translated into new languages, currently forty. In the last few years it has been integrated into electronic formats for research and into electronic health records in both the US and UK. An on line training program is in development.

Dr. Addington has been chairing the International Early Psychosis Association Fidelity Task Force on access and quality of first episode services. This group is developing international standards for first episode psychosis services.

Dr. Addington is also working with the Royal College of Physicians and Surgeons of Canada (RCPSC) on a dissemination program for mental health core competencies for all Canadian physicians. Dr. Addington was one of the group of clinical and education specialists who developed this document and now works with individual RCPSC Specialty groups to incorporate the competencies into their specialty training programs.



Dr. Jean Addington
Professor

Dr. Addington, the Novartis Chair for Schizophrenia Research and an Alberta Innovates-Health Solutions Health Scientist, focuses on identifying predictors and mechanisms of psychosis and understanding risk factors of mental illness in youth. Working

with young adults and adolescents as young as 13, she seeks to determine whether early intervention can influence the development of serious mental illness in youth at risk. She is funded by both the National Institute of Mental Health and the Canada Brain Research Fund for work in this area.



Dr. Paul Arnold
Associate Professor, Department of Psychiatry and Department of Medical Genetics
Director, Mathison Centre for Mental Health Research & Education

Previously at the Hospital for Sick Children in Toronto, Dr. Arnold

became the inaugural director of the Mathison Centre for Mental Health Research & Education in August 2015, and was at the same time appointed Alberta Innovates – Health Solutions Translational Health Chair in Child and Youth Mental Health. Dr. Arnold's research focuses on the genetics and neurobiology of childhood neuropsychiatric disorders. His translational research program focuses on gene discovery and knowledge translation that will contribute to prediction, prevention and early intervention. This includes development of the first laboratory in Alberta to focus on gene discovery in child and youth mental health. He currently receives funding from a number of major external funding agencies, including the U.S. National Institute of Mental Health and the Canadian Institutes of Health Research (CIHR). Dr. Arnold is also a practising child and adolescent psychiatrist with particular expertise in pediatric obsessive-compulsive disorder (OCD), having recently opened the first OCD clinic in Calgary at the Alberta Children's Hospital.



Dr. Cynthia Beck
Assistant Professor

Dr. Beck is a psychiatrist with a research focus in mental health services and psychiatric epidemiology. Along with her collaborators, she has been using administrative data for health services research, and

has looked at such issues as access to cardiac revascularization among individuals with substance use disorders. Most recently, she has been studying ways to improve the validity of administrative data. Her work also includes the use of survey data to analyze patterns of mental disorders and health services use. In terms of clinical research, she has received funding to study the use of motivational interviewing for treatment of cannabis use among individuals with first-episode psychosis.



Dr. Andrew GM Bulloch
Professor and Deputy
Director, Mathison Centre
for Mental Health Research
& Education

Dr. Bulloch's research interests are psychiatric epidemiology and pharmacoepidemiology. He is researching the risk factors for major depression and bipolar disorder, while seeking ways to predict who is at risk of developing these disorders. He is also documenting drug recommendations for these disorders in an effort to understand if they are truly undertreated. His teaching interests are mental disorders and their biological causes and the history of neuroscience and psychiatry.



Dr. Anne Duffy
Professor

Dr. Duffy is a psychiatrist with a clinical and research focus on characterizing the early stages of mood disorders that recur and continue into adulthood in high-risk children and youth (www.flourishresearch.com).

She is currently the Campus Alberta Innovates Research Chair in Youth Mental Health at the University of Calgary and Director of a specialized mood disorders program at the Foothills Medical Centre that provides services for youth at high risk and their families. Dr. Duffy's research has been funded for over 20 years from provincial, national and international peer-reviewed operating grants, including CIHR. She has won several competitive salary awards, including a Canada Research Chair in Child Mood Disorders. She has also mentored more than 50 clinical and research trainees and has published over 95 articles in scientific journals. Her work has resolved several controversies in the field, highlighted the importance of heterogeneity of mood disorders and recently resulted in a clinical staging model charting the development of bipolar and related mood disorders in high-risk youth. Dr. Duffy was also the first Leader of the Mental Health Neuroteam, new cross-campus, multidisciplinary research collaborative supported by the University of Calgary and the HBI.



Dr. Matthew Hill
Associate Professor

Dr. Hill studies the role of the endocannabinoid system in the regulation of stress and emotional behaviour. Endocannabinoids are the brain's endogenous version of Tetrahydrocannabinol (THC),

the psychoactive constituent of cannabis. Specifically, Dr. Hill is interested in the role of the endocannabinoid system in the effects of stress on neuroendocrine function, inflammation, emotional behaviour and metabolism. He uses a systems level approach, incorporating a range of neuroscientific techniques from cellular and biochemical to behavioural. The results of this research have generally shown that endocannabinoids act as a buffer against the effects of stress and could be targeted for the treatment of mood and anxiety disorders.



Dr. Zahinoor Ismail

Assistant Professor

Dr. Ismail's research bridges psychiatry and neurology, focusing on cognition across the neuropsychiatric spectrum and healthy brain aging. His research is funded by CIHR, Brain Canada, the Kathy Taylor

Chair in Vascular Dementia, the Joan and Clifford Hatch Foundation and the Alzheimer Society of Calgary. In collaboration with local and international researchers, Dr. Ismail has ongoing studies in clinical psychopharmacology (predictors of adverse drug reactions), epidemiology (prevalence studies of neuropsychiatric symptoms in neurodegenerative disease), cognitive and neuropsychiatric symptom screening (creation and validation of novel screening tools) and functional and structural neuroimaging of neuropsychiatric symptoms in neurodegenerative disease and preclinical at-risk populations. His recent accomplishments include a publication in the *Journal of the American Medical Association* in April 2014 on the use of antidepressants for agitation in Alzheimer's dementia, and lead authorship of the 2016 Alzheimer's Association research diagnostic criteria for the new syndrome, Mild Behavioural Impairment, published in *Alzheimer's & Dementia*, for which he has also developed a rating scale, the Mild Behavioural Impairment Checklist. The MBI checklist has garnered international media attention in publications such as The New York Times, Washington Post, Yahoo News and the London Daily Mail. Most recently, Dr. Ismail has had a lead author manuscript accepted to JAMA Psychiatry on the prevalence of depression in Mild Cognitive Impairment. Dr. Ismail is an author on the recently published CANMAT depression treatment guidelines, and is an author on the upcoming Canadian Psychiatric Association Schizophrenia Clinical Practice Guidelines. In addition to being involved in multiple Continuing Medical Education activities, Dr. Ismail is co-chair of the Canadian Conference on Dementia, and will take over as chair after the 2017 meeting.



Dr. Frank MacMaster

Associate Professor

Dr. MacMaster uses brain imaging platforms to develop targets, examine mechanism of action and evaluate biomarkers of response to brain stimulation

in children and adolescents with neuropsychiatric disorders. He is currently studying the effects of repetitive transcranial magnetic stimulation and transcranial direct current stimulation on youth with mood disorders and children with Tourette syndrome, targeting brain regions known to be dysfunctional and looking for predictive biomarkers of response. His laboratory is identifying an indicator in the dorsolateral prefrontal cortex that may help predict patients' responses to treatment for depression.

He is also studying the relationship between obesity and depression using brain imaging, animal models and epidemiological approaches. Dr. MacMaster's other research interests include other psychiatric disorders found in young people, such as attention deficit hyperactivity disorder, schizophrenia and obsessive compulsive disorder.

Dr. MacMaster is the Scientific Director for the Strategic Clinical Network for Addictions and Mental Health for Alberta Health Services.



Dr. Glenda MacQueen

Professor

Dr. MacQueen studies factors that are associated with outcome in mood disorders, particularly following a first onset of illness. In addition to clinical dimensions of outcome, she examines cognitive function,

structural and functional brain changes and physical health in patients with unipolar or bipolar disorder. She is also interested in understanding whether the cognitive and brain changes that occur in major depression and bipolar disorder can be prevented or reversed with various treatment approaches.



Dr. Scott Patten

Professor

Dr. Patten focuses on the longitudinal epidemiology of major depression. His main goal is to integrate epidemiologic estimates of incidence, recurrence, prevalence, episode

duration and mortality into a comprehensive epidemiologic picture. This work helps to identify risk and prognostic factors, information that helps examine trends, set priorities and identify opportunities for prevention. Patten has expertise in methodological approaches to the analysis of longitudinal data. In addition, he has experience with all aspects of longitudinal and cross-sectional epidemiologic projects.

He is also interested in the patterns of comorbidity of major depressive disorders with non-psychiatric conditions, especially neurological disorders.



Dr. Tamara Pringsheim

Associate Professor

Dr. Pringsheim's primary research interest is in the use of antipsychotic medications in children, adults and the elderly. Through pharmacoepidemiological research, qualitative methods,

knowledge synthesis, and knowledge translation strategies, her work promotes safe and rational prescribing strategies to improve standards of care.

Dr. Pringsheim works for the American Academy of Neurology (AAN) as an evidence-based medicine methodology consultant. The AAN is the major professional organization for neurologists in North America. At the AAN, she leads the development of evidence-based guidelines for neurological and mental health conditions.



Dr. Thomas Raedler

Associate Professor

Dr. Raedler provides inpatient and outpatient psychiatric services at the Foothills Medical Centre. The focus of his clinical work and research activities has been on schizophrenia and, more recently, early psychosis and prodromal stages of

psychosis. As psychiatry clerkship director, Dr. Raedler is involved in student education. As medical director of the Psychopharmacology Research Unit (PRU) of the University of Calgary, Dr. Raedler is also involved in numerous phase II, III and IV clinical trials. In July 2016 Dr. Raedler was appointed as CPD-coordinator for the department of psychiatry of the University of Calgary. Dr. Raedler is the past president of the Alberta Psychiatric Association. Until September 2016 Dr. Raedler served on the board of directors of the recently created Canadian Consortium for Early Intervention in Psychosis.



**Dr. Rajamannar
Ramasubbu**
Associate Professor

Dr. Ramasubbu is a clinician investigator and professor in the Department of Psychiatry and Clinical Neurosciences at the University of Calgary.

Dr. Ramasubbu's research interests focus on studying the neuroimaging and neurostimulation of mood disorders. His current studies include investigation of neural markers and predictors of treatment response to antidepressant treatment using functional magnetic resonance imaging, genetic imaging in mood disorders, and deep brain stimulation (DBS) treatment for treatment-resistant depression. Dr. Ramasubbu is the principal investigator of machine-learning analysis of imaging markers in the individual prediction of antidepressant treatment response, funded by Pfizer Canada award, and co-principal investigator in a project involving deep brain stimulation of the subgenual cingulate for treatment resistant depression, funded by Alberta Innovates - Health Solutions. Dr. Rajamannar is the chair of curriculum teaching in the psychiatry residency training program and supervisor for two postdoctoral fellows.



Dr. JianLi Wang
Professor

Dr. Wang's research includes the epidemiology of workplace mental health problems, interventional research in workplace mental health and risk prediction research. He is currently leading CIHR- funded projects on the topics of

workplace environmental factors for mental disorders and workplace mental health accommodations. He is also leading a CIHR-funded project on developing risk prediction algorithms for mental disorders. Dr. Wang is recruiting graduate students through the Department of Community Health Sciences.

Psychopharmacology Research Unit (PRU)

The Psychopharmacology Research Unit (PRU) focuses on conducting clinical trials as a way of finding new medications that will be more effective and better tolerated than the currently available treatments. We also participate in studies looking at new indications for established medications. Over the past year we have been participating in seven clinical trials.

1. Study of EVP-6124 (Alpha-7 nAChR) as an adjunctive pro-cognitive treatment in schizophrenia subjects on chronic stable atypical antipsychotic therapy (sponsor FORUM Pharmaceuticals; NCT01714661): the purpose of this Phase III study is to determine if EVP- 6124 (an alpha-7 nAChR agonist) enhances the cognitive abilities of subjects with schizophrenia who are also taking stable antipsychotic therapy. PI: Thomas Raedler, MD; Co-I: Beverly Adams, MD \$26,854.10 per patient. Recruitment for this clinical trial ended in mid-May 2015; study closed April 22, 2016.

2. A Multicenter 26-Week Extension Study to Evaluate the Safety and Clinical Effects of Prolonged Exposure to 1 and 2 mg Doses of EVP-6124, an Alpha-7 Nicotinic Acetylcholine Receptor Agonist, as an Adjunctive Pro-cognitive Treatment in Subjects with Schizophrenia on Chronic Stable Atypical Antipsychotic Therapy. PI: Thomas Raedler, MD; Co-I: Beverly Adams, MD. \$ 9,366.50 per patient. Recruitment for this clinical trial ended in mid-May 2015; study closed April 22, 2016.

3. Study to investigate the efficacy, safety and tolerability of four different doses of BI 409306 compared to placebo given for 12 weeks in patients with schizophrenia on stable antipsychotic treatment (sponsor Boehringer Ingelheim (Canada) Ltd.; NCT02281773): the objective of this 12-week Phase II study is to investigate the efficacy, safety and tolerability of BI 409306 on cognitive dysfunction in schizophrenia. PI: Thomas Raedler, MD Co-I's: Beverly Adams, MD; Zahinoor Ismail, MD. \$11,520.10 per patient. Recruitment ended; study closed August 30, 2016.

4. Real Life Assessment of Abilify Maintena (ReLIAM) (sponsor Lundbeck Canada; NCT02131415): The main objective of this non-interventional, Canadian Phase IV study is to

describe the impact of treatment with Abilify Maintena™ on global functional status. P.I.: Thomas Raedler, MD; Co-I's: Toba Oluboka, MD, David Crockford, MD, Rory Sellmer, MD, Zahinoor Ismail, MD, Novin Ihsan, MD. \$4550.00 per patient. Recruitment is ongoing.

5. Adaptive Phase II Study to Evaluate the Safety & Efficacy of Sodium Benzoate as an Add-on Treatment for Schizophrenia in Adolescents (sponsor SyneuRx International (Taiwan) Corp; NCT01908192). PI: Thomas Raedler, MD. Co-I's: Beverly Adams, MD, Iliana Garcia-Ortega, MD. \$11,004.50 USD per patient. Recruitment ongoing.

6. Interventional, randomised, double-blind, placebo-controlled, active reference (fluoxetine), fixed-dose study of vortioxetine in paediatric patients aged 7 to 11 years, with Major depressive disorder (MDD). PI: Thomas Raedler, Co-I's: Iliana Garcia-Ortega, MD, Chris Wilkes, MD. \$21,500.42 per patient. Study will begin recruitment mid fall 2016.

7. Interventional randomized, double-blind, placebo-controlled, active reference (fluoxetine), fixed-dose study of vortioxetine in paediatric patients aged 12-17 years, with Major depressive disorder (MDD). PI: Thomas Raedler, Co-I's: Iliana Garcia-Ortega, MD, Chris Wilkes, MD. \$21,500.42 per patient. Study will begin recruitment mid fall 2016.

8. Long-term, open-label, flexible-dose, extension study of vortioxetine in child and adolescent patients with Major depressive disorder (MDD) from 7 to 18 years of age. PI: Thomas Raedler, Co-I's: Iliana Garcia-Ortega, MD, Chris Wilkes, MD. \$15,531.81 per patient. Awaiting REB approval.

Dr. Thomas J. Raedler, Director
Psychopharmacology Research Unit
Mathison Centre

Decision Support Team (DST)

Our Vision

To be recognized and valued as leaders in decision support and education within addiction and mental health.

Our Mission

To provide expertise, tools and collaborative support for Addiction and Mental Health in the areas of evaluation, information management, research and education to help inform decision making, improve service delivery and build capacity to deliver quality patient- and family-centered care.

The Decision Support Team, (DST), continues to play a critical role in assisting with planning addiction and mental health services and helping set priorities. This is achieved by providing expertise and resources in information management, evaluation, education and research activities for the programs and services of Addiction & Mental Health, Calgary Zone. The staff of DST have a range of specialized skills which can be applied to data management, statistical analysis, program evaluation, performance measurement, quality improvement, business intelligence and research. DST is a respected and valued resource and contributor to many provincial initiatives and work with provincial teams as collaborators and advisers to working groups and committees as well as leading projects and participating as group members. Every fall, DST highlights some of its current projects and activities in its Annual Report which can be found on the DST program page on AHS Insite: <http://insite.albertahealthservices.ca/10350.asp>.

A few highlights from the teams for the past year:

- Education provided professional development opportunities for Addiction & Mental Health (AMH) staff in the Calgary zone both in facilitated and online learning. The content and the scope of Calgary Zone AMH Orientation were broadened to increase the value and learning experience for all staff in AMH. Work continued on the development and refreshing of online learning modules on My Learning Link such as the Provincial Concurrent Learning Series (PCCLS), Mental Status Exam, and Trauma. This team is also been part of the organizing and facilitation of the Non-Violent Crisis Intervention (NVCI) and Suicide Risk Assessment training being offered to all AMH staff and physicians in Calgary Zone.
- Evaluation worked with AMH programs to help them assess and evaluate the services they provide. A few examples from the past year:
 - D-PACT (District Police & Crisis Team) – AMH clinicians working out of Calgary Police district offices in partnership with CPS staff.
 - 30-Day Readmission Rate Project – an evaluation to support and better understand the main factors associated with patients needing readmission to hospital within 30-days of their last acute inpatient psychiatry discharge.
 - CAAMHP Reduction of Seclusion and Restraint Initiative - data collection and evaluation to understand and assess the current use of seclusion and restraint in our inpatient units.
- Information Management (IM) continued to support AMH information systems and improving the quality of data, and the provision of timely reports and numerous adhoc requests. Every winter IM releases the Year End Service Summary report (YESS). The YESS is the most all-inclusive collection of individual service data and is the 'source of truth' for program statistics and is a comprehensive summary of clinical and program activity in over 160 Addiction & Mental Health services within the Calgary Zone. This report, as well as many others from IM and Evaluation, are available on AHS Insite: <http://insite.albertahealthservices.ca/9355.asp>. Other initiatives for the IM team included data standards and data quality projects for AMH data systems and using tableau software for report development aligning with provincial standards.

CRMH AMH Clinical Dashboard, Calgary Zone

The dashboard is used to track the overall performance of AHS' addiction and mental health services by providing a snapshot of selected performance measures. This aligns with broader strategic directions set by AHS and Alberta Health. It also aligns with the Alberta Quality Matrix for Health framework. Results cover a broad range of areas including service utilization, wait-times, client satisfaction, continuity of care, and clinical outcomes.

Measure	2014-15 Baseline	2015-16 Results
1a. Percentage of children and adolescents (0-17) who received scheduled community mental health treatment within 30 days from referral (Target = 92%)	81%	74%
1b. Volume of new enrolments to children and adolescent community mental health programs (% change from 2012-13 levels)	1740 (7% increase)	2150
2a. Percentage of adults who received scheduled general mental health treatment within 30 days from referral (Target = 92%)	70%	68%
2b. Volume of new enrolments to adults general mental health treatment programs	4971	7278
3a. 30 day unplanned readmission rates for mental illness (Target = 9.9%)	9.4	9.0
3b. Median LOS on adult mental health units	FMC - 16 days	FMC - 22 days
	PLC - 24 days	PLC - 19 days
	RGH - 13 days	RGH - 13 days
	SHC - 11 days	SHC - 13 days
	RGH 48 - 40 days	RGH48 - 50 days
4. Proportion of individuals under the age of 18 who are admitted off-service to a pediatric medical/ surgical unit or an adult psychiatric unit	41.4% (319/770)	19.4% (200/1033)
5a. Number of CTO's issued and active CTO's.	New CTOs = 138 Active = 219	New CTOs = 151 Active = 384
5b. Number of clients on CTOs (and percentage) who were not hospitalized within one year post CTO	97/138 (70.3%)	44/52 (84.6%)
6. Volume of service requests to Access MH	44,688	42,127
7. Percentage of hospital bed days occupied by patients designated as ALC	9.8% of possible bed days	9.5%

Strategic Clinical Network (SCN)

Activities of the Scientific Office of the Strategic Clinical Network for Addictions and Mental Health

The Scientific Office for the Strategic Clinical Network for Addictions and Mental Health (AMHSCN) has led a number of initiatives over the past year of special relevance to the Department of Psychiatry at the University of Calgary. We have supported the Clinical Engagement Grant, aimed at providing opportunities for clinicians and residents to conduct research. In partnership with the Mathison Centre at the University of Calgary and the Institute for Neuroscience and Mental Health at the University of Alberta, we are currently soliciting applications for the Clinical Connections Grant, which aims to bring basic scientists and clinicians together for research projects.

We have also been supporting the research priorities of the overall AMHSCN. These include transcranial magnetic stimulation (TMS) for depression, the evaluation of naloxone as an intervention to combat opioid deaths, and working with

the SPOR patient engagement platform in to prioritize depression research questions from the perspective of people with lived experience and clinicians.

Finally, we have also endeavored to develop a better understanding of psychiatry research locally and our position nationally. To that end, we have studies under review or accepted on residency research requirements, resident perceptions on the role of neuroscience, scholarly impact benchmarks for psychiatry in Canada, and finally, the investment of CIHR in psychiatry research across Canada. Based on this knowledge, we are seeking to further develop research capacity in the province in addictions and mental health.

2016 Events



2016 Littman Research Day, March 4

Youth Mental Health Day, March 7th

Mood Day, February 5

Shoppers Drug Mart Run for Woman- Fundraiser for the Woman's Mental Health Clinic, May 15

Tanzanian Global Mental Health Fundraiser, June 16

2016 Bryan Kolb Lecture in Behavioural Neuroscience and HBI Welcome Back Wine & Cheese Reception, Sept 16th

CACP/IIACAPAP World Congress 2016, September 18-22nd

2016 Psychosis Day, September 30th

Forensics Day, September 30th

Light Up Purple Day/World Mental Health Day, October 10th

Department of Psychiatry, Fall Social, October 27th

Rich Man Poor Man Dinner & Silent Auction, November 5th

Undergraduate Medical Education Retreat, November 4th

LGBTQ Health Conference, November 26th

Littman Research Day

The 29th annual Sebastian K. Littmann Research Day took place on March 4, 2016 at the Village Park Inn. For the first time, a "local" speaker did the keynote presentation: Dr. Paul Arnold. As the newly appointed Director of the Mathison Centre for Mental Health Research & Education this was an opportunity for Dr. Arnold to introduce his interests, ideas and research results to researchers affiliated with the Department of Psychiatry. His presentation was entitled "Discovering Genes for Childhood Obsessive-Compulsive Disorder."

Abstracts for both oral and poster presentations are archived in the University of Calgary's digital repository (<http://prism.ucalgary.ca/handle/1880/51491>). This means that they are also indexed in Google Scholar and, increasingly, referenced.

The 2016 research day also featured a special guest speaker, Prof. Warren Binford who spoke on the interface of law, neuroscience, and genetics to support child sex abuse victims in the 21st century. Professor Binford is from the Willamette University College of Law.

The award for Best Presentation by a Resident went to Dr. Vera Krejcik, who presented results from a successful pilot/feasibility study of a simplified intervention to modify physical activity, lifestyle, and eating behavior in obese patients with stable psychotic disorders. She subsequently went on to present this work at the Alberta Psychiatric Association Annual Meeting (winning the award for Best Resident Presentation) and at the Canadian Psychiatric Association Annual Conference in Toronto.

Most Innovative Project by a Resident was awarded to Dr. Ben Grintuch Internet Gaming Disorder & Aggression, A unique withdrawal symptom or media hype? The award for best presentation by a graduate student went to Kathryn Wiens: "Prevalence of major depression is not changing in Canadian adolescents." Kathryn is now in the PhD program at the University of Toronto.

Dr. Scott Patten
Department of Psychiatry
Research Director



Workforce Planning and Recruitment

Our graduating residents are our primary recruitment candidates; we have approximately eight residents per year, and in the past the majority of them have joined the department after graduation. The department has also advertised in journals and on the Alberta Medical Association's job website, www.albertadoctors.org.

The department has been approved for a subspecialty program in child and adolescent psychiatry by the Royal College of Physicians and Surgeons of Canada. Two positions are filled annually for a two-year program, leading to a specialization in child and adolescent psychiatry.

We hope that this will result in a larger pool from which to recruit. Applications are also being processed for subspecialty training in geriatric and forensic psychiatry. Within the upcoming year the department hopes to receive approval for a forensic psychiatry subspecialty program

Awards and Achievements

Dr. Lauren Zanussi

- Awarded the 2015-2016 Students' Union Excellence Award for Teaching Excellence. For educators, one of the highest compliments is an acknowledgment from the students they have influenced.

Dr. Scott Patten

- O'Brien Institute Research Excellence Award. This award is a high honour, recognizing his dedication to exceptional research and outreach in the epidemiology of depression.

Dr. Marie Claire Bourque

- Kristin Sivertz Resident Leadership Award, from the Royal College of Physicians and Surgeons of Canada.

Dr. Vera Krejcik

- 2016 CMA Award for Young Leaders in the resident category by the Canadian Medical Association (CMA). The CMA Award for Young Leaders is intended to celebrate the efforts of young physician leaders of tomorrow for their efforts today.

Dr. Aleena Shariff

- Patrick Conway Award from the PGY-1 Medical Specialty residency program

Dr. Tamara Pringsheim

- Owerko Centre on Neurodevelopment and Child Mental Health, \$437,000 awarded to fund Rational Pharmacotherapy Program for Child and Youth Neurodevelopmental and Mental Health Disorders.

Dr. JianLi Wang

- 2015 HBI/Pfizer Canada Research Award to conduct a telephone survey to identify which features of an e-mental health program would be preferred by working men and women who are at high risk of having major depression.

Dr. Matthew Hill

- Canadian Association of Neuroscience Young Investigator of the Year Award, 2016
- Killam Emerging Research Leader Award

Awards presented at the 2016 Fall Social

Dr. Jessica Lyons Perinatal Psychiatry Award

- Carol Rupcich

Dr. Keith Pearce Award for Creativity & Innovation

- ACE Working Group

Dr. Patrick Conway Award for outstanding contribution to Mental Health by an International Medical Graduate

- Dr. Izu Nwachukwu

Award for Excellence in Mental Health Care by a Community Program

- Indigenous Mental Health Team

Award for Excellence in Acute Care

- Short Stay Unit Team

System Transformation Awards

- CanREACH Team

Silver Couch Resident Teaching Award

- Dr. Darcy Muir

Humanism in Psychiatry

- Dr. Michael Stubbs

Change Maker in Psychiatry

- Dr. Tim Ayas

Rookie of the Year

- Dr. Rachel Grimminck

Multidisciplinary Team Award

- Phyllis Jensen (RGH)

Dedicated Years of Service

- Dr. John DeVries

Grants

Successful Trainee Recipients: AI-HS Postgraduate Fellowships

- Dr. Elliot Brown (Supervisor – Zelma Kiss): “Integrating Electrophysiology and Neuroimaging Markers for Treatment Prediction in Deep Brain Stimulation for Depression.”
- Dr. Lisa Buchy (Supervisor – Jean Addington): “Brain Effects of Prospective Memory Training in First-episode Schizophrenia.”
- Dr. Lau Benjamin (Supervisor – Stephanie Borgland): “Cellular Mechanisms Underlying Compulsive Behaviour in the Orbitofrontal Cortex”.
- Dr. Morena Maria (Supervisor – Matthew Hill): “Examination of the Role of Endocannabinoids in the Amygdala-prefrontal Cortex Circuit during the Extinction of Aversive Memories: Implications for the Treatment of Post-traumatic Stress Disorder”.
- Dr. Ciaran Murphy-Royal (Supervisor – Jaideep Bains): “Stress-induced Functional Plasticity in Neuron-glia Interactions”.
- Dr. Kewir Nyuyki (Supervisor – Quentin Pittman): “Dissecting the Role of Neuropeptides in Behavioral Comorbidities Associated with Inflammatory Bowel Diseases (IBD)”.

Successful Faculty Recipients:

Dr. Paul Arnold
Operating grant: Mental Health and School Success.
Principal Investigator Arnold, P. Co-investigators;
Bulloch A, Duffy A, Patten S, Dimitropoulos G,
McLuckie A, Wilcox G, Letourneau N, Wang J-L,
Addington A, Pringsheim T, McMorris, C, Nordstroke
D. Brain and Mental Health Strategic Research Fund,
University of Calgary: \$247,800.

Dr. Frank MacMaster

- Journal of Attention Disorders 2015 Scientific Contribution Award from the Journal of Attention Disorders and the American Professional Society of ADHD and Related Disorders (JAD/APSARD) (2015)

Dr. Jian Li Wang

- Project Scheme Grant: Awarded \$611,000 from the Canadian Institutes of Health Research for his study on whether disclosing personalized depression risk information can empower users to actively engage in self-help.

Donald Emile Addington, M.B.B.S., Ross Norman, Ph.D., Gary R. Bond, Ph.D., Tamara Sale, M.A., Ryan Melton, Ph.D., Emily McKenzie, M.Sc., JianLi Wang, Ph.D.; Development and Testing of the First-Episode Psychosis Services Fidelity Scale. Psychiatric Services, A Journal of the American Psychiatric Association. Volume 67, Issue 9, September 01, 2016, pp. 1023-1025

Addington Jean, Stowkowy Jacqueline, Weiser Mark; Screening tools for clinical high risk for psychosis. Early Intervention in Psychiatry, October 2015

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Departmental Structure and Organization

Governance

The Department of Psychiatry is an academic department that is a division of the University of Calgary, Cumming School of Medicine, and a clinical department within Alberta Health Services (AHS), Calgary Zone. The two departments are linked through a single jointly-appointed department head and a single executive committee.

Department Head

The department head reports to the dean of the Cumming School of Medicine and the Associate Zone Medical Director, AHS, Calgary Zone. The department participates in the activities of the faculty through the involvement of its members in such activities as faculty-wide meetings, committees and collaborative teaching and research efforts. The primary role of the department head is to support, directly and indirectly, the teaching, research and service activities of the department's members. Thus, the head has departmental responsibility for budget submissions and management, purchasing, curriculum planning, space and resource management, personnel recruitment, hiring and promotion, planning, program development and the annual evaluation of faculty and staff. Within the structure of the department, some of this work is distributed among the faculty and support staff, who give their time and talent generously in accomplishing these necessary departmental activities.

Sections

The Department of Psychiatry has six sections: Addictions and Outpatient Services (South, including Claresholm); Outpatient Services (North); Child and Adolescent Psychiatry; Forensic Psychiatry, Geriatric Psychiatry; and Inpatients Emergency and Consultation Liaison. The section heads are advisors to, and supporters of, the department head. At the departmental level, the section heads assist in curriculum development, program and faculty evaluations, and physical and human resource management. Beyond the department, the section heads are delegates of the department head, and may participate in local and provincial initiatives. The section heads are responsible for services within Addiction and Mental Health Services, Calgary Zone.

Site Chiefs

We have instituted Site Chiefs at every acute care hospital in the city who are responsible for inpatients, consultation-liaison, emergency services and outpatient programs at their site. This allows for implementation of initiatives across the zone. This change has provided the sites with the ability to respond to concerns as they may arise.

The clinical Department of Psychiatry comprises 199 members:

<u>Section</u>	<u>Primary</u>	<u>Supplementary</u>	<u>Total</u>
Addictions and Claresholm Care Centre	6	23	29
Child and Adolescent Psychiatry	35	16	51
Forensic Psychiatry	14	4	18
Geriatric Psychiatry	15	6	21
Psychiatry Adult Inpatient Services	71	68	139
Psychiatry Adult Outpatient Services	<u>58</u>	<u>61</u>	<u>119</u>
Total	199	178	377

Performance Reviews and Promotions

The head of the Department of Psychiatry completes all the academic annual merit evaluations. The department's Promotions Committee reviews recommendations for promotion for full-time faculty and part-time clinical or adjunct appointments, and recommends promotions to the dean based on the advice of the department head. The department's Executive Committee reviews all initial clinical and adjunct appointments and subsequent re-appointments before recommendations are made to the dean. Members of the clinical department have their privileges reviewed annually and have a personal review with their program medical director every three years.

Departmental Committees

Department of Psychiatry Executive Committee

This committee meets monthly and integrates the zone and university leadership. It comprises all the program medical directors, education directors, research director and the chief resident. It is responsible for recruitment and retention, policy and planning.

Departmental Geographic Full-Time Faculty Committee

The committee meets on a monthly basis to advise the department head on academic planning and policy matters. Issues discussed include long-term planning, program development, teaching and research policy, faculty appointments and human resource planning, and other issues relating to strategic planning. This committee sometimes discusses policy matters that are to be taken to the department at large for discussion and voting.

Residency Training Committee (RTC)

This committee is chaired by the postgraduate training director, who is appointed by the associate dean of postgraduate medical education in consultation with the department head. The RTC meets on a regular basis throughout the year (usually monthly) and consists of the program director, the chair of the psychotherapy committee and the director of resident research. The chairs of the curriculum and addiction committees are invited to meetings as needed. In addition, five elected residents from all levels of training, one representative from each of the major teaching sites involved in the program, the chief resident and the resident Canadian Organization of Psychiatry Educators representative are

part of this committee. The department head (ex officio) may also attend this meeting. The RTC provides leadership and supervision in all aspects of residency education in psychiatry within the Cumming School of Medicine, the University of Calgary and its affiliated teaching hospitals and programs. It selects residents and reviews and approves resident rotations.

Undergraduate Medical Education Committee

Selected by the department head, the director of undergraduate medical education chairs the Undergraduate Medical Education Committee. The director, in consultation with the head, selects two or three additional members for the committee to oversee Course VII, clerkship and evaluations. This committee is responsible for undergraduate curriculum planning, calendar changes and program requirements. It also oversees the clinical clerkship, a subcommittee of the Undergraduate Medical Education Committee.

Continuing Professional Development Committee

The purpose of this committee is to plan and implement educational events based on the identified needs of the Department of Psychiatry, and implement a series of regularly scheduled learning activities and events that fulfil the requirements of the Royal College of Physicians and Surgeons of Canada. Membership includes the director of continuing professional development (chair), representatives for the site coordinators from Alberta Children's Hospital, Foothills Medical Centre, Peter Lougheed Centre and Rockyview General Hospital, and the seven section chiefs. In addition, non-psychiatrist education coordinators from the clinical departments may attend to help co-ordinate events schedules and develop needs assessments.

Fellowships Committee

This committee is responsible for facilitating and coordinating advanced clinical and research training in the department at the post-residency and post-doctoral level; this includes the selection and admission process for clinical fellows and funding, where applicable. The chair of the Fellowships Committee is selected by the department head. In consultation with the head, the chair selects five or six additional members for the committee to provide representation from the Residency Training Committee and fellowship programs.

Medical Leadership and Administration Addiction and Mental Health, Calgary Zone

Key initiatives for Addiction and Mental Health in the Calgary Zone in the 2016 calendar year included the following:

- Received funding for new initiatives including:
 - 8 Child & Adolescent Step up Step down beds – opened February 2016
 - 3 additional PChAD Beds – opened April 1, 2016
 - 10 Supported Geriatric Transition Beds at Kerby Centre - opened June 2016
 - Supported housing including 23 supported apartments through Calgary Homeless Foundation - opened October 1, 2016; and 30 supported apartments through Trinity Foundation - opened July 1, 2016.
 - Increased support to Urgent Care at Sheldon Chumir and addition of A&MH staff at Calgary Police Service District Offices to focus on high system users with the goal of reducing form 10s.
 - 8 NCR group home beds under development. Four beds scheduled to open January 2017.
 - Development of Satellite homes at Claresholm Care Centre to assist with transition and Flow. Capital costs approved and work is in progress. Anticipated opening in the spring of 2017.
 - Development of 10 bed Crisis Stabilization Unit at RGH. Capital costs approved and work is in progress. Anticipated opening in the fall of 2017.
- Capital for new Child and Adolescent Addiction and Mental health Centre supported by ACHF and AHS. Discussions currently underway with Alberta Health and Alberta Infrastructure to move forward.
- Non-violent Crisis Intervention (NVCI) made mandatory for all staff working in A&MH. All inpatient staff members are now required to have taken the two day training. Outpatient staff training began April 1, 2016 and it is expected that all staff will be trained by December 31, 2016. Ongoing recertification is also required. More than 60 Psychiatrists have been trained in NVCI.
- Collaborative Problem Solving (CPS) model is being implemented across all programs and services, with the initial focus on inpatient care. Over 1000 staff members and physicians attended the introductory training and over 175 attended the Tier 1 training. A second Tier 1 training will occur in November 2016 resulting in an additional 200 staff members and physicians being trained.
- All units, programs and services are participating in Operational Best Practice. Inpatient units also continue to work towards rotation optimization.
- 7-day follow up implemented across all sites – 30 day readmission rate remains below target.
- Participating in Better Health Lower Cost Initiative to assist high system users to receive the care they need.
- Developed Family Centred Care Brochure – Together We're Better, which is available for use by all units, programs and services.
- Patient and Family Councils remain active.
- Peer Support Committee in place.
- Adult Day Hospital Advisory group has reached consensus on guiding principles and necessary standards for all day hospital services across acute care sites. PLC and SHC are participating in an evaluation.
- Steering Committee with AHS Addiction and Mental Health and Disability Services has been struck to develop short and long term strategies to address the gaps in service and support for dual diagnosis patients.
- All units and services participated in Accreditation May 2- 6, 2016.
- Adverse Childhood Experiences (ACE) Initiative is rolling out across all services. CAAMHPP is furthest along and ACE scores are now being collected on all patients enrolled in service.

- The Rural Coordinating Committee is working with the rural clinics to standardize a psychiatric consultation model and better coordinate intake and clinical processes. All rural mental health services (except for Claresholm) are now participating in the Rural AMH Access Line.
- The Psychiatric Emergency Service (PES) and Psychiatric Outreach Team (PORT) at South Health Campus have redesigned their services to facilitate better patient care along all points of the continuum. An Urgent Psychiatric Assessment Clinic opened at South Health Campus in the fall of 2016.
- South Health Campus opened 3 additional adult beds in November 2016.
- A collaboration between Canadian Mental Health Association and AMH at South Health Campus has resulted in a family support group which is open to anyone in Calgary.
- SMCHC Urgent Mental Health Outreach established Wellness Exchange Group at the Drop Inn Centre, SORCe and Elbow River Healing Lodge. This barrier free group uses principles from Skills for Psychological Recovery and is offered to any individuals who are interested.
- Community Clinic redesign work continues. Phase one of the project complete with standards being consistently implemented. Currently reviewing clinics identified in phase two of the review.
- Geriatric Mental Health – reviewing mandate and admission criteria. Plan to review all services, identify gaps and create a strategy for Geriatric Mental Health service provision in the future.
- Community Treatment Orders (CTOs) continue to be used to maintain client stability in the community. Over 400 clients are currently on CTOs in the Calgary Zone.
- The Integration, Recovery and Peer Support Coordinating Committee have received grant funding for one year for Peer Support. The Evaluation and Implementation Committee is working with a family member and the Canadian Mental Health Association to develop the evaluation and implement 3.8 FTE's across A&MH services for a one year period.
- Psychosocial support funding for an Addiction Counsellor is available to the Second Chance Private Opioid Clinic one day per week.
- Planning to identify stable opioid users within the Opioid Dependency Clinic (ODP) is underway to transfer to community physicians to improve access and flow through within ODP.
- The Alberta Hospital Edmonton Sex Offender Treatment Program (Phoenix) will be re-locating to the Calgary Correctional Centre (delivered by Addiction and Mental Health staff from the Forensic Outpatient Adult Service). This is due to open in the Spring of 2017.
- The Youth Community Support Program (YCSP) has been very successful. Data indicates that the number of emergency visits by these clients were cut in half and the number of inpatient admissions reduced by two thirds. The inpatient bed utilization for these clients went from 1,463 days six months prior to involvements with YCPS, to 120 days during admission to YCSP.
- The Child and Adolescent Shared Care Mental Health/Primary Care Network Intervention Team (CASMHC) moved to ECHC to be co-located with PCN IT to ensure better continuity of care in the community.
- The CAAMHPP Community Clinics developed and implemented "Dyad" appointments to facilitate discharge of young people from inpatient units.

- At the IACAPAP conference there were 26 poster presentations, workshops and/ or summits from CAAMHPP staff. ACE work was featured, along with CanREACH, Neuro-psychiatry/Post Concussion, Transitional Youth/ Emerging Adult, Eating Disorders, Parent Consultation Clinic, School Based Mental Health, Youth Community Support Program, Unit 26, Youth Addiction Services, CAAMHPP Research and Evaluation Coordinator and 56A/South Health Campus. Drs. Rahman, Wilkes, Pirlot, Waheed, Cohen, Lakusta, Jericho and Taggart also presented their work. Positive feedback about the quality of the presentations was received and there were many conversations at the local, national and international level about possible future collaborations. CAAMHPP staff also presented in other Calgary and Banff conferences, Europe and the Eating Disorder Conference in Winnipeg.
- Maintaining patient flow across CAAMHPP is of primary importance. Over the summer, data was presented to the inpatient psychiatrists about median length of stay (LOS), pre and post acuity. The outcome of this work was the development of the Child and Adolescent Psychiatry Quality Improvement Council. This group is made up of all the psychiatrists working inpatient. The group has set an objective of "Developing efficiency in new emerging issues, practices and barriers to this alignment with best practice". The same data was presented to the Family Counsellors, Nurse Clinicians, Clinical Supervisors and managers a few weeks later. This group will meet again this fall and work together to standardize the care, conversations, and LOS across the units. The Community Clinics have also been working hard to gain further efficiencies including offering an Initial Group Session.

Improvement and Innovation

The Department of Psychiatry, Calgary Zone, has always placed a high priority on quality assurance and improvement, and encouraged innovations in the provision of clinical services.

Dr. Lisa Gagnon continues to lead the work in Quality Assurance for the Department. Aggression continues to be an issue on our inpatient units, given the capacity pressures and increased acuity. Psychiatrists and staff have been part of non-violent crisis intervention training as well as a Collaborative Problem Solving Program to better deal with this issue. A length of stay initiative has also started to maximize our inpatient resources.

The link of family physicians to specialist care (psychiatry in this instance) is enormously important for the flow of patients in both practice systems. In the past year, the department has renewed efforts to work with Primary Care Networks so that its most stable

patients can be transferred to the care of family doctors and, reciprocally, more referrals from family physicians can be taken into its specialty psychiatry clinics for assessment and treatment.

Integrated care is an important innovative initiative in our Department. Our brain and mental health research clinics illustrate a step in this direction. The REDCap database provides a registry that facilitates clinical research. The New Heights Adolescent Mental Health Centre will provide another opportunity for the provision of integrated care. Research must inform and lead evidence based clinical care. An Academic Alternate Relationship Plan (AARP) is on the horizon for the Department which will allow the recruitment of clinician scientists for this purpose. This will allow tremendous innovation in the provision of psychiatric care.

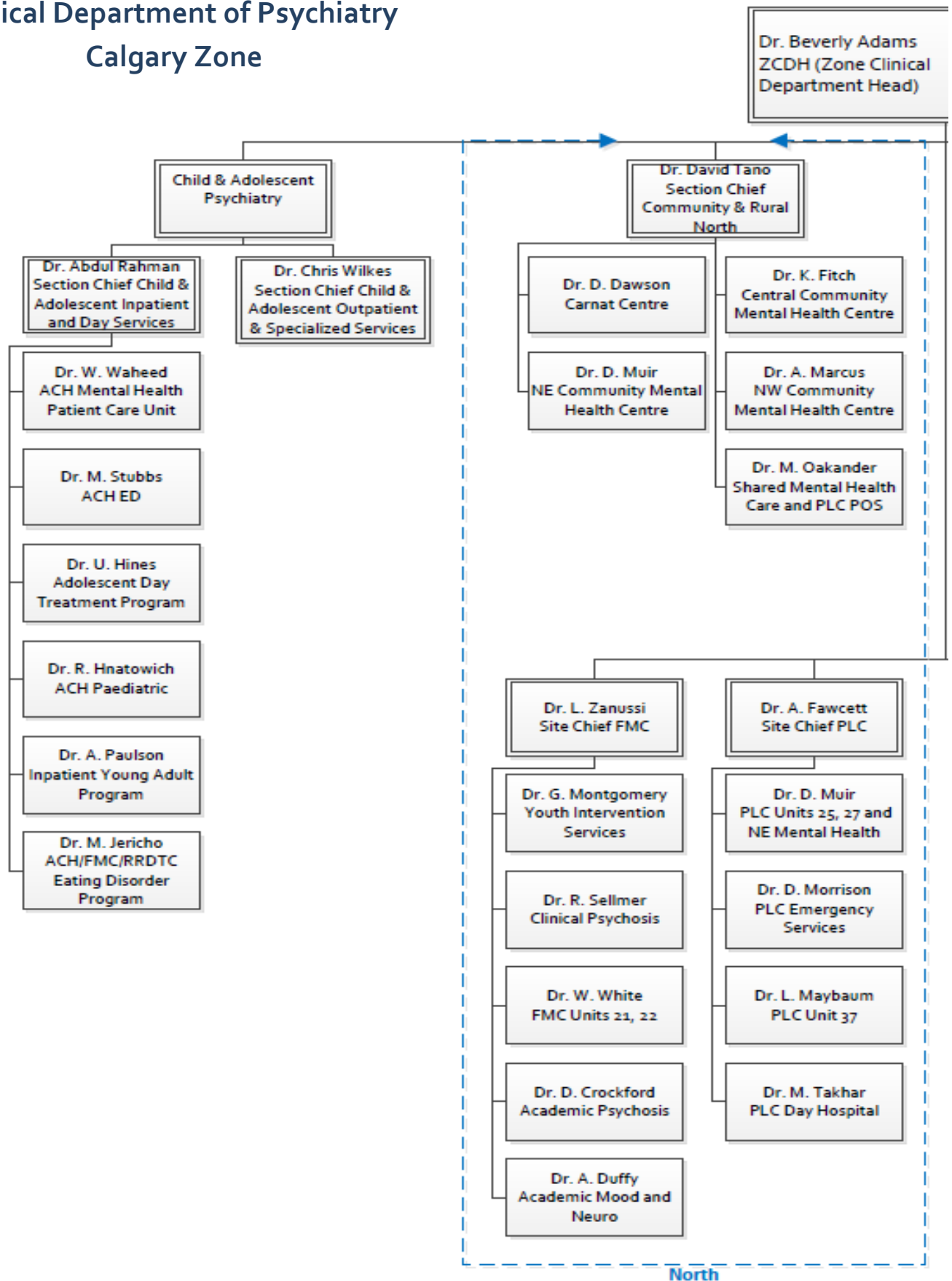
Looking to the Future

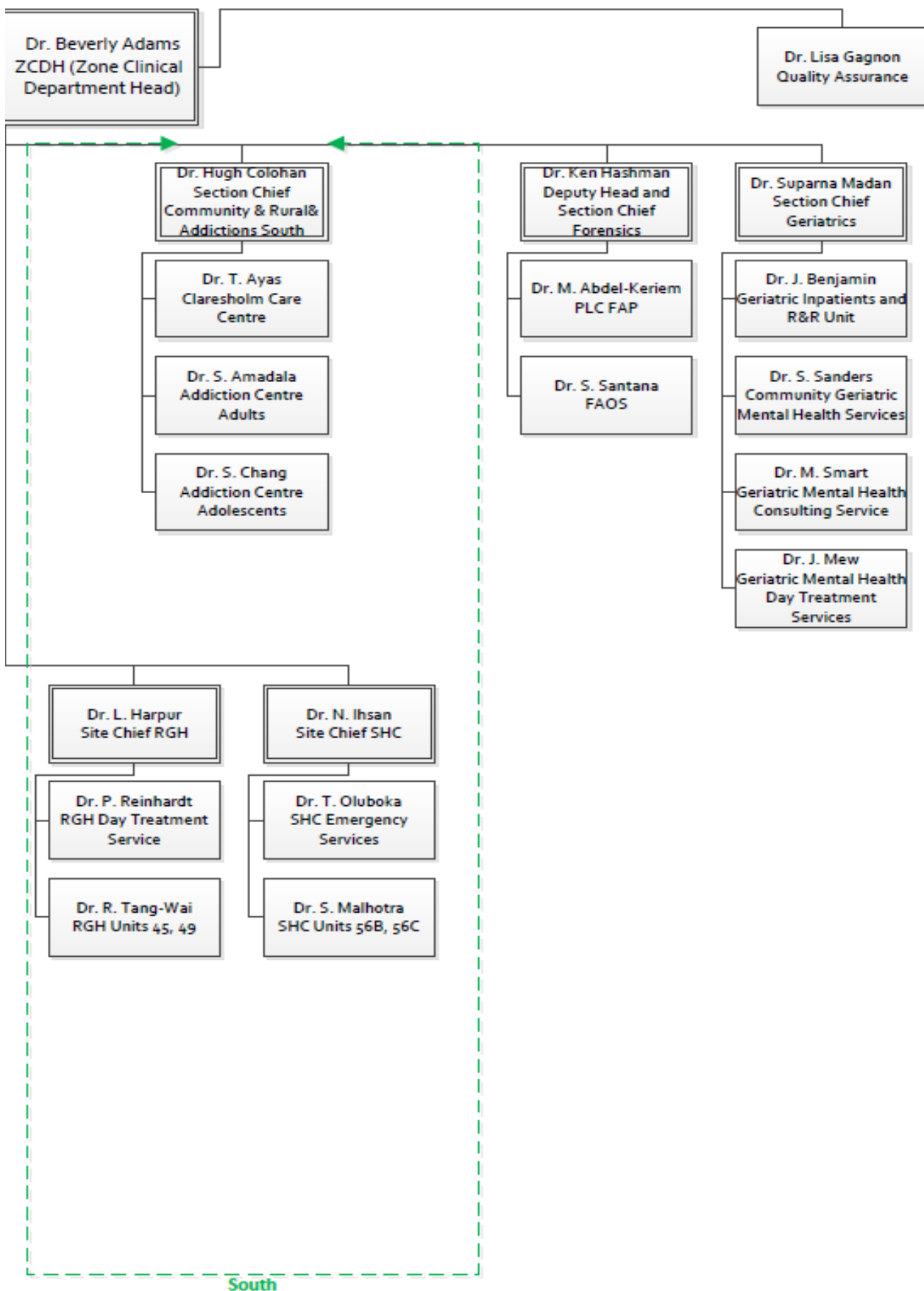
The Department of Psychiatry, Calgary Zone, worked with the zone and provincial Addiction and Mental Health group to identify a series of initiatives that were aligned with the stated priorities of Alberta Health Services. Some initiatives will be realized over a multi-year time frame.

Ongoing priorities for Addiction and Mental Health include the following:

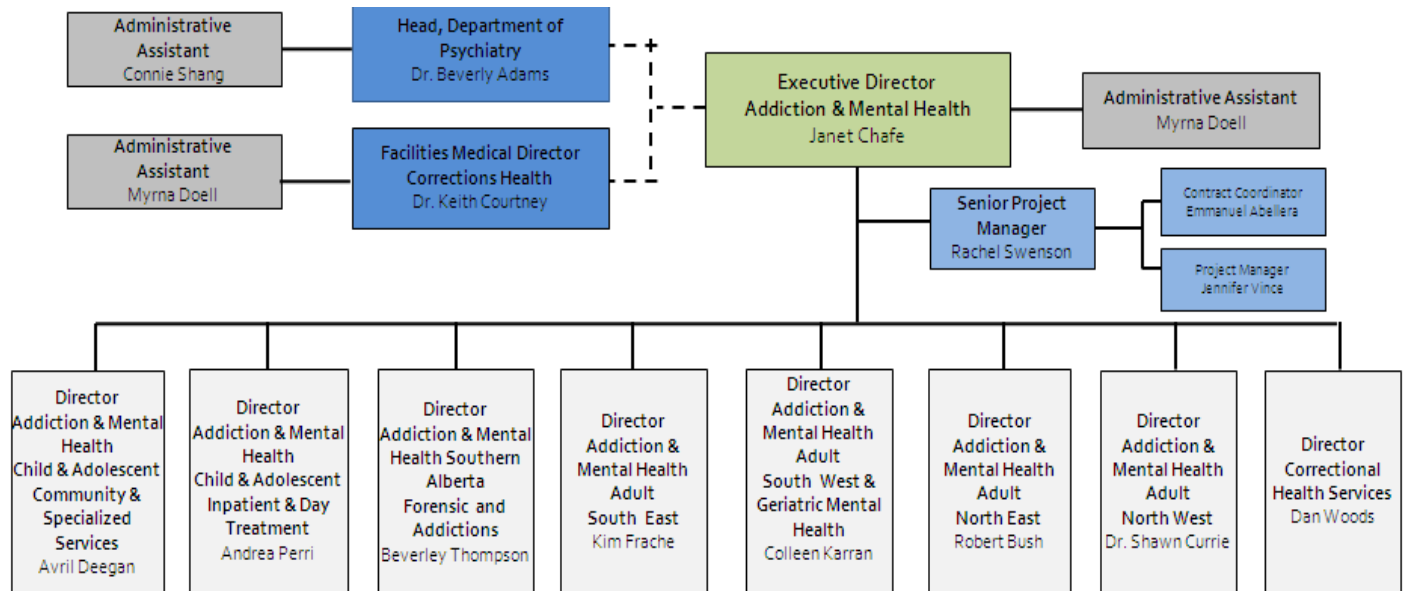
- Acute-care capacity for child and adolescent and adult mental health patients;
- Decreased percentage of Alternative Level of Care inpatients;
- Increased urgent-care services for mental health patients;
- Canadian Psychiatric Association targets for emergent (24-hour), urgent (14-day) and scheduled (30-day) care. Community clinic redesign and process improvements continue to be a priority for outpatient services, with a major focus on access improvement measures;
- Implementation of clinical care pathways and innovative treatments in collaboration with the Addiction and Mental Health Strategic Clinical Network;
- Integration of research into our specialized and community clinics to foster improvement in patient care.

Clinical Department of Psychiatry Calgary Zone

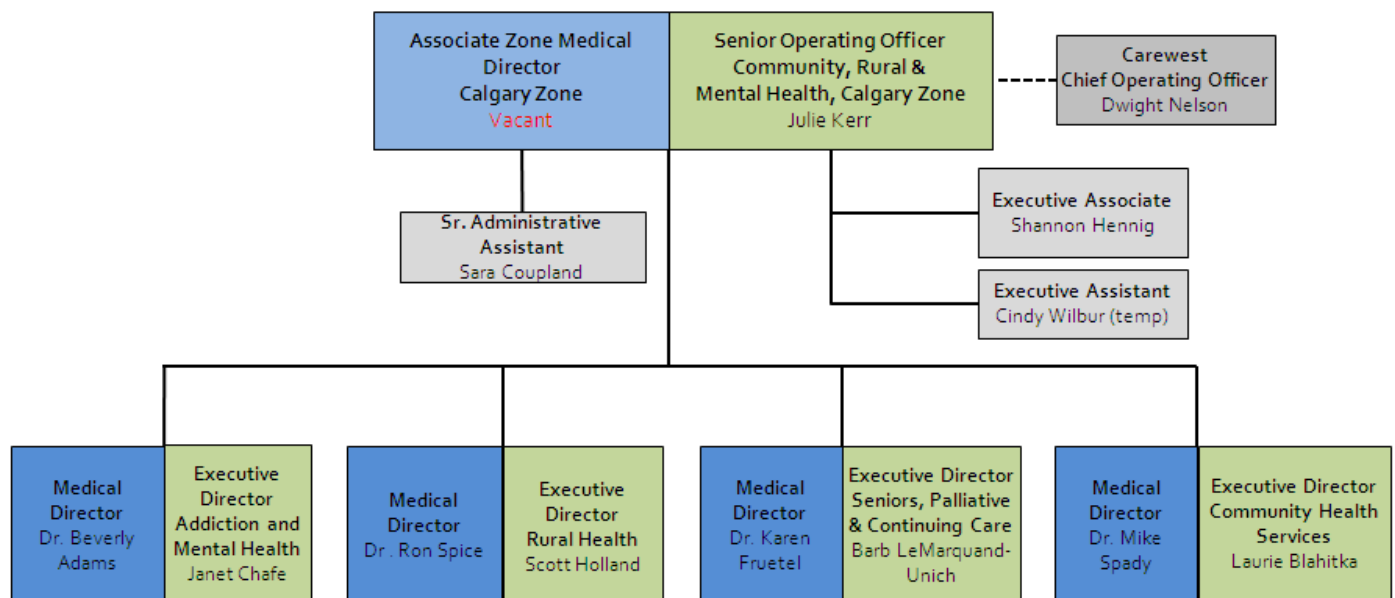




Addiction & Mental Health Calgary Zone



Community, Rural & Mental Health Calgary Zone



Our Vision

Advancing mental health solutions for our community

Our Mission

- Promote the highest quality care for individuals with mental health 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 primary 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

