

An aerial, black and white photograph of a city skyline, likely New York City, featuring numerous skyscrapers and a large, tree-filled park in the foreground. The image is used as a background for the report cover.

Department of Psychiatry

2018

Annual Report

**Alberta Health Services
University of Calgary**
www.ucalgary.ca/psychiatry



Hospital Service Locations

Alberta Children's Hospital
28 Oki Drive NW, Calgary, AB T3B 6A8

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

ucalgary.ca/psychiatry



compassion

We show kindness and empathy for all in our care, and for each other.

accountability

We are honest, principled and transparent.

respect

We treat others with respect and dignity.

excellence

We strive to be our best and give our best.

safety

we place safety and quality improvement at the centre of all our decisions.

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Message from Dr. Valerie Taylor, Head of Department of Psychiatry, Alberta Health Services and the University of Calgary



Thank you for welcoming me to this great Department. I have been here for 3 months and am still amazed by its breath and scope, and overwhelmed by the empathy and skill of those that work in here. It is clear the message from the outgoing chair, Dr. Bev Adams, still resonates; 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.

The department continues to grow, and now is comprised of over 200 full time psychiatrists and a strong group of nurses, social workers, psychologists and a variety of other allied health professionals disseminated through four adult acute-care sites, the Alberta Children's Hospital, the Southern Alberta Forensic Psychiatry Centre and the Claresholm Centre for Mental Health

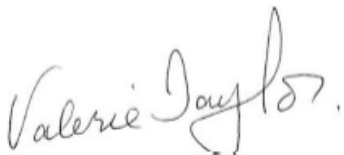
& Addictions and our many community partners. This growth is important to meet the needs of the community but can also at times feel isolating. As a consequence, we will be working hard to engage and communicate with everyone via more of a social media presence and in rebranding our department website and creating a presence on Insite.

Addressing the needs of the community continues to be a priority and staff at all hospitals are engaged in innovative projects to try to improve emergency wait times and improve access. As part of this process we will continue to build collaborations with primary care and community groups to ensure we support the patient across the health care system. The plans for The Adolescent Mental Health Community Centre have been completed and the availability of intensive day treatment services, a day hospital and a walk-in clinic will ensure we continue to provide excellent care to children. Thank-you to the Alberta Children's Hospital Foundation for funding this incredible community project.

The past year has also seen strong work go in to finalizing an academic medicine and health services program (AMHSP) which will help ensure scholarship is supported within the department and will afford further growth.

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.

I look forward to working for you to build on the departments considerable strengths.



Dr. Valerie Taylor
Department Head, Psychiatry, Alberta Health Services and the University of Calgary

Child and Adolescent Addiction, Mental Health and Psychiatry Program

Community and Specialized Services

Over the last fiscal year, our priorities continue to focus on improving patient & family experience, growth & program development and creating & expanding partnerships. The following are some of the examples of the incredible work that has come to fruition due to the hard work and commitment of CAAMHPP staff and physicians.

Highlights in CAAMHPP for Improving Patient & Family Experience

- In early 2017, the Early Childhood and Perinatal Mental Health (ECAP) program embarked upon a program change to revamp how service was delivered. The new program name was adopted and a shift was created to increasingly focus on the needs and desires of the families being referred. With the program re-design staff increased the number of Family Consults to be able to see more families at the outset and with a greater variability of possible appointment times. Family Consults have allowed the program to provide initial comments and recommendations to families after their first appointment and ensures that they get to the next appropriate stream of service whether it be within ECAP or community resources. The Focused Consults and Early Childhood Treatment components of the program are being well utilized with 93% of families referred continuing to engage in these subsequent services.
- The Perinatal program has begun participating in the Perinatal Advisory and Quality Improvement working group to look at how perinatal services are provided and how they can be streamlined across the zone.
- The Shared Mental Health Care team has supported almost 350 clients over the past year within family physician offices across the City. Further support is provided by the PCN-IT team who over recent months have reduced wait times to less than thirty days.
- This fall, Specialized Services will be running seven groups ranging from Connect Attachment groups, to CPS parent groups to OCD support groups with a goal of serving between goal of

serving between 50-100 clients and families in a group format. They will be adding two-to-three groups to that roster in the winter of 2019, including a post-concussion group.

- The Emerging Adult Treatment Clinic is running two groups (DBT and Inter-personal) and robust orientation sessions for prospective clients to respond to waitlist need and timely connections.
- Youth Substance Use and Mental Health Services formerly Youth Addiction Services (YAS), is launching a resource for youth age 16 – 19 years old who are not quite ready for the current structured substance use treatment services that are offered within CAAMHPP.

The Thinking about Change (TAC) program will offer a low structured, barrier free, harm reduction approach to group programming that will guide youth towards making a commitment to change in their substance using behaviors as well as speak to any mental health concerns they may be wondering about. The service is geared to that segment of the youth population that would not be motivated to participate in a traditional treatment setting. Their current exposure to support consists of shelters, street front services, or outreach counsellors. The hope is that participation in TAC may lead them to a more intensive service that would meet their goals of a healthier lifestyle. The program is set to Launch on Sept 19, 2018.

- In March 2018 the wait times for the Metta Clinic (a multidisciplinary clinic that supports transgender and gender-questioning youth and their families) was three to four years. In only a few short months, with the addition of a full time family counsellor plus an additional day a week of psychiatry time, they are thrilled to report that they are currently booking assessments for children and adolescents who were referred in September 2017.
- It has almost been a year since the merger of Adolescent Day Treatment Program (ADTP) and the former Youth Addiction Services (YAS) Action program. Since that time the “new” ADTP has

matured and solidified. Prior to the merger the combined clients served by both programs per year was around 110 clients. So far, through the past 10 months of the programs being combined, it has served 169 clients across all three phases of the program. With the addition of the Pre-treatment and Transition phases to the program we have been able to support and follow youth and their families longer, for better outcomes.

- In May of this year, external evaluators completed the three year evaluation of the Youth Community Support Program (YCSP), a cross-ministry initiative, which indicated that in Calgary, hospital admissions were reduced by 98% when comparing number of days in hospital six months pre and post YCSP.

The evaluation also indicated that youth demonstrated an overall improvement in general emotional and behavioral functioning from pre- to post-treatment as indicated by CGAS scores. The youth commented that YCSP has made a positive difference in their lives and that they feel better equipped to re-establish relationships and continue to make positive changes in their lives. The caregivers were also surveyed and reported positive improvements with respect to satisfaction with the youth's behavior; increased comfort talking with professionals about the youth's and family's needs; improved ability to take care of their own needs; capacity to support and manage the youth's addiction and/or mental health issues; and sense of success for the youth at school.

Highlights in CAAMHPP for Growth and Program Development

According to the Addiction & Mental Health Year End Service Summary completed by the Information Management (IM) Team of the Decision Support Teams, year over year the demand for CAAMHPP services continues to increase. Overall registrations increased just over 3.5% from 2015/16 to 2016/17. Given this, growth and program development are key priorities for which we saw an increase in funding in some key clinical areas this year.

- Recently the Community Clinics received funding for seven new positions through Enhancing Care in the Community: two Family Counsellors located at the NW Clinic, two Family Counsellors located at

the East Clinic, one Family Counsellor located at the South Clinic, an Admin Support person to assist with triage and a Clinical Supervisor. These positions will allow for enhanced access to care and an expansion of group therapy options for identified populations including those with anxiety, emotional regulation needs, and parents wanting to learn more about supporting their young person with mental health challenges.

- Specialized Services have had position growth at the Emerging Adult Treatment Clinic with the addition of 0.60 FTE Family Counselor.
- The Metta Clinic added an additional one family counsellor plus an additional day a week of psychiatry time (Dr. Martin Vetter) that has had significant positive impacts on patient wait times. In addition, a full time family counsellor was hired to support the Gender Clinic at FMC with Dr. Joe Raiche. That position has also allowed for patients to move off of the wait list in a much timelier manner.
- The Youth Community Support Program (YCSP) was excited to learn of extended funding to take them into the 2018/2019 fiscal year. The extended funding will allow for the continuity of care for youth with complex mental health diagnoses, who had previously been accessing tertiary services with no stable resolution.
- The perinatal component of the ECAP program continues to see a high demand for service. The recent program re-design shifted four additional staff from Early Childhood into Perinatal with the intent to focus on reducing the waitlist. The increased staffing capacity has allowed for greater conversation on how the program can, in upcoming months, capture evaluation data to better ameliorate the service provided and to ensure that the needs of the clients are being met.
- School Based Mental Health (SBMH) continues to work hard to provide mental health supports and services in Calgary and area schools. The addition of a clinical supervisor has allowed the

team to begin looking at service delivery, screening practices and linkages to community partners. The hope is that the clinical supervisor can get out to CAAMHPP services to present on the work SBMH does and support collaborative and integrated work between CAAMHPP services and schools.

Highlights in CAAMHPP for Creating and Expanding Partnerships

- Specialized Services continues to support the Facing your Fears Pilot project and the NDD Navigator project to collaborate to better serve the needs of clients with significant neurodevelopmental concerns (ASD, ADHD and Epilepsy) and their families.
- The Parent Consultation Clinic is also piloting a community connection Care Pathway with the Calgary Counseling Centre to create better collaboration between AHS and community services for access to timely care in the areas of coping and trauma.
- The CanREACH program (offers education, training, and support to primary care providers around issues of child and adolescent mental health) continues to be well attended and supported. The Calgary group was the first of its kind in Canada, and the positive results of the program has led to the initiation of REACH training in Ontario and Saskatchewan. In addition, Edmonton has secured funding to offer a cohort in Edmonton. The Calgary group was recently announced as recipients of the 2018 CFPC Continuing Professional Development (CPD) Program Award.
- School Based Mental Health Provincial Mental Health Literacy training (SMILES) continues to expand and grow. Training has occurred in 30 of the 68 Alberta School Boards and 4 of the largest boards have committed to delivering curriculum materials to all junior high students. In addition, there is evidence that referral quality and accuracy is improved in schools trained; a steering committee with indigenous representatives from across Canada has been struck to bring indigenous perspectives to the materials; and Guide resources has been translated into French by Alberta Health Services. BC is beginning the process of rolling out province wide training and has consulted with the SMILES program coordinator on how to best support that roll out and planning.

Dr. Chris Wilkes

**Section Chief, Child & Adolescent Mental Health,
Community, & Specialized Services**



Avril Deegan

**Director Addiction & Mental Health Child &
Adolescent Community & Specialized Services**



Child and Adolescent Addiction, Inpatient, Consultation Liaison, Children's Day Treatment, Psychiatric Emergency Services and Eating Disorders Program

As September is fully upon us, we wanted to reach out to all staff with a few reflections on our work to this point in 2018.

Our priorities continue to be patient flow, safety and growth. We have seen some great work in these areas over the past year that we want to highlight for you. We are definitely noticing the shift in our system as a result of all your hard work and the support you offer to new processes and initiatives. We see evidence of this incremental change as we watch our demands closely, hear back from those in the community or other hospital departments about their experience with our services, and hear examples of great patient care.

Thank you for your own personal contributions to these initiatives. We appreciate your commitment to providing the best care in the moment with patients and their families while simultaneously working to create the best system of care.

Patient Flow

We have been increasing the outreach support available to Psychiatric Emergency Services (PES) in the last year. This has included a Calgary and Area RCSD (Regional Collaborative Service Delivery) funded position to improve continuity between CAAMHPP and the education system. As well, the Emergency Room Outreach (ERO) team continues to routinely visit the emergency department and offer improved continuity for families discharged from the ED. As well, in partnership with Wood's, two Family Support Workers from the Crisis Response Team (CRT) were added as a resource to help families transition home and develop a relationship with this valuable urgent community-based support right from the ED.

We continue to see the impact of different initiatives and staying focused on our mandate of patient stabilization across our four MH inpatient units. This is primarily seen through the average length of stay. Thanks to your efforts it has had a system-wide impact, with less demand for off-service beds and resources. Overall, for the first time in many years, we're seeing the occupancy rate drop below 105% and patients are waiting shorter periods in the ED for admission. We know the shift to a shorter length of stay has been difficult for many people; some feel this has significantly altered what we were once able to offer as part of our inpatient services. While this is true, a focus on stabilization for acute care admissions is happening across Canada due to ever increasing demands for C&A acute mental health. Based on statistics that we carefully watch, we are also pleased to let you know our readmission rate within 30 days continues to be about 3-4%. This is outstanding when you consider the goal is to keep this under 10% - something you are far exceeding.

C&A Units – ACH, FMC, SHC

Length of Stay for Q3 & Q4, 2017-18 (2 quarters of data)

Physician	No. Discharges	Acute LOS (days)			ELOS (days)	ALOS:ELOS Ratio
		Min	Max	Median	Median	
(E)	36	1	68	16	7	2.61
(A)	40	5	64	22	10	2.48
(O)	33	3	50	13	6	2.28
(N)	29	6	74	14	7	2.17
(G)	31	1	44	18	7	2.08
(J)	27	6	92	18	7	2.08
(P)	36	3	42	13	7	2.07
(B)	27	2	64	17	10	1.92
(S)	21	5	65	15	11	1.80
(L)	32	1	72	15	7	1.75
(F)	44	5	61	15	7	1.74
(Q)	31	5	116	19	7	1.74
(C)	45	2	67	15	10	1.73
(H)	26	4	49	13	7	1.38

- Expected length of stay (ELOS) is basically the Canadian average of the length of stay for a particular case, taking into account the reason for hospitalization, diagnosis (based on the Case Mix Group Plus methodology used by CIHI), age, comorbidity, and complications. Case mix groups (CMG) are designed to aggregate acute care inpatients that are similar clinically and in terms of resource use. Some common CMGs for < 18 mental health patients in the Calgary zone include:
 - Childhood/Adolescent Developmental Disorder
 - Depressive episode
 - Stress Reaction/Adjustment Disorder
- The ALOS:ELOS ratio is calculated on typical patients only and indicates whether patients are staying longer (>1 ratio) or shorter (<1 ratio) than expected. Typical cases exclude deaths, transfers, patients with an abnormally long LOS, and against medical advice discharges.

Safety

We are thrilled to hear about elements of Collaborative Problem Solving becoming embedded in your day to day work, whether in your rounds, documentation, or discussions with colleagues. We have been excited to hear specific examples where escalations have been avoided because of the use CPS principles, where services have enrolled a client they may not have accepted in the past, and positive patient feedback. We know that CPS becoming fully rooted in our work is a 5 year process and we continue to invest in it at all levels. The CPS Action Group and unit champions are continuing to develop resources to help all staff and the CPS Booster Sessions held in April/May were well received. One of the messages that staff shared in the booster sessions is to be kind to yourself and colleagues while we try this new skill or new processes on for size. We think that these are wise words. We are working with neuropathways after all, the kids and our own.

We're continuing to work at developing and sharing additional CPS resources - mostly posters for the units and hand-outs to parents. Please let your leaders know if you have other ideas of resources to support this change.

We all know the best way to manage aggression is to avoid its occurrence. As a result we're very interested in the implementation of the DASA, the implementation of the External Review on aggression, the duress alarms, bad news mitigation strategies...We're optimistic that all of this work will result in increased patient and staff safety.

Growth

Some of the examples listed in the Patient Flow section above are also examples of growth and partnership in our portfolio. However, the most significant example, of course, is the announcement of the Centre for Child and Adolescent Mental Health. While the anticipated opening will not be until 2021, this

new Centre holds promise to fill significant gaps in our continuum of services and will positively impact our services. Ryan Clements, Program Manager for the Centre, will be carefully considering the impact to and integration with all services as operational planning begins.

Throughout the years of planning for the Centre we've worked hard to have staff involvement where possible. This will continue to be a priority for us. If you are interested in being involved please let your managers know. Often our timelines to pull together a group of stakeholders are very short, so knowing of your interest in advance is useful. As a reminder the services to be offered at the new Centre are Walk in, Intensive Community Services (step up in intensity from weekly, or bi-weekly treatment) and Day Hospital (short term step down from inpatient, where patients can have support to transition back into home and school and continued support during the day/evening).

We hope that you have found this not so brief memo helpful in understanding the many moving parts of our CAAMHPP Inpatient and Day Treatment portfolio and the collective impact of so much work.

Dr. Abdul Rahman

Section Chief, Child & Adolescent, Addiction, Inpatient, & Day Treatment Services



Andrea Perri

Director Child & Adolescent Addiction & Mental Health Inpatient & Day Treatment Services



Alternates to Hospitalization – ACH

A very recent AHS initiative has been finding ways to reduce LOS in emergency departments and making emergency departments and all other relevant systems aware of alternatives to hospitalization programs. Here is list relevant to child and adolescent psychiatry.

Service	Appropriate For:	Description	Time to be seen	How to refer
Access Mental Health (AMH)	Children/youth who are considered at low risk and non-urgent who are from Calgary and rural communities.	AMH acts as a centralized addiction and mental health information source for the Calgary Zone. The main goal is to connect the child/youth and their families with the right service, at the right place, at the right time.	Within 7 business days of discharge from ED/PES. If they reach the client/family, a screening may or may not be completed depending on the service needs of the client/family. If it is determined that the client requires a community resource, the contact information will be provided. If it is determined that a CAAMHP program is appropriate, the referral will be made for that program.	PES or ED staff can fax a referral form to AMH @ 403-943-9044. Rural AMH # (same process as above): 1-877-652-4700
Psychiatric Ambulatory Clinic (PAC)	Children/youth up to the age of 17 that have a family doctor. Children who are not involved with a community psychiatrist or a clinic that has access to psychiatry	PAC is for children/youth that require initiation, review or management of medications.	Typically their first appointment will be scheduled in 2 weeks after the referral has been received. Referrals are picked up from the PES office daily and typically, triaged and intake appointment booked the next day.	PES staff complete the referral form which is then picked up from the PES office by the PAC secretary and triaged for intake by PAC's nurse clinician.
Emergency Room Outreach (ERO) Psychiatric Outreach Response Team (PORT)	Children/youth who are safe to go home but require support with their current mental health services or re-connection to previous services. They can accommodate children/youth living in Airdrie, Chestermere, Strathmore, and Cochrane. Youth 13 years of age and up who are safe to go home and live south of Anderson Road including the rural south (Okotoks, High River, Turner Valley, and Black Diamond).	The ERO team provides a mental health support follow-up phone call and, if needed, face-to-face community/home based follow-up. This team is also comprised of 2 family counselors and a nurse clinician that will offer support/groups/therapy to children/youth accessing this service. It is a short-term service (up to a month); will continue to bridge children/youth as well as assist with assessments and referrals to community based services.	If in-home visit requested, within 3 business days, if 7 day follow-up requested, within 7 business days.	PES email referrals to the ERO email: caamhp.ero@ahs.ca . Type of referral must be listed in the subject line (ERO referral vs 7 day follow-up). An order must also be entered into SCM. PES staff complete a PORT referral form and fax it to SHC @ 403-956-3067.

Service	Appropriate for:	Description	Time to be seen	How to refer
South Health Campus Out-Patient (SHCO-P)	Youth 13-17 years of age, who require intensive out-patient therapy but do not meet criteria for admission to hospital. Youth who are not actively/imminently suicidal or homicidal but are experiencing parent-child conflict and are not connected to a community clinic.	The SHCO-P program serves youth who are in need of psychiatric, psychological, and psychosocial assessment and require treatment for moderate to severe difficulties. The clinic operates under a family centered care approach and provides individual sessions along with group and family therapy sessions.	Depending on what day of the week they receive the referral but usually will schedule the intake/orientation in the week the referral is accepted. Wait times vary throughout the year.	PES completed the referral and can either email or fax them to the clinic/clinic secretaries. Fax: 403-965-4290 Dawnette.fox-glasgow@ahs.ca Paula.hendrickson@ahs.ca
Psychiatric Emergency Services (PES) Family Councilor	Children/youth up to the age of 17 who are having difficulty with situational crisis, relational problems with family/friends, difficulty coping and require immediate counseling services.	The PES FC meets with children/ youth and their families, either doing individual therapy, parent sessions or family therapy to develop goals and help determine a plan for next steps. The FC will then complete referrals to a longer term mental health service.	An appointment will be scheduled while in ED, typically within 1-2 weeks of ED presentation. If time allows, PES FC will meet with family in ED and schedule an appointment.	PES staff book appropriate children/youth into an open appointment through a shared calendar and receive the date and time in their discharge recommendations from ED.
Mental Health Transition Specialist (MHTS)	Any children/youth who are sent to ED by their respective school because of difficulties attending, engaging, aggression, or safety.	The MHTS supports and facilitates the collaboration between the education and health system to support children/youth experiencing mental health concerns. This includes providing recommendations as to 'next steps,' such as encouraging case conferences between parents, school, and any other agencies involved. Makes recommendations around the challenges with pathways to, through and from care to RCSD partners and community agencies such as Child Services and FSCD.	Within 1-3 business days will contact the school, minimal contact with families.	PES staff email MHTS @ Sharon.halladay@ahs.ca .
Wood's Outreach Workers	Children/youth age 5-14 years who do not meet criteria for an inpatient admission, but are a minimal to moderate safety risk, complex, have acuity levels that exceed those typically associated with community-based treatment and are struggling to manage out-patient/weekly appointments.	The Wood's Outreach workers main goal is to provide community-based, in-home treatment for children/ youth and their family/caretakers in situations where the youth are medically stable, live in a safe environment, are not at imminent risk to themselves or others, and families that are willing, committed participants.	Contact can be made immediately through ED or within 1-2 days.	PES staff will call the worker's for immediate response, or leave the PES assessment for the workers to pick-up in the PES office.

Service	Appropriate For:	Description	Time to be seen	How to refer
Wood's Stabilization Program	Youth 12 – 17 years who are not safe enough to go home, are not an elopement risk but are having a family crisis and require support in managing it. Alberta Health Services funds 2 beds at this program, making this service dependent on bed availability.	The Stabilization Program is a short term, family crisis resolution program, which offers 24 hour access to treatment services for families and youth experiencing family crisis. It provides temporary placement for youth, respite for families, and daily mediated family visitation and skill building. The program also advocates and links families to community services to sustain and support healthy family interactions.	Youth are sent to this program directly from ED, after a PES assessment has been completed and the youth has been deemed appropriate for admission by CRT staff.	PES team consults with the Community Resource Team, who will come to ACH ED and meet with the youth and family and schedule an intake. Youth are transported via their parents/legal guardians.
Community Psychiatric Unit (CPU)	Youth age 12 – 17 years that require 24 hour care but are not psychotic, or at an imminent risk of suicidal/homicidal behavior or elopement. Youth must be voluntary.	CPU is a community based, unlocked unit that is that is partnered with Wood's Homes and located on the Parkdale campus. The focus of this unit is managing and stabilizing the acute mental health needs of the youth.	Youth are sent to this program directly from ED, after a PES assessment has been completed and the youth has been seen by psychiatry and deemed appropriate for admission.	PES staff fax their assessment directly to the program and schedule and intake time. Youth are transported via inter-facility transportation.
Recovery, Stabilization & Detox Mental Health Bed (RSD MH Bed)	Youth 12 – 18 years who are experiencing substance use and/or mental health concerns, are not safe to return home, but do not require PRN medication, high observation and are not at imminent risk of suicidal/homicidal behavior or elopement.	The RSD mental health bed is part of the detox beds within Hull Services, located in the SW community of Woodbine. The program provides stabilization and psychosocial services as well as preparation for further treatment and transition planning.	Youth are sent to this program directly from ED, after a PES assessment has been completed and Psychiatry has been consulted.	PES staff fax their referral form, assessment etc. directly to the program and schedule an intake time. Youth are transported via parent/legal guardian.



2018 Child and Adolescent Psychiatry Retreat

System Recommendations and Award Ceremony

This year's retreat took place on 27th of April in the Legacy Room held at Hotel Alma at University of Calgary. Drs. Bev Adams, Abdul Rahman and Chris Wilkes provided updates on the developments within the department with regards to services and research.

A number of awards were given away after numerous recommendations were received based on pre-established criteria

The winners for various accomplishments included Drs. Jason Taggart, Greg Montgomery, Monique Jericho, Paul Arnold, Ursula Hines, Tyler Pirlot and Dina Munim.

This year we also announced "Hearts of Mental Health Awards" for non-physician staff. The nominees included Allison Warga, Jillian Bonk, Jillian Paulsen, Liane MacDonald, Melissa Adrian, Pauline Burgess, Sena Tirlui, Shaylyn Carr. Thank you all and many congratulations for your recognition.

In addition, an in-depth feedback was sought from the Child and Adolescent psychiatrists to help improve services. Many valuable recommendations were received which are briefly summarized as below.

Most of the participants recommended that we need to look at improving services for Neurodevelopmental Disorders including Autism and ADHD across life span. The outpatient services within

CAAMHPP are limited and the coordination with Non-AHS services need to increase. It was also felt that purpose built inpatient programs as needed within Calgary Zone. Need for Intensive Day Hospital programs was emphasized. It was also felt that there is a need for environmental and structural update of inpatient units to increase capacity and safety given the recent shift to an acute case model. In order to reduce the length of stay in Emergency Rooms, short stay unit for Child and Adolescent Population was suggested. Educational programs are needed to reduce stigma within health professionals in hospital and community services. There is need for enhanced coordination between C&A Psychiatry and Adult Services.

It was recommended that all family medicine and Pediatrics residents should complete CanREACH training programs to expand services for mental health patients. There is a need for a system change for creation of and quick access to discharge and assessment summaries for rapid and quality access to good clinical care. It was also felt that consideration be given to expansion of shared care model in all 3 community clinics. Improvements in dictation and transcription service was recommended. It was also felt that community clinics needs direct availability of psychoeducational testing, autism screening and sometimes OT and SLP screening for all community patients including shared care patients. Some of these services exist but need expansion. There is a need to create more focused DBT, CBT and Family Therapy Programs. There is a need for evaluating the evaluations that we do in our programs. This can guide us towards addressing the needs to our families and identify lacunae in services. It was also felt that a chronic care services need to be established to provide help to such population. It was hoped that these recommendations will be taken into consideration for future development.

Community Psychiatric Unit/In Home Support

The Community Psychiatric Unit (CPU) is a partnership between Alberta Health Services (AHS) and Wood's Homes that provides short term (5-14 day) residential treatment and in-home, follow up support to children and adolescents experiencing a significant mental health issue that cannot be managed on an outpatient basis. The program provides 8 beds serviced by a team of AHS and Wood's Homes professionals including Nurses, Psychiatrists, a Clinician and Youth and Family counselors. There is also a partnership with Calgary Board of Education with school on site.

CPU was developed in 2016 in partnership between AHS and Wood's Homes to provide stabilization and follow up support to children and adolescents and their families enduring a psychiatric crisis that requires inpatient attention. CPU was also developed to provide additional support and resources to the emergency departments or inpatient units by relieving admission pressure. The program provides 8 residential beds for youth between the ages of 9-17 years old for up to 14 days. Assessment, diagnosis, support, safety planning, medication management and establishing clear goals to move forward out of a crisis are the focus of the short-term treatment stay. CPU includes structured daily routines, daily interactions with psychiatrists, nursing staff, teachers, a clinician, family support counselors and youth and family counselors, daily psycho-educational support groups and family therapy session. In-home follow-up support is also offered after client discharge.

CPU employs a Family Centered Care approach, entering into a collaborative relationship with caregivers in planning and implementing treatment. CPU also employs Trauma-Informed Care and a No Restraints Philosophy.

A. Monthly Occupancy Rates, April 1, 2017- March 31, 2018

Month	April 2017	May 2017	June 2017	July 2017	Aug 2017	Sept 2017
Days in Month	30	31	30	31	31	30
Hospital/CRT /ENP	23/0/0	22/0/0	16/0/0	8/3/2	11/1/0	14/2/1
Days Accessed	223	234	157	133	140	175
Occupancy Rate	95%	94%	65%	57%	56%	73%

Month	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	March 2018
Days in Month	31	30	31	31	28	31
Hospital/CRT/ENP	15/0/0	22/0/0	17/0/0	18/0/0	16/0/0	14/0/1
Days Accessed	260	239	218	183	141	224
Occupancy Rate	95%	99%	88%	74%	63%	90%

The average length of time clients spent at CPU was 13 days.

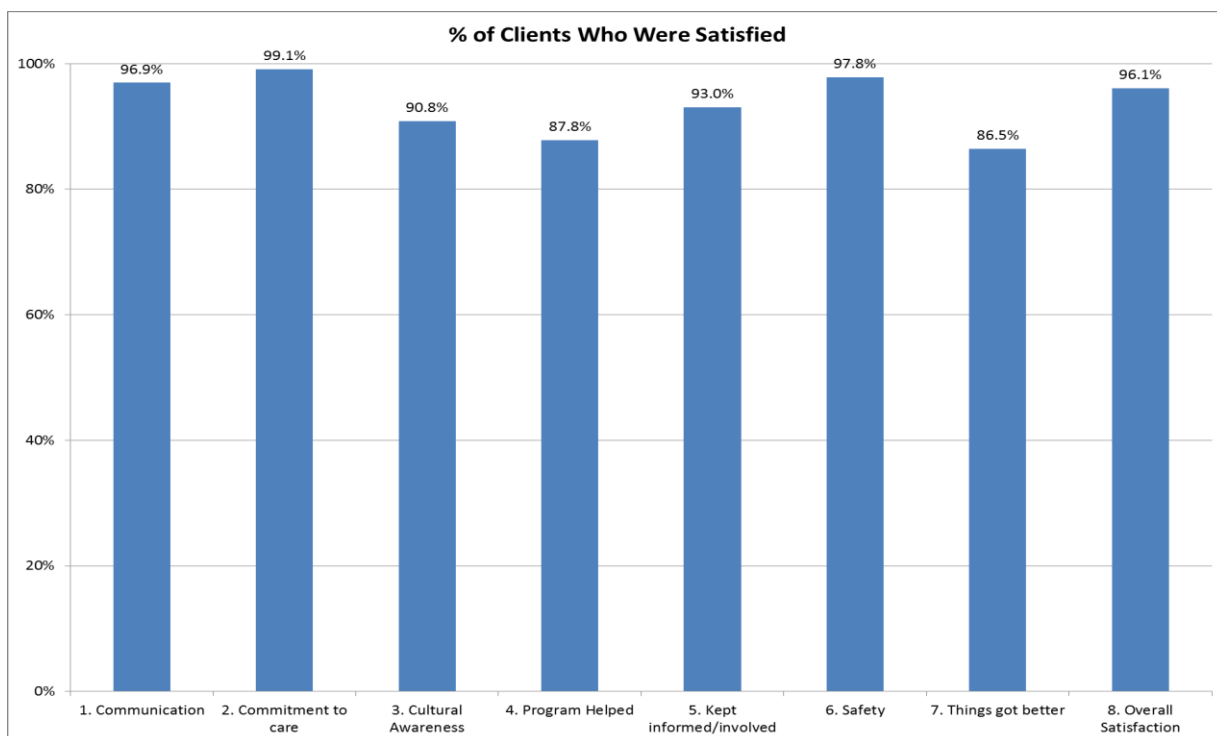
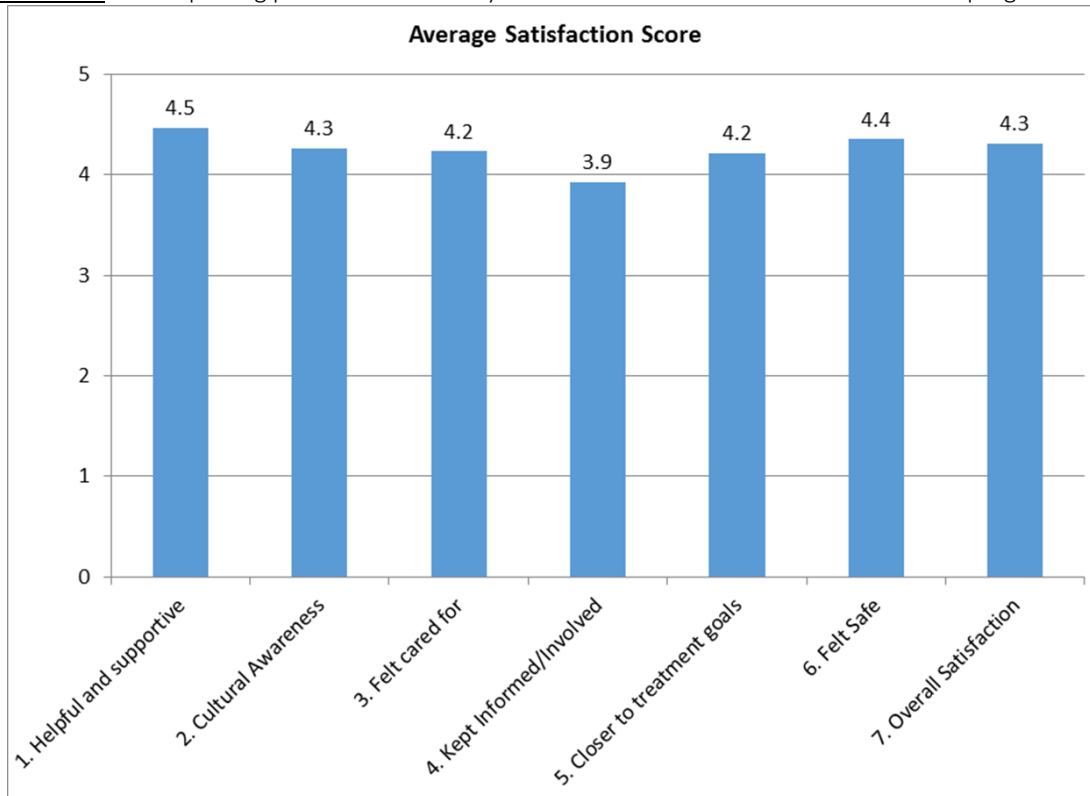
Top 5 Presenting Concerns

Presenting Concern	% of Clients
Suicide	73.3%
Self-harm	16.8 %
School Problems	8.0 %
Parent/Child Relationship Issues	7.7%
Bullying	5.5 %

Top 5 Diagnoses

Diagnosis	% of Clients
Anxiety Disorder	80%
Depressive Disorder	83%
Neurodevelopmental Disorder	37%
Trauma and Stressor Related Disorder	23%
Disruptive, Impulse Control and Conduct Disorders	9%

Youth Satisfaction: This reporting period finds 87% of youth clients were satisfied overall with CPU program



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 patients 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, subacute 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 patients transitioning back to the community from medical-surgical wards and psychiatry units. A 3rd position will be added to this team to facilitate its mandate to expedite discharge from hospital and reduce relapse and readmission to hospital.

Ten transitional Kerby Centre housing beds that opened in the spring of 2016, closed in the fall of 2018 due to challenges with the facility's physical space. However positions have been repurposed to continue to support seniors in the community.

News

Our section continues to explore ways to meet the challenges of the rapidly aging population with our existing resources. In the past year, the change in intake criteria to our community services to include seniors aged 70 and over (and those aged 65 to 69 with frailty or chronic illness) has been successful in focusing our resources on seniors that would benefit the most from a geriatric approach. In the upcoming year, we will look at enhancing or modifying our services for seniors with addiction issues and if possible, will seek funding and a location for geriatric day hospital for our severe and persistent clients. Discussions are underway with Carewest around the possibility of another geriatric mental health program to supplement the excellent work of the Rehab and Recovery Unit.

We are pleased to have recruited 2 new psychiatrists to the section in the last year. In the upcoming year, will seek to recruit 1 or 2 additional psychiatrists to meet the demands of the aging population, as well as build capacity as some of existing psychiatrists are approaching retirement age.

Our application to Royal College of Physicians and Surgeons of Canada for a Geriatric Psychiatry residency program is undergoing review and will likely be approved for July 2019. There is a limited availability of accredited Geriatric Psychiatry training programs in Canada. Our local resident body and students across Canada have consistently expressed an interest for a geriatric psychiatrist residency program in Calgary. We anticipate the geriatric residency will aid in our recruitment efforts in the future.

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. Dr. Ismail's lab is independently funded by CIHR, CCNA, Brain Canada and the National Institute of Aging. Dr. Ismail is currently supervising 3 MSc and 1 PhD students in various projects relating to neuropsychiatric symptoms in neurocognitive disorders as well as supervision for medical trainee research projects. Ongoing studies include the S-CitAD study, an NIA funded RCT of escitalopram vs placebo for agitation in Alzheimer's disease, and the StaN study, which implements an integrated care pathway for pharmacological management of agitation in hospitalized and institutionalized patients with dementia. Additional studies include a large Adverse Drug Reaction surveillance project and longitudinal observational cohort studies of imaging and biomarkers for those with dementia (FTD, LBD, AD), MCI and Subjective Cognitive Decline.

Clinical psychiatrists, Drs. Leung and Madan are involved in a follow-up on an immersive therapy program for Long-Term-Care clients.

Education

We actively teach geriatric psychiatry to psychiatry, geriatric medicine and family medicine residents. We also contribute to educational events, speaking frequently at conferences for general psychiatry and other disciplines with an interest in eldercare. This past year, in effort to address a gap in the psychiatry academic half day teaching, we hosted a 2 days geriatric psychiatry 'boot camp' for residents rotating through our services. This educational program was well received and will be repeated in future years.

Dr. Suparna Madan
Section Head, Geriatric Mental Health Services



Colleen Karran
**Director Addiction & Mental Health Adult South
West & Geriatric Mental Health**



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 centres 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 (UFT) or not criminally responsible by reason of a mental disorder (NCRMD).

Two rehabilitation homes, the Lighthouse (6-beds) and Bright Harbour (4-beds) allow people who are found 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. An application for a subspecialty program has been forwarded to the Royal College of Physicians and Surgeons.

- Treatment of sex offenders in provincial custody has transferred from Alberta Hospital Edmonton to the Calgary Correctional Centre Rocky Mountain Program in May 2017. In the first year of operation 35 men have completed the program with a plan for an annual capacity of approximately 60 completers per year. The program treats moderate to high risk sex offenders. Alberta Justice recently awarded the Sex Offender transfer planning team a merit award.
- 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. As part of this process we are currently undergoing AIM (Access Improvement Measures) at the Southern Alberta Forensic Psychiatry Centre.
- Outcomes of restorative justice interventions on recovery and violent recidivism in a Not Criminally Responsible on account of Mental Disorder (NCRMD) population:
- Over the last few years there has been increasing interest in forensic mental health recovery and in the development of programs aiming to facilitate the recovery tasks within forensic settings while maintaining a safe environment and protecting the public. Narratives to construct recovery and the inclusion of families and peers have been identified as crucial facilitators in this process. As such, family interventions resonate well with a recovery outlook in general and with NCR-MD patients in particular, as their violence whether directed to their relatives or to non-related victims deeply affect their families. Indeed, repairing the damage inflicted to their primary support system by offenders appears to be important in recovery and to produce positive outcomes for both victims and perpetrators. In this respect, Restorative Justice (RJ) practices are gradually emerging as significant elements in the recovery process of forensic patients.

- Since clinical experience suggest that following their violent offending, the primary support systems for the NCR-MD sustained significant damage. It was hypothesized their recovery would be affected by being hospitalized in facilities that are distant from their support system and by the lack of specific interventions that help their families come to terms with their crimes. Indeed, it is well known that families of mentally ill offenders experience more stress and burden than families confronted with psychiatric problems alone.
- In an attempt to address these difficulties and deliver a more therapeutic and humane treatment to the NCR-MD population from Southern Alberta, in 2010, 8 beds were created for the specific treatment of this population. Then, family interventions were developed and used in conjunction to treat the patient's individual problems, such as their diagnoses, their addiction disorders and the trauma and grief caused by the offence leading to their NCR-MD designation. Instead of addressing problems solely on an individual basis, these interventions provided support in a safe environment for those affected in the crime (offenders and direct and indirect victims) to voluntarily participate in the process of accountability, reparation, understanding, and a sense of closure, which resonated with RJ. The solution strived for in this therapeutic approach was for the family to function better because when the family functioned better as a whole, each individual within the system did better, which in turn should enable the healing of the family and facilitate the community reintegration of the NCR-MD patient.
- In order to test the above hypothesis, the clinical progress in general and violent recidivism in particular of a sample of NCR-MD from Southern Alberta that engaged in this systemic approach were compared to those NCR-MD that were not involved in this type of intervention.
- Preliminary results confirmed this therapeutic approach produced significant benefits, specifically a length of hospital stay that was probably the lowest in the country together with successful community transitions- reflected by the NCR-MD success in maintaining community tenure together with very low rates of violent recidivism. The results of this intervention will be published in the near future.

Dr. Ken Hashman
Section Chief, Forensic Psychiatry



Beverly Thompson
Director Addiction & Mental Health Southern
Alberta Forensic & Addictions



Community and Rural North Outpatient Psychiatry

Introduction

In this first annual report as Section Chief (North), I am delighted to share with you an update on various activities undertaken over the past year as well as on exciting new prospects and initiatives for the coming year. Our outlook for the future will be based on a renewed vision, a strict fidelity to evidence-based principles of clinical governance and an emerging atmosphere of re-invigorated commitment by our excellent community mental health clinicians.

From Dr David Tano's last annual report (2017), the strategic outlook for the past year was centered on the standardization of care across outpatient programs in all quadrants of the city. Other notable goals included the review and revision of subspecialty services and active engagement of Primary Care Networks and allied community partners. I am happy to report that tremendous progress has been achieved in all these areas.

Going forward we will continue to design and implement a comprehensive strategy to improve our capacity to provide a quality of care that is comparable to international best standards. As we do this, the foundation for our immediate and longer-term strategic vision will be anchored on the following five tenets:

- **Alignment** of services
- **Integration** of programs
- Progressive **Flow** of patients through the system
- **Stepped Care** on a continuum of Primary, Specialist and Subspecialty levels
- **Seamless transition** of care between providers

Alignment

In an optimally aligned service the constituent programs will be arranged or recognized in their appropriate relative positions. In our particular context, all community clinics and programs will clearly understand how they relate to and with each other. The current state of relative functional fragmentation impacts negatively on patient flow, quality of care and overall efficiency of the system. In the Northeast quadrant, for example, efforts are underway to align services provided by the Sunridge CBS and POS programs with the Carnat Centre, PLC Day Hospital, governmental agencies.

This effort will be replicated at all other quadrants and ultimately across the entire Calgary Zone so that programs that share geographical and/or functional relationships would evolve into a continuum of care that supports free flow through the system.

Integration

Much of our healthcare system currently functions in silos. Lack of clinical integration impacts on capacity and quality of care. In the coming year, considerable efforts will be geared towards developing a robust conceptual framework for integrated addiction and mental health care across Calgary Zone. At the core of this move towards clinical integration will be intentional and proactive coordination of care across programs and sites over time. Key elements of this initiative will include improving communication (sharing of information between care providers within and across programs), collaboration (shared decision-making within and across functionally related programs), comprehensiveness (holistic approach to care at every point of service) and continuity of care (uninterrupted delivery of care across providers over time). Upstream integration with Subspecialty Clinics and downstream integration with Primary Care Networks and allied community agencies will continue to be a priority.

Flow

In recent years, a lot of strategic thinking in clinical governance has centered on access to care. These efforts continue to be frustrated by restricted flow and system congestion. Going forward our emphasis will be on *capacity*, a concept that incorporates the twin elements of *access* and *flow*. Of course for some patients mental health services will remain their healthcare home. For the majority, however, increased attention will be drawn to the need to move patients along a continuous care pathway to ensure steady flow and improved access. The established practice of triggered case reviews (from the phase I redesign project) by clinicians is having net positive effects on flow, although stagnation with physician-only patients continues to impede overall progress in this area. We are currently looking at developing a transition program to facilitate prompt discharge from outpatient clinics to primary care, especially with regard to these physician-only cases.

Stepped Care

Stepped care is one of the cornerstones of equitable service delivery. It involves matching service users to the most appropriate levels of care as determined by their specific needs. A stepped approach to care enhances flow, improves cost efficiency and optimizes system capacity. Stepped care also ensures that the right patient is getting the right care at the right setting and at the *right* cost to the system. One of the key elements of the ongoing phase II redesign project is a tiered service model ranging from health promotion and prevention at individual and primary care levels to highly specialized services at subspecialty clinics. As part of the phase II redesign project, service mandates and inclusion/exclusion criteria are being reconsidered for all the generalized and subspecialty services to ensure that each level of care is properly defined and adequately resourced to meet its set objectives. The interface between psychiatry and primary care will be clearly defined, and as described above, the principles of alignment and integration will help enhance the ease of navigating through this tiered structure.

Seamless transitions

Managed transitions particularly when it involves a healthcare professional to bridge gaps between service providers are essential to successful continuity of care. The Community Extension Team (CET) is perhaps our nearest example to best practice principles in this area. Anecdotally the role of CET likely reduces the length of hospital stay (LOS) of patients by a factor of days if not weeks while also reducing the risk of adverse events including re-hospitalization. One major initiative in the coming year will be the establishment of service pathways, programs, partnerships and protocols that will similarly support patients, especially those with complex needs, at key transition points across the entire system. This model has already been trialed with significant success at Central Clinic where the position of a Transition Nurse has led to successful transition of several patients with chronic schizophrenia maintained on depot medication to the family medicine teaching clinic co-located there at Sheldon Chumir. There is ongoing consideration to establish a citywide team to similarly liaise between our various outpatient programs, primary care services and allied community agencies. This move towards literally holding patients' hands at key transition points in their recovery journey will likely be key to addressing our system-wide flow and capacity needs.

Key Strategic Initiatives for the Coming Year

Phase II Redesign Project

Our main focus will be on the roll out of Phase II Outpatient Redesign project. While phase 1 focused on access to services and standardization of care at four community clinics, Phase II will aim to extend these goals to 13 further clinics with an expanded scope that includes our other current strategic priorities. Having been successful in making DBT more widely available, we will try to provide trauma focused/informed therapy as well as perinatal mental health services across all core clinics. Currently five *Implementation Teams* are being established to oversee various aspects of the project based on priorities identified through several multidisciplinary consultation forums during the past year. Intensive information and awareness campaigns will follow to fully foster a shared understanding with staff and all stakeholders. There are also efforts to ensure that clinicians have access to adequate support in real time as they adapt the new processes into their routine practice.

Primary Care Liaison

The tremendous success of the Shared Mental Health Program led by Dr Margie Oakander is well recognized and appreciated. Another success story is the newly established Specialty Link Service that provides family physicians with telephone consultations with psychiatrists throughout the week. Also in collaboration with PCNs the department is developing treatment *Pathways* for common mental health disorders to guide family doctors in managing mild/moderate and uncomplicated cases. There is also the single access drop-in service currently being provided by Dr Oakander at the East Side Family Services and by Dr Amanda Berg at Calgary Foothills PCN. All these initiatives aim to prevent avoidable referrals through Access Mental Health. The Department of Psychiatry will continue to play a key role in the University of Calgary Family Medicine Residency program. As discussed above (under *Seamless Transitions*), a community mental health outreach/liaison team will be established to bridge the gap between our community clinics and primary care providers, much like the CET bridges care between the hospital acute units and end-point community clinics. A CMD position for Primary Care Liaison Psychiatry will be created to align all these interrelated programs under one medical leadership. Our special thanks goes to Dr Rick Ward (CMD of the PCN Program, AHS Calgary Zone) for his unalloyed support in actualizing these objectives.

Collaboration with Allied Community Agencies

The work of Canadian Mental Health Association (CMHA) deserves special mention especially with the inception of their Recovery College during the past year. Our partnership with CMHA in the Post Discharge Transitional Housing Program (Robert's and Hamilton Houses) also deserves a mention for how much it is helping facilitate earlier hospital discharge for patients whom housing needs and lack of independent living skills would have kept in hospital for considerably longer. We would be exploring avenues to expand our collaboration with CMHA and other allied agencies, especially in regard to opening more step-down transitional beds to ease our inpatient capacity issues.

Also as reported by Dr Tano in 2017, we are partnering with the Calgary Police Service to address process and volume issues related to the use of Form 10's in the city. The D-PACT program is another new program where mental health clinicians embedded in District Police Offices manage suitable mental health cases encountered in the course of routine work of the police. This partnership with the District Police will continue to be a strategic priority in the coming year.

Rural Clinics and Indigenous Mental Health

We will be continuing with efforts to provide a broader range of treatment options to our rural clinics. Attracting subspecialties remains a priority, as is addressing their needs in areas such as having the necessary resources to support issuance and maintenance of CTO's. We are looking at organizing the rural clinics under a singular clinical leadership to ensure prompt attention to local clinical and governance issues. We are also looking to recruit psychiatrists to support our indigenous mental health clinics and related programs.

rTMS

We are in the final phases of the roll out of our first government funded rTMS program in Calgary Zone. The first of these machines will be sited at the acute hospitals, with plans to progressively roll them out to community clinics in the near future. It is hoped that the introduction of rTMS will be a welcome addition to the menu of options available to psychiatrists especially in the management of treatment resistant mood disorders.

Arnika Center

Our acute units and outpatient clinics carry a significant caseload of persons with developmental disabilities whose complex needs are often beyond the scope of practice of general psychiatrists and clinicians. The Arnika Center is collaborating with adult mental health services at North East Clinic to facilitate a consultation model for the purpose of supporting the care of patients with high functioning ASD (IQ > 70) who require psychiatric care. A similar consultation-liaison service is already ongoing between Arnika and the Family Medicine Teaching Clinic at Sunridge (Mosaic PCN) to support the care for Developmental Disabilities Mental Health (DDMH) patients; and with hospital acute units where DDMH patients often have unusually extended length of stay. Arnika is also currently expanding their Catalyst and Assertive Community Treatment (ACT) teams to enhance outreach supports. We are thankful to Dr Jennifer Hibbard and her team for all these helpful developments.

Perinatal Mental Health Services

An Advisory Committee was inaugurated in the Spring of 2018 to develop a strategic plan for Perinatal Mental Health Services for Calgary Zone. Led by Dr Lisa Gagnon (Clinical Lead) and Kim Frache (AHS Director, Calgary SE), representatives on the committee include leadership from current perinatal addiction and mental health services in the Calgary Zone, Department of Psychiatry, Strategic Clinical Network (Maternal, Infant, Child and Youth Addiction and Mental Health), and the University of Calgary. The committee's mandate is to develop a multi-stage long-term plan to address the needs of women who require mental health supports while contemplating pregnancy, being pregnant or being within the 12 months postpartum period. The aim is to bring the structures, processes and outcomes of our perinatal services to best international standards, inspired by recent Clinical Practice Guidelines available from Australia (2017) and the UK (2018). The early focus of the committee has been on clearly defining inclusion/exclusion criteria and other measures aimed at enhancing the efficiency of our referral system. The group is also standardizing the use of rating scales for screening purposes, standardizing evidence based service components across all sites offering perinatal services and developing a robust system for continuing data collection and quality assurance. We have ring-fenced funding for a dedicated Project Manager through October 2019.

e-Psychiatry

We are in a digital era where goods and services are increasingly produced and delivered via virtual networks and electronic platforms. Psychiatry is peculiar as a specialty with much of its clinical services not involving instrumentation or direct physical contact with end users. There is also the reality of an emerging generation who are adept with digital platforms and increasingly averse to face-to-face contact when accessing goods and services. As our traditional custodial centers of care can only be made so much more efficient, it is likely that the solution to much of our capacity issues will depend on how well we exploit virtual approaches to care by investing in a technology-driven mental health ecosystem.

It is therefore timely to begin to explore and expand the prospects of digital technology for delivery of care, particularly in the areas of prevention, early intervention and self-help. We will be exploring ways of leveraging technology for the benefit of individual psychoeducation and public awareness, end-user apps for psychotherapeutic interventions, expansion of existing telehealth capabilities, facilitating telephone and digital consultations with GPs as well as exploiting the limitless capacity of transition/outreach/liaison services in the community. The overall aim will be to reduce avoidable footprints and wait times at clinics without compromising quality of care. Our longer-term strategic focus will be directed at actualizing these potentials.

I am highly appreciative of the privilege and personal honor it is to serve in this role, and I am humbled by the exciting new prospects that the vision laid out above holds for our patients and our community. I strongly believe that our greatest asset as an organization remains the tremendously skilled and dedicated clinicians and allied staff that run our systems with so much diligence and compassion. To our staff, I celebrate you; and on behalf of our patients and entire community I say thank you!

Dr. Izu Nwachukwu
Section Chief , Outpatient Services (North)



Director
Addiction & Mental Health Adult North East
Robert Bush



Community, Addictions, and Rural South

I have only recently been handed over this position as Section Chief of Community, Addictions, and Rural South, hence I apologize in advance if there are some omissions, as I'm still learning about all the components of this large administrative portfolio. I want to administrate this new position in a fair, transparent, and approachable manner; hence would welcome any feedback from any interested parties in regards to any components of my portfolio.

The most notable change over this past year to the Addictions component of my portfolio has been the initiation of the Addiction Recovery and Community Health (ARCH) program at the Peter Lougheed Centre. ARCH is a specialized multidisciplinary addiction consultation service for patients admitted to hospital or in the emergency department who have active substance use concerns; based upon a model at the Royal Alexandra Hospital in Edmonton. Although this program technically is not administered by our department due to an independent funding model within Alberta Health Services, ARCH will obviously need to work in collaboration with many of our existing programs. A ramification of this program is the subsequent duplication of services with the Addiction Network at the Peter Lougheed Centre, hence we have reallocated our PLC Addiction Network clinical resources to other sites. This includes the creation of a new post at the Rockyview General Hospital Clinical Stabilization Unit of an addictions nurse specialist available for consultation, potentially also for the emergency department.

The opiate crisis is ongoing with 733 overdose deaths in 2017. In response to the crisis, an injectable Opioid Agonist Therapy (iOAT) program has opened on October 29th at the Sheldon Chumir Centre for the most severe opiate use disorder patients seen through the Opioid Dependence Program. It is expected to treat 35-50 patients this first year. The ODP has also expanded with utilization of methadone, suboxone, and slow release oral morphine. A supervised consumption site has also been established at the Sheldon Chumir as part of an overall harm reduction strategy through Safeworks. More aggressive opiate substitution strategies have been employed in both inpatient and outpatient settings, strengthened by the College of Physicians and Surgeons of Alberta relaxing the training requirements for prescription of buprenorphine. Also, of interest, there is a provincial movement to advocate for the public funding of Naltrexone for certain patient populations.

Administration of the rural mental health outpatient services in Claresholm, Okotoks, Vulcan, High River, Black Diamond, Nanton, and Turner Valley is also another component of this position. I recently attended a Rural Mental Health Retreat to hear the concerns of these physicians (I'm also married to one of them, so I hear ALOT about any potential issues). The most notable deficits to the current system relate to the lack of child psychiatry services in these communities. There is also concern about an expedient lack of access to adult psychiatric services as well. Dr. Paul Cameron, Dr. Tashi Kinjo, Dr. Leanne Foust, and myself can attest to long wait lists at some sites for access to psychiatric consultation. We are currently recruiting any interested psychiatrists for certain sites, please contact me if you are interested. Family physicians would also like to enhance communication between Patient Care Networks and Alberta Health Services.

Lastly, I am also responsible for my primary occupational site the Claresholm Centre for Mental Health and Addictions (CCMHA). We are proud to announce that Dr. Tashi Kinjo is our new Clinical Medical Director, a well-respected clinician for many years at the Centre. We were sad to see Jim Marteniuk retire from his position as our Program Manager, but are extremely pleased to announce that John Bradbury has accepted this position. Thank you to Kim Frache, our Southeast Portfolio Director, for assisting in the recruitment of an excellent administrator.

Due to a lack of referrals to our Transition Unit, we have converted ten of those beds to a Active Rehabilitation flex-holding unit to assist in alleviation of bed pressure in the city. We were sad to see Dr. Ron Lim leave for occupational/research endeavors in Calgary (including the creation of iOAT), but are grateful that his prior knowledgeable Addictions Fellow, Dr. Alvis Yu, has agreed to join us. We are also extremely pleased to announce that Dr. Yin Fong from Toronto has agreed to be a locum, she is a new psychiatrist with an interest in addictions and PTSD. She will also provide services to Aventa. CCMHA continues to provide services for patients referred for treatment of concurrent disorders, active rehabilitation, transition services, and extended rehabilitation. We continue to be proud to be involved in the education of Psychiatry, Family Medicine, and Public Health residents; as well as a number of elective medical students.

Dr. Tim Ayas
Section Chief, Community, Addictions & Rural South



Kim Frache
Director
Addiction & Mental Health
Adult South East & Perinatal Mental Health

Foothills Medical Centre

Foothills Hospital continues to be a very vibrant and growing area for psychiatry. The challenges that present themselves in terms of patient flow, need for emergency care, and increased demand for subacute services have led to opportunities for growth and hiring. We have been able to post jobs for increased coverage in the emergency department for morning, afternoon, and weekend support. These jobs continue to be open, and reflect attending model in growth in the acute care sector of what we do. In addition to this we seek to expand our subacute services by building an emergency psychiatry clinic, designed to help people in crisis and to offload some of the demand from emergency presentations.

We also welcome the opportunity to be extending our neurostimulation program. We are working to open avenues to initiate outpatient ECT as well as opening our first rTMS program. These elements will help us to reduce the demand for inpatient beds as well as increase the opportunities for treatment for our outpatient teams. The rTMS machines were purchased with the help of a grant from the Calgary Health Trust, who have been increasingly interested in supporting mental health ventures. Other partnerships, such as those with industry have allowed to open an injection clinic as a part of outpatient services. Specialized injection services have improved the quality of care for all patients in Unit 24 and have been a welcome addition.

Our connection to undergraduate and post-graduate medical education remains strong and we continue to provide significant support for the educational services at the FMC. PDM training with Dr. Rory Sellmer, and a practice day for PDMs were recently added as a tool to enhance exam preparation recently, and we are looking forward to ongoing participation in such a well-received program. We also continue to proudly support the Kolabo education program, led by Dr. Grimminck, to enhance psychiatric education in the developing world and begin exchange programs and knowledge sharing with that community. In addition, she has developed of simulation of psychiatric patient situations which has shown tremendous promise and has been very well received through early adoption within the residency.

The inpatient units have begun participation in Collaborative Problem Solving coaching and continue to work toward reducing length of stay in the ER and inpatient units. We have also been integrating national ALOS/ELOS data into our regular rounds and discharge planning. We continue to welcome the challenges of the upcoming year under the direction of our new Department Head, Valerie Taylor.

Dr. Lauren Zanussi
Site Chief, Foothills Medical Centre



Peter Lougheed Centre

Since our last report, our dedicated team in Mental Health and Addictions continues to do their utmost to deal with capacity pressures across the hospital including the inpatient units, outpatient programs and emergency department. While balancing these pressures this team continues to strive towards optimal patient and family centered care. I would like to update you here on some of our initiatives over the past year.

The PLC Day Hospital continues to mature and increase its capacity. It remains fully operational and taking referrals from inpatient units, consultation liaison, and emergency. It has two streams to better meet the needs of our patients, and continues to fulfill its purpose of helping to reduce length of stay and avoid admissions.

Up until now, length of stay data had not been provided to our inpatient psychiatrists but has recently been implemented as a very important feedback tool for them. Our psychiatrists have worked extremely hard to try to provide quality care to patients and their families, being mindful that we are stewards of the health care system and to utilize the precious resources of the hospital as efficiently as they can.

In an effort to facilitate increased capacity and flow we have recently implemented a follow-up clinic for recently discharged patients from units 25 and 27. This clinic will allow patients to follow up with a psychiatrist - one with whom they are familiar with (due to their inpatient stay) on a more immediate basis in order to keep them settled in the community until they can eventually engage in more formative outpatient programming. This is a trial initiative and we will be reporting on our outcomes next year.

In another recent initiative, we have begun the process of implementing a version of M&M rounds as a form of CME and practice review in order to continue to improve our quality of patient care. In addition, this initiative should help us to communicate as a team and to understand the hindrances and challenges that we face with respect to the provision of efficient and streamlined care.

Units 25 and 27 have well settled into their recent renovations and since our last report the Short Stay Unit (SSU) has completed renovations to their high obs area. The SSU high obs area now has a suite of rooms including two time-out spaces that can serve as calming areas for agitated patients. In addition, televisions have been installed within the wall structure of the high observation rooms, in order to provide a more settling environment for patients.

Our team has been exemplary with respect to hand washing initiatives and we have significantly reduced our number of code yellow situations over the past year.

We have also been collaborating with the Addiction Recovery & Community Health (ARCH) program and we are pleased to announce that this service will be launching at the PLC on Nov 26th, 2018. ARCH is a specialty consultation service accessible to all PLC patients (both admitted and in the Emergency Department) who have an existing substance use concern. ARCH can be consulted for many different substance use-related issues such as substance use disorder treatment and pharmacotherapy, complicated withdrawal, social stabilization, peer support and engagement, harm reduction education and supplies, addiction counselling and relapse prevention, or referrals to treatment in community. The program will be comprised of addiction specialists from multi-disciplinary backgrounds including physicians, Registered Nurse, Nurse Practitioner, Addiction Counsellor, Social Workers, Peer Support Workers, and Administrative Support. Consultations will be made through SCM.

We have been working closely with capital planning in designing a psychiatric ICU which will be located in the west wing and tied to a new dedicated ECT suite. Complimenting these efforts is the new design for the SSU which will eventually be located in the shelled-in space on the main floor of the east tower. We are very excited about these initiatives and the enhanced capacity and flow that these developments will foster.

As is in the case with other hospitals, e-simulation continues to be used to provide extra training for staff. This has been received very well. Staff note that it helps them to work collaboratively with each other and with protective services in a safe and secure setting and enhances their knowledge and skill set.

In terms of medical staff, we are pleased to announce that we were joined by new hospital based psychiatrists; Dr. Bains and Sheikh and we welcome the return of Dr. David Tano to inpatient psychiatry at the PLC. We are saddened that Dr. Atwal will be leaving AHS and that Drs. Bawa and Stokes have been slowly winding down their clinical practices.

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

**Dr. Lloyd Maybaum,
Site Chief, Peter Lougheed Centre**



Rockyview General Hospital

Emergency Psychiatry Services (CMD, Dr. Lisa Harpur) has been running well over the past year. We continue to be impressed with the cohesiveness and professionalism of the members of the PES team. The team works supportively to assess patients and direct them to the most appropriate service, minimizing admissions to inpatient services, when more appropriate resources are found. They are in daily contact with ERO who ensures patients are connected to the appropriate service. Our temporary position of Resource Nurse is going to be made permanent as it has been found to be vital within Emergency Services. The nurse in this role helps reassess and provide care to our patients waiting for beds in the ED. She works one on one with patients, takes them to group on the inpatient unit where patients can attend skills groups, physical exercise, participate in drumming, and get outside for fresh air and walks. Response continues to be positive from patients, as well as Emergency staff and site administrators. We continue to meet on a regular basis with the CMD and manager of the ED in order to address any concerns and create a smoother process (in either direction) for the patients at RGH. I know we're not alone in thanking Aparna Kasupathipillai, Adult Mental Health Bed Manager, in making sure all of our patients waiting in the ED and elsewhere find homes on inpatient unit! We truly appreciate her hard (and thankless) work in putting order to chaos!

Inpatient units led by CMD's, Dr. Raymond Tang Wai and Dr. Josh Benjamin, continue to build on the Patient and Family Centered Care model. The unit managers, Sarah Quon and Gail Richter, continue to help build capacity in our nurses and allied staff on units 45, 48 (geriatrics), and 49 in order to provide psycho-educational and psychotherapeutic groups. Results from our pilot program of DBT/CBT daily skills group on Unit 49 were very positive. The majority of patients reported that this group was beneficial for their mental health as indicated by a significant decrease in distress and perception of attainment of new skills. We continue to run this group from Monday through Friday. Nursing has become increasingly interested in building capacity, and we look forward to running the group 7 days per week. Unit 45 has is running weekly social skills and CBT groups. All groups on adult inpatient units are co-led by physicians. The Drumming Group continues extremely popular within the hospital. Drumming is in the Chapel.

Anyone and everyone is invited to participate! We couldn't do all of this work without the enthusiasm of our unit managers and dedicated allied health. Also, we would like to welcome Dr. Carmen Guenther to Unit 49, and say farewell as she goes on maternity leave with twins!

The Crisis Stabilization Unit (CSU; CMD, Dr. Tang Wai) opened in April 2018. We welcome Dr. Scott DeGraff and Dr. Stephanie Hyder to the group. They have been managing at full capacity 7 days per week, and statistics indicate a significant portion of patients are being treated within the projected mandate of a 23 hour stay. Drs. Weatherbee and McAuley will re-join us following their maternity leaves. CNE Colleen Weir worked hard behind the scenes in order to help open the unit; creating policies and procedures, training staff, organizing daily operations, and having all processes in place for the opening... and it opened without a hitch! This team is headed by unit manager, Brock Bennett, who has been instrumental in bringing together a highly skilled and dedicated team who are passionate about their work. Psychology services has become part of the CSU services, which has been invaluable, and thanks to the flexibility of management, patients from CSU are invited to attend the skills group on Unit 49. CSU is running a full outpatient follow up clinic which currently has about 95% show rate – good work docs! A huge thanks goes out to the psychiatrists at RGH (Drs. Tang Wai, Reinhardt, Fung, Balderston, Harpur) who helped run the CSU from April through September until we had our full-time psychiatrists available. This was an extra load to their already busy schedules and they all rolled up their sleeves and worked together to make sure we were able to provide excellent patient care. Their level of commitment, support, and collegiality is remarkable and encouraging.

Opening a new unit is a big endeavor and I want to congratulate everyone involved for making this happen, including Program Manager, Eric Sampson and Director, Colleen Karran, as well as the senior RGH site administration. So far, we have seen that CSU has had a significant impact on inpatient capacity and has significantly reduced waitlist for patients waiting for the Short Stay Unit.

Consultation Liaison (CMD, Dr. Harpur), continues to be a busy service to both geriatric patients and those under 65 years. The three psychiatrists in Geriatric CL (Drs.

Anderson, Madan, and Leung) continue to operate without any nursing support and the one psychiatrist (Dr. Tang Wai) works with a nurse for the under 65s. The psychiatrists at RGH are continuing to collaborate with the zone to create a common working model for CL.

Outpatient Psychiatry Services (CMD, Dr. Paul Reinhardt) includes Day Hospital and the Urgent Psychiatric Consultation Clinic. Our Day Hospital continues to look at strategies to streamline their intake process and increase capacity. This past year has been very busy with the AIM (Access Improvement Measures) project, which is a quality improvement initiative that supports teams to review their current processes with a goal to increase access and capacity to the service. The Urgent Psychiatric Consultation Clinic (UPCC) continues to be a power house in seeing outpatient consults at a mind-blowing pace. Thanks to the psychiatrists who keep this program running, and to Dr. Aida Kurbegovic who sees the majority of consults. This valuable service continues to support family physicians and their patients, and reduces the number of patients seen in acute care or community mental health. We still have a dream of running a weekly perinatal group. Our hope is that we will see progress on this front within the next year.

Generally, we continue to look at strategies to increase safety for patients, staff, and physicians at RGH. Along with strategies initiated by the Addiction and Mental Health portfolio, RGH teams have participated in Code White eSIMs, restraint training, NVCI training, and Dealing with Aggression and Violence In-services. We sincerely want to thank the Clinical Nurse Educators for the work they have done to support this training. In addition, managers have worked collaboratively with Protection Services to clarify the role of the Mental Health Liaison Officer and have increased their involvement with inpatient staff/physicians. We are currently in the process of planning safety upgrades to inpatient units, including double doors on all inpatient units and upgrades to the high observation rooms on Unit 45.

Finally, regarding rTMS, I'm happy to report that it will be starting up in early 2019. Sincere thanks go to the RGH site, which has been extremely supportive of this project and has been generous in providing the space necessary for us to get this project established. The RGH Health Trust approved the proposal in the spring and they generously donated the funds for four devices. We have ordered the devices and are waiting for their arrival. Colleen Karran, Eric Sampson, and I have been working with the provincial rTMS working group in order to have a consistent, cohesive, streamlined service across the province. This program will provide a long needed service to those patients who have failed at traditional treatments for depression. We are currently completing the job requirements for positions in the clinic and will be hiring soon. A huge thanks to the Department – Dr. Bev Adams, Executive Director Janet Chafe, for your continued support in this project.

Dr. Lisa Harpur
Site Chief, Rockyview General Hospital



South Health Campus

Our team had another amazing year at South Health Campus (SHC). We welcomed three new psychiatrists to our existing group of physicians this year: Dr. Natalia Ng, Dr. Mike Szymczakowski, and Dr. Stacy Campbell. They will be helping us out in various capacities at SHC. As a site, we continue to take pride in team work and collaboration. We are running efficiently and striving to address the capacity pressures in the Addictions and Mental Health portfolio.

In the Emergency Department, Dr. Oluboka and his team remain busy offering 24/7, direct care model to our Psychiatric Emergency Service (PES) patients. Our Psychiatric Outreach Team (PORT) offers a hybrid model that combines the concepts of CET and ERO in an attempt to maintain people in the community and direct traffic away from the Emergency Department as needed. The restructuring of these services last year is now paying dividends in addressing our capacity issues in the Emergency Department, along with reducing lengths of stay.

Urgent Psychiatric Consult Clinic (UPCC) at SHC is currently staffed by two Psychiatrists and aims to offer one-time urgent Psychiatric consults to patients in the community. UPCC is able to refer directly to our SHC Day Hospital, in an effort to manage patients before they deteriorate to the point of needing an inpatient stay. UPCC also refers back to the referring family physicians with further guidance on treatment and follow up suggestions. This is helping in directing traffic away from the Emergency Department, again helping us address the acute care capacity pressures.

Day Hospital is now staffed with four Psychiatrists, and takes referrals from our own site and also from other acute care units and Emergency departments in the city. We have just about doubled our spots from last year. The wait time is targeted to remain within a few days to a few weeks. Day Hospital efficiently refers out to community mental health resources or SHC Outpatient Mental health services as needed. It is also possible for Day Hospital to refer back to the Emergency department if needed. The Day Hospital offers a multidisciplinary four week treatment approach that focuses heavily on the therapy skills of our clinicians and pharmacological interventions of our physicians. We take people who have a level of functioning that allows them four week engagement in our Day Hospital program, irrespective of their DSM Diagnosis. We offer a true step-up and step-down approach to mental health provision. By doing this, we decrease our length of stay on our inpatient units as well and avoid unnecessary hospital admissions.

Outpatients at SHC continues to see patients with moderate to severe mental health concerns that reside south of Anderson road in Calgary. We are continuously working to address our wait times and lengths of stay. We offer injection clinics, clozapine monitoring and CTO implementation and monitoring along with offering a number of groups and counseling options to target all levels of functioning in our patient population. This year we added two ILS clinicians to our group. Our clinicians regularly engage in educational workshops to keep their knowledge and skills up to date. We offer a multidisciplinary treatment approach to addressing mental illness in the community setting.

Inpatients at SHC, led by Dr. Malhotra, tends to often remain in overcapacity as is the case with other acute care beds in the city. We strive to continually monitor our lengths of stay (LOS) and are proud to have one of the shortest LOS averages in the city compared to other acute care sites. We engage in Collaborative Problem Solving on a continual basis and engage in addressing aggression through initiatives put forward by the Department of Psychiatry, e.g. the Aggression Alert, most recently.

Consultation Liaison works with patients with both Addictions and Mental Health concerns on an ongoing basis through our current model of Psychiatry and Nursing care. They are also able to refer to our Day Hospital and PORT services as needed, further reducing the need for inpatient admissions. We strive to address the capacity pressures in the zone to the best of our ability.

From an education perspective, we are proud to offer residents clinical experience in inpatients, outpatients, CL, and Emergency Psychiatry. We are looking at developing a psychotherapy rotation at SHC too. From a professional growth perspective, the following awards, promotions and publications are noteworthy:

1. Dr. Nneka Orakwue-Ononye: (a) Associate Dean's letter of Recognition award for clerkship teaching contribution, University of Calgary 2018
(b) Associate Dean's letter of excellence award for clerkship teaching, University of Calgary 2018
2. Dr. Oloruntoba Oluboka: (a) Associate Dean's Letter of Recognition for Teaching contributions to the Psychiatry Clerkship in the 2016 – 2017 academic year; University of Calgary, Cumming School of Medicine.
(b) Gold Star Clerkship Teaching Awards in Recognition and Appreciation of Outstanding Teaching in Psychiatric Clerkship, 2017 and 2018.
(c) Oloruntoba J. Oluboka, Martin A. Katzman, Jeffrey Habert, Diane McIntosh, Glenda M. MacQueen, Roumen V. Milev, Roger S. McIntyre, Pierre Blier. Functional Recovery in Major Depressive Disorder: Providing Early Optimal Treatment for the Individual Patient. *International Journal of Neuropsychopharmacology*, Volume 21, Issue 2, 1 February 2018, Pages 128–144.
3. Dr. Novin Ihsan: (a) Promoted to Clinical Assistant Professor, University of Calgary.
(b) Honourable Mention Award for contributions and teaching in the Psychiatry Clerkship, 2018

Dr. Novin Ihsan
Site Chief, South Health Campus



Education

Residency Training Program

We continue to enjoy a very high retention rate for graduates becoming faculty with all four of our recent graduates joining faculty. Residents are distributed 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 newly moved to northeast Calgary and expanded to take on additional Shared Care rotations.

Innovation is an important quality of our program, and we continue to use various tools to assess residents and our programming. In addition to the second annual OSCE Day in April 2018, we have received PGME funding through a competitive application process to create 8 Simulation cases for both PGY1 residents in the context of their emergency psychiatry teaching and on-call preparation training as well as for our senior (PGY4 and 5) residents. The development and implementation of simulation to this level in psychiatry residency is leading the way relative to psychiatry training programs across Canada and is an area of curriculum development we are very excited about.

Ongoing evolution of the delivery of our academic curriculum remains a key priority overall including different structures for learning such as off-site visits, flipped classrooms, integration of OSCEs into seminars and construction of a bolstered psychopharmacology curriculum beginning in PGY1 to better prepare our residents for the beginning of their core adult in-patient rotations at the start of PGY2. These changes will support and align with the RCPSC's impending Competency by Design (CBD) format that will revamp resident evaluation.

Incoming residents requested more learning around the various encounters that are seen in the Emergency Psychiatry setting. From the pilot in the summer of 2016, we continued summer teaching for the PGY-1s in this area. For the summer of 2018, we created a summer 'refresher' course for the PGY-2s on this topic in addition to a series of STACER preparation sessions.

Feedback for faculty occurs twice a year after each residency retreat enabling preceptors an enhanced awareness of the teaching qualities we wish to reinforce. On the ONE45 online evaluation system, residents are able evaluate their rotations, with these evaluations viewable by both the program and the faculty involved.

Faculty with an interest in medical education and global health continue to work with residents that have a similar interest to establish wonderful medical-education collaboration with a medical school in Tanzania with additional faculty and five residents travelling in November 2018 to continue this work.

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. 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).

Certainly we have been very busy within the residency training program and are very pleased and proud of the ongoing developments and the tremendous support and collaboration of our faculty.

**Dr. Greg Montgomery, Director
Residency Training Program**



Child and Adolescent Subspecialty Training Program

Fall 2018 marked the fifth annual season of applications, interviews and selection for our young subspecialty program. It was a pleasure to welcome our latest entrants to the program, Drs. Ashley Pauls and Andrew Dutcher, in joining as PGY-5 trainees (1st year child and adolescent Psychiatry) in July 2019. At that time, they will embark on their training alongside our new PGY-6 trainees (2nd year child and adolescent psychiatry), Drs. Krystyna Banas and Qasim Hirani who joined the subspecialty program in July 2018.

In July 2018, Dr. Renée Farrell joined the training program as a clinical fellow in child and adolescent psychiatry immediately after graduation from Pediatrics Residency at the University of Calgary. Dr. Farrell was also the successful recipient of a Helios scholarship from the University of Calgary which supported her elective training in the fellowship. This training took place in Australia with a focus on the impact of co-morbid psychiatric and general medical conditions on the development of emerging adults.

Dr. Huntai Kim is well into his second year of subspecialty training in child and adolescent psychiatry having joined the University of Calgary program after 4 years of Psychiatry residency at the University of Toronto. He is slated to graduate next summer and is currently in the process of planning for life as a staff psychiatrist.

This past summer, Drs. Alex di Ninno and Brett Sawchuk graduated from the subspecialty program and are now settling in to their post-residency career paths. Dr. Alex di Ninno has joined a number of clinical settings (Metta Clinic, Community Clinic and Unit 26 at FMC) and has also taken on the role of Evaluations Coordinator for the UME Course 7 at the Cumming School of Medicine. Dr. Brett Sawchuk has been working in the area of Developmental Disabilities and remains connected to UME and PGME teaching activities.

As a program, we have continued to develop new rotations that trainees have expressed interest in including University Mental Health, Developmental Disabilities and Research. This reflects the program's commitment to tailor the training format as much as allowed within the guidelines of the RCPSC to fit the training interests and career trajectories of our trainees.

In the coming year, we aim to continue developing new rotations as needed, begin incorporating Competency By Design and further formalizing the scholarly activity involvement of our trainees with the guidance of incoming research coordinator for our program, Dr. Andrew Bulloch.

On behalf of the training program, I would like to appreciate the active contributions made to the program's component of research/scholarly activity by Dr. Frank MacMaster. Dr. MacMaster stepped down from his role as research coordinator earlier this year after having been with the program since its inception.

In closing, I will recognize our program's graduates over the previous years who have all received RCPSC subspecialty certification in child and adolescent psychiatry. They have also all remained actively engaged in clinical and academic activity in Calgary with the University of Calgary and Alberta Health Services. In 2016, the program's inaugural graduates were Drs. Yuserly Rosas and Benjamin Grintuch who are primarily based at Alberta Children's Hospital and Foothills Medical Center, respectively. The program's graduates from 2017 were Drs. Michael Papirny and Sterling Sparshu, who are also primarily based at Alberta Children's Hospital and Foothills Medical Center, respectively.

Dr. Waqar Waheed
Director, Child & Adolescent Subspecialty Program



Undergraduate Program

Our dynamic and energetic Undergraduate Program continues to be amongst the highest student rated pre-clerkship and clerkship courses. We are performing at or above the national standards academically and we are performing well above nation and international standards for recruitment into psychiatry, despite being late in the curriculum placement for our pre clerkship course (Course 7). Our success is largely due to the committed and talented faculty, residents and administration.

There are curricular changes coming within the Faculty of Medicine. Notably, there will be an additional 4 weeks for clerkship overall, which will be taken out of the pre-clerkship. Psychiatry will still have 4 weeks of Adult Psychiatry and 2 weeks of Child and Adolescent Psychiatry, but these rotations may occur separately within the clerkship. Details are being sorted out by UME. Course 7 will largely be unaffected by these curricular changes except that it will be offered in December verses January.

We continue to have robust interest in our Electives Program, both for pre-clerkship and clerkship students, as well as, from other schools across Canada.

Departmental support for the Psychiatry Interest Group is very much appreciated by students. They are a rich resource for recruitment, as well as, providing student involvement in program planning

Dr. Nancy Brager
Director, Undergraduate Program



Fellowship Training

Fellowships provide an opportunity for qualified physicians with Canadian and international training to further develop their clinical, teaching, and research knowledge in a specific area of psychiatry. We continue to expand the range of fellowship opportunities in the Department, and this year Dr. Aaron Mackie has continued to work with interdisciplinary colleagues to create a fellowship program in Behavioral Neurology and Neuropsychiatry that would be accredited by the United Council for Neurologic Subspecialties.

We are pleased to have two fellows this year taking advantage of two very different training opportunities. Dr. Renee Farrell has recently completed her pediatrics residency, and is now doing a one-year fellowship in Child and Adolescent Psychiatry. She has an interest in youth with chronic medical conditions who have comorbid mental disorders, and will be uniquely placed to serve this population with the program she and her preceptors have designed. Our second fellow, Dr. Mansoor Chaudry, is an experienced psychiatrist who has joined us for a one-year fellowship in Early Psychosis.

In addition to the opportunities we offer through fellowships, our faculty members have been working hard to achieve the goal of providing Royal College accredited training in all three approved psychiatric subspecialties: Child and Adolescent, Geriatric, and Forensic Psychiatry. Dr. Waqar Waheed led the successful application for accreditation of our Child and Adolescent subspecialty program, which accepted its first residents to start in July 2014. Dr. Suparna Madan has submitted the application for an accredited training program in Geriatric Psychiatry, which we look forward to seeing up and running soon. We are grateful to Dr. Denis Morrison who took over the preparation of the Forensic Psychiatry subspecialty program application last year. With his leadership we hope to see the program accredited in the next year.

Dr. Cindy Beck
Fellowship Director

Continuing Professional Development (CPD)

Following two years of change, 2018 was a year of consolidation of our CPD-activities. I am very grateful for the ongoing help and administrative support from Anne Enders, who quickly became the core member of our CPD team.

Continuing Professional Development Committee (CPD-Committee)

The CPD-Committee implements a series of regularly scheduled educational activities and events that fulfil the requirements of the Royal College of Physicians and Surgeons of Canada. These educational events based on the identified needs of the Department of Psychiatry. Committee membership is multi-disciplinary and includes the director of Continuing Professional Development as chair, representatives from Alberta Children's Hospital, Foothills Medical Centre, Peter Lougheed Centre, Rockyview General Hospital and South Health Campus and the four academic divisions. In addition, psychiatrists with an interest in CPD, non-psychiatrist educational coordinators as well as representatives from psychology and nursing are part of the multi-disciplinary CPD-Committee and help coordinate event schedules and develop needs assessments.

Activities and Events

The CPD-Committee supports a range of activities:

Region-wide departmental Grand Rounds that are linked by teleconference to 17 sites across Calgary and southern Alberta. Grand Rounds are held on Tuesdays from 12 noon until 1 pm. As of April 2018, Grand Rounds are also available via Adobe Connect and can be viewed on a personal computer or cell-phone. Over 60 psychiatrists and many residents participated in our Grand Rounds. From January 2018 until June 2018 we hosted 24 Grand Rounds. Based on an online evaluation of Grand Rounds we awarded 418 CME-credits for this period. The schedule for the fall 2018 semester (September 2018 until December 2018) includes 15 Grand Rounds. Grand Rounds cover a wide range of topics in psychiatry. The schedule is determined by the CPD-committee and is based on suggestions and requests from attendees. Speakers include local, national and international speakers.

- Site-based and division-based education programs, including journal clubs and lunch-and-learn rounds.
- Online education program (Psychiatry Online Literature Review Course - POLRC) aimed at urban and rural psychiatrists from across western Canada. In 2018, 45 psychiatrists participated in this program.
- Continuing medical education in other departments and groups, supported by individual psychiatrists and psychologists:
 - Provincial Concurrent Capable Learning Series of the Alberta Health Services addictions medicine group.
 - Community Mental Health Rounds that are held four times per year.

We continue to work with the CME-office of the Cumming School of Medicine and also participate in special events through the Department of Psychiatry, including Sebastian K. Littmann Research Day, Geriatrics Day, Forensics Day, Addiction Day and Psychotherapy Half-Day.

We also contributed to the 2018 Calgary Therapeutics Course, which is organized by the Cumming School of Medicine Office of Continuing Medical Education.

Looking Ahead

The Department of Psychiatry will continue to offer weekly Grand rounds. We strive to make our Grand Rounds program even more interesting and relevant, reflecting the educational needs of our attendees. The planning for future events for 2019 includes Mood Day in February 2019 and Sebastian-Littmann-Day in March 2018.

In 2019 we will be starting a new format of educational activities, the 'Psychiatry Quarterly Updates'. 'Psychiatry Quarterly Updates' are two to three hour sessions that focus on a single topic. Our inaugural session will be held on March 8, 2019 from 1 pm until 4 pm and will focus on Alcohol Use Disorder. On June 7, 2019 we will hold another 'Psychiatry Quarterly Updates' with a focus on psychosis. Additional events will focus on anxiety disorders and PTSD and will be held in the fall of 2019.

The development of 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 remains a further focus for CPD. We are planning to offer Section 3 CME-credits for the Psychiatry Quarterly Updates. Over time we will also incorporate Competence by Design (CBD) into our programs as requested by the Royal College of Physicians and Surgeons of Canada.

Dr. Thomas J Raedler
Director of Continuing Professional Development



Grand Rounds Schedule 2018

Jan 2, 2018	No Grand Rounds	
Jan 9, 2018	The Role of Media in Improving Public Literacy in Youth Sports Concussion	Dave Baron, MEd, DO, DLFAPA, DFACN
Jan 16, 2018	Copyright and the University of Calgary What you need to know about CMW credits	Rowena Wake Thomas Raedler, MD
Jan 23, 2018	What is Mistreatment? Identifying, Preventing and Addressing Professionalism Lapses.	Kevin Busche, MD, Bev Adams, BSc, MD, Sarah Weeks, MD and Deidre Jenkins, MD, Franco Rizzuti, MD, Janet de Groot, MD, FRCPC, MSc
Jan 30, 2018	Eating Disorders	Teresa Futers, MSW, RSW and Meisha Kolbuc, MSW, CCC
Feb 6, 2018	Advances in the Management of Bipolar Disorder: Recommendations from Canadian and International Groups	Ayal Schaffer, MD, FRCPC **we like to thank Sunovion Pharmaceuticals Canada for bringing Dr. Schaffer to Calgary
Feb 13, 2018	Schizophrenia Guidelines Farewell to Ray Farnalls, MD	Iliana Garcia-Ortega, MD -12:00 to 12:30 Bev Adams, MD – 12:30 to 13:00
Feb 20, 2018	Marijuana and Development of the Brain	Dr. Dow-Edwards **we would like to thank the Palix Foundation and the Faculty of Nursing for bringing Dr. Dow-Edwards to Calgary
Feb 27, 2018	Tourette Syndrome: Epidemiology, Cormorbidity and Treatment	Tamara Pringsheim, MD, FRCPC Neurology, FAAN
Mar 6, 2018	Update on the Mathison Centre	Paul Arnold, MD, PhD
Mar 13, 2018	Control and the Calibration of Motivated Behaviour	Cate Hartley, PhD
Mar 20, 2018	Update in Bipolar Disorder: How would you treat Vincent van Gogh?	Joseph Calabrese, MD **we like to thank Otsuka Canada Pharmaceuticals or bringing Dr. Calabrese to Calgary
Mar 27, 2018	An Update on the Psychopharmacology Research Unit (PRU)	Thomas Raedler, MD Iliana Garcia-Ortega, MD
Apr 3, 2018	CANCELLED	
Apr 10, 2018	Benzodiazepines: What, When, How and the Alternatives	Brienne McLane, MD, BSc, FRCPC
Apr 17, 2018	Schizophrenia Society of Alberta – Peer Support – The Hidden Gem	Rubyann Rice & Wendy Bonertz
Apr 24, 2018	Be a Rock Star Teacher: Give Great Feedback!	Kevin Busche, MD, BSc, FRCPC
May 1, 2018	How to Recognize and Manage the Cardiac Complications of Clozapine	Richard Choi, MD **we like to thank HLS Therapeutics for bringing Dr. Choi to Calgary
May 8, 2018	Opioid use Disorder: The Crisis, The Response, The Guidelines	Cristina Zaganelli, MN Np
May 15, 2018	20 Years Research Insights into Gambling and Gaming	Nady el-Guebaly, C.M., MD, FRCPC
May 22, 2018	Future of Psychiatry in the 21 st Century: cloudy or sunny?	Dinesh Bhugra, MA, MSc, PhD, MBBS, FRCP, FRCPE, FRCPSych, FRCPSych (Hon), FHKCPSych (Hon), FACPpsych (Hon), FAMS (Singapore), FKCL (Hon), MPhil, Emeritus Professor of Mental Health and Cultural Diversity
May 29, 2018	Where is the lesion in Psychiatry? Identifying and Targeting domains of Pathology with rTMS	Jonathan Downar, MD, PhD, FRCPC

Jun 5, 2018	Management of Schizophrenia with Comorbid Physical Health Conditions	Stephan Heres, MD
Jun 12, 2018	Precision Medicine in Mood Disorders: Innovation and Translation to Clinical Practice	Mark A. Frye, MD
Jun 19, 2018	Pharmacogenetics in Psychiatry: Does Evidence Support Implementation?	Chad Bousman, MPH, PhD
Jun 26, 2018	An Overview of the Calgary Forensics Program and its Relevance to General Psychiatry	Sergio Santana, MD
Sep 4, 2018	How to Get Promoted (For Faculty with Clinical Appointments)	David Keegan, MD
Sep 11, 2018	Inflammation and Autoimmunity in Schizophrenia Spectrum Disorders	Mark Colijn, MD, MSc & Zahinoor Ismail, MD
Sep 18, 2018	Treatment Resistant Schizophrenia	John Kane, MD **we would like to thank Otsuka for bringing Dr. Kane to Calgary
Sep 25, 2018	Learn how to ACT (Acceptance and Commitment Therapy)	Marie Claire Bourque, BSc, MD, MSc, FRCPC
Oct 32, 2018	Canadian Biomarker Integration Network in Depression (CAN-BIND): An Overview	Stefanie Hassel, PhD
Oct 9, 2018	Drop In Centre Respite Project	Sara Meunier ,MD, BSc,(hons) & S. Monty Ghosh, BSc, MBT, MSc, MD, FCCPC, DM-EMDN ISAM(C)
Oct 16, 2018	QT-Prolongation in Psychiatry – Not for the Faint of Heart	Michael Slawnych, MD, PhD, FRCPC
Oct 23, 2018	Evidence Based Treatment Algorithms in Early Episode Schizophrenia: What, Where and How to Use Them	Howard Margolese, MD, CM, MSc, FRCPC **we would like to thank Janssen Pharmaceuticals for bringing Dr. Margolese to Calgary
Oct 30, 2018	Chronic Non-Cancer Pain and Opioid Tapering: Risks vs Rewards	Robert Tanguay, BSc (Hons), MD, FRCPC, CISAM, CCSAM
Nov 6, 2018	Honoring Dr. David Miyauchi	
Nov 13, 2018	Fitness to Stand Trial	David Tano, BSc, MD
Nov 20, 2018	Talk on Street Drugs	Detective Collin Harris
Nov 27, 2018	Changes in Bipolar Disorder: Improving Treatment of Bipolar Disorder and Co-Morbid Personality Disorder	Michael Rosenbluth, MD, FRCP **we would like to thank Sunovion Pharmaceuticals Canada for bringing Dr. Rosenbluth to Calgary
Dec 4, 2018	Psychiatric Aspects of Eating Disorders	David Terriff, MD, MSc, FRCPC, Monique Jericho, BSc, MD, FCCPC and April Elliott, MD, FRCPC, FSAHM

Quality Assurance

The Quality Assurance position for the Department of Psychiatry involves identifying and ameliorating systemic issues related to the delivery of mental health care in the Calgary Zone. This is a relatively new position, as it began in late 2015. This role involves oversight of physician related complaints to Patient Relations Department, membership to quality improvement committees, including our department Quality Assurance Committee (QAC), reviewing adverse / unexpected outcomes, implementing recommendations from the QAC, and acting as a vehicle to promote communication between operations and physicians.

Patient or loved-one complaints to the department of Patient Relations is an important venue for making systemic change, as well as individual performance feedback. The Site Chiefs and Clinical Medical Directors have been instrumental in investigation and resolution of complaints. All but one of these complaints in 2018 were resolved without any recommendations. A standardized approach toward the gender of bed allocation in shared rooms for admitted transgender individuals, with the direction of Dr. Joe Raiche from the Gender Clinic, is one recommendation that is in process of being implemented. I would like to take this opportunity to thank all those who have been involved in resolution of patient complaints, especially the Patient Relations Department and Site Chiefs: Drs. Ishan, Zanussi, Harpur and Fawcett (the last who has recently been replaced by Dr. Maybaum - we will miss Dr. Fawcett's wisdom and kindness, as well as welcome Dr. Maybaum to his role.)

Quality Assurance Reviews (QARs) examine the factors and processes that contribute to hazards, close calls, and adverse events within our healthcare system. The goal of these reviews is to identify system issues and make recommendations to address them to minimize risks to future patients. These types of reviews do not focus on individual performance or actions, but rather are aimed at improving components (such as processes, the care environment, and equipment) of the healthcare system. In this reporting period there were four types of events that formed the bulk of the QAR's, specifically unexpected death of a patient, medical complications on mental health units, inpatient aggression and inpatient suicide attempts.

With the exceptional work of Kim Conlon, our Clinical Safety Leader, as well as Drs. Phil Stokes, Lisa Harpur and Novin Ishan, we completed and closed 65 initial assessments and opened 18 cases to QAR's. At the time of this report, there were 31 active recommendations related to QARs. As you can imagine, many teams are working diligently to implement these recommendations and I will outline a couple below. Dr. Phil Stokes will be retiring from his role in QARs this year, after 20 years of service. A huge thank you and congratulations to him!

Research suggests that the medical needs of mental health patients is under recognized and treated. Consistent with this research, a top hazard identified in the Calgary Zone is patients admitted with co-morbid medical and mental health needs. There have been 9 Quality assurance reviews related to this hazard with 23 recommendations made. Working closely with Dr. James Eisner – the Section Chief of Medical Inpatients and Dr. Mike Spady - Department Head of Family Medicine, one recommendation involves clarifying the reporting structure and department alignment for the Psychiatry Primary Care physicians (PPC - formally called hospitalists), which has now been completed. PPC are a group of physicians who provide medical oversight to our admitted mental health patients. We are now in the process of standardizing, as well as negotiating, the expectations for these physicians and implementing these. This is likely will include medical care for admitted mental health patients boarding in the emergency room, a collaborative care model and better integration between PPC and inpatient mental health services. Other recommendations include engaging the Department of Internal Medicine (thanks to Drs. Jeff Schaffer and Richard Leigh) in supporting acute medical care for the adolescent population at adult sites, using a standardized reporting tool around worrisome clinical outcomes / signs, and educating staff on code 66 criteria, etc.

Aggression has been a serious concern within Addictions and Mental Health, as well as AHS province-wide. I want to assure frontline providers (I too am frontline), that reducing aggression is an important, central focus to our collective administrative work. Robert Bush has been the operational lead for this work in the Calgary Zone. Within the last month, several inpatient sites (with the

remainder joining shortly) have started to use DASA IV (Dynamic Appraisal of Situational Aggression). This is a short question tool that identifies patient behaviors over the past 24 hours, as being an indicator for aggression for the next 24 hours. It has considerable reliability and provides a short snapshot of aggression risk. Patients who are at increased risk are identified through the use of a purple/white alert sticker. This sticker directs the care provider to review the patient chart for an Aggression Safety Care-Plan before engaging with the patient. The DASA then can be used to alert the staff, plan treatment around and take measures, as needed, to try to mitigate the risk of aggression. This is a provincial initiative that has been led by Michael McComb. There have been a number of other initiatives to reduce aggression, including having mental health protective services liaison officers, ensuring adequate as needed chemical restraint options are available, guidance around the use of high observation beds, renovations to physical space, training in nonviolent crisis intervention and integration collaborative problem-solving within our services to name a few. I anticipate these, with further efforts, including Code White, will make things safer to staff and patients alike. While our administrative staff have implemented a number of initiatives to make our units safer, I would also like to thank all front-line staff their dedication to our patients, to our teams and to making our workplace safer. It cannot happen without them. To truly effect change this has to be a *joint effort*.

The need for inpatient mental health beds has been extreme within the Calgary Zone, with 110% of beds occupied most of the time (so approximately 10% of patients are boarding within the Emergency Departments awaiting a unit bed.) In this spring, we launched the Addictions and Mental Health Inpatient Capacity Initiative. This was identified as a priority for the Calgary Zone in September 2018. While there have been site level initiatives, including using Expected Length of Stay based on national averages to plan for discharge, two front-line subcommittees have been struck to work on this crucial problem. It should be noted that the Executive Management Team has been advocating fiercely for more addictions and mental health beds, but we need to manage the needs with existing resources available. One subcommittee has a focus on the emergency rooms and the second will focus on the inpatient units. Our aim to reduce the need for hospitalization by optimizing the number of patients served in a community

setting, optimize transitions between the ER, inpatient units and community, create a standard admission criteria, engage community partners earlier in admission, etc.

I would like to thank Dr. Shawn Currie and Robert Bush for co-chairing these subcommittees, as well as the dedicated front-line staff who are members of the committees.

Finally, I would like to thank Kim Frache the new appointed Director of Perinatal Mental Health in 2018, as well as Ann Marie McInnis and Aleta Ambrose the project managers. These three have been working diligently on understanding the environment, needs and plan for perinatal services within the Calgary Zone. Dr. Izu.Nwachukwu will provide an eloquent update on their work in the Outpatient Section, but I will mention here that there has been an area of intense collaborative work and falls under my role in QA. Perinatal mental health is a focus in the Calgary Zone, as suicide *is the leading cause of mortality* (except coincidental deaths - ie, MVAs) in pregnant and up to one-year postpartum women in Alberta. Another large proportion of women die related to substance overdose, which may be suicides classified inappropriately. The most prevalent medical complication in the pregnancy is *maternal mental health disorders*, which affects up to one in five women. Poor mental health in pregnancy and postpartum has been associated with a multitude of negative developmental outcomes for children, including cognitive and social development.

It is one of several “Adverse Childhood Experiences (ACEs)” that has been shown in literature to affect a number of adult medical conditions, health behaviors, etc. Improving services of perinatal mental health will improve short term outcomes for women and their families, but it will *prevent* a number of negative outcomes for our next generation. This year, the Women’s Mental Health Clinic, which is part of my clinical work, became officially an AHS clinic. We are very excited about this move and look forward to working with Kim and AHS. We also want to thank Shoppers Drug Mart Run for Women, The Running Room and Calgary Health Trust for their ongoing support. Thanks to all who came out on the cold, rainy day to walk or run to support perinatal mental health. Despite the awful weather, this truly was an amazing event!

Dr. Lisa Gagnon
Lead, Quality Assurance
Department of Psychiatry



Connect Care, Epic Program

Alberta health services has initiated the connect care program over the past year. This program is a massive endeavor to convert the entire Alberta Health Services (AHS) to one electronic medical record system called Epic. Over this past 12 months, AHS has adopted a Connect Care governance structure, including a network of committees and advisory groups. They have had three very large engagement sessions both in Calgary and Edmonton spanning over several days each and engaging thousands of our AHS staff, physicians, and patients from across the province. We are currently at the stage of building a clinical information system that will suit our needs. You may have been receiving numerous email communications from Dr. Verna Yiu, herself, as well as from the connect care team. I would encourage you all to continue to scan through these emails to stay up to date on the latest information regarding this system. Epic adoption will be both scary and exciting. Within the next few years, we will have every single Albertan on a single electronic medical record system which provides us with huge opportunities both in research, clinical care, and system-wide advancements. There will definitely be times of frustration, and steep learning curves during

the time of adoption but hopefully we can minimize these and I know you all will continue to focus on patient care and providing the great clinical care that you currently do.

I've attached to this brief update, the currently proposed adoption timelines. As you can see it is a very ambitious timeline and from my understanding it is continually being re-evaluated. At this point in the development, we are building everything from order sets, two specific orders, to workflows, and adapting the base system to work with our AHS environment.

I would like to thank you all for all your dedication and support. I know many of you have already been involved in various advisory groups and engagement sessions. Over the next one to three years, our system will be going through great changes and exciting times. Though at this time I have limited information to provide, I would be happy to fill you in on any specific questions that you may have. Please feel free to contact me via email if you have any questions regarding this entire process.

Connect Care: Implementation Timeline



Addiction & Mental Health in Primary Care

When a patient is getting treatment from an AHS Addiction and Mental Health program, feedback to the Medical Home is greatly appreciated. At a recent meeting of Primary Care Network (PCN) physician leaders, there was acknowledgment and appreciation of the improved communications from our AHS colleagues. This increased communication and cooperation between AHS Addiction and Mental Health and the Calgary Zone Primary Care Networks (PCN's) has resulted in several exciting initiatives. Here they are!

1. Primary Care response to opioid crisis. New funding has allowed the PCN's to collaborate with A&MH to develop a comprehensive strategy - including a targeted increase in the number of Family Physicians initiating Suboxone.
2. Psychiatry is now on Specialist Link! This is a telephone advice line that allows Family Physicians to obtain non-urgent advice from specialists about patient related challenges. Since launching a few months ago, Psychiatry has become one of the most popular of the 15 specialty services to be accessed by Primary Care.
2. The development of an accredited educational video, which will empower Family Physicians to manage young adults who present with Non-Suicidal Self Injury. The projected launch of this program will be early in 2019.
3. A sub-committee of the Primary Care Mental Health Working Group, in association with the AHS Eating Disorder Program, is developing a half-day educational program on Eating Disorders. The goal of this program is to empower the Medical Home to identify, manage and refer when necessary patients with Eating Disorders. The targeted roll out date is within the Eating Disorder Week in February 2019.
4. Work is also underway to develop a 'Depression Pathway' for Primary Care. The objective is enabling Family Physicians and PCN health teams to access appropriate information and resources to support the treatment of patients with depression within the Medical Home.
5. Shared Mental Health is exploring strategies to provide flexible, expanded support to Family Physicians. Recognizing the value and strength of this program, service delivery changes are being considered to increase the penetration and effectiveness of this program in primary care.

In summary, PCN's support the 'medical home' model where patients receive primary care from their Family Physician and team. Patients may temporarily receive care from other providers - but their Family Practice remains the hub for receiving continuity of care over the years. Communications from AHS colleagues supports this long-term relationship with patients. As well as providing informational continuity, progress reports and discharge summaries from Addiction and Mental Health programs also empower the Family Physician to support the discharge treatment plan and ensure continuing wellness in the community.

Thanks for your efforts in communicating with Family Doctors to improve care for our patients!

Dr Rick Ward
Medical Director, Primary Care Networks
AHS Calgary Zone

Decision Support Team, Addiction & Mental Health, Calgary Zone

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.

Alberta Health Services has long recognized the crucial role that data management, evaluation, research, and education play in the efforts to continuously improve addiction and mental health services. Clinicians require high quality, current evidence to adopt best practices and opportunities to enhance their knowledge and education; management requires the information to make informed, accountable decisions; and the addiction and mental health care system requires established benchmarks to which performance can be comparatively measured regionally, provincially and nationally. The Decision Support Team has supported the Calgary Zone, Addiction & Mental Health Services, (AMH), in these areas for 21 years. Originally formed in 1997 as the Information & Evaluation Unit, DST continues to play a critical role in improving patient care, planning addiction and mental health services, reporting and helping to set priorities.

Data Management (formerly Information Management)

- Utilization and demographic information & reports for the >100 services that provide care to over 90,000 clients every year in AMH: Fiscal 2017/18 - responded to > 2400 technical and user support requests (avg. 200 per month); facilitated 214 hours of training and in-services; completed 322 ad-hoc report requests (397 hours)
- Continued to support existing AMH information systems and improving the quality of data, and the provision of timely reports and numerous adhoc requests from the AMH Data Repository
- Developed and monitored data standards and data quality projects for AMH data systems and using software for report development aligning with provincial standards

Education

- Provided workshops and professional development opportunities to over 5000 AHS staff during the last fiscal year for NVCI, AMH Orientation, Suicide Risk Assessment training, and online courses in the PCCLS series.
- Continued to develop their strategic direction to align with the AHS vision of advancing the existing learning culture within the organization by building capacity in learning opportunities offered to AHS staff through facilitated and online learning methods and working with service areas, professionals, committees and working groups in the capacity of advising, providing support, educational planning, and collaboration.

Evaluation & Research

Just some of the evaluations and research projects completed or underway:

- Regional Housing Supported Apartments
- Short Stay Unit Project (All Sites)
- AHS and Calgary Police Service – Form 10 Project
- Inpatient Aggression Survey

As well as numerous Outcome Measurement & Quality Improvement initiatives, Brief Support & Consultation requests.

Connect Care:

In addition, all three DST teams are working closely with the AHS Connect Care team and actively participate as experts on area councils, steering committees and working groups in the development of the Addiction & Mental Health module. Connect Care is a clinical information system (CIS) that will allow healthcare providers a central access point to patient information, common clinical standards and best healthcare practices.

Annual Report:

DST highlights some of its current projects and activities in its 2018 Annual Report which can be found on the DST program page on AHS Insite.

Year End Service Summary (YESS):

Released each November, 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 200 Addiction & Mental Health services within the Calgary Zone. This report, as well as many others from Data Management, Education, and Evaluation, are available on AHS Insite.

The Scientific Office (SO) of the Addictions and Mental Health Strategic Clinical Network

The Scientific Office (SO) of the Addictions and Mental Health Strategic Clinical Network™ (AMH SCN) has 6 pillars of activity common to all offices: (1) Knowledge Translation; (2) Advancing Knowledge; (3) Engaging and Building Partnerships for Research and Innovation; (4) Research Prioritization; (5) Research Capacity Building and Training; and (6) Research Facilitation. The AMH SCN has led a number of initiatives over the past year of special relevance to the Department of Psychiatry at the University of Calgary and its stakeholders.

Bringing Evidence to Practice

The SO of the AMH SCN has been deeply involved in bringing transcranial magnetic stimulation (TMS) for depression to clinical practice here in Alberta. Building on our research experience, we have helped shape the Business Case, the Vendor Development and Selection Process, the Clinical Knowledge and Management tools, fundraising efforts, and now the implementation. Indeed, when we started this work, there was a single private clinic in Calgary and one public clinic in Ponoka. There are now clinics slated to be opened in Calgary and Edmonton, with efforts underway to spread to all the zones. We have also helped support a clinic that serves veterans as well. Other provinces are now looking to build on our success.

Funding

Since 2015, the SO has helped bring over \$2.5 million to bear on mental health and addictions. This has been through direct grant opportunities (i.e., Clinical Engagement Grants, Clinical Connections Grants – locally in partnership with the Mathison Centre, Pathways to Innovation Grants, Valuing Mental Health Grants, etc.) and support for the fundraising initiatives of various foundations.

Thanks to interest from faculty and quality applications, the Addiction & Mental Health Strategic Clinical Network Scientific Office Publication Grant opportunity to support researchers acquiring open access for their manuscripts has continued. This helps disseminate Alberta based research more broadly.

Research Activity

The projects associated with the above listed granting opportunities are well underway, with many already reporting additional funding support. Of special interest are the projects based on the recommendations from the Valuing Mental Health Report (VMHR) to identify and test evidence-informed practices and programs to improve community-based system integration. Additional initiatives include a project examining the experiences of youth in mental health crisis at the Emergency Department, and projects associated with the Supporting Child and Youth Mental Health Outcomes in Alberta School Settings – Early Career Award.

We have also been supporting the research priorities of the overall AMH SCN. These include TMS for depression, the implementation of a provincial community-based naloxone program to combat opioid deaths, creation of interprovincial indicators of addiction and mental health system effectiveness, working with the SPOR patient engagement platform in to prioritize depression research questions from the perspective of people with lived experience and clinicians, and finally the state of treatment resistant depression in Alberta. We are also actively supporting applications to several national competitions.

Currently, we also have submissions we are leading or collaborating on under consideration with the Partnership for Research and Innovation in the Health System (PRIHS), the Health Innovation Implementation and Spread Fund, and CIHR Rewarding Success (x 2).

Research Capacity

Finally, building on our previous efforts to develop a better understanding of psychiatry research locally and our position nationally (i.e., 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), we have been working with the Alberta Addictions and Mental Health Research Partnership Program to see how we can serve researchers better and really provide competitive advantage on the national and international scale.

Frank P. MacMaster, PhD and Katherine Rittenbach,
PhD



The 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. Despite our attempts, recruitment of subjects for clinical trials remains a challenge.

The Psychopharmacology Research Unit (PRU) underwent some changes over the last year. Geri Anderson, RPN, remains our clinical trials coordinator. Without her ongoing support, our activities would come to a quick end. Tara Morash, RN, resigned from her position as research nurse in November 2017. Jeff Cheng, RN, joined our team as a research nurse in early 2018 and quickly became an invaluable member of our team.

Over the past year the Psychopharmacology Research Unit (PRU) participated in the following clinical trials:

6. 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-Investigators: Beverly Adams, MD, Iliana Garcia-Ortega, MD. \$11,004.50 USD per patient. Recruitment ongoing.
7. 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-Investigators: Iliana Garcia-Ortega, MD, Chris Wilkes, MD. \$21,500.42 per patient. Our participation in this clinical trial was discontinued by the sponsor in July 2018.
8. 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-Investigators: Iliana Garcia-Ortega, MD, Chris Wilkes, MD. \$21,500.42 per patient. Our participation in this clinical trial was discontinued by the sponsor in July 2018.
1. 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-Investigators: Iliana Garcia-Ortega, MD, Chris Wilkes, MD. \$15,531.81 per patient. Our participation in this clinical trial was discontinued by the sponsor in July 2018.
2. A phase II randomised, double-blind, placebo-controlled study to evaluate the efficacy, safety, and tolerability of orally administered BI 409306 during a 52-week treatment period as an early intervention in patients with attenuated psychosis syndrome. PI: Thomas Raedler, Co-Investigators: Beverly Adams, MD. \$24,426.94 per patient. Recruitment ongoing.
3. An adaptive, phase IIb/III, multi-center, prospective, randomized, double-blind placebo-controlled study of the safety and efficacy of NaBen® (sodium benzoate), a d-amino acid oxidase inhibitor, as an add-on treatment for schizophrenia in adults. PI: Thomas Raedler, Co-Investigators: Rory Sellmer, MD, Beverly Adams, MD. USD 23,277.58 per patient. Recruitment ongoing.
4. An adaptive phase II/III, double-blind, randomized, placebo controlled, two-part, dose-finding, multi-center study of the safety and efficacy of NaBen® (sodium benzoate), a d-amino acid oxidase inhibitor, as an add-on therapy with clozapine, for residual symptoms of refractory schizophrenia in adults. PI: Thomas Raedler, Co-Investigators: Rory Sellmer, MD, Beverly Adams, MD. USD 11,004.50 per patient. Recruitment ongoing.
5. A phase II randomised, double-blind, placebo-controlled study to evaluate the efficacy, safety, and tolerability of orally administered BI 409306 during a 28-week treatment period as adjunctive therapy to antipsychotic treatment for the prevention of relapse in patients with schizophrenia. PI: Thomas Raedler, Co-Investigators: Rory Sellmer MD. \$19,379.58 per patient. Recruitment ongoing.

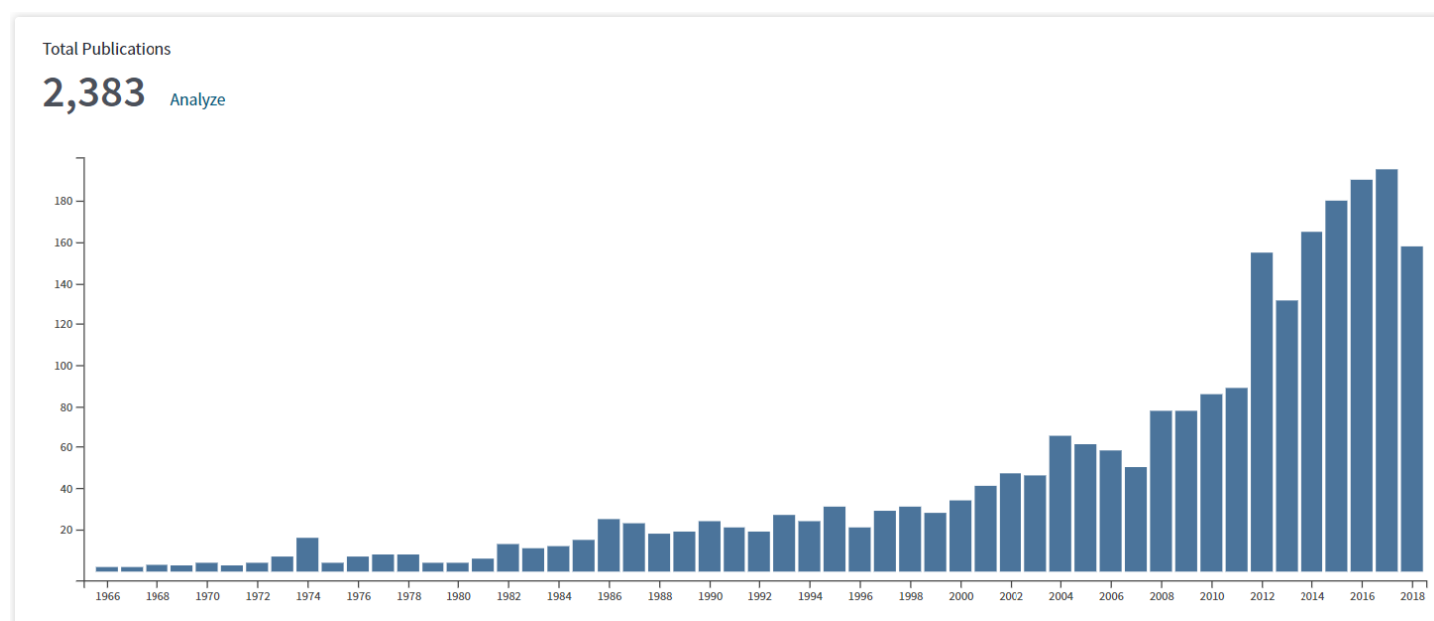
**Dr. Thomas J. Raedler, Director,
Psychopharmacology Research Unit**

The Department of Psychiatry Research Report

These citation metrics are based on the same search criteria as those identified in the 2017 citation report. These were based on a Web of Science search. The search identified papers falling into one of two categories. The first included those papers with “psychiatry” under “Research Area” or “Topic” if the word “Calgary” appeared in the title or address fields. The second category included papers with “Mathis*” and “Calgary” in their address field. Many papers fell into both categories and these were not double counted. The search as performed on September 21, 2018. While the graphics presented below depict 2018 publications, it should be noted that the final number for 2018 will not be available until 2019.

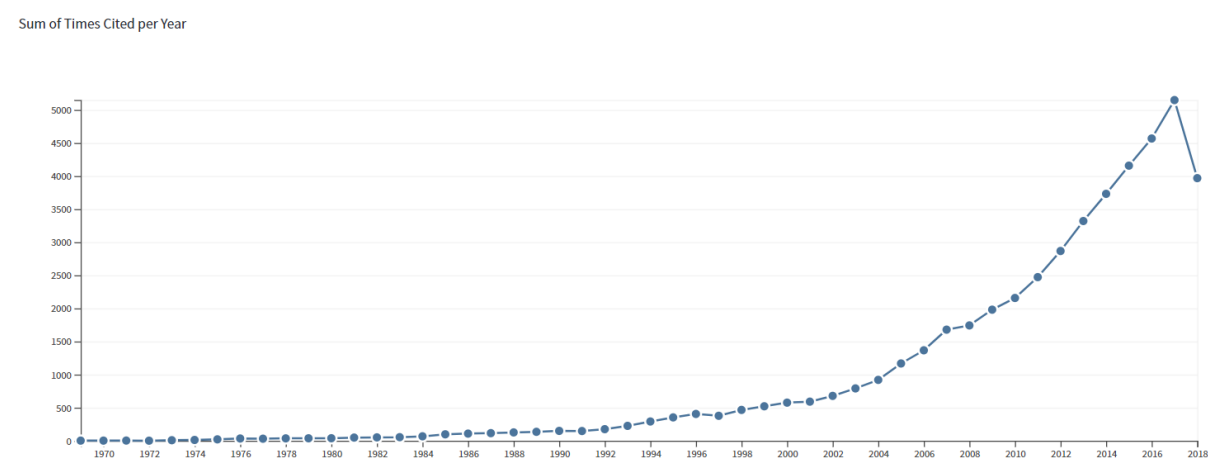
The 2018 search confirms that the Department of Psychiatry’s research productivity continues to increase. Since 2014, each consecutive year has been the most productive year in the history of the Department. The current search suggests a continuation of this trend. As of September 21, 2018, 158 papers have been published compared to 196 in 2017. Projecting the 2018 data forward, > 200 publications are expected in 2018, which will be a first in the Department’s history. Figure 1 depicts the search output from the Web of Science. The search is limited to the Web of Science Core Collection.

Figure 1. Psychiatry publications from the University of Calgary



The search strategy also allows an examination of citations to the set of 2383 publications identified. This is presented in Figure 2. The overall number of citations and the rate of increase continues a linear increase. References to the work arising from the Department in 2017 exceed that of any previous year and the pattern suggests that 2018 will again exceed 2017. Papers produced by the Department were cited 5149 times in 2017 and have already been cited 3969 times (as of September 21) in 2018.

Figure 2. Citations to psychiatry publications from the University of Calgary



The second category of the search (ad=mathis* and ci=calgary) is of inherent value since it shows the number of papers attributed to the Mathison Centre for Mental Health Research & Education. These searches were performed on September 21, such that they do not fully reflect 2018 productivity. There have now been 242 papers arising from the Centre, or at least which specify their affiliation with the Centre, see Figure 3. There is an associated increase in citations to these papers, see Figure 4. The pattern of growth is exponential, illustrating the increasing impact of the Centre on the world literature.

Figure 3. Publications attributed to the Mathison Centre for Mental Health Research & Education

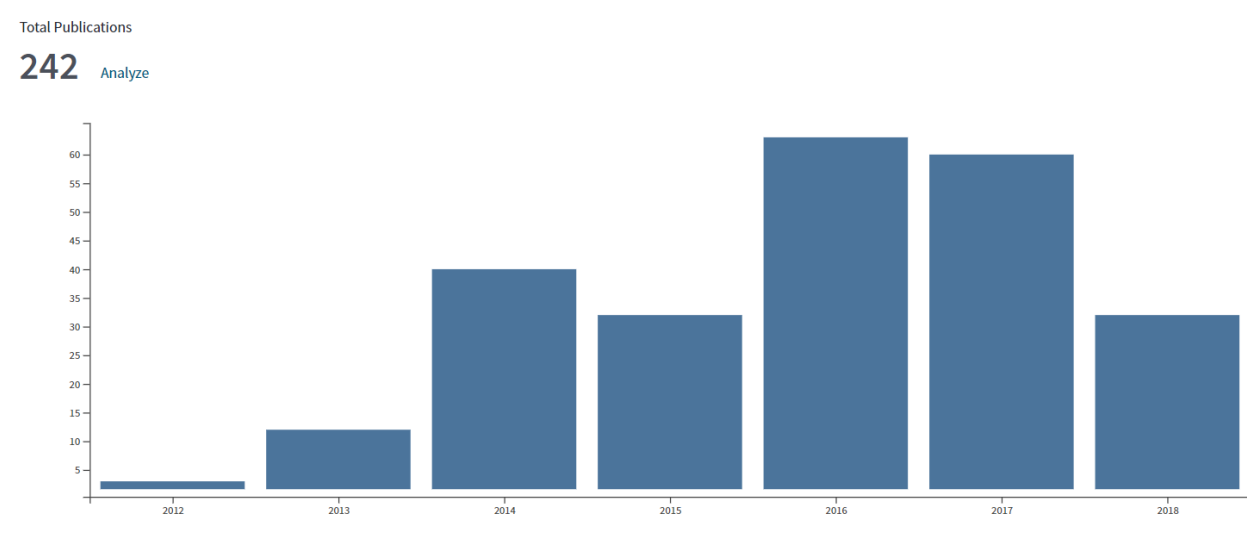
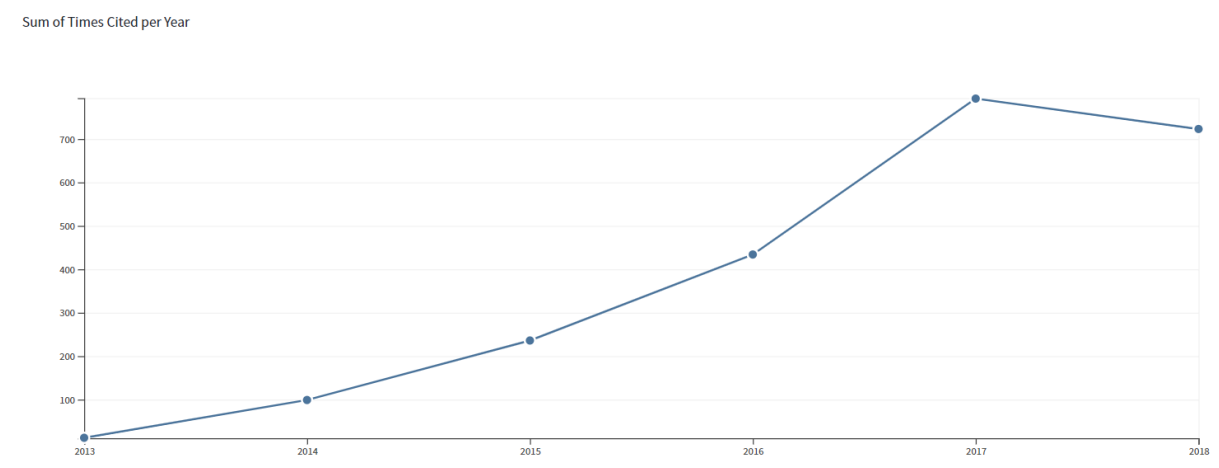


Figure 4. Citations to publications attributed to the Mathison Centre for Mental Health Research & Education



Dr. Scott Patten
Department of Psychiatry
Research Director



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 leading research and education on the early identification, treatment and prevention of mental health disorders with a particular focus on children, youth and emerging adults. Membership of the centre includes researchers from six faculties across the university with research spanning fields including social work, psychiatry, education, public health, psychology, kinesiology, neurosciences and nursing. This report highlights notable achievements of the Mathison Centre and its members over the 2017/2018 academic year.

Membership

Membership of the Mathison Centre grew from 42 to 55 full and associate members since October 2017. Members include researchers from diverse disciplines covering a broad range of interests. The multi-disciplinary backgrounds of our members have propelled opportunities for collaborative projects conducted in teams and enabled partnerships with community agencies relevant to our research interests. Membership of the Mathison Centre increased during the year following a merger with the Mental Health team formed under the University of Calgary's Brain and Mental Health Research Strategy. Further growth is anticipated as we merge our activities with the Stress Team, a group of basic science investigators in the HBI.

Funding & Recognitions

Mathison Centre researchers and trainees have been successful in obtaining new grants and have also received recognition for various laudable achievements. Among the institutions from which our members and the Centre have received funding and recognition are the Canadian Institute of Health Research, Tourette's Canada, Alberta Health Services – Addiction and Mental Health Strategic Care Network, Brain and Behaviour Research Foundation, Alberta Health Services – Department of Psychiatry, Canadian Foundation for Innovation (CFI), Policy Wise for

for Children and Families, Alberta Culture Days, Shire Canada and the American Pain Society. The Centre has also received philanthropic support from individuals within the Calgary community.

Community recognition of the Mathison Centre's emerging role in Calgary as a leading centre on mental health was evidenced by an invitation from the Office of the Mayor to support The City of Calgary's move to develop a strategy on mental health and addictions. The Mathison Centre endorsed this initiative later approved by the City Council for \$25m in funding of which \$10m will provide seed funding for initiatives stemming from the new/to be developed city strategy on mental health. The Mathison Centre is well-positioned to provide research expertise towards the development of the City's mental health strategy. The Centre is also working closely with the Alberta Children's Hospital Foundation and Alberta Health Services to develop a research plan linked with the recently announced Calgary Centre for Child and Adolescent Mental Health, a new clinical centre for child and adolescent mental health which is expected to open in 2021.

Trainees & Post-Docs

The Mathison Centre, with leadership from Education Director Dr. Andy Bulloch, continues to support trainees on many fronts including through summer studentships, graduate funding, post-doctoral fellowships, travel awards, and bi-weekly journal clubs to encourage trainee learning and engagement. Funding opportunities have been competitive with awards going to top trainee candidates of member researchers.

Community Connections

Over the year, the centre advanced existing community connections with organizations interested in mental health and developed new ones. Institutions we continue to have existing and developing relationships with include, the Mental Health Commission of Canada, Organization for Bipolar Disorder, Telus Spark, Sheldon Kennedy Child Advocacy Centre, Hull Services, Canadian Mental Health Association, Alberta Children's Hospital Foundation, Rocky View School Board, Red Deer School District, Rundle School, the Catholic School District, Calgary Board of Education, Regional Collaborative Service Delivery and Calgary Police Service.

The Centre is leading an effort to identify mental health research priorities across the University of Calgary by working with various faculties, centres

and institutes. At the impetus of the Hotchkiss Brain Institute and the VP Research, the Centre began an engagement process with an environmental scan to identify researchers across campus working in mental health and their areas of focus. Results of the scan were presented to a group of deans, department heads and directors of institutes in June. Currently, a working group of representatives from AHS, relevant faculties, institutes, and centres has been set-up to identify research priorities in mental health for the University of Calgary.

Leading knowledge translation initiatives by members

- The Canadian Schizophrenia Guidelines was published in the Canadian Journal of Psychiatry in fall 2017. The project, led by **Dr Tamara Pringsheim** and **Dr Donald Addington**, was funded by a research grant from the Mathison Centre. The guidelines consist of 10 articles covering assessment, pharmacotherapy, psychosocial therapy, clinical high risk populations, co-existing substance use disorders, children and youth, community treatment, and physical health and drug safety.
- In preparation for the legalization of cannabis in Canada, researchers at the Mathison Centre in collaboration with various partners have been involved in a number of initiatives to share their insights on cannabis from various perspectives.

Videos

- [Will legalization trigger an epidemic](#) by Matt Hill
- [Amplifying youth voices on cannabis use](#) by Rebecca Haines-Saah
- [Health warnings to consider in using cannabis](#) by Chris Wilkes

Educational events & webinars

- [Confused about cannabis](#) Tzed Talks featuring Dr. Paul Arnold & Rebecca Haines-Saah
- [What does legalized cannabis mean to Canadians](#) featuring Chris Wilkes
- [Cannabis legalization and youth](#) by Rebecca Haines-Saah & Matt Hill

Feature Stories

- [Avoiding and overcoming addiction: The cautionary side of cannabis legalization](#) - expert contribution by Chris Wilkes
- [Why does pot make you so hungry? How cannabis affects our bodies and brains](#) – expert contribution by Matt Hill
- [How much will legalized pot cost? Cannabis legalization and how it will affect our governments, our laws and our way of life](#) - expert contribution by Jacqueline Smith

Educational reading

- [Cannabis: Did You Know](#) - expert contributions by Matt Hill & Rebecca Haines-Saah
- [Basics on Cannabis: A Compilation of Research based Evidence and Guidelines](#) compiled by Andrew Bulloch and Josephine Adda - content and editorial expertise by Keith Sharkey, Paul Arnold, Chris Wilkes, Matt Hill and Rebecca Haines-Saah

Researchers in the news

- Global News Calgary [interview](#) of Dr. Donald Addington on the development of schizophrenia into early adulthood.
- Various interviews by Rebecca Haines-Saah on cannabis – excerpt [here](#).
- CTV Calgary morning live monthly segments by Sheri Madigan, PhD on various topics centered around child development – excerpt [here](#)
- The Globe and Mail interview and [opinion piece](#) on Dr. Scott Patten and his team's 2016 paper on seasonal depression.
- The Conversation Canada [piece](#) on Sheri Madigan's research into the role of siblings in the development of empathy among young children
- CTV Morning Live interviews by Gina Dimitropoulos talking about mental illness in children – excerpt [here](#).
- The Globe and Mail [article](#) referencing Dr. Scott Patten, Andy Bulloch and team's study on major depression as the best estimate of the national rate of depression in Canada.

- The Conversation Canada features Jacqueline Smith's [article](#) on "The truth about cannabis on Canadian campuses".
- Andrew Bulloch, Global morning news [interview](#) on the role of music in mental health.
- Zelma Kiss, radio [interview](#) with Michael Enright of The Sunday Edition: Unlocking the mystery of the human brain", CBC Canada
 - community advocate on mental health, Nigel Mayers, PWLE, Mathison Centre researchers Daniel Kopala-Sibley and Frank MacMaster.
- Various activities on the theme "music and mental health" from October 1st to 5th to mark Mental Illness Awareness Week 2018.

Events

- Annual Mental Health Research Day 2018 was held on March 12, 2018 under the theme "**Neurostimulation in Mental Health**". Speakers Dr. Stephanie Ameis, Dr. Alex McGirr, John Piacentini and others.
- The Mathison Centre relaunched Mathison Rounds in January 2018 to provide an opportunity for members, trainees and invited speakers to share on their on-going research projects. The monthly rounds has been well attended and have included cutting-edge research from a range of perspectives.
- Various activities on the theme "mental health and art" from May 7th to 11th to mark Mental Health Week 2018.
- The Mathison Series in Youth Mental Health is a community event that brings together business leaders and community members from the Calgary region to showcase the work of the Mathison Centre, raise awareness of mental health issues and encourage investment to support mental health research and education
 - The 2017 event held on November 6 was the fifth in the series and focused on the theme "Adverse Childhood Experiences (ACE's): a Scientific and Community Perspective". Jay Ingram, science writer and broadcaster led the discussion with 3 panelists: Sheldon Kennedy (Sheldon Kennedy Child Advocacy Centre), Warren Binford (Willamette University) and Sheri Madigan (Mathison Centre for Mental Health Research & Education). Dr Paul Arnold, Director of the Mathison Centre shared insights into the biological aspects of ACEs and what research is taking place at the Mathison Centre on Adverse Childhood Experiences.
 - Mathison Series 2018 held on October 15th focused on "Depression in Youth: From Cutting-Edge Research to Clinical Care. The panel included Karen Gosbee,

Looking Forward

The emerging leadership of the Mathison Centre as the mental health research hub of the University of Calgary continues to grow as a result of external and internal partnerships and community engagement. The Centre expects to grow its membership and research base through recruitment, attracting excellent trainees and continuing to engage with the Calgary community and the rest of the campus community within and beyond the Cumming School of Medicine. With support from diverse sources, the centre will increase spending on innovative research projects that advance the goals of our strategic plan and establish the centre as leader in mental health research in Canada and beyond.

Selected excerpts from member reports

Chris Wilkes

As a leading member of the Canadian Psychiatric Association, I continue to actively pursue collaborations between the CPA and the Academy of Child & Adolescent Psychiatry advocating for child and youth mental health in Canada. As part of that effort, I gave a presentation to the Senate Committee on Social Affairs, Science and Technology hearing in Ottawa in October, 2018 to make a case for greater investment in youth and mental health, particularly in the areas of early intervention and improved access to appropriate, evidence-based treatments.

Zelma Kiss, Beverly Adams

Dr. Zelma Kiss and her team are conducting research in collaboration with Dr. Beverly Adams on the use of magnetic resonance guided focused ultrasound (MRgFUS) to treat resistant Obsessive Compulsive Disorder (OCD). The new technology, and the only MRgFUS system in Western Canada, allows surgeons to access the brain without cutting the skin or drilling into the skull. Coming up in 2019, the research team is looking to begin phase 1 trial of MR-guided Focused Ultrasound (MRgFUS) bilateral capsulotomy for the treatment of refractory obsessive compulsive disorder.

Brandy Callahan

My lab has begun recruitment and data collection for 3 new large-scale research studies coming up in 2019. Key among the 3 is a study on markers of dementia in ADHD. The study aims to explore whether ADHD and Lewy body diseases (a common cause of dementia) have a similar underlying mechanism. To do this we are examining cognitive, behavioural, and genetic biomarkers of dementia in individuals with ADHD, Lewy body diseases (ex. Parkinson's disease and Lewy body dementia), and in cognitively normal controls.

Carly McMorris

I lead the implementation of Facing Your Fears (FYF), a CBT program for children and youth with autism spectrum disorder and anxiety in Calgary. In partnership with AHS, various school boards, and autism-specific communities, we have conducted 3 groups for children and youth between 8 and 14 years of age. Our lab is examining the effectiveness of FYF in reducing anxiety in children and youth, as well as examining how a reduction of anxiety affects family functioning and school engagement. Our lab has also created a cross-Canada FYF collaboration with various researchers at hospitals and agencies. This collaboration will enable us to run multi-site studies, as well as examine the effectiveness of FYF and the impact of each of our respective sites.

Coming up in 2019, I am leading the University of Calgary Autism Spectrum Support Program (UCASSP). With support from a University of Calgary Campus Mental Health Strategy Grant (deferred until 2019), we will implement an evidence-based peer support mentoring program for university students with autism spectrum disorder and mental health issues.

Deinera Exner-Cortens

I have been awarded a large federal contract (>\$1 million – details are embargoed until December 2018) to evaluate a teen dating violence prevention program.

Dawn Kingston

Dr. Kingston and her team are set to launch an app platform providing e-screening, e-referral and e-therapy to pregnant women in over 50 maternal clinics, prenatal classes, ob/gyn clinics and physician's clinics across Alberta in January 2019-2021. The e-mental health app platform is being scaled up in several primary care sites across all 5 zones in Alberta. The purpose of this scale-

up project is to assess the embedded implementation of the platform in primary care to support routine mental health screening, referral, and provision of e-therapy in pregnant and postpartum women. It is anticipated by AHS and AMH colleagues that this platform may form the basis of e-mental healthcare in Alberta, and thus shift policy and clinical practice surrounding routine mental healthcare.

Dr. Kingston has led 18 co-investigators from 3 universities (U of C, U of A, Lethbridge U) and 5 labs in a study to explore the social, genetic, and epigenetic influences on child resiliency. The study set out to determine the predictors of child resilience through an Alberta Innovates Grant, "Prediction and Understanding of Resilience in Alberta Families: Longitudinal Study of disaster Responses (PURLS)". This study is the largest to date to explore child resiliency, and the first to comprehensively study the genetics and epigenetics contributing to it. As a result of being awarded the first Lois Hole Hospital for Women Cross-Provincial Chair in Perinatal Mental Health, in 2016, Dr. Kingston and her team have been able to create and begin a trial of a model of universal Mental Healthcare for Albertan Women. One of the key successes over the past year has been collaborating with AHS and 3 Strategic Clinical Networks (SCNs; Addiction and Mental Health; Maternal Newborn Child and Youth; Population, Public and Indigenous Health) to scale-up a model of comprehensive perinatal mental healthcare that our team developed and has been testing in a multi-site randomized controlled trial since 2014. This novel model of universal mental healthcare is the first to be developed and tested in pregnant women. A scaled-up integrated model of e-screening, e-referral and e-therapy will be available to all pregnant women in Alberta as a component of routine prenatal care, ensuring that women are universally screened, offered e-therapy, and linked with other community-based resources as needed. AHS and the SCNs are positioning this scale-up as a demonstration project for delivery of mental healthcare across the province. Given that the UK and Australia are the only 2 countries to date to implement universal perinatal mental healthcare, the implementation of our model will position Alberta as a leader within this field in Canada.

Melanie Noel

With funding from the CIHR SPOR, 'Chronic Pain Network', Dr. Noel is extending her work on co-occurrence of mental health issues and chronic pain in a multisite collaboration with international colleagues to examine mutually maintaining cognitive, behavioral, neurobiological, and genetic mechanisms underlying these co-morbidities. Novel and emerging evidence suggests that chronic pain is transmitted across generations, from mother to child, providing a potential target for prevention and treatment to reduce pediatric chronic pain. Based on this evidence, Dr. Noel aims to extend her work on the Pain and Mental Health in Youth Study to examine how maternal trauma, sleep disturbances, and parenting influence pediatric chronic pain. Her work in this area will inform treatment for pediatric chronic pain, which is currently often ineffective. Further, she will collaborate on a translational study with basic neuroscientists to understand the epigenetic mechanisms underlying the association between maternal trauma and child chronic pain.

Children's memories for pain play a powerful role in shaping their subsequent pain experiences, as memory for pain is more important for future pain coping than the actual experience of pain itself. Novel evidence has demonstrated that parent-child language-based interactions about past events involving pain plays a role in children's coping and psychological functioning. Using this evidence, Dr. Noel has launched several pilot intervention studies that aim to prevent and ameliorate pain problems in youth by positively-reframing the painful memory following surgeries and vaccine injections. With emerging evidence from these pilot studies, Dr. Noel will launch a full-scale randomized-controlled trial of this memory reframing intervention. In a separate developmental study, Dr. Noel is also examining the influence of parent-child reminiscing about pain on preschoolers' socio-emotional development.

Stephanie Borgland

I lead the Cannabis Research Initiative recently awarded \$55,000 from the Ucalgary VPR's office to 'prime the pump' for research on Cannabis use. We have a team that has submitted at least 2 catalyst grants to CIHR and are poised for developing new knowledge on Cannabis use and misuse. I am leading an effort towards developing an addiction research strategy with colleagues at the University of Calgary to further addiction research and treatment in Calgary.

Rebecca Haines-Saah

In 2018, I achieved what I view as my greatest marker of policy impact to date, by having my research and policy contributions on the implications of cannabis legalization for youth favourably cited by two Canadian Senators in the context of their formal remarks on Bill C-45 (Senators Nancy Hartling, NB and Ratna Omidvar, ON). My research leadership on this policy file is also demonstrated by my invitation to represent Alberta on the *Canadian Public Health Association's Expert Reference Group* on cannabis legalization and harm reduction and my membership on *Alberta Health Services' Cannabis Research Working Group*. I have contributed expertise on a public health approach to addressing substance use and the opioid crisis. I am currently consulting with Canada's Chief Public Health Officer, Dr. Theresa Tam on the Public Health Agency of Canada's 2018 Report to government on the topic of problematic substance use, and was invited by Dr. Tam to be a participant on the inaugural panel honouring Canada's first Chief Public Health Officer Dr. David Butler Jones (the 'DBJ Symposium') at the Canadian Public Health Association's Public Health 2018 meeting, addressing "Upstream Health Promotion Approaches to Addressing Substance Use". In September 2018, Dr. Tam invited me to be speaker for a PHAC panel session at the Opioid Symposium in Toronto, the Government of Canada's invitation-only national event for stakeholders addressing the opioid overdose crisis. I will speak again at PHAC's School-based Prevention Symposium in Toronto in November 2018.

Stephanie Knaak

As the lead researcher for the evaluation of the HEADSTRONG program, a national initiative under Opening Minds of the Mental Health Commission of Canada, I am providing oversight for a recently large grant to MHCC to deliver over 25 HEADSTRONG summits across Alberta over the next two years. This grant provides a budget for ongoing evaluation, including a new aspect to the evaluation process, which is the tracking and evaluation of post-summit in-school activities undertaken by HEADSTRONG participants. I am the lead researcher on a project currently being completed for Health Canada – conducted under the auspices of Opening Minds, Mental Health Commission of Canada on stigma related to the opioid crisis among first responders and healthcare workers. As far as we are aware, this study is among the first of its kind in Canada. Its objectives are to identify what stigma looks and feels like in relation to the opioid crisis among

first responders and healthcare professionals, how it interferes with care, where it comes from, and what can be done to address it.

I also lead a team that is developing, testing and validating a scale that can be used to measure attitudes and behaviours among first responders and health providers towards people with opioid use problems.

Tamara Pringsheim

American Academy of Neurology Tourette Guideline – I am the lead author and methodologist for a clinical practice guideline on the assessment and treatment of tics in people with Tourette syndrome and chronic tic disorder. The guideline will be published in 2019 in the journal Neurology.

Tourette Registry and Lifestyle Study – funded by the Owerko Centre of the Alberta Children's Hospital Research Institute, we have been recruiting children at the Tourette clinic to participate in a tic disorders registry, and in a study of how lifestyle factors, including exercise, sleep and diet, influence tic severity.

KINARM study – we have just launched a study in collaboration with Dr Sean Dukelow and Dr Adam Kirton to understand sensorimotor function in children with Tourette Syndrome using the KINARM, a robotic assessment tool.

Fiber study – in collaboration with Dr Raylene Reimer, we are currently recruiting subjects in a study investigating the ability of a prebiotic dietary fiber to mitigate antipsychotic induced weight gain and metabolic adverse effects.

Jacqueline Smith

UCalgary Campus Experience with Cannabis Survey (post legalization). 1200 students who participated in the March 2018 survey agreed to be a part of a post legalization survey that will be launched in February 2019. This research will provide pre and post legalization data including but not limited to: medicinal and recreational cannabis use, stigma, and perceptions towards campus policies and resources.

UCalgary Campus Experience with Cannabis Survey launched in March 2018. A random sample of 4,000 university students were asked to complete a cross-sectional web-based survey. The survey was completed by 2212, representing a 55.3% response rate. The survey results informed the development of the Cannabis Café: Discussion and Education series for University of Calgary students. This harm reduction educational initiative is currently being tested and evaluated at the University of Calgary.

Dr. Paul Arnold **Director, Mathison Centre**



Mathison Centre Researcher Profiles

Below are updated profiles of researchers of the University of Calgary's Mathison Centre for Mental Health Research & Education.

Dr. Beverly Adams (*Associate member*)

Associate Professor, Psychiatry

Senior Associate Dean, Education, CSM



Currently, Bev is Senior Associate Dean of Education for the Cumming School of Medicine. She served as Associate Dean, Professionalism, Equity and Diversity from July 2017 to September 2018. Under her guidance, Equity Guidelines were introduced at the CSM and the Network of Women in Medicine was created. The collaboration of academic and clinical female faculty supports women in all stages of their career; including the CSM's first-ever summit on advancing professional success for women in medicine.

With Dr. Zelma Kiss, MD, PhD, she is conducting research on the use of magnetic resonance guided focused ultrasound (MRgFUS) to treat resistant Obsessive Compulsive Disorder (OCD). The new technology, and the only MRgFUS system in Western Canada, allows surgeons to access the brain without cutting the skin or drilling into the skull.

Dr. Donald Addington (*Full member*)

Professor, Psychiatry



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 and quality of mental health 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 and Italy. An older technology the Calgary Depression Scale for Schizophrenia continues to be translated into new languages, currently over 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 published the third Canadian Clinical Practice Guidelines for Schizophrenia and Schizophrenia Spectrum Disorders in 2017 and in 2018 has been involved in a national dissemination program. 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 (*Full member*)

Professor, Psychiatry



Dr. Addington, who holds the Novartis Chair for Schizophrenia Research, focuses on identifying predictors and mechanisms of conversion to psychosis and understanding risk factors of mental illness in youth. Working with young adults and adolescents as young as 13, she also 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 Brain Canada Foundation for work in this area.

Dr. Paul Arnold (*Full member*)

Professor, Psychiatry and 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 practicing child and adolescent psychiatrist and founded Alberta's only pediatric clinic focusing on obsessive-compulsive disorder (OCD), located at Alberta Children's Hospital.



Dr. Jaideep Bains (*Full member*)

Professor, Physiology & Pharmacology

Dr. Bains is interested in understanding how physiological and behavioural challenges lead to long-term changes in neural circuitry. His research focuses on neurons that coordinate an organism's response to stress, with a particular interest in clarifying how the molecules released at the onset of a stressful stimulus leave a lasting imprint on how 'stress-relevant' circuitry functions. Within this context, he and his team conduct experiments that seek to understand the fundamental rules that govern cell to cell communication within the hypothalamus and elucidate the molecular machinery that contributes to changes in synaptic function, which in turn, may be critical for changing network output.



Dr. Cynthia Beck (*Full member*)

Clinical Assistant Professor, Psychiatry

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. Sandy Berzins (*Associate member*)

Adjunct Lecturer, Psychiatry



Dr. Berzins has over 20 years of health care research and program evaluation experience, in areas ranging from mental health and addictions, primary care, chronic disease management to health promotion. She completed her PhD in epidemiology at the Mathison Centre in 2014, with her dissertation research focused on risk factors for depression in multiple sclerosis. Currently, she is supporting a grant addressing the opioid crisis as the provincial Evaluation Lead for the Primary Health Care Opioid Response Initiative. Her previous work, as Director of Research & Outcomes at Calgary Counselling Centre, focused on counselling outcomes research and evaluation; effective knowledge translation is one her longstanding interests. Experience working in both community and academic settings has enabled her to develop a strong understanding of how research findings can be implemented in the 'real world'.

Dr. Stephanie Borgland (*Full member*)

Associate Professor, Physiology & Pharmacology



Dr. Borgland's research interfaces cellular physiology, pharmacology, and behavior, with the goal of understanding and treating disorders of appetitive motivation such as obesity and addiction. The main goal of her research is to understand how synaptic plasticity is modulated by these peptides in brain regions relevant to reward and compulsion, and to understand the behavioral consequences of neuropeptide signaling in both naïve and drug exposed animals.

Her lab uses a combination of techniques to explore how areas of the brain involved in reward valuation and motivated behaviour are rewired by consumption of palatable foods, obesegenic diets or drugs of abuse. The laboratory has made exciting discoveries on how plasticity within the mesolimbic dopamine circuit is modulated by satiety-promoting peptides, including insulin and leptin and how palatable food can prime future food seeking. Understanding drug or diet-induced plasticity in neural circuits involved in reinforcement or motivated behaviour is of key importance to determining the neurobiological factors underlying disordered eating or addiction.

Dr. Signe Bray (*Full member*)

Assistant Professor, Radiology



Dr. Bray studies the brain, how it develops, and how it is affected in mental health and neurodevelopmental disorders. She uses functional and structural magnetic resonance imaging (MRI) to study learning and cognition, with a focus on cognitive development and the effects of neurodevelopmental disorders on the brain. Her research goals are to apply neuroimaging to better understand how developmental changes in brain architecture affect information processing, and how structural alterations, resulting from developmental disorders, lead to cognitive difficulties. She is also interested in the effects of learning and practice on brain activity, structure and behavior.

Dr. Andrew GM Bulloch *(Full member)*

Professor, Education Director, Mathison Centre for Mental Health Research & Education

Director of Research, Residents Training Program, Psychiatry

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 working with health surveys that are linked to a mortality database, this enables us to determine the relationship of mental illnesses to specific causes of mortality. His teaching interests are mental disorders and their biological causes, and the history of neuroscience and psychiatry.



Dr. Brandy Callahan *(Full member)*

Assistant Professor, Psychology

Dr. Callahan's research aims to improve the early diagnosis of dementia in older adults. She is particularly interested in how to best recognize early signs of neurodegenerative disease in individuals who have complex clinical presentations, including co-morbid medical, neurological, or psychiatric conditions that may increase dementia risk. A second important area of her research involves determining the most accurate methods of assessing cognition and predicting future decline. Her work is heavily based in neuropsychology, and integrates neuroimaging and neuropathological tools to draw conclusions about progression and mechanisms of disease.



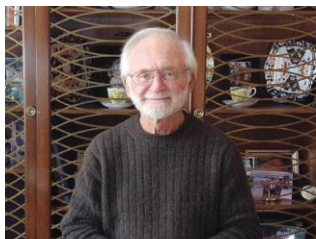
Dr. Gina Dimitropoulos *(Full member)*

Assistant Professor, Social Work

Dr. Dimitropoulos's work covers three broad areas of research that all aim to promote inter-agency collaborations to support young people with mental health issues and their families. Gina is involved as a principal investigator or co-investigator on leading national and international studies evaluating family based treatments for children and adolescents with eating disorders. Secondly, Gina works with researchers to develop and evaluate best practices for transitioning young people with complex health needs and mental health issues from adolescent to adult services in Alberta. Finally, Gina is involved in research to identify the longitudinal impact of child maltreatment and child pornography on the psychosocial development of children and adolescents.

Gina Dimitropoulos joined the Faculty of Social Work (UofC) as an Assistant Professor in 2015. She is cross-appointed with the Department of Psychiatry, Pediatrics and a full member of the Mathison Centre for Mental Health Research and Education, HBI and the Alberta Children's Hospital Research Institute. She has 20 years of clinical experience in both tertiary care and community based settings delivering family based interventions, group and individual counselling for individuals from across the life span with mental health issues. Her research is in the area of youth and family engagement and evaluating peer support models and navigator interventions to improve outcomes for youth with mental health issues, chronic illness and child maltreatment. She has extensive research experience employing various methodologies including randomized controlled trials, mixed methods and qualitative research.





Dr. Morton Doran (*Honorary member*)
Clinical Associate Professor, Psychiatry - retired

Recipient – Order of Canada



Dr. Deiner Exner-Cortens (*Full member*)
Assistant Professor, Social Work

Deinera Exner-Cortens is an Assistant Professor in the Faculty of Social Work, University of Calgary, and is jointly appointed to the Department of Psychiatry, Cumming School of Medicine, University of Calgary. Dr. Exner-Cortens' research focuses on 1) evaluating healthy relationships/mental health promotion activities in school and community settings, 2) developing and evaluating implementation support tools for school-based mental health/healthy relationships service delivery; and 3) prevention of adolescent dating violence. In her work, Dr. Exner-Cortens collaborates with a number of community and research partners both provincially and nationally.



Dr. Kirsten Fiest (*Full member*)
Assistant Professor, Community Health Sciences

Dr. Fiest's research focuses on the epidemiology of psychiatric and cognitive comorbidities and outcomes in the critically ill. Her broader interests include the relationship between psychiatric comorbidities and chronic neurological conditions, such as epilepsy and multiple sclerosis. Her methodological interests include systematic reviews and meta-analyses, validation studies, and the design and analysis of longitudinal and cross-sectional epidemiologic studies.



Dr. Janet de Groot (*Associate member*)
Associate Professor, Psychiatry

Dr. de Groot's research projects have included undergraduate students and postgraduate residents. The projects have addressed patient and spouse experiences of cervical cancer and lung cancer. Most recently, Dr. de Groot has been involved in a feasibility study for a psychological intervention for individuals with advanced cancer.



Dr. Rebecca Haines-Saah (*Full member*)
Assistant Professor, Community Health Sciences

Dr. Haines-Saah is a Health Sociologist whose research focuses on adolescent mental health and substance use through the lens of a critical public health approach that prioritizes harm reduction, social justice, and the lived experiences of persons that use drugs and/or live with mental illness. Since joining the University of Calgary as Faculty in early 2016, she has focused much of her research program on youth cannabis use and the public health policy implications of cannabis legalization in Canada. Her current projects also include qualitative and policy-focused research on parent advocacy for drug policy reform in the context of Canada's opioid crisis, and on youth policy engagement for mental health promotion.

Dr. Payman Hajiazim (*Associate member*)

Clinical Assistant Professor, Psychiatry

Dr. Hajiazim's research focuses on the novel treatments, such as Orexin receptors inhibitors, aiming at treating Insomnia and Narcolepsy. His research also covers the possible causes of fatigue and the interplay between the sleep disorders and mental/physical fatigue in adults and sleep aspects of attention deficit hyperactivity disorder (ADHD) and depression. His particular clinical interest is also on the management of the circular interplay between sleep disorders and the neuropsychiatric conditions such as head traumas/concussions and cognitive impairments MCI/dementia.



Dr. Stefanie Hassel (*Associate member*)

Adjunct Assistant Professor, Psychiatry

Research Manager, Canadian Biomarker Integration Network in Depression (CAN-BIND);



Dr. Matthew Hill (*Full member*)

Associate Professor, Psychiatry and Cell Biology & Anatomy

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 (*Full member*)

Associate Professor, Community Health Sciences

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 Katthy 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 key 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. Dr. Ismail is an author on CANMAT depression treatment guidelines and the Canadian Psychiatric Association Schizophrenia Clinical Practice Guidelines.





Dr. Angelique Jenney (*Full member*)

Assistant Professor, Social Work

Research Chair, Woods Homes

Dr. Jenney has over 20 years experience in intervention and prevention services within the child protection, children's mental health and violence against women sectors. Her research and program development has been devoted to understanding and responding to the impact of violence in families. Her research and practice interests include: family-based interventions for childhood trauma; child protection responses to family violence cases; the experience of mothering in the context of violence/trauma; and reflective approaches to teaching and training social work students.

Dr. Dawn Kingston (*Full member*)

Associate Professor, Nursing



Dr. Kingston's research focuses on improving perinatal mental health as one of the strongest, modifiable influences of child mental health and development. She and her team develop and evaluate approaches for screening and treating women who struggle with depression and anxiety during pregnancy. They are leading the field in using e-technology for screening and therapy in pregnant women so that women can get help whenever they need it, wherever they are. Their nationally-funded trials are among the first to explore the clinical- and cost-effectiveness of e-screening and e-therapy on the mental health of pregnant women, and how this early intervention impacts the mental health, physical health, and development of their children. As a part of their work, Dr. Kingston's team also studies the personal and health system barriers that women and their partners experience in obtaining mental healthcare.

Dr. Kingston's work also aims to understand the consequences of early adverse childhood experiences, particularly poor perinatal mental health, on child mental health and development. She is the lead of the largest, most comprehensive study to date to understand resiliency in children. She and her team are seeking to answer the question of why some children are quite affected by early adversity (such as prenatal depression and anxiety, parental separation, bullying) and others are less so. With \$2M awarded from Alberta Innovates-Health Solutions, Dr. Kingston's team of 18 investigators across five laboratories and three universities will be the first to identify the genetic, epigenetic, and biological causes of child resiliency. This study will help us to develop interventions and support families to enhance their child's resiliency so that their child can reach his/her full potential - physically, emotionally, and developmentally.

Dr. Zelma Kiss (*Full member*)
Professor, Clinical Neurosciences

Dr. Kiss's research aims have focused on the mechanisms of action of deep brain stimulation (DBS). DBS is a neural prosthesis that modulates specific brain nuclei and pathways to restore or improve movement disorders such as Parkinson disease, dystonia and tremor. Her lab uses slice electrophysiology, behaviour, optical imaging, and immunohistochemistry in rodents to unravel how DBS works, in parallel to studies in humans who have DBS surgery. She collaborates with colleagues in biomedical engineering to develop chronic models of DBS in rodents and veterinarian medicine to develop new targets for DBS. Recent research has extended to the development of neural prostheses to restore somatosensory function, psychiatric indications such as depression, and new neuromodulation therapies for pain.



In addition, Dr. Kiss is a functional & stereotactic neurosurgeon treating movement disorders, psychiatric conditions, epilepsy and pain, including trigeminal neuralgia and headache. She directs the Neuromodulation Program for Alberta Health Services Calgary. Dr. Kiss is actively involved in training of residents, post-doctoral fellows and graduate students and both established and directs the University of Calgary Royal College Clinician Investigator Program.

Dr. Stephanie Knaak (*Associate member*)
Adjunct Assistant Professor, Psychiatry

Research Associate, Mental Health Commission of Canada. Dr. Knaak is the lead researcher for the evaluation of the HEADSTRONG program, a national initiative of Opening Minds, the Mental Health Commission of Canada.



Dr. Daniel Kopala-Sibley (*Full member*)
Assistant Professor, Psychiatry

Dr. Kopala-Sibley's research pertains to the influence of developmental experiences (parenting in particular, but also peers and life stress in general) on change over time in personality and brain functioning in youth, and how these factors interact to influence risk for depressive and anxiety disorders. He is particularly interested in understanding how developmental experiences, personality, and brain functioning predict the first onset of internalizing psychopathology. He is also interested in examining how these factors interact with other biological aspects of risk for internalizing psychopathology, such as candidate genes, markers of inflammation, and neuroendocrine functioning (e.g., cortisol).





Dr. Catherine Lebel (*Full member*)

Assistant Professor, Radiology

Dr. Lebel's research uses magnetic resonance imaging (MRI) to study brain development in children and adolescents. Using a variety of MRI techniques, she studies how brain structure and function change with age, or in response to treatments and interventions. She is specifically interested in how brain maturation and brain plasticity are related to cognition and behaviour, and how these relationships may be different in children with developmental disorders. The aim of her research is to better understand brain changes, with the ultimate goal of providing earlier identification and more effective treatments for children with developmental disorders.



Dr. Frank MacMaster (*Full member*)

Associate Professor, Psychiatry

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.

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 (*Full member*)

Professor, Psychiatry

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. Sheri Madigan (*Full member*)

Assistant Professor, Psychology

Sheri's research focuses on determinants of social, emotional and cognitive development in early childhood. Child development is determined by multiple sources of influences, including those operating within the individual child (e.g. perinatal factors, genetics, temperament), within the family context (e.g. parenting, marital conflict, parental attachment history and experiences of early adversity) as well as processes embedded in the broader social context (e.g. socio-economic status, social networks). The overarching goal of her research is to examine how and why these nested layers of influence contribute to children's healthy developmental trajectories, or alternatively, serve to undermine children's development. My research uses a variety of methods (e.g. observational assessments, survey data, structured interviews) and capitalizes on multiple statistical methods as a function of the questions under consideration (eg. meta-analyses, mediation and moderation, trajectory analyses, multilevel models, path analyses, and individual participant data reviews).



Dr. Erica Makarenko (*Associate member*)

Instructor, Werklund School of Education

Director, Integrated Services in Education, WSE

In her current role as an Instructor in the Werklund School of Education and the Academic Coordinator of both the Master of Education in School & Applied Child Psychology program and the Master of Counselling program, Dr. Makarenko is responsible for overseeing the administration and delivery of these programs as well as supporting students in the programs. As well, Dr. Makarenko is the Co-Academic Coordinator of the graduate certificate program in Educational Neuroscience: Applications for Teaching & Learning and the Manitoba First Nations cohort of the Master of Education in School & Applied Child Psychology program.



In 2018, Dr. Makarenko assumed the role of Director of the ISE. In this role, Erica is focused on maximizing client experience and providing high quality graduate student training within the ISE. Dr. Makarenko is a Registered Psychologist in Alberta and a Nationally Certified School Psychologist in the United States.

Dr. Alexander McGirr (*Full member*)

Assistant Professor, Psychiatry

Mood disorders, such as Major Depressive Disorder and Bipolar Disorder are common and debilitating. Dr. McGirr studies these using several approaches and at multiple levels. He uses animal models of stress to better understand the neurobiological changes that accompany major risk factors for the development of these conditions. This is done in conjunction with genetically encoded sensors and actuators in order to image and manipulate neuronal function to better understand network changes as a result of stress. In addition, he conducts clinical studies in depressed patients that are aimed at using non-invasive neurostimulation techniques both as an investigative tool as well as a therapeutic intervention.



Dr. Alan McLuckie *(Full member)*

Assistant Professor, Social Work



Alan's broad research interests span infant, child and youth mental health, neurodevelopmental and learning difficulties, families affected by mental health difficulties, vulnerable family coping, family wellness and parenting stress, stigma, psychotherapy and evidence-based practice models including individual, couple/family therapy, and play therapy, models of clinical supervision, quantitative and qualitative methodologies. Alan is involved in several research teams exploring i) the current landscape of mental health programming for children 0-5 years and their families, ii) how school-based mental health programming impacts stigma in youth, iii) how socioeconomic and university program factors influence students' psychological distress levels, and iv) how Critical and Anti-oppressive approaches to social work are operationalized within direct practice settings. Alan is also interested in examining family functioning and parenting stress in relation to childhood neuro-developmental disorders.

Dr. Carly McMorris *(Full member)*

Assistant Professor, Werklund School of Education



Dr. McMorris' program of research focuses on how to improve the mental health and well-being of children and adolescents with neurodevelopmental disorders (NDD), such as autism spectrum disorder, fetal alcohol spectrum disorder, and cerebral palsy. She is particularly interested in understanding the risk/protective factors for the development of mental health issues in NDDs. She also investigates the underlying neuropsychological, social, neurological, and physiological mechanisms of mental health issues in NDDs, and how such issues impact children and families. Additionally, she examines the service use patterns and needs, and barriers/facilitators to accessing services for families of individuals with NDDs and co-occurring mental health issues. Lastly, she determines the effectiveness of psychological (e.g., CBT) and pharmacological interventions for individuals with NDDs and mental health issues.

Dr. David Nicholas *(Full member)*

Professor, Social Work



Dr Nicholas has a background in psychosocial outcome and intervention research related to children, youth and families affected by illness and disability. He has expertise in qualitative and mixed method research approaches and brings an extensive clinical and administrative background in the fields of social work and health and disability.

Dr. Nicholas is the author of over 70 research publications. Over the past 20 years he has held over \$12 million in research grants, and has been a PI on major grant funding from the federal and provincial sources including grants funded by SSHRC and CIHR. Dr. Nicholas has been a key leader in nurturing capacity building, addressing vocational issues in ASD, and building partnerships in Canada and internationally. Much of his current research focuses on seeking more equitable opportunities for obtaining and retaining employment for persons with ASD.

Dr. Melanie Noel (*Full member*)

Assistant Professor, Psychology

Dr. Noel's research aims to understand and harness modifiable cognitive (memories) and affective (fear) mechanisms underlying trajectories of acute and chronic pediatric pain to improve the health of children and their families. Dr. Noel's research covers the areas of acute (e.g., painful medical procedures, experimental pain in the lab) and chronic (i.e., pain lasting for at least 3 months) pain in a variety of clinical and healthy populations (e.g., vaccination, venipunctures, surgery, chronic pain, emergency care). She employs a variety of novel experimental (lab-based) and clinical methodologies as well as quantitative and qualitative approaches. She is committed to applying a developmental framework to her research and examining the broader sociocultural influences that are unique to pain in childhood. Dr. Noel is currently examining the co-occurrence of mental health issues and chronic pain through a conceptual model of PTSD and pediatric chronic pain, while also examining the role of parental mental health status in the onset and maintenance of pediatric chronic pain. Particular emphasis is on the powerful role of parents in shaping children's pain experiences and how they are invariably affected by children's suffering and alternatively, resilience.



Dr. Scott Patten (*Full member*)

Professor, Community Health Sciences

Chair, Cuthbertson and Fischer, Pediatric Mental Health

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, particularly surrounding the emergence of these disorders at their typical age of onset: adolescence and young adulthood. This work helps to identify risk and prognostic factors, information that helps examine trends, set priorities and identify opportunities for prevention.



Dr. 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 new ways of handling data, such as decision-support tools, registries and prediction models.

Dr. Danijela Piskulic (*Associate member*)

Adjunct Assistant Professor, Psychiatry

Dr. Piskulic is a Research Scientist and an Adjunct Assistant Professor at the University of Calgary in the Departments of Critical Care Medicine and Psychiatry respectively. Dr. Piskulic's training in psychiatry involved youth mental health, clinical staging of serious mental illnesses, and aetiology as well as neurobiology of psychotic disorders early in the course of illness. In her current role, Dr. Piskulic is extending her research training in mental health to critical care medicine, focusing on healthcare delivery to critically ill patients and their family caregivers.



Dr. Quentin Pittman *(Full member)*

Professor, Physiology & Pharmacology



Dr. Pittman's research activities focus on the effects of inflammation on the brain and how such inflammation may alter behavior. Rodent models of inflammatory disease are used and these include both infectious models, such as peripheral lipopolysaccharide administration, and organ based, such colitis and liver inflammation. In related projects, a mouse model of multiple sclerosis is used to reveal synaptic changes that may underlie behavioral co-morbidity in this disease. Finally, we ask how early life inflammation may cause long term effects on the brain that may underlie behavior (and pathology) in the adult animal.

Dr. Marc Poulin *(Full member)*

Professor, Kinesiology, Clinical Neurosciences and Physiology & Pharmacology



Dr. Poulin's research focuses on the mechanisms that regulate cerebral blood flow in young healthy humans, how these mechanisms become altered with ageing, and the role of interventions such as exercise on the cerebral circulation.

Dr. Tamara Pringsheim *(Full member)*

Associate Professor, Clinical Neurosciences

Deputy Director, Mathison Centre for Mental Health Research & Education



Dr Pringsheim's primary research interests are in Tourette syndrome and related neurodevelopmental disorders, and the use of antipsychotic medications. Her work focuses on novel therapeutics for Tourette syndrome and exploring sensorimotor function and developmental trajectories in children with this disorder. Her work on antipsychotics medications aims to promote safe and rational prescribing strategies to improve standards of care through pharmacoepidemiological research, qualitative methods, knowledge synthesis, and knowledge translation strategies. 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 (*Full member*)

Associate Professor, Psychiatry

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. Dr. Raedler also provides clinics for Pathways to Housing, a housing-first program focusing on homeless people with severe mental illness.

As psychiatry clerkship director for the Cumming School of Medicine, Dr. Raedler is involved in student education. As during previous years, our clerkship program was highly rated by the class of 2017. Again, we were able to generate a lot of interest among clinical clerks for psychiatry, resulting in yet another a record number of applicants to the psychiatry residency program at the University of Calgary. 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. Abdul Rahman (*Associate member*)

Clinical Associate Professor, Psychiatry

Dr. Rahman has been involved in the development of assessment tool for Children's Mental Health called Western Canada Waiting List http://www.wcwl.org/tools/mental_health/http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2276170/. He is also involved in a study regarding replicating Ross Greens study on comparing CPS with PMT, the two most commonly used family therapy techniques. His is broadly interested in involving clinical work with research activities. In the past, he as part of a team to complete an evaluation survey to assess patient satisfaction with inpatient psychiatric admission for children and adolescents.



Dr. Rajamannar Ramasubbu (*Full member*)

Professor, Psychiatry

Dr. Ramasubbu is a clinician investigator and professor of 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, deep brain stimulation (DBS) and transcranial magnetic stimulation 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, multimodal imaging markers of theta burst stimulation in treatment resistant depression funded Mathison center, and co-principal investigator of a project involving deep brain stimulation of the subgenual cingulate for treatment resistant depression, funded by Alberta Innovates - Health Solutions. He is a current member of many professional societies including the Canadian Psychiatric Association, Society of Biological Psychiatry, and the Canadian College of NeuroPsychopharmacology (CCNP). Dr. Ramasubbu has authored and co-authored around 75 articles in peer-reviewed journals. He serves on editorial boards, committees in professional societies and as an external reviewer for several peer-reviewed journals.



Dr. Kristin von Ranson (*Full member*)

Professor, Psychology



Dr. Ranson's research focuses on eating disorders, specifically questions related to etiology, classification, and assessment of eating problems and body image across the lifespan. She uses various methods to examine risk, resilience, and maintenance factors for eating disorders in pre-teens, adolescents, and adults. In one of her research streams, she studies the debate over whether eating disorders are forms of addictions. In another research stream, she studies how to help bridge the gap between researchers' recommendations and practitioners' choice of psychotherapies for eating disorders. She is also interested in body image-related attentional biases and weight bias.

Dr. Melanie Rock (*Full member*)

Associate Professor, Community Health Sciences



Dr. Rock's research program focuses on the importance of nonhuman animals for mental, physical, and social well-being. She is an Associate Professor at the University of Calgary in the Department of Community Health Sciences, Cumming School of Medicine. In addition, she is an adjunct faculty member in the Department of Anthropology and Archeology, Faculty of Arts, in the Faculty of Social Work, and in the Department of Ecosystem and Public Health, Faculty of Veterinary Medicine. Honorary affiliations include the Wellcome Centre for Cultures + Environments of Health at the University of Exeter, the Institute for Public Health Research at the Université de Montréal, and the Human-Animal Research Network (HARN) at the University of Sydney.

Dr. Jacqueline Smith (*Full member*)

Assistant Professor, Nursing



Jacqueline Smith, PhD, RN has been an assistant professor in the Faculty of Nursing at the University of Calgary since July 2017. She is currently the design lead for an innovative and flexible graduate certificate nursing program in addiction and mental health. Her program of research addresses the complexity of adolescent and young adult problematic substance use, including co-occurring mental health issues and the impact on individuals and families across the life span. Jacqueline embraces community partnerships and is a member of the Alberta Family Wellness Initiative and sits on the Advisory Committee for Drug Free Kids Canada.

Dr. Frank Stahnisch (*Full member*)

Professor, Community Health Sciences

Dr. Stahnisch holds the Alberta Medical Foundation/Hannah Professorship in the History of Medicine and Health Care, facilitates the History of Medicine and Health Care program in the Cumming School of Medicine and the Faculty of Arts, and serves as a coordinator (History) for the History and Philosophy of Science graduate program (Faculty of Arts). Together with Dr. Patten, he also facilitates the “Mind and Brain Public Health Perspectives Research Group” in the O’Brien Institute for Public Health, and co-organizes with Dr. Bulloch the History of Neuroscience Interest Group (monthly journal club meetings). On the research side, Dr. Stahnisch’s interests span the development of experimental physiology and laboratory medicine since the late 18th century (particularly France and Germany), the historical relationship between neurology/the neurosciences and the philosophy of the mind (focus on the German-speaking countries and North America), the relationship between clinical neuroscience and public mental health (particularly Canada and the United States), the historical epistemology of the life sciences (18th to 21st centuries), and the longer history of visualization practices in medicine and health care.

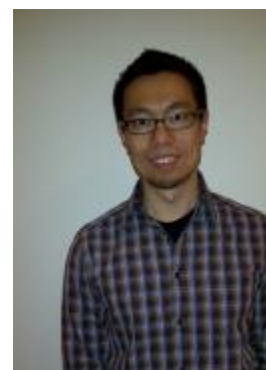


Dr. Andrew Szeto (*Full member*)

Associate Professor, Psychology

Director, Campus Mental Health Strategy

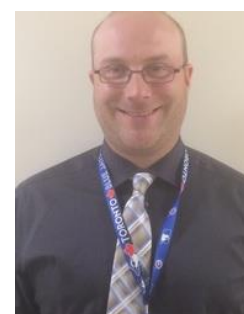
Dr. Szeto’s research blends his interest in the stigma of mental illness and his general interest in social psychology (given his training as a social psychologist). His studies have examined the application of intergroup prejudice findings to the mental disorders stigma domain, such as the use of the Implicit Association Test or prejudice-related measures as moderators of negative attitudes towards people with mental illnesses. Other research falling within this category include studies on the effects of media representations on stigmatizing attitudes and personality correlates of such negative attitudes. A second line of research involves the development, implementation, and evaluation of stigma-reduction and mental health awareness programming in various populations, including first responders, the workplace, and post-secondary institutions.



Dr. Jason Taggart (*Associate member*)

Clinical Assistant Professor, Psychiatry

Dr. Taggart’s research has involved reviews of pharmacological strategies addressing aggression in patients with intellectual disabilities. Also, previous work involved understanding social, emotional and behavioural needs of adolescents with Autism Spectrum Disorders. Future work will involve looking at the specific mental health care needs of transitional age patients with Autism Spectrum Disorders - particularly those with higher cognitive functioning.





Dr. Valerie Taylor (*Full member*)

Professor & Head of Department, Psychiatry

Dr. Valerie Taylor as the new head of the Department of Psychiatry, effective September 1, 2018. Valerie joined UCalgary from the University of Toronto (UofT) where she served as the psychiatrist-in-chief and medical director of mental health for the Women's College Hospital (WCH). Her academic focus is on the intersection between obesity, diabetes, cardiovascular disease and mental health. She has published more than 120 peer-reviewed studies and has written a cognitive behavioural therapy manual on weight management.



Dr. Jeanette Waagemakers-Schiff (*Full member*)

Professor, Social Work

Dr. Waagemakers-Schiff's research interest focuses on persistent mental illness, addictions, various aspects of homelessness, including rural and aboriginal issues, and program evaluation of housing first and other housing programs. She is a member of the Canadian Homeless Research Network and the organizing steering committee of the Canadian Observatory on Homelessness and was a member of the steering committee of the Canadian Society for Spirituality in Social Work (CSSSW). Her work includes examining the psychosocial stressors of PTSD and vicarious trauma in frontline support workers in the homeless sector and a new study examining the psychosocial demands on staff in domestic violence shelters.



Dr. Gabrielle Wilcox (*Full member*)

Associate Professor, Werklund School of Education

Dr. Wilcox's current research focuses on improving our understanding of how to support student learning and preparation for post-school requirements. Specific areas of research which contribute to this include neuropsychology for intervention, mental health in schools, transition planning, and university-level instruction.



Dr. Chris Wilkes (*Associate member*)

Professor, Psychiatry

Section Chief – Child and Adolescent Outpatient & Specialized Services, Alberta Health Services

Division Head – Child and Adolescent Psychiatry, University of Calgary

The 31st Annual Sebastian K. Littmann Research Day

The 31st annual Sebastian K. Littmann Research Day took place on March 2nd, 2018 at the Foothills Medical Centre Auditorium. The theme this year was "Concussion in Psychiatry" – featuring keynote speaker Dr. David Baron (University of Southern California) and symposium presenters: Dr. Carolyn Emery, Dr. Keith Yeates, Dr. Ryan Todd and Dr. Chantel Debert.



Keynote Speaker: Dr. David Baron

Symposium Presenters



Dr. Emery Dr. Yeates Dr. Todd Dr. Debert

As usual, the event featured several awards.

Best Presentation by a Resident: **Dr. Sara Meunier**. Changes in mental health with opioid analgesia for chronic non-cancer pain

Most Innovative Project by a Resident: **Dr. Kimberly Williams**. Title: Validity of the PHQ-9 In Neurological Populations.

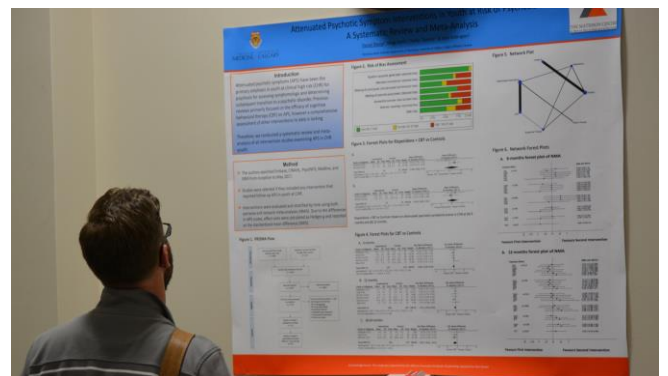


Best Presentation by a Graduate Student: **Stephana Cherak**. The association between maternal prenatal salivary cortisol and birth weight: A systematic review and meta-analysis.



(Inaugural) Most Innovative Project by a Graduate Student **Haley Vecchiarelli** Colitis Promotes Anxiety Through a CRF R1 Mediated Suppression of Central Anandamide Signaling





The 32nd Research Day will be held on Friday March 1, 2019 at the Auditorium/Coombs Lecture Theatre, Foothill Medical Centre. Stay tuned for more details about the event.

Updated information on the event will be provided on the Research Day's homepage at www.psychiatryresearchday.ca.

If you want to cite any of the presentations from the research day they are indexed on the University of Calgary's Libraries and Cultural Resources PRISM Archive (<https://prism.ucalgary.ca/handle/1880/106418>).

Dr. Scott Patten
Department of Psychiatry Research Director

Medical Leadership and Administration, Addiction and Mental Health, Calgary Zone

2018 was a busy year for Addiction and Mental Health in the Calgary Zone. Many quality improvement initiatives are underway and investments have been made to help meet the needs of our patients and families. A number of initiatives have continued, and some new ones have started, as we focus on moving the system forward. Key initiatives include the following:

- An Addiction and Mental Health focused AIM (Access Improvement Measures) initiative was started in January 2018 and will continue into 2019. Ten outpatient teams are participating and are focused on improving flow and increasing efficiencies within their service areas.
- The Calgary Police Service (CPS) provided in-kind space to Alberta Health Services (AHS) for the purpose of providing on-site addiction and mental health services to clients who are attending the Safe Communities Opportunity and Resource Centre (SORCe). Staff from a number of outreach services moved into SORCe on February 26, 2018. This shift benefits homeless and vulnerably housed individuals within downtown Calgary.
- Crisis Stabilization Unit (CSU) opened at the RGH on April 16, 2018. This is a 10 bed unit focused on patients who require a longer period of assessment, support and/or connection to resources that can be provided in less than 24 hours. Since opening the CSU has treated 518 patients.
- Form 10 planning day held April 28, 2018 in partnership with the Calgary Police Service. The goal of the planning day was to consider additional options to reduce the number of Form 10's and improve the care for individuals in our community. Many initiatives are underway including developing a Form 10 officer's guide, increasing community coordination, understanding ED determination and establishing a discharge planning/feedback loop and consultation line. Recently a dedicated line was created for CPS to contact Mobile Response Team (MRT) for all Police and Crisis Team (PACT) calls. As well, Form 10 consultation between 9:30 am and 9:30 pm, has been made available to District 2 CPS officers.
- New Child and Adolescent Addiction and Mental Health Centre announced May 25, 2018. The centre is being built in partnership with the Alberta Children's Hospital Foundation and will house a number of new programs including: a walk-in service open seven days per week; Intensive Community Treatment Services (ICTS) which will provide intensive outpatient therapy and serve escalating patients to avoid inpatient admissions; and a Day Hospital, which will assist in reducing length of stay in hospital and ease transition from acute care into the community. In addition, patients and families will have the opportunity to participate in innovative clinical research initiatives on site. Construction will begin in 2019 and it is anticipated that the centre will open in 2021.
- Funding received to enhance A&MH care in the community. This funding will support additional staff in child, adolescent and adult community clinics, rural urgent cares and allow for the initiation of rTMS in 2019 at RGH and FMC. Funding became available October 1, 2018. Many positions are filled and the remaining are in the recruitment process.
- Continued to expand Opioid Dependency Treatment Initiatives including:
 - Increasing capacity within the Opioid Dependency Program from 480 to over 700 patients
 - Opening the iOAT (injectable opioid agonist therapy) program at the SMCHC October 29, 2018.
 - Opening the ARCH (Addiction Recovery and Community Health) program at PLC as a joint initiative between the PLC site and A&MH on November 26, 2018.
- Continued progress to increase safety for staff and patients. In addition to many initiatives already in place the following occurred in 2018:
 - Four new on-line modules were created as part of our strategy to support staff and physicians when dealing with aggression. The series is called *Preventing and Managing Violence or Aggression on Inpatient Addiction and Mental Health Units* and is available on My Learning Link.
 - Implementation of Collaborative Problem Solving (CPS) has continued for all inpatient mental health units and residential programs.
 - OH&S Violence/Aggression Alerts Program was rolled out to all A&MH inpatient units in October and November 2018. Modifications

were made for A&MH including the implementation of the DASA (Dynamic Appraisal of Situational Aggression) which is a standardized tool that predicts aggression within a 24 hour period.

- AHS Addiction and Mental Health and Disability Services completed a strategic plan that outlines the needs of both systems in addressing the most complex dually diagnosed patients now and in the future. The plan was finalized in January 2018 and both organizations are moving it forward in a phased approach. Phase I was supported by AHS with an increase in staffing for the Arnika Centre and Catalyst team beginning in November 2018 to provide more intensive support in the community and help prevent inpatient admissions by intervening early in the community.
- Additional supported housing is currently being established. This housing will include up to 40 new supported apartments in partnership with community agencies and an increase to more intensive transitional residential community support.
- Phase II of the Community Clinic and Specialized Services redesign work continues. Implementation was delayed however, is anticipated to occur in early 2019.
- Child and Adolescent Addiction and Mental Health is participating in a provincial collaborative being led by the Addiction and Mental Health SCN and the Emergency Department SCN to improve care of patients attending the ED at ACH and Stollery Children's Hospital and to explore any improvements in access and flow that can be made.
- Many leaders, staff members and physicians have actively participated in connect care including the area council and many committees as we prepare to roll out the EPIC system over the next few years.
- A&MH is participating in a larger Zone initiative to reduce ED wait times and EMS Park. This work began in the summer of 2018 and includes a number of focused projects.
- A Primary Care Mental Health Task Group met throughout 2018 which included representation from the seven PCNs and A&MH in the Calgary Zone. The group is focused on improving the connection between primary care and A&MH, as well as establishing clear guidelines regarding the type and level of care to be provided in primary care for patients experiencing mental illness and identifying when patients should be

referred for specialist consultation or treatments. This work includes the development of education materials, training initiatives and pathways and will continue in 2019.

- Adverse Childhood Experiences (ACE) Project
 - There were two ACE publications in 2018; one focused on correlations between diagnosis and trauma; the other examined the correlation between measures of impairment and ACE scores.
 - Retrospective case reviews were completed on youth with high ACE scores and implications on care givers and system utilization examined.
 - YYC Discovery Event was held in November 2018. This event brought together AHS, community providers/partners, and families to identify service gaps and strategies to mitigate.
 - ACE work was presented at two international conferences – USA and UK

We are excited to continue moving these initiatives forward in 2019 and will be continuing to focus on system and quality improvement projects to provide the best care possible to our patients and families.

Janet Chafe
Executive Director
Addiction & Mental Health and Correction Health
Services



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.

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.

<u>Section</u>	<u>Primary</u>	<u>Supplementary</u>	<u>Total</u>
Addictions and Claresholm Care Centre	6	34	40
Child and Adolescent Psychiatry	42	15	57
Forensic Psychiatry	14	4	18
Geriatric Psychiatry	14	7	21
Psychiatry Adult Inpatient Services	71	70	141
Psychiatry Adult Outpatient Services	<u>66</u>	<u>56</u>	<u>122</u>
Total	213	186	399

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.

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. As many have heard, issues related to length of stay, ER park and capacity have become a priority. A number of initiatives have been put in place to address this at all sites and will be monitored for impact going forward.

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. Most recently psychiatry has been added to Specialist Link, a telephone advice line that family doctors can use to contact a specialist for advice about a patient in real time and has quickly become a highly subscribed service.

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 Adolescent Mental Health Community 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 track for implementation in 2019 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.

We have also ordered 8 rTMS machines that will be in place and we hope 2019 will see us roll out this service.

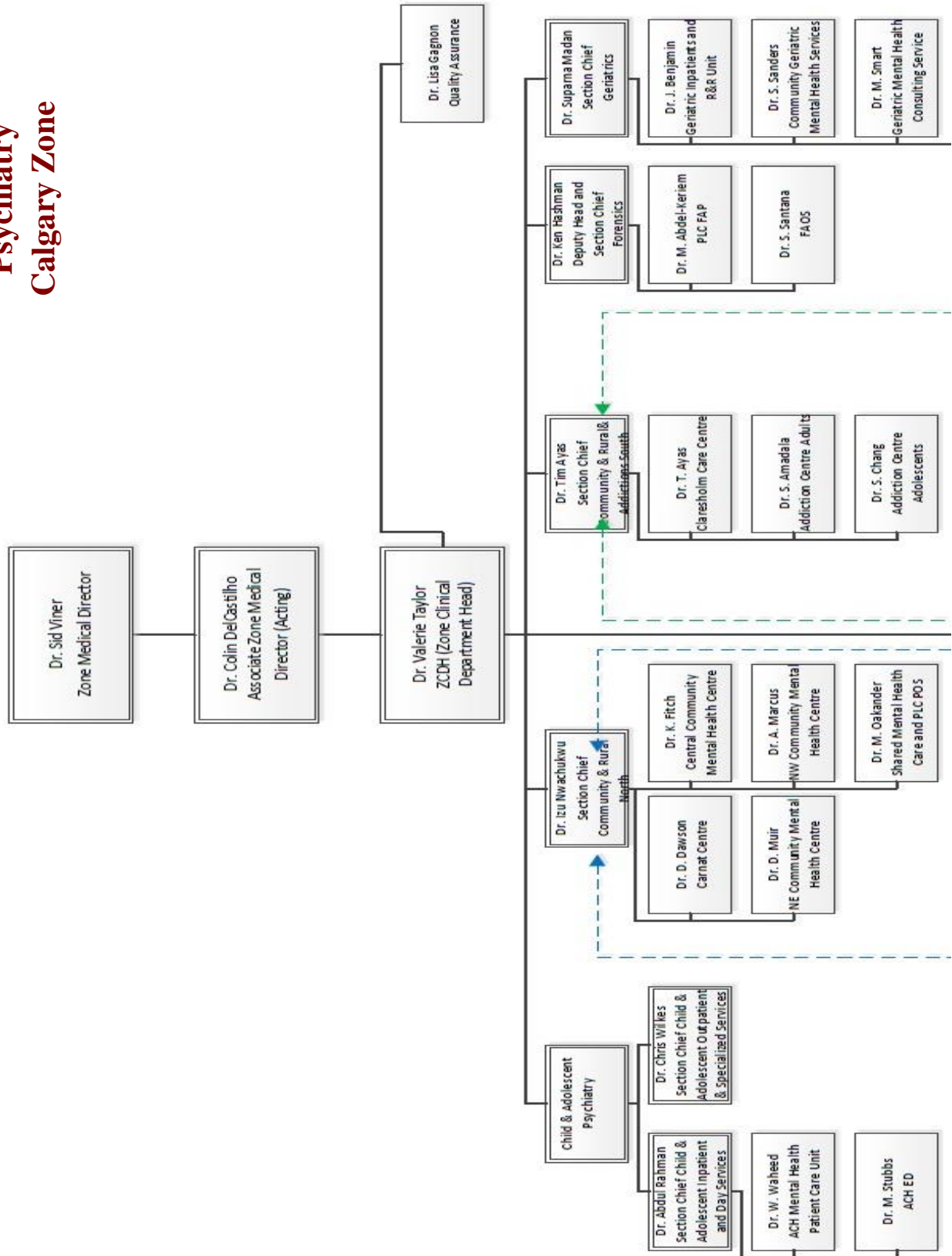
Looking to the Future

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.

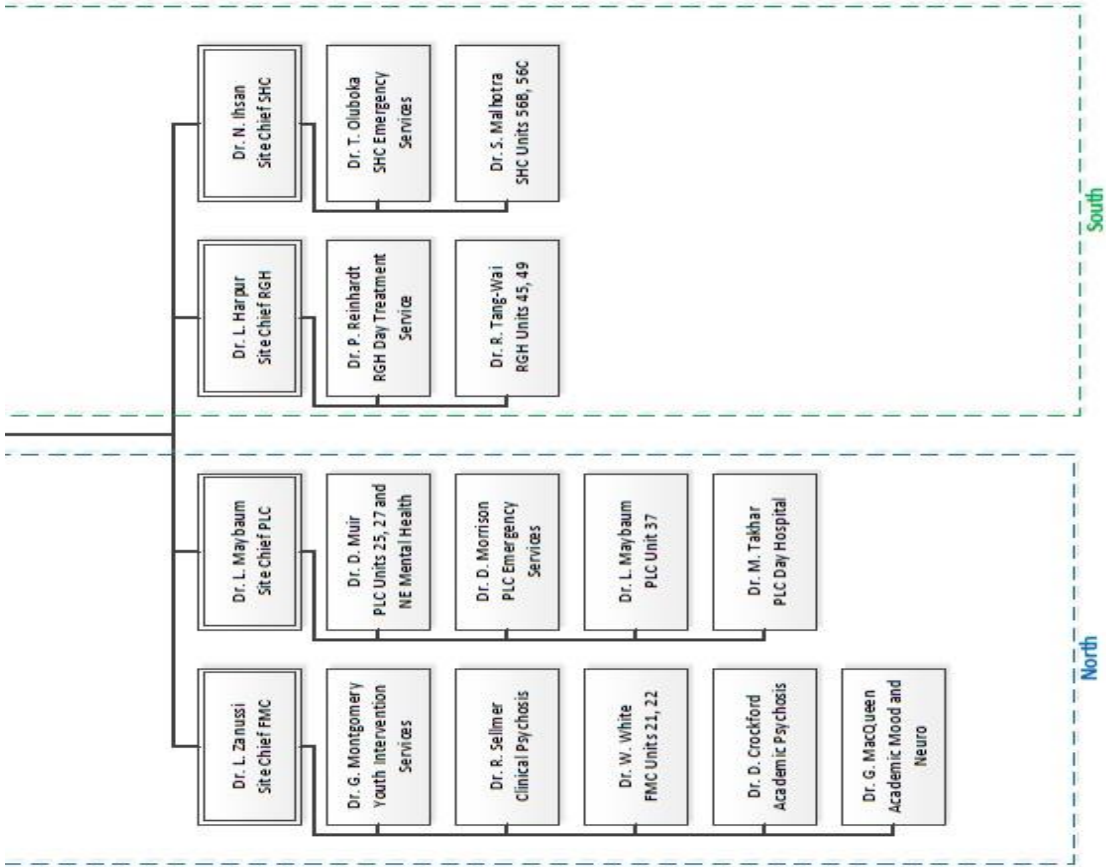
Ongoing priorities for Addiction and Mental Health include the following:

- 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.

2018 Department of Psychiatry Calgary Zone



Dr. J. Mew
Geriatric Mental Health
Day Treatment Services



Dr. U. Hines
Adolescent Day
Treatment Program

Dr. R. Hnatowich
ACH Paediatric

Dr. A. Paulson
FMC Unit 23 & 26

Dr. M. Jericho
ACH/FMC/RRDTC
Eating Disorder
Program

Executive Assistant
Myrna Doell

Executive Assistant
Myrna Doell

Dr. Novin Ihsan
Section Chief
Community & Rural
& Addictions Services
Dr. Tim Avast



**Section Chief
Community &
Rural North
Dr. Izu
Nwachukwu**

Shawn Currie

Section Chief
Community & Rural
North
Dr. Izu Nwachukwu



Section Chief
Community & Rural
North
Dr. Izu Nwachukwu

Section Chief
Geriatric Mental Health
Dr. Suparna Madan

Dr. Chris Wilkes



**Dr. Abdul
Rahman**

Andrea Perri



Dr. David J. Nisbet is a professor of psychology at the University of North Carolina at Chapel Hill. He is also a senior research advisor at the Center for the Study of Social Design. He has a Ph.D. in psychology from the University of North Carolina at Chapel Hill. He is currently a senior research advisor at the Center for the Study of Social Design. He has a Ph.D. in psychology from the University of North Carolina at Chapel Hill. He is currently a senior research advisor at the Center for the Study of Social Design.

Section Chief &
Department
Head Addictions
Dr. Tim Avas

Awards and Recognitions 2018

Congratulations to all of our Department Members and their many achievements over the past year.

Dr. Beverly Adams appointed new Senior Associate Dean, Education

Appointment of Dr. Adams took effect on Oct. 1

Bev completed residency training in psychiatry at the University of Alberta with a special interest in OCD and brain imaging. She has served as Section Chief in the Department of Psychiatry for In-patients, Consultation Liaison and Emergency in the Calgary Zone. She was also Director of the Psychiatry Residency Training Program from 2002 to 2010. Since starting at the Foothills Medical Centre in 1993, Bev has been actively involved in clinical trials for schizophrenia.

The Cumming School of Medicine (CSM) is pleased to announce the appointment of Dr. Beverly Adams, MD, as the new Senior Associate Dean, Education. The appointment was effective Oct. 1.

Bev replaces Dr. Maureen Topps, MD, who accepted a new role as Chief Executive Officer of the Medical Council of Canada.

Bev has served as Associate Dean, Professionalism, Equity and Diversity since July 2017. Under her guidance, Equity Guidelines were introduced at the CSM and the Network of Women in Medicine was created. The collaboration of academic and clinical female faculty supports women in all stages of their career, including the CSM's first-ever summit on advancing professional success for women in medicine last April.

She is an Associate Professor and was the Head of the Department of Psychiatry from July 2013 until Aug. 31, 2018, after holding the position on an acting basis for more than a year.

With Dr. Zelma Kiss, MD, PhD, she is conducting research on the use of magnetic resonance guided focused ultrasound (MRgFUS) to treat resistant Obsessive Compulsive Disorder (OCD). The new technology, and the only MRgFUS system in Western Canada, allows surgeons to access the brain without cutting the skin or drilling into the skull.

Dr. Lisa Gagnon won the Canadian Psychiatric Association - C.A. Roberts Award for Clinical Leadership for 2018.

Dr. Kimberly Williams is one of the two recipients of the Kristin Sivertz Resident Leadership Award for 2018. This award is given annually to a resident who has demonstrated leadership in Canadian specialty education and encourages the development of future leaders in medicine.

Dr. Kimberly Williams and medical student Olivia Monton were recognized on April 29, 2018 for their outstanding leadership skills, as the 2018 recipients of the Sandra Banner Student Award for Leadership (SBSAL). The award, which recognizes the exceptional leadership of one undergraduate medical student and one postgraduate medical trainee, was presented during the CaRMS Forum at the Canadian Conference on Medical Education (CCME) in Halifax, Nova Scotia. The Canadian Resident Matching Service (CaRMS) Board of Directors launched the Sandra Banner Student Award for Leadership (SBSAL) in 2013 with the aim of encouraging the development of future leaders in medicine. Each of this year's winners will receive up to \$3,000 in leadership development funding.

Dr. Kimberly Williams and **Dr. Rita Watterson** were awarded Top 40 under 40 by Avenue Magazine <https://www.avenuecalgary.com/City-Life/Top-40-Under-40/2018/Dr-Rita-Watterson-and-Dr-Kimberly-Williams/>

Dr. Cynthia Kahl MD/PhD student in the Department of Neurosciences at the University of Calgary, Mathison Centre Trainees presented one of 630 posters at the IACAPAP Prague Congress in July this year and won. She completed her undergraduate degree in Psychology, Neuroscience, and Behaviour at McMaster University. Her graduate research looks at transcranial magnetic stimulation as 1) a novel, safe, individualized intervention and 2) a measure of neurological properties and changes after treatment in children with Tourette's syndrome. Her project is funded by Branch Out Neurological Foundation and CIHR.

Dr. Glenda MacQueen has been appointed as a 2018 Fellow with Canadian Academy of Health Sciences. Dr. MacQueen is an international expert in the neurobiology and clinical features of mood disorders. Her groundbreaking research has uncovered brain changes that occur in depression before and after treatment. She also is lead investigator on a study investigating mental health and irritable bowel syndrome, a disorder that affects 6 million Canadians. Dr. MacQueen publishes and lectures widely and is associate editor for two leading psychiatry journals. She was named a 2016 Top 1% Most Highly Cited Researcher. At the University of Calgary, Dr. MacQueen is Vice-Dean of the Faculty of Medicine. She serves on several provincial and national committees.

2018 Annual Fall Social Awards

A special congratulations to all of our winners at the Department of Psychiatry Annual Fall Social held on November 1st at the Carriage House Inn.

Resident Preceptor Awards

- Silver Couch Award – **Dr. Jason Taggart**
- Humanism in Psychiatry - **Dr. Rachel Grimminck**
- Change Maker in Psychiatry – **Dr. Lisa Harpur**
- Rookie of the Year – **Dr. Gina Vaz**
- Multidisciplinary Team Award – **Jenn Pavez**

Dr. Zahra Mohamed was awarded the Jessica Lyons Psychiatry Award, for outstanding work in the area of perinatal mental health.

Dr. Arlie Fawcett and **Psychiatric Outreach Emergency Team** (PORT) at SHC was awarded the Keith Pearce Award, for outstanding creativity & innovation with clinical practice.

Serena Koops and **Aparna Kasupathipillai** along with the **Psychiatric Emergency Services (PES) teams** at SHC, FMC, RGH, PLC, ACH were awarded with Excellence in Acute Care, for commitment and dedication in patient care.

PACT, DPACT, & PACT CTO Teams were awarded Excellence in Mental Health by Community Program, for commitment and dedication to patient care by a community program.

Dr. Thomas Raedler was awarded the Patrick Conway Award, for outstanding contributions to Mental Health by an International Medical Graduate.

The Youth Community Support Program was awarded the Tim Yates Clinical Leadership Award, for significant innovation resulting in improved patient care.

Dr. Nady El-Guebaly at the Investiture ceremony for Order of Canada, May 10, 2018, with the Governor General.

Dr. Glenda MacQueen was awarded \$10.17M grant by Health Canada and Brain Canada to establish the Canadian Open Neuroscience Platform (CONP).

Dr. Arlie Fawcett was awarded the CAMSS Advocacy Award 2017. Nomination from Dr. Steve Patterson: "I have worked closely with Dr. Fawcett for the last six years in my role on the executive of the PLC Medical Staff Association. Dr. Fawcett has advocated strongly for mental health patients at the local, regional and provincial levels. This statement does not adequately convey the many hours of meetings within the hospital, at the Zone Medical Administrative Committee and at the AMA Representative Forum trying to increase both the awareness and resources available for these patients. She has also presented at the regional level on safety for patients and physicians within the hospital.

Dr. Fawcett has also advocated for residents and new physicians at many levels, trying to ensure that motivated and energetic doctors have the resources to provide healthcare for all Albertans. Dr. Fawcett has motivated and inspired many physicians, myself included to be better physicians and better people. I believe she is an excellent choice for the Advocacy.

Dr. Will White was acknowledge as a CAMPH Difference Maker, 150 Canadians for Mental Health

Dr. Will White brings a unique perspective to his work with people living with mental illness and addiction, having once had to find his own way to recovery.

Dr. Will White had a drastically different youth than most of his colleagues. He started drinking alcohol to manage his feelings as a pre-teen, and was using substances constantly by the time he was in university. When his downward spiral led to thoughts of suicide, his parents offered him the opportunity to seek help at a rehab hospital. There, he learned about addiction, recovery and developed a passion for helping others like himself. Dr. White went on to a graduate degree in counselling and later to medical school as a mature student to train in psychiatry. Today, he practices addiction psychiatry, focusing on patients with concurrent disorders – those living with both addiction and mental illness. As a teacher, he inspires medical students and residents with a passion rooted in his own story. Dr. White's own lived experience gives him a unique perspective that he uses to help his patients and to teach future generations of medical professionals.

Dr. Rita Watterson was awarded the Laughlin Fellowship from the American Psychiatric Association. Each year, the American College of Psychiatrists selects 12 third, fourth and fifth-year Residents from the United States and Canada and pays for them to attend the Annual Meeting, this year held in Tampa, Florida. The Laughlin Fellows are chosen from a diverse of applicants deemed likely to make a significant contribution to the field of psychiatry. Rita was chosen based on her educational contributions, research and work in co-founding the project Kolabo which works in Mwanza Tanzania.

Dr. Margaret Oakander received the Teamwork Excellence Award for 2017 Woods Homes, Calgary Alberta for my work in Psychiatric consultation with the multidisciplinary team at the Eastside Family Centre Walk-In Counselling Service in NE Calgary.

A special thank you to **Dr. Jamil Jivraj** for organizing the Resident Call for a Cause 2018, Selfless, Self-Care which was hospital; site based fundraising activities raising money for the Society for Treatment of Autism. The Treatment of Autism Society is an Alberta based charitable organization providing treatment, educational and consulting services for people with Autism Spectrum Disorder and their families.

Congratulations to the following faculty who received awards from the Cumming School of Medicine:

Dr. Phil Stokes has been awarded the Jones award for Teaching Excellence in Undergraduate Medical Education

Dr. Phil Stokes, Gold Star Awards, Course 7

Dr. Lauren Zanussi, Gold Star Awards, Course 7

Dr. Aaron Mackie, Gold Star Awards, Course 7

Dr. Phil Stokes, Jersey Awards

Dr. Aaron Mackie, History Buff

Dr. Lauren Zanussi, The Lecturer with the most unspellable name

Dr. Lisa Gagnon, Dr. David Stather Award

Dr. Cynthia Baxter – Sex Education Award

Jean Addington, Clarivate Analytics 2017 Highly Cited Researchers list (The 2018 Highly Cited Researcher list is currently under validation and will go live in mid-November)

Alex McGirr, NARSAD Young Investigator Award 2018

Brandy Callahan received a Tier II Canada Research Chair in Adult Clinical Neuropsychology for the period of 2018-2023.

Melanie Noel, John C. Liebeskind Early Career Scholar Award (2019), American Pain Society, awarded in recognition of early career achievements that make or show substantial promise of making an outstanding contribution to pain scholarship

Noel, M. et al. Journal of Pediatric Psychology Most Cited Paper Award (2018), awarded for the following highly cited article published in the Journal of Pediatric Psychology in 2016. The sensitivity to change and responsiveness of the adult responses to children's symptoms in children and adolescents with chronic pain. *J Pediatr Psychol*, 41(3), 350-362.

Melanie Noel, "Top 40 Under 40" Class of 2017, Calgary.

Dr. Tamara Pringsheim, Richard Stein Memorial Award from Tourette Canada. The award is presented to an individual who has made an outstanding contribution to making a difference in the lives of individuals with Tourette Syndrome.

Deinera Exner, PhD received the Addictions and Mental Health Strategic Care (AMH-SCN) Network Early Career Award. The award is co-sponsored by the AMH-SCN and PolicyWise

Kirsten Fiest, Top 40 Under 40. Avenue Magazine. Calgary, Alberta. November 1, 2018.

Daniel Kopala-Sibley, PhD received the NARSAD Young Investigator Award from the Brain and Behaviour

Research Foundation. A NARSAD Young Investigator Grant provides support for the most promising young scientists in mental health research.

Dr. Zelma Kiss, member of the Mathison Centre is part of a team that has developed a new way to do brain surgery without cutting the skin or drilling into the skull. The magnetic resonance guided focused ultrasound (MRgFUS) is a new precision medicine technology yielding promising results. Video

Kirsten Fiest, Emerging Research Leader, O'Brien Institute for Public Health, University of Calgary

Stephanie Borgland, full member of the Mathison Centre received the Canadian College of Neuropsychopharmacology's 2018 Young Investigator Award.

Kirsten Fiest, 2017 GREAT Supervisor Award, Faculty of Graduate Studies, University of Calgary

Dan Devoe, Trainee at the Mathison Centre working with Jean Addington received the best poster award for "Interventions and Transitions In Youth at Risk of Psychosis: A Systematic Review and Meta-Analysis" at the 11th International Early Psychosis Association Meeting

Glenda MacQueen, elected Fellow of the Canadian Academy of Health Sciences.

Stephanie Borgland, Top 10 reviewer for Neuropsychopharmacology 2017

Scott Patten, Peak Scholar (University of Calgary – Research on the epidemiology of mood disorders in Canada) 2017

Zahinoor Ismail, Best poster award from the 2018 Alzheimer's Association International Conference.

Jacqueline Smith, Calgary Police Chief Award for exceptional community service, October 2017

Scott Patten, 10,000 Citation Award, University of Calgary 2017

Stephanie Borgland, 2018 Canadian College of Neuropsychopharmacology young investigator award

Stephanie Borgland, 2017 Cumming School of Medicine Cochrane Award for Research

Grants, Publications & Related Scholarly Activities

CIHR Post-Doctoral Fellowships

- Paul Metzack (Supervisor – Jean Addington): “Neuroimaging Biomarkers for Transition to Mental Illness in Youth” - \$38,333 per year
- Olga Santesteban Echarri (Supervisor – Jean Addington): “Development of a Mobile-based Application for Monitoring Functional Gains and Maintenance After Treatment for Youth at Risk of Psychosis” - \$38,333 per year

Grants

- \$2,604,826 Canadian Institute of Health Research. Crosbie J (PI), Arnold PD, Burton C, Schachar RJ. “Spit for Science 2: Genetic and environmental influences on behaviour and cognition in childhood neuropsychiatric disorders”. 10/2018 – 09/2023
- \$69,706.66 USD Brain and Behavior Research Foundation. McGirr, A. A randomized controlled trial of cycloserine rTMS augmentation in Major Depressive Disorder. 2019-2020.
- \$15,000 CAD University of Calgary – University Research Grants Committee. McGirr, A. Can the partial N-Methyl-D-Aspartate receptor partial agonist d-cycloserine augment transcranial magnetic stimulation induced plasticity? 2018-2019.
- \$20,000 CAD Hotchkiss Brain Institute/Mathison Centre Pilot Research Fund Program 2017. McGirr, A (PI), MacMaster, FP (Co-I) & Kirton, A (Co-I). Enhancing Repetitive Transcranial Magnetic Stimulation (rTMS): a pilot randomized controlled trial of a repurposed NMDA receptor partial agonist as a strategy for improving therapeutic efficacy.
- \$420,750 CAD Frank MacMaster, Paul Croarkin, Ashley Harris, Adam Kirton, Alberto Nettle-Aguirre, Tamara Pringsheim, Gabrielle Wilcox, & Ephrem Zewdie). Canadian Institutes of Health Research (CIHR): TICS: Transcranial magnetic stimulation for intervening in children with Tourette’s Syndrome 2018-2021
- \$48,850 CAD Gina Dimitropoulos, Frank P. MacMaster, Paul Arnold, Angelique Jenney, Rebecca Saah, Deinera Exner, Sheri Madigan, Glenda McQueen, Gabrielle Wilcox, Anne-Marie McLaughlin, David Nicholas, Susan Samuel, Andrew Mackie, Kristin Cleverly, & Alan McLuckie. Pathways to Innovation Integration of Addiction and Mental Health (AHS): Enhancing systems collaboration for high-risk youth with mental health disorders and addictions. September 2017-September 2018.
- \$9,900 CAD PI: D. Hodgins. Co-PIs: H. S. Kim, H Tavares. Co-investigators: A. Malbergier, D. S. McGrath, K. M. von Ranson “Towards a Transdiagnostic Etiological and Treatment Model of Gambling Disorder and Addiction: An International Multi-Disciplinary Collaboration,”. Alberta Gambling Research Institute Team Development Grant 2018-2019
- \$6,285 CAD PI: K. M. von Ranson. Co-investigators: S. Russell-Mayhew, J. Godley, G. Dimitropoulos, H. Anderson, N. Furuyama, M. Little. “The Body Project @ UCalgary.” University of Calgary Campus Mental Health Strategy Grant, 2017-2018

- \$10,000 CAD PI: K. M. von Ranson. Co-investigators: S. Russell-Mayhew, D. Molloy, B. Zahnd, L. Tobin, C. Tremblay, C. Negrello, and A. Harding. "Seeking Mental Health Services for Children and Adolescents: Are We All on the Same Page?" The Alberta Centre for Child, Family and Community Research (i.e., PolicyWise for Children and Families) Seed Grant, 2016-2017
- \$2,500 USD Melanie Noel, International Association for the Study of Pain Ulf Lindblom Young Investigator Award for Clinical Science), awarded to honour young clinicians who have achieved a high level of excellence as independent scholars in the field of clinical pain research (2018).
- \$500 USD Melanie Noel, Society of Pediatric Psychology Donald K. Routh Early Career Award, awarded in recognition of significant contributions as an early career member to the field of pediatric psychology in research, clinical training and service. (2018)
- \$750 USD Melanie Noel, American Pain Society Young Investigator Travel Award, awarded to facilitate travel to the 2018 Scientific Summit of the American Pain Society in Anaheim, California (2018)
- \$29,899.00 McMorris, C., Brunton, L., Noel, M., Condliffe, E., Kopala Sibley, D., Mish, S., Fong, B. University of Calgary Hotchkiss Brain Institute Robertson Fund for Cerebral Palsy Research. Anxiety and Depression in Youth with Cerebral Palsy: Role of Physiological Risk Factors. (2018).
- \$36,545 CAD Schulte, F. (PI), Guilcher, G., Noel, M., Bruce, A., Abu-Saris, N. Sickle Cell Disease Association of Canada (SCDAC) National Research Program Grant. The pain of survival: An examination of prevalence, patterns, and predictors of pain in adolescent and young adult survivors of hematopoietic stem cell transplant (HSCT) for treatment of sickle cell disease (SCD). (2018-2020).
- £43,496 Jordan, A. (PI), Eccleston, C., Noel, M., & Caes, L. Sir Halley Stewart Trust. A double burden? A multi-method investigation into the experience of paediatric chronic pain and mental health symptoms.(2018-2021).
- \$10,000 CAD Rice, T., Rasic, N., Vinall, J., Spencer, A., Noel, M., Walker, A., & Syed, N. Canadian Anesthesiologists' Society (CAS) Research Award in Neuroanesthesia. Neurobiological, cognitive-affective and behavioral changes following exposure to either sevoflurane- or propofol-based anesthesia in children undergoing MRI. (2018).
- \$9,825 CAD Yunker, W. (co-PI), Burgess, G. (co-PI), & Noel, M. Alberta Medical Association Section of Pediatrics Grant. Development of a post-operative pain control smartphone application. (2018-2019).
- \$300,000 CAD Noel, M. (PI), Arnold, P., & Bray, S. Canada Foundation for Innovation (CFI) John R. Evans Leaders. Fund Solving the puzzle of acute and chronic pediatric pain: Integrative examinations of mechanisms and targeted treatments. (2019-2023)
- \$14,949 Noel, M. (PI), & Rasic, N. University of Calgary University Research Grants Committee (URGC) Pilot Seed Grant. Reframe the pain: A parent-led pilot intervention to alter children's memories for pain. (2018-2019).
- £4,081 Jordan, A. (PI), Noel, M., & Clinch, J. Royal United Hospitals Foundation Trust. Research capability funding to develop an external grant application.(2018).

- £1,983 Jordan, A. (PI), Fellenor, J., & Noel, M. The Humanities and Social Sciences Dean's Innovation Fund, University of Bath. Social media use and Complex Regional Pain Syndrome in young people. (2018).
- \$24,495 CAD Hupin, M. & LeMay, S. (co-PIs), Khadra, C., Ballard, A., Noel, M., Nault, M-L., Paquin, D., & Fortin, J-S. Programme de Chirurgie-Trauma, CHU Ste-Justine, Subventions Cliniques. Virtual Reality for pain management during percutaneous pin removal procedures in children with fractures: A pilot randomized controlled trial.(2018).
- \$31,035.50 AUD Stanton, T. (PI), & Noel, M. Australian Pain Society/Australian Pain Relief Association/Cops for Kids Clinical Research. Reframe the pain: Dividing attention and altering memory to reduce needle pain and distress in children.(2018).
- \$10,000 Frank Stahnisch. Alberta Medical Foundation in Edmonton, Alberta / Alberta Medical Foundation Project Grant application. "Creating a Centre for Science, Technology, Environment and Medicine Studies (C-STEMS) at the University of Calgary;" (2018-2019).
- \$22,080 Frank Stahnisch. Awarded by the Alberta Historical Resources Foundation (AHRF) of the Province of Alberta (Co-PI with Dr. Lindsay McLaren) / Operating Grant from the Heritage Preservation Partnership Program "The History of Public Health in the Province of Alberta, 1919-2019." (2018-2020).
- \$11,500 Frank Stahnisch. Operating Grant by the Alberta Medical Foundation for the Calgary History of Medicine and Health Care Program, (2018-2019).
- \$1,157.26 Frank Stahnisch. History of the Max Planck Society in Berlin, Germany travel scholarship to the History of Science Society Conference (Nov., 2017). "Neuroscience Research in the Max-Planck-Society and a Fragmented Appropriation of its Distorted Past – Some Legacies of the Kaiser-Wilhelm-Society after 1948;" (2017-2017).
- \$10,000 Frank Stahnisch. AMS Research Grants Competition at the Nova Scotia Health Research Foundation, Halifax, NS. "Creating a Centre for Science, Technology, Environment and Medicine Studies (C-STEMS) at University of Calgary, AB" (2017-2018).
- \$10,000 Frank Stahnisch. Operating Grant by the Alberta Medical Foundation for the Calgary History of Medicine and Health Care Program, (2017-2018).
- \$21,844.96 Frank Stahnisch. Research Program on the History of the Max Planck Society in Berlin, Germany / Senior Scholar Research Grant. "We did not know how this worked anymore – research!" How Neuroscientific Research in the German Max Planck Society for the Advancement of Science Caught up with the World-Elite, 1948-1989" (2017-2018).
- \$34,785.85 Dimitropoulos G, Arnold P, Binford W, MacMaster F, Kennedy S et al. PolicyWise for Children and Families. "Mixed Method Study to Examine the Knowledge, Confidence and Capacity of Service Providers to Identify and Respond to Child Sexual Abuse Imagery Online (CSAIO)".

- \$30,000 Dr. Kathleen Chaput, Ph.D, Carly McMorris. Alberta Health Services, Pathways to Innovation and Integration in Addiction and Mental Health. “Developing a Novel Parenting Program for Children of Parents with Addiction.” 2017-2018
- \$10,000 Dr. Kathleen Chaput, Ph.D, Carly McMorris. University of Calgary – Cumming School of Medicine, Calgary Centre for Clinical Research (CCCR). “Antenatal Telephone Psychotherapy Intervention for the Treatment and Prevention of Postpartum Depression: Planning Grant. 2017-2018
- \$88,746 Dr. Robert Balogh, Ph.D. Carly McMorris. Ministry of Community and Social Services (MCSS) Developmental Services Research Grant Fund. “Key Elements of Successful Housing for Individuals with Developmental Disabilities and Exceptional Behavioural Needs: Useful Space Designs and Supportive Residential Models”. 2018-2021
- \$347,000 Dr. Amy Metcalfe, Ph.D. Carly McMorris. Canadian Institutes of Health Research (CIHR) Project Grant. “Impact of Maternal Cancer and In-Utero Exposure to Chemotherapy on Long-term Child Health.” 2018-2021
- \$15,000 Dr. Ashley Harris Carly McMorris. University of Calgary, Seed Grant. “Tactile sensory function in young children with Autism Spectrum Disorders (ASD) 2018-2019
- \$20,000 Dr. Signe Bray, Carly McMorris. University of Calgary, Hotchkiss Brain Institute/ Department of Clinical Neurosciences, Pilot Research Fund (PFUN). “Sensory Function in Autism Spectrum Disorder in Early Childhood.” 2018-2019
- >\$1 million awarded but details embargoed until December 2018 Deiner Exner-Cortens. Federal Contract to evaluate a teen dating violence prevention program.
- \$110,000. D Exner-Cortens. Supporting Child and Youth Mental Health Outcomes in Alberta School Settings Early Career Award. “Healthy relationships as a foundation for school-based mental health: Evaluation, implementation and sustainability”. 2018-2020
- \$65,134 D Exner-Cortens , J Owens, RJ Haines-Saah. SSHRC Insight Development Grant. “Diffusing the Daily Report Card: Exploring the Utility of an Innovative Coaching Model to Support Dissemination of an Evidence-Based Resource in Canadian Elementary Schools.” 2018-2020.
- \$100,000 Kirsten Fiest Canadian Frailty Network (CFN), Ottawa, Ontario, Canada. Family Identification of Delirium in Critically Ill Patients Living with Frailty. 2018-2019
- \$428,400.00 Kirsten Fiest (PI) Canadian Institutes of Health Research (CIHR), Ottawa, Ontario, Canada. Family-administered delirium detection in the critically ill. 2018-2021.
- \$15,826,000.00 (\$4,977,000.00 Canadian Institutes of Health Research, \$10,829,000.00 matching funds), Andrea Tricco, Kirsten Fiest SPOR – Guidelines and Systematic Reviews. Canadian Institutes of Health Research (CIHR), Ottawa, Ontario, Canada. SPOR REACH Network. 2017-2022.
- \$76,000.00 Kirsten Fiest M.S.I Foundation, Edmonton, Alberta, Canada. Patient and family-centered delirium measurement in the critically ill. 2017-2019.

- \$10,000 Kirsten Fiest Life Issues Team and Critical Care Strategic Clinical Network, Calgary, Alberta, Canada. Patient and Family-Centered Delirium Assessment in Critically Ill Older Adults. 2017-2018.
- \$50,000 (\$25,000 Canadian Institutes of Health Research, \$25,000, University of Calgary Clinical Health Services and Population Health Research Platform Canadian Institutes of Health Research (CIHR) Kirsten Fiest (PI) Strategy for Patient-Oriented Research (SPOR), Ottawa Ontario. Delirium Assessment in the Critically Ill: A Patient and Family-Centered Approach. 2017-2018.
- \$25,000 Paul Doughty, Kirsten Fiest Department of Pediatrics Innovation Award, Alberta Children's Hospital Foundation, Calgary, Alberta, Canada. The Road to Recovery- Assessing Functional Outcomes of Pediatric Critical Care Survivors. 2017-2018.
- \$40,000 (\$20,000 PM&R Clinical Seed Grant, \$20,000 Department of Critical Care Medicine), Chris Grant, Kirsten Fiest Physical Medicine and Rehabilitation Clinical Seed Grant, Calgary, Alberta, Canada. Critical Care Clinical and Research Rehabilitation Database. 2017-2018.
- \$340,000 P Conrod, S Stewart, J Henderson, R Haines-Saah*, D Fast (Leadership Team; *Prairie Node Lead). Health Canada funding to the Canadian Research Initiative in Substance Misuse (CRISM) (Implementation Science Program Project). Emergency Health Threat Implementation Science Program on Opioid services: At-risk youth/newer users. 2018-2020
- \$55,000 Stephanie Borgland. Cannabis Research Initiative, UofC award from the VPR office to 'prime the pump' for research on Cannabis use.
- \$100,000 Stephanie Borgland. Obtained an HBI/Mathison Research grant on neural circuits in depression. 2018
- \$123,165 Signe Bray. CIHR Project Scheme grant. Inter-individual variability in children born very preterm: neural correlates and intervention response
- \$99,998 Nicholas, D.B., Dimitropoulos, G., Badry, D., Zwaigenbaum, L., Andrew, G., Zwicker, J., Hodgetts, S., Gall, N., Zulla, R., Milne, D., Marsh, R., Arnold, P., & Clarke, M. (2018-2020). Policy Wise: Valuing Mental Health Innovation and Integration Grant. Integrated navigational supports for children with developmental disabilities and mental health issues.
- \$868,276 Pittman Quentin, Matt Hill, Keith Sharkey. CIHR Project Scheme Spring 2018 competition. Peripheral Inflammation and Anxiety: Role of Endocannabinoid Signaling in the Amygdala.
- \$581,400 Ismail Zahinoor, Glenda Macqueen. CIHR Project Scheme Spring 2018 competition - Pre-dementia at-risk states: a longitudinal study of cognition and neuroimaging biomarkers in Mild Behavioural Impairment (PARADIGM).
- \$375,000 Voineskos A, Foussias G, Sockalingham S, Kurdiak P, Durbin J, Addington D et al. Canadian Institutes of Health Research, Strategic Patient-Oriented Research (SPOR) Innovative Clinical Trial Multi-Year Grant. Enhancing Evidence-Based Practice for Youth and Emerging Adults with Early psychosis: Implementation and Evaluation in Diverse Service Settings.

- \$50,000 Fiona Clement, Rebecca Haines-Saah, Scott Patten. Mental Health and Cannabis use in Canada: A Comprehensive Scoping Review of the Literature. Mental Health Commission of Canada.
- \$20,000 Patten SB. Exploring the utility of linked national survey and discharge abstract data for child and youth mental health research. Hotchkiss Brain Institute – The Mathison Centre.
- \$120,000 Benedetti A, Thombs BD (PI's), Wilchesky M, Boruff J, Chertkow H, Cuijpers P, Gilbody S, Ismail Z, Levis B, McMillan D, Mitchell N, Monette DJ, Patten SB, Shrier I, Steele R, Tonelli M, Ziegelstein. Improving depression screening in geriatric patients by reducing bias and generating individualized accuracy estimates: An individual patient data meta-analysis of the Geriatric Depression Scale (GDS). CIHR.
- \$200,000 Benedetti A, Thombs BD (PI's), Boruff J, Cuijpers P, Gilbody S, Levis B, McMillan D, Patten S, Shrier I, Steele R, Ziegelstein R. CIHR Catalyst Grant: Personalized Health. Using Individual Patient Data Meta-Analyses to Develop Individual Prediction Models for Depression Screening.
- \$35,000 Jacqueline Smith. An award from Calgary Police Service for ongoing Cannabis Research
- \$134,500 Dimitropoulos, G (PI), MacNeil, L (PI) et al. The Role of Peer Support in the Emergency Department for Youth and their Families: Navigation to Community and Specialized Mental Health Services Funding Source: Alberta Health Services Addiction & Mental Health Strategic Clinical Networks.
- \$200 000 Nicolas, D. Dimitropoulos, G (Co-PI). Integrated Navigational Support for Children with Developmental Disability and Mental Health Issues, Valuing Mental Health, Policy Wise for Children and Families.
- \$761, 175 Samuel, S. (PI), Dimitropoulos, G. (Co-PI), Mackie, A. (Co-PI); Andrew, A., Lang, E., Pinzon, J., Guilcher, G., McBrien, et al. Evaluating Innovations in transitions to adult care: Transition Navigator Trial, Canadian Institute of Health Research
- \$581,400 Canadian Institutes of Health Research. Pre-dementia at-risk states: a longitudinal study of cognition and neuroimaging biomarkers in Mild Behavioural Impairment (PARADIGM), Ismail Z (PI), Goodyear B, MacQueen G, Monchi O, Pike B, Sajobi T, Smith E, Stys P (Oct 2018 – Sept 2023)
- \$450,000 Centre for Aging and Brain Health Innovation (CABHI). Enhancing and standardizing care for agitation and aggression in Alzheimer's disease. Kumar S, Rajji R, Burhan A, Ismail Z, Nair V, Krisman L, Davies S, Gerretsen P, Graff A, Kurdyak P, Mulsant B, Pollock B, de Oliveira C (May 2018 – Aug 2019)
- \$1,405,889 Brain Canada Foundation. Improving Quality of Life in the Elderly by Standardizing Care for Neuropsychiatric Symptoms of Dementia. Rajji TK (PI), Kumar S, Burhan A, Ismail Z, Nair V, Krisman L, Davies S, Gerretsen P, Graff A, Kurdyak P, Mulsant B, Pollock B, de Oliveira C (April 2018 – March 2021)

- Crowshoe, Henderson, & Tanguay. Enhancing Primary Care Capacity for Evidence-Based & Community-Oriented Opioid Treatment in Indigenous Contexts in Alberta: Feasibility & Scale-Up of a Telehealth Model for Suboxone® Delivery. Health Canada SUAP Funding Recipient, 2018
- Dr. Kopala-Sibley, D.C.*, Cyr, M.*, Finsaas, M., Orawe, J, Huang, A., Tottenham, N., & Klein, D.N. (in press). Early childhood parenting predicts late childhood brain functional connectivity during emotion perception and reward. Child Development.
- Dr. McGirr received 2018 NARSAD Young Investigator Grant. The award is to conduct a randomized placebo-controlled augmentation trial of rTMS in depression.
- Drs. Rachel Grimminck, Rory Sellmer and Greg Montgomery received \$25,000 grant from PGME to develop and run more simulations for the broader residency group. This work is currently in progress and will likely involve cases of less frequent but serious or challenging situations in clinical practice.
- Dr. Valerie Taylor. A clinical trial to evaluate the Safety and Efficacy of Fecal Microbiota Transplantation in a Population with Major Depressive Disorder. Weston Family Microbiome Initiative's Proof-of-Principle 2018 granting program \$300K
- Dr. Taylor has also received funding as a co-investigator for the following: Neutral effects of antipsychotics on central insulin action in relation to brain glutamate level and cognition PI: Dr. Margaret Hahn(196K) Impact of chronic cannabis oil self-administration on body weight, metabolic markers and gut microbiota PI: Dr. B LeFoll (199K)
- \$1,519,880 Brain Canada Foundation. Improving Quality of Life in the Elderly by Standardizing Care for Neuropsychiatric Symptoms of Dementia. Rajji TK (PI), Kumar S, Burhan A, Davies S, Nair V, Gerretsen P, Graff A, Ismail Z, Kurdyak P, Mulsant B, de Oliveira C, Pollock B, Streiner D (April 2018 – March 2021)
- Dr. Frank Macmaster, Principle Investigator and Co-Applicants: Ashley D Harris, Ephrem Zewdie, Alberto Nettel-Aguirre, Christopher A Kirton, Paul Croarkin, Tamara Pringsheim, Gabrielle Wilcox have been granted \$420,750 in total funding for TICS: Transcranial Magnetic Stimulation for Intervening in Children with Tourette's Syndrome.

Publications & Related Scholarly Activities

1. Pham T, Jetté N, Bulloch AGM, Burton JM, Wiebe S, Patten SB. The prevalence of anxiety and associated factors in persons with multiple sclerosis. Mult Scler Relat Disord. 2017 Nov 7;19:35-39. doi: 10.1016/j.msard.2017.11.003
2. Patten SB, Williams JVA, Lavorato DH, Woolf B, Wang JL, Bulloch AGM, Sajobi T. (2018) Major depression and secondhand smoke exposure. J Affect Disord. Jan 1;225:260-264. doi: 10.1016/j.jad.2017.08.006. Epub 2017 Aug 12
3. Patten SB, Jeanne Williams, Bulloch AGM, Sajobi T. (2019) Major depression episodes and mortality in the Canadian household population. J Affect Disord. 242, 165-171
4. Vallerand IA, Lewinson RT, Farris MS, Sibley CD, Ramien ML, Bulloch AGM, Patten SB. (2018) Efficacy and adverse events of oral isotretinoin for acne: a systematic review. Br J Dermatol. 2018; 178:76-85
5. Vallerand IA, Lewinson RT, Parsons LM, Lowerison MW, Frolkis AD, Kaplan GG, Barnabe C, Bulloch AGM, Patten SB, (2018) Risk of depression among patients with acne in the U.K.: a population-based cohort study, Br J Derm 178 (3):e194-195
6. Kadhim S, Pringsheim T, Le A, Fiest KM, Patten SB, Prinsie J, Gill S, Bulloch AG, Hu B and Jette N, (2018) Validating screening tools for depression in Parkinson's disease. Movement Disorders 33, 1184-1186
7. Patten SB; Williams JVA; Lavorato DH; Wang JL; Jette N; Sajobi TT; Fiest KM; Bulloch AGM. Patterns of association of chronic medical conditions and major depression. Epidemiology & Psychiatric Science. 27(1):42-50, 2018
8. Vallerand IA; Lewinson RT; Parsons LM; Lowerison MW; Frolkis AD; Kaplan GG; Barnabe C; Bulloch AGM; Patten SB. Is depression screening in patients with acne critical? British Journal of Dermatology. 179(1):227-228, 2018 Jul
9. Vallerand IA; Lewinson RT; Frolkis AD; Lowerison MW; Kaplan GG; Swain MG; Bulloch AGM; Patten SB; Barnabe C. Depression as a risk factor for the development of rheumatoid arthritis: a population-based cohort study. RMD Open. 4(2):e000670, 2018
10. Prinsie JC; Sajobi TT; Wang M; Patten SB; Fiest KM; Bulloch AGM; Pringsheim T; Wiebe S; Jette N. Effects of depression and anxiety on quality of life in five common neurological disorders. General Hospital Psychiatry. 52:58-63, 2018 May – Jun
11. Callahan, B.L. & Plamondon, A. (2018). Examining the validity of the ADHD concept in adults and older adults. *CNS Spectrums*. Advance online publication. DOI: 10.1017/S1092852918001190
12. M. Grohs, J. Reynolds, D. Dewey, C. Lebel. The Neural Correlates of Motor Functioning in Preschool-Aged Children. *NeuroImage* 183: 828-835. September 2018
13. C. Thieba, X. Long, D. Dewey, C. Lebel. Young children in different linguistic environments: a multimodal neuroimaging study of the inferior frontal gyrus. *Brain and Cognition* (accepted May 2018)

14. C. Lebel, S. Deoni. The development of brain white matter microstructure. *NeuroImage* 182: 207-218. November 2018.
15. B. Geeraert, RM. Lebel, A. Mah, S. Deoni, D. Alsop, G. Varma, C. Lebel. A comparison of inhomogeneous magnetization transfer, myelin volume fraction, and diffusion tensor imaging measures in healthy children. *NeuroImage* 182: 343-350. November 2018.
16. B. Adamson, N. Letourneau, C. Lebel. Prenatal maternal anxiety and children's brain structure and function: a systematic review of neuroimaging studies. *Journal of Affective Disorders* 241: 117-126. December 2018.
17. C. Thieba, A. Frayne, M. Walton, A. Mah, A. Benischek, D. Dewey, C. Lebel. Factors associated with successful MRI scanning in unsedated young children. *Frontiers in Pediatrics* 6:146. May 2018.
18. X. Long, G. Little, C. Beaulieu, C. Lebel. Sensorimotor network alterations in children and youth with prenatal alcohol exposure. *Human Brain Mapping* 39 (5): 2258-2268. May 2018.
19. M. Walton, D. Dewey, C. Lebel. Brain white matter structure and language ability in preschool-aged children. *Brain & Language* 176: 19-25, January 2018.
20. McGirr, A. & Berlim, MT. Efficacy and acceptability of neuromodulation in Major Depression: a systematic meta-review of meta-analyses. *Psychiatr Clin North Am.* 2018; 41(3): 485-503.
21. Makarenko, E. M., & Andrews, J. J. W. (2017). An empirical review of the mental health and wellbeing of online instructors. *Journal of Educational Thought*, 50(2&3), 182-198.
22. Donlevy, K., Schroeder, M., & Wilcox, G. (2018). Medical assistance in dying: Implications for Canadian classrooms and the academy. *Interchange: A Quarterly Review of Education*
23. Jones. K., Nordstokke, D. Wilcox, G., Noel, M., & Schroeder, M. (2018). The "work of childhood": Understanding school functioning in children with chronic pain. *Journal of Pain Management*
24. Wilcox, G., McQuay, J., Blackstaffe, A., Perry, R., & Hawe, P. (2018). Supporting academic engagement in boys and girls. *Canadian Journal of School Psychology*
25. Wilcox, G., & Schroeder, M. (2017). An academic's ethical obligation for self-care. *Journal of Educational Thought*
26. Wilcox, G., & Lock, J. V. (2017). Student perceptions of online practicum: A case study. *International Journal on E-Learning*
27. von Ranson, Kristin. Other specified feeding or eating disorders Encyclopaedia Entry 2018.
28. von Ranson, Kristin, Korotana, Laurel, Wilson, S. and Iacono, W. G.. "Reciprocal associations between eating pathology and parent-daughter relationships: A monozygotic twin differences study". *Frontiers in Psychology* 9. (2018)
29. Alberga, A. S., McLaren, L., Russell-Mayhew, S., & von Ranson, K. M. (2018). Canadian senate report on obesity: Focusing on individual behaviours versus social determinants of health may promote weight stigma. *Journal of Obesity*. Article ID 8645694.

- <https://doi.org/10.1155/2018/8645694/>.
<https://www.hindawi.com/journals/jobbe/2018/8645694/>
30. Lacroix, E., Tavares, H., von Ranson, K. M. (2018). Moving beyond the 'eating addiction' versus 'food addiction' debate: Comment on Schulte et al. (2017). *Appetite*, 130, 286-292.
<https://doi.org/10.1016/j.appet.2018.06.025>. Free access thru 11/16/2018:
<https://authors.elsevier.com/a/1XoeliVKTLfME>
 31. Korotana, L. M., von Ranson, K. M., Wilson, S., & Iacono, W. G. (2018). Reciprocal associations between eating pathology and parent-daughter relationships: A monozygotic twin differences study. *Frontiers in Psychology*, 9, 914. doi: 10.3389/fpsyg.2018.00914
<https://www.frontiersin.org/articles/10.3389/fpsyg.2018.00914/full>
 32. Kim, H., von Ranson, K.M., Hodgins, D. C., McGrath, D., & Tavares, H. (2018). Demographic, psychiatric and personality correlates of adults seeking treatment for disordered gambling with a comorbid binge/purge type eating disorder. *European Eating Disorders Review*, 26, 508–518.
<https://doi.org/10.1002/erv.2606>
 33. Diedrichs, P. C., von Ranson, K. M., & Thomas, J.J. (2018). Innovation in eating disorders research and practice: Expanding our community and perspectives at the 2018 International Conference on Eating Disorders. *International Journal of Eating Disorders*, 51, 585-587.
<https://doi.org/10.1002/eat.22881>
 34. Tobin, L., Sears, C. R., Zumbusch, A., & von Ranson, K. M. (2018). Attention to fat- and thin-related stimuli in body-satisfied and body-dissatisfied women before and after thin-model priming. *PLoS ONE* 13(2): e0192914. <https://doi.org/10.1371/journal.pone.0192914>
 35. Lacroix, E., Dobson, K. S., & von Ranson, K. M. (2018). Scope and ethics of psychologists' use of client testimonials on professional websites. *Canadian Psychology/Psychologie canadienne*, 59(3), 232-238. <http://dx.doi.org/10.1037/cap0000123>
 36. Moss, E. L., Tobin, L., Campbell, T. S., & von Ranson, K. M. (2017). Behavioural weight loss treatment plus motivational interviewing versus attention control: Lessons learned from a randomized controlled trial. *Trials*, 18, 351. <http://dx.doi.org/10.1186/s13063-017-2094-1>
<http://rdcu.be/utuu>
 37. Lacroix, E., Alberga, A. S., Russell-Mayhew, S., McLaren, L., von Ranson, K. M. (2017). Weight bias: A systematic review of characteristics and psychometric properties of self-report questionnaires. *Obesity Facts (Karger)*, 10(3), 223-237. <http://dx.doi.org/10.1159/000475716>
<https://www.karger.com/Article/FullText/475716>
 38. Farstad, S. M., & von Ranson, K. M. (2017). Personality and eating disorders. In V. Zeigler-Hill & T. K. Shackelford (Eds.), *Encyclopedia of Personality and Individual Differences* (pp. 1-3). Cham: Springer International Publishing. https://doi.org/10.1007/978-3-319-28099-8_2108-1
https://link.springer.com/referenceworkentry/10.1007/978-3-319-28099-8_2108-1
 39. von Ranson, K. M. (2017). Other specified feeding or eating disorders. In *Reference Module in Neuroscience and Biobehavioral Psychology*. Elsevier. ISBN 9780128093245.
<http://dx.doi.org/10.1016/B978-0-12-809324-5.06405-1>

40. Rock, MJ. 2017. Who or what is 'the public' in critical public health? Insights from posthumanist debates and anthropological engagements with One Health. *Critical Public Health*, 27(3): 314-324.
41. Toohey AM, Rock MJ. 2018. Disruptive solidarity or solidarity disrupted? A dialogical narrative analysis of economically vulnerable older adults' efforts to age in place with pets. *Public Health Ethics*. <https://doi.org/10.1093/phe/phy009> (available online since June 2018)
42. Toohey AM, Hewson J, Adams C, Rock MJ. 2018. Pets, social participation and aging-in-place: Findings from the Canadian Longitudinal Study on Aging. *Canadian Journal on Aging*. 37(2): 200-217. <https://doi.org/10.1017/S0714980818000107> (available online since April 2018)
43. Toohey AT, Hewson J, Adams CL, Rock MJ. 2017. When 'places' include pets: Broadening the scope of relational approaches to promoting aging-in-place. *Journal of Sociology and Social Welfare*. 44(3): 7. <http://scholarworks.wmich.edu/jssw/vol44/iss3/7>
44. Gasim M, Bernstein CN, Graff LA, Patten SB, El-Gabalawy R, Sareen J, Bolton JM, Marriott JL, Fisk JD, Marrie RA (for CIHR Team). Adverse psychiatric effects of Disease-modifying therapies in Multiple Sclerosis: A systematic review. *Multiple Sclerosis and Related Disorders* 2018; 36:124-156.
45. Duffy A, Heffer N, Goodday S, Weir A, Patten S, Malhi G, Cipriani A. Efficacy and tolerability of lithium treatment of acute mania in children with bipolar disorder: A systematic review: A report from the ISBD-IGSLi joint task force on lithium treatment. *Bipolar Disorders* 2018; September 16. doi: 10.1111/bdi.12690 <https://onlinelibrary.wiley.com/doi/epdf/10.1111/bdi.12690> (E-Pub)
46. Kadhim S, Patten SB, Gill S. Validating screening tools for depression in Parkinson's disease (Letter). *Movement Disorders* 2018; 33(7):1184-1186.
47. Levis B, Benedetti A, et al, Patten SB, Thombs BD. Probability of major depression classification using semi-versus fully structured diagnostic interviews. *British Journal of Psychiatry* 2018; 1212(6):377-385.
48. Marrie RA, Zhang L, Lix LM, Graff LA, Walker JR, Fisk JD, Patten SB, Hitchon CA, Bolton JM, Sareen J, El-Gabalawy R, Marriott J, Berstein C. The validity and reliability of screening measures for depression and anxiety disorders in multiple sclerosis. *Multiple Sclerosis and Related Disorders* 2018; 20:9-15.
49. Marrie RA, Walld R, Bolton J, Sareen J, Walker JR, Patten SB, Singer A, Lix LM, Hitchon CA, EL-Gabalawy R, Katz A, Fisk JD, Bernstein CN. Estimating annual prevalence of depression and anxiety disorder in multiple sclerosis using administrative data. *BMC Research Notes* 2017; 10:619 (1-6). DOI 10.1186/s13104-017-2958-1. <https://bmcresearchnotes.biomedcentral.com/track/pdf/10.1186/s13104-017-2958-1> (E-Pub)
50. Bernstein C, Zhang L, Lix LM, Graff LA, Walker JR, Fish JD, Patten SB, Hitchon CA, Bolton JM, Sareen J, El-Gabalawy R, Marriott J, Marrie RA. The validity and reliability of screening measures for depression and anxiety disorders in inflammatory bowel disease. *Inflammatory Bowel Diseases* 2018; 24(9): 1867-1875.

51. Orr J, Bernstein CN, Graff LA, Patten SB, Bolton JM, Sareen J, Marriott JJ, Fisk JD, Marrie RA (for CIHR Team). Factors associated with perceived need for mental health care in multiple sclerosis. *Multiple Sclerosis and Related Disorders* 2018; 25:179-185.
52. McIntyre L, Kwok C, Patten SB. The effect of child hunger on educational attainment and early childbearing outcomes in longitudinal population sample of Canadian youth. *Pediatrics and Child Health* 2018; 23(5):e77-384.
53. Bernstein CN, Hitchon CA, Walid R, Bolton JM, Sareen J, Walker JR, Graff LA, Patten SB, Singer A, Lix LM, El-Gabalawy R, Katz A, Fisk JD, Marrie RA (CIHR Team). Increased burden of psychiatric disorders in Inflammatory Bowel Disease. *Inflammatory Bowel Disease* 2018; <https://academic.oup.com/ibdjournal/advance-article/doi/10.1093/ibd/izy235/5050505> (E-pub)
54. Marrie RA, Hitchon CA, Walld R, Patten SB, Bolton JM, Sreen J, Walker JR, Singer A, Lix LM, El-Gabalawy R, Katz A, Fisk JD, Bernstein CN. (CIHR Team). Increased burden of psychiatric disorders in rheumatoid arthritis. *Arthritis Care & Research* 2018; 70(7): 970 -.978
55. Hetherington E, McDonald S, Williamson T, Patten SB, Tough S. Social support and maternal mental health at 4 months and 1 year postpartum: analysis from the All Our Families Cohort. *Journal of Epidemiology & Community Health* 2018; <https://jech.bmj.com/content/jech/early/2018/06/19/jech-2017-210274.full.pdf> (E-Pub)
56. Levis B, Benedetti A, Riehm KE, et al “including” Patten SB. Probability of major depression diagnostic classification between semi-structured versus fully structured diagnostic interviews *The British Journal of Psychiatry* 2018; 1-9. doi: 10.1192/bjp.2018.54; (E-pub).
57. Moll SE, Patten SB, Stuart H, MacDermid JC, Kirsh B. Beyond silence: A randomized, parallel-group trial exploring the impact of workplace mental health literacy training with healthcare employees. *The Canadian Journal of Psychiatry* 2018; <http://journals.sagepub.com/eprint/5UQFwEUtA6TcP867zpW3/full> (E-pub)
58. Goodarzi Z, Hanson HM, Jette N, Patten S, Pringsheim, Holroyd-Leduc J. Barriers and facilitators for guidelines with depression and anxiety in Parkinson’s disease or dementia. *Canadian Journal of Aging* 2018; <https://doi.org/10.1017/S0714980818000053> (E-pub)
59. Moll SE, Vanden Bussche J, Brooks K, Kirsh B, Stuart H, Patten S, MacDermid JC. Workplace mental health training in health care: Key ingredients of implementation. *Canadian Journal of Psychiatry*; <http://journals.sagepub.com/doi/pdf/10.1177/0706743718762100> (E-pub)
60. Marrie RA, Graff L, Walker JR, Fiske JD, Patten SB, Hitchon CA, Lix LM, Bolton JM, Sareen J, Katz A, Berrigan LI, Marriott JJ, Singer A, El-Gabalawy R, Peschken A, Zarychanski R. A prospective study of the effects of psychiatric comorbidity in immune-mediated inflammatory disease: rationale, protocol and participation. *JMIR Research Protocols* 2018; 7(1): e1-e15
61. Shoimer I, Patten S, Mydlarski PR. Burnout in dermatology residents: a Canadian perspective. *British Journal of Dermatology* 2018; 178:270-271. (Research Letter)
62. Hirsch L, Yang J, Bresse L, Jette N, Patten S, Pringsheim T. Second-generation antipsychotics and metabolic side effects: A systematic review of population-based studies. *Drug Safety* 2017; 40(9):771-781.

63. Bulloch AGM, Williams JVA, Lavorato DH, Patten SB. The depression and marital status relationship is modified by both age and gender. *Journal of Affective Disorders* 2017; 223:65-68.
64. Kowalec K, McKay KA, Patten SB, Fisk JD, Evans C, Tremlett H, Marrie RA. Comorbidity increases the risk of relapse in multiple sclerosis: A prospective study. *Neurology* 2017; 89(24):2455-2461.
65. Josephson CB, Gonzalez-Izquierdo A, Denaxas S, Fitzpatrick NK, Sajobi TT, Engbers JDT, Patten S, Jette N, Wiebe S. Serotonin reuptake inhibitor use and mortality in epilepsy: findings from a large contemporary linked electronic health records cohort study. *Epilepsia* 2017; 58(11):2002-2009.
66. Bernstein C, Walker J, Fisk JD, Patten SB, Singer A, Lix L, El-Gabalawy R, Hitchon C, Katz A, Walld R, Sareen J, Bolton J. Increased incidence of psychiatric disorders in Immune-Mediated Inflammatory Disease. *Journal of Psychosomatic Research* 2017; 101:17-23.
67. Vallerand IA, Patten SB. Systemic retinoids and psychiatric disorders in patients with skin diseases: a multifactorial relationship (Letter to the Editor). *British Journal of Dermatology* 2017; <http://onlinelibrary.wiley.com/doi/10.1111/bjd.16018/epdf> DOI: 10.1111/bjd.16018.
68. Marrie RA, Metz L, Fiest KM, Patten SB, Jette N, Greenfield J. Discriminative ability of quality of life measures in Multiple Sclerosis. *Quality of Life Outcomes* 2017; 15:246 (1-9). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5740906/pdf/12955_2017_Article_828.pdf (Open Access)
69. Khenti AMann R, Sapag J, Bobbili SJ, Lentinello EK, van der Maas M, Agic B, Hamilton H, Stuart H, Patten S, Sanches M, Corrigan P. Protocol: a cluster randomised control trial study exploring stigmatisation and recovery-based perspectives regarding mental illness and substance use problems among primary healthcare providers across Toronto, Ontario. *BMJ Open*. 2017 Nov 20;7(11):e017044. doi: 10.1136/bmjopen-2017-017044. (E-pub) <http://bmjopen.bmj.com/content/bmjopen/7/11/e017044.full.pdf>
70. Marie RA, Walid R, Bolton JM, Sareen J, Walker JR, Patten SB, Singer A, Lix LM, Hitchon CA, El-Gabalawy R, Katz A, Fisk JD, Bernstein CN. Rising incidence of psychiatric disorders before diagnosis of Immune-Mediated Inflammatory Disease. *Epidemiology and Psychiatric Sciences* 2017; 1-10 <https://www.cambridge.org/core/services/aop-cambridge-core/content/view/B1A629C7C75368BA935FF018411331FF/S2045796017000579a.pdf/div-class-title-rising-incidence-of-psychiatric-disorders-before-diagnosis-of-immune-mediated-inflammatory-disease-div.pdf> doi:10.1017/S2045796017000579 (E-pub)
71. McKay KA, Evans C, Fisk JD, Patten SB, Fiest K, Berrigan L, Marrie RA, Tremlett H. Disease-modifying therapies and adherence in multiple sclerosis: comparing patient self-report with pharmacy records. *Neuroepidemiology Journal* 2017; 48(3-4):124-130.
72. Jette N, Pham T, Sauro K, Patten SB, Wiebe S, Fiest KM, Bulloch A. The prevalence of anxiety and associated factors in persons with epilepsy. *Epilepsia* 2017; 58(8): E107-E110.
73. Patten SB, Marrie RA, Carta MG. Depression in Multiple Sclerosis. *International Journal of Psychiatry* 2017; 29(5):463-472.
74. Hurtubise, K. Brouselle, A., Noel, M., Camden, C. (accepted). What really matters in pediatric chronic pain rehabilitation? Results of a multi-stakeholder nominal group technique study. *Disabil Rehabil*.

75. Birnie, K.A., Noel, M., Chambers, C.T., Uman, L.S., & Parker, J.A. (accepted). Psychological interventions for needle-related procedural pain and distress in children and adolescents. *Cochrane Database of Syst Rev*.
76. Jordan, A., Noel, M., Caes, L., Connell, H., & Gauntlett-Gilbert, J. (2018). A developmental arrest? Interruption and identity in adolescent chronic pain. *PAIN Rep*, 3(7), e678.
77. Khu, M., Soltani, S., Neville, A., Schulte, F., & Noel, M. (2018). Posttraumatic stress and resilience in parents of youth with chronic pain. *J Child Health Care*. Available at <https://www.tandfonline.com/eprint/NjgZDKBgtx4nb8MzpBNY/full>. [ePub ahead of print].
78. Beveridge, J.K., Neville, A., Wilson, A.C., & Noel, M. (2018). Intergenerational examination of pain and posttraumatic stress disorder symptoms among youth with chronic pain and their parents. *PAIN Rep*, 3(7), e667.
79. Vinall, J., Noel, M., Disher, T., Caddell, K., & Campbell-Yeo, M. (2018). Memories of infant pain in the neonatal intensive care unit influence posttraumatic stress symptoms in mothers of infants born preterm. *Clin J Pain*, 34(10), 936-943.
80. Noel, M., Chambers, C.T., Parker, J.A., Aubrey, K., Tutelman, P.R., Morrongiello, B., Moore, C., McGrath, P.J., Yanchar, N.L., & von Baeyer, C.L. (2018). Boo-boos as the building blocks of pain expression: An observational examination of parental responses to everyday pain in toddlers. *Can J Pain*, 2(1), 74-86.
81. Pincus, T., Noel, M., Jordan, A., & Serbic, D. (2018). Perceived diagnostic uncertainty in pediatric chronic pain. *PAIN*, 159(7), 1198-1201.
82. Jones, K., Nordstokke, D., Wilcox, G., Schroeder, M., & Noel, M. (2018). The 'work of childhood': Understanding school functioning in youth with chronic pain. *Pain Manag*, 8(2), 139-153.
83. Pavlova, M., & Noel, M. (2018). JPP Student Journal Club Commentary: Novel parent intervention reduces vaccine injection pain in toddlers: Potential mechanisms and path forward. *J Pediatr Psychol*, 43(3), 234-236.
84. Soltani, S., Neville, A., Hurtubise, K., Hildenbrand, A., & Noel, M. (2018). Finding silver linings: A preliminary examination of benefit finding in youth with chronic pain. *J Pediatr Psychol*, 43(3), 285-293.
85. Kwan, V., Vo, M., Noel, M., & Yeates, K. (2018). A scoping review of pain in children after traumatic brain injury: Is there more than headache? *J Neurotrauma*, 35(7), 877-888.
86. Neville, A., Soltani, S., Pavlova, M., & Noel, M. (2018). Unravelling the relationship between parent and child PTSD and pediatric chronic pain: The mediating role of pain catastrophizing. *J Pain*, 19(2), 196-206.
87. Noel, M., Vinall, J., Tomfohr-Madsen, L., Holley, A.L., Wilson, A.C., & Palermo, T.M. (2018). Sleep mediates the association between PTSD symptoms and chronic pain in youth. *J Pain*, 19(1), 67-75.
88. Noel, M., McMurtry, C.M., Pavlova, M., & Taddio A. (2018). Brief clinical report: A systematic review and meta-analysis of pain memory-reframing interventions for children's needle procedures. *PAIN Pract*, 18(1), 123-129.

89. Heathcote, L.C., Vervoort, T., & Noel, M. (2018). Caregiver impact upon sufferer's cognitive functioning. In T. Vervoort, K. Karos, Z. Trost, & K. Prkachin, (Eds.), *Social and Interpersonal Dynamics in Pain: We Don't Suffer Alone*. Springer Publishers.
90. Pavlova, M., Ference, J., Hancock, M., & Noel, M. (2017). Disentangling the sleep-pain relationship in pediatric chronic pain: The mediating role of internalizing mental health symptoms. *Pain Res Manag*. Available at <https://doi.org/10.1155/2017/1586921>.
91. Rajamannar Ramasubbu, Zelma Kiss – “Dosing of Electrical Parameters in Deep Brain Stimulation (DBS) for Intractable Depression: A Review of Clinical Studies”. *Frontiers in Psychiatry*, July 2018
92. Bari AA, Mikell CB, Abosch A, Ben-Haim S, Buchanan RJ, Burton AW, Carcieri S, Cosgrove GR, D’Haese P-F, Daskalakis ZJ, Eskandar EN, Gerrard JL, Goodman WK, Greenberg BD, Gross RE, Hamani C, Kiss ZH, Konrad P, Kopell BH, Krinke L, Langevin J-P, Lozano AM, Malone D, Mayberg HS, Miller JP, Patil PG, Peichel DL, Petersen E, Rezai AR, Richardson RM, Riva-Posse P, Sankar T, Schwalb JM, Simpson HB, Slavin K, Stypulkowski PH, Tosteson T, Warnke P, Willie JT, Zaghloul KA, Neimat JS, Pouratian N, Sheth SA: Charting the road forward in psychiatric neurosurgery: Proceedings of the 2016 American Society for Stereotactic and Functional Neurosurgery Workshop on Neuromodulation for psychiatric disorders. *J Neurol Neurosurg Psychiatry* 2018.
93. Pittman QJ. Hypothalamic neurons out of control. *J Physiol*. 2017 Oct 15.
94. Pittman QJ. How to make a better mouse for brain behavior and immunity. *Brain Behav Immun*. 2018 Sep 26.
95. Acharjee S, Verbeek M, Gomez CD, Bisht K, Lee B, Benoit L, Sharkey KA, Benediktsson A, Tremblay ME, Pittman QJ. Reduced Microglial Activity and Enhanced Glutamate Transmission in the Basolateral Amygdala in Early CNS Autoimmunity. *J Neurosci*. 2018 Oct 17.
96. Crosby KM, Murphy-Royal C, Wilson SA, Gordon GR, Bains JS, Pittman QJ. Cholecystokinin Switches the Plasticity of GABA Synapses in the Dorsomedial Hypothalamus via Astrocytic ATP Release. *J Neurosci*. 2018 Oct 3.
97. Lewis ML, Kesler M, Candy SA, Rho JM, Pittman QJ. Comorbid epilepsy in autism spectrum disorder: Implications of postnatal inflammation for brain excitability. *Epilepsia*. 2018 Jul.
98. Nyuyki KD, Cluny NL, Swain MG, Sharkey KA, Pittman QJ. Altered Brain Excitability and Increased Anxiety in Mice With Experimental Colitis: Consideration of Hyperalgesia and Sex Differences. *Front Behav Neurosci*. 2018 Apr 3.
99. Pringsheim T, Gardner D, Addington D, Martino D, Morgante F, Ricciardi L, Poole N, Remington G, Edwards M, Carson A, Barnes TRE. The Assessment and Treatment of Antipsychotic-Induced Akathisia. *Canadian Journal of Psychiatry*, April 2018.
100. Addington D, Birchwood M, Jones P, Killackey E, McDaid D, Melau M, Mizuno M, Mueser K, Nordentoft M Fidelity scales and performance measures to support implementation and quality assurance for first episode psychosis services. *Early Intervention in Psychiatry*. 2018 Jun 8.
101. Essock S and Addington D. ISSUE BRIEF Coordinated Specialty Care for People with First Episode Psychosis: Assessing Fidelity to the Model Technical Assistance Material Developed for

102. Stahnisch FW, Pow S, Hunt BW. Gerald M. Edelman (1929-2014). J Neurol. 2018 Oct 1.
103. Stahnisch FW, Hor JY. NeurHistAlert 24. J Hist Neurosci. 2018 Oct-Dec.
104. Nitsch R, Stahnisch FW. Neuronal Mechanisms Recording the Stream of Consciousness-A Reappraisal of Wilder Penfield's (1891-1976) Concept of Experiential Phenomena Elicited by Electrical Stimulation of the Human Cortex. Cereb Cortex. 2018 Sep 1.
105. Stahnisch FW. Karl T. Neubuerger (1890-1972). J Neurol. 2018 Jun.
106. Stahnisch FW. Art and the Brain-Plasticity, Embodiment, and the Unclosed Circle, by Amy Ione. J Hist Neurosci. 2017 Oct-Dec.
107. Stahnisch FW. William G. Niederland (1904-1993). J Neurol. 2017 Oct.
108. Stahnisch FW. How the nerves reached the muscle: Bernard Katz, Stephen W. Kuffler, and John C. Eccles-Certain implications of exile for the development of twentieth-century neurophysiology. J Hist Neurosci. 2017 Oct-Dec.
109. Santestaban-Echarri O, Piskulic D, Nyman, R.K, Addington, J (2018). Telehealth interventions for schizophrenia disorders and clinical high-risk for psychosis individuals: A scoping review. *Journal of Telemedicine and Telecare*.
110. Davidson C, Piskulic D, Addington J, et al. (2018). Age-related trajectories of social cognition in Youth at clinical high risk for psychosis: An exploratory study. *Schizophrenia Research*, <https://doi.org/10.1016/j.schres.2018.05.001>
111. Fulford D, Piskulic D, Addington J, Kane J.M, Schooler N.R,, Mueser K.T (2018). Prospective relationships between motivation and functioning in recovery after a first episode of schizophrenia. *Schizophrenia Bulletin*, 44 (2).
112. Piskulic D, Romanowska S, Addington J (2017). Pilot study of cognitive remediation and motivational interviewing in youth at risk of serious mental illness. *Early Intervention in Psychiatry*.
113. Brainstorm Consortium, Paul Arnold. Analysis of shared heritability in common disorders of the brain. Science. 2018 Jun 22
114. Yilmaz Z, Halvorsen M, Bryois J, Yu D, Eating Disorders Group of the PGC, Tourette Syndrome/OCD Working Group of the PGC, Thornton LM, Zerwas S, Micali N, Moessner R, Burton CL, Zai G, Erdman L, Kas MJ, Arnold PD, Davis LK, Knowles JA, Breen G, Scharf JM, Nestadt G, Mathews CA, Bulik CM, Mattheisen M, Crowley JJ. Examination of the Shared Genetic Basis of Anorexia Nervosa and Obsessive-Compulsive Disorder. *Molecular Psychiatry* 2018 August 7
115. Burton, CL*, Park, LS*, Corfield, EC, Forget-Dubois, N, Dupuis, A, Sinopoli, VM, Shan, J, Goodale, T, Shaheen, S-M, Crosbie, J, Schachar, RJ, Arnold PD. Factor Structure and Heritability of Obsessive-Compulsive Traits in Children and Adolescents in the General Population Translational Psychiatry *co-1st authors. *Translational Psychiatry*. 2018

116. Mughal MK, Giallo R, Arnold PD, Benzie K, Kehler H, Bright K, Kingston D. Trajectories of Maternal Stress and Anxiety from Pregnancy to Three Years and Child Development at 3 years of age: Findings from the All Our Families (AOF) pregnancy cohort. *Journal of Affective Disorders*. 2018 July.
117. Osland S, Arnold PD, Pringsheim T. The Prevalence of Diagnosed Obsessive Compulsive Disorder and Associated Comorbidities: A Population-Based Canadian Study. *Psychiatry Res*. 2018 July 11.
118. Hanna GL, Liu Y, Isaacs YE, Ayoub AM, Brosius A, Salander Z, Arnold PD, Gehring WJ. Error-related Brain Activity in Adolescents with Obsessive-Compulsive Disorder and Major Depressive Disorder. *Depress Anxiety*. 2018 May 7.
119. Dupuis A, Indralingam M, Chevrier A, Crosbie J, Arnold PD, Burton CL, Schachar R. Response Time Adjustment in the Stop Signal Task: Development in Children and Adolescents. *Child Development*. 2018 March 30.
120. Exner-Cortens, D. Measuring adolescent dating violence. In D. A. Wolfe & J. R. Temple (Eds.), *Adolescent dating violence: Theory, research, and prevention* (pp. 315-340). Cambridge, MA: Academic Press. (2018).
121. Santestaban-Echarri O, Piskulic D, Nyman, R.K, Addington, J. Telehealth interventions for schizophrenia disorders and clinical high-risk for psychosis individuals: A scoping review. *Journal of Telemedicine and Telecare*, doi.10.1177/1357633X18794100 (2018).
122. Davidson C, Piskulic D, Addington J, et al. Age-related trajectories of social cognition in Youth at clinical high risk for psychosis: An exploratory study. *Schizophrenia Research*, <https://doi.org/10.1016/j.schres.2018.05.001> (2018).
123. Fulford D, Piskulic D, Addington J, Kane J.M, Schooler N.R., Mueser K.T. Prospective relationships between motivation and functioning in recovery after a first episode of schizophrenia. *Schizophrenia Bulletin*, 44 (2): 369-377. (2018).
124. Piskulic D, Romanowska S, Addington J. Pilot study of cognitive remediation and motivational interviewing in youth at risk of serious mental illness. *Early Intervention in Psychiatry*
125. Stelfox HT, Soo A, Niven DJ, Fiest KM, Wunsch H, Rowan KM, Bagshaw SM. Assessment of the Safety of Discharging Select Patients Directly Home From the Intensive Care Unit: A Multicenter Population-Based Cohort Study. *JAMA Intern Med*. Published online August 20, 2018.
126. Fiest KM, Job McIntosh C, Demianschuk D, Parsons Leigh J, & Stelfox HT. Translating evidence to patient care through caregivers: a systematic review of caregiver-mediated interventions. *BMC Medicine*. 2018.
127. Rosgen B, Krewulak K, Demianschuk D, Ely EW, Davidson JE, Stelfox HT, Fiest KM. Validation of Caregiver-Centered Delirium Detection Tools: A Systematic Review. *Journal of the American Geriatrics Society*. 18 April 2018.
128. Fiest KM, Sauro KM, Wiebe S, Patten SB, Kwon CS, Dykeman J, Pringsheim T, Lorenzetti DL, Jetté N. Prevalence and incidence of epilepsy: A systematic review and meta-analysis of international studies. *Neurology*. 2017 Jan 17

129. Buchy L, Barbato M, Makowski C, Bray S, MacMaster FP, Deighton S, Addington J. Mapping structural covariance networks of facial emotion recognition in early psychosis: A pilot study. *Schizophr Res.* 2017 Nov;189:146-152. doi: 10.1016/j.schres.2017.01.054. Epub 2017 Feb 3.
130. Barbato M, Buchy L, Bray S, MacMaster F, Deighton S, Addington J. Testing the feasibility of a computerized facial affect recognition training in early psychosis. *Schizophr Res.* 2017 Dec;190:180-181. doi: 10.1016/j.schres.2017.03.011. Epub 2017 Mar 9. No abstract available.
131. Carlson HL, Ciechanski P, Harris AD, MacMaster FP, Kirton A. Changes in spectroscopic biomarkers after transcranial direct current stimulation in children with perinatal stroke. *Brain Stimul.* 2018 Jan - Feb;11(1):94-103. doi: 10.1016/j.brs.2017.09.007. Epub 2017 Sep 13.
132. Jaworska N, Courtright AK, De Somma E, MacQueen GM, MacMaster FP. Aerobic exercise in depressed youth: A feasibility and clinical outcomes pilot. *Early Interv Psychiatry.* 2018 Jan 26. doi: 10.1111/eip.12537. [Epub ahead of print]
133. McLellan Q, Wilkes TC, Swansburg R, Jaworska N, Langevin LM, MacMaster FP. History of suicide attempt and right superior temporal gyrus volume in youth with treatment-resistant major depressive disorder. *J Affect Disord.* 2018 Oct 15;239:291-294. doi: 10.1016/j.jad.2018.07.030. Epub 2018 Jul 12.
134. Brooks BL, Low TA, Plourde V, Virani S, Jadavji Z, MacMaster FP, Barlow KM, Lebel RM, Yeates KO. Cerebral blood flow in children and adolescents several years after concussion. *Brain Inj.* 2018 Oct 31:1-9. doi: 10.1080/02699052.2018.1540798. [Epub ahead of print]
135. Levitan RD, Levitt AJ, Michalak EE, Morehouse R, Ramasubbu R, Yatham LN, Tam EM, Lam RW. Appetitive Symptoms Differentially Predict Treatment Response to Fluoxetine, Light, and Placebo in Nonseasonal Major Depression. *J Clin Psychiatry.* 2018 Jul
136. Lam VM, Mielnik CA, Baimel C, Beerepoot P, Espinoza S, Sukhanov I, Horsfall W, Gainetdinov RR, Borgland SL, Ramsey AJ and Salahpour A (2018) In vivo psychoactive effects of a potential novel TAAR1 antagonist. *Frontiers in Pharmacology.* 9: 953-958.
137. Balsevich, G., Sticht, M., Bowles, NP, Singh, A, Lee, TTY, Li Z, Chelikani, PK, Lee, FS, Borgland, SL, Hillard, CJ, McEwen, BS, & Hill, MN (2018) A role for fatty acid amide hydrolase (FAAH) in the leptin-mediated effects on feeding and energy balance. *Proc Natl Acad Sci.* 115(29):7605-7610.
138. Thomas, T.S., Baimel C., Borgland, S.L. (2018) Opioid and hypocretin neuromodulation of VTA neuronal subpopulations. *British Journal of Pharmacology.* 175: 1815-1833.
139. Schuetze M, Rohr C, Dewey D, McCrimmon A, Bray S (2017) *Reinforcement learning in autism spectrum disorder.* *Frontiers in Psychology* Nov 21; 8:2035.
140. Cho IYK, Jelinkova K, Schuetze M, Vinette AS, Rahman S, McCrimmon A, Dewey D, Bray S (2017) *Circumscribed interests in adolescents with Autism Spectrum Disorder: A look beyond trains, planes and clocks.* *PLoS One* Nov 2; 12(11).
141. Grant, K, Hassel, S, Bobyn, JA, Hall, G, MacQueen GM (2018) Exploring the Neural Basis for the Theory of Mind Deficits Observed in Bipolar Patients using a Novel Theory of Mind Task. *Psychiatry Research: Neuroimaging*

142. Hassel, S, Ridout, N (2018) "Differences and similarity between students' and lecturers' expectations of university education" *Frontiers in Psychology* 8: 2218.
143. Kingston, D., Kehler, H., Austin, M-P, Mughal, K., Wajid, A., Vermeyden, L., Benzies, K., Brown, S., Giallo, R. (2018). Trajectories of maternal depressive symptoms and child externalizing and internalizing behaviour at one year. *PLOS One*. 13 (4) : e0195365 (IF 3.52).
144. Kingston, D., Austin, MP., Van Zanten, S., Harvalik, P., McDonald, S., Giallo, R., McDonald, SD, MacQueen, G., Vermeyden, L., Sword, W., Biringer, A. (2017). Pregnant women's views of the feasibility and acceptability of web-based mental health escreening versus paper-based screening: A randomized controlled trial. *Journal of Medical Internet Research*. 19 (4), e88. (IF 4.7)
145. Kingston, D., Biringer, A., Van Zanten, S., Harvalik, P., Giallo, R., McDonald, SD., MacQueen, G., Vermeyden, L., Austin, MP. (2017) Pregnant women's perceptions of the risks and benefits of disclosure during web-based mental health escreening versus paper-based screening: A randomized controlled trial. *Journal of Medical Internet Research*. 19(3), e88. (IF 4.7)
146. Pringsheim T, Piacentini JP. Tic-related obsessive-compulsive disorder. *Journal of Psychiatry and Neuroscience*. 2018; 43(6): 431-432.
147. Tosserams A, Araujo R, Pringsheim T, Post B, Darweesh SKL, Inthout J, Bloem BR. Underrepresentation of women in Parkinson's disease trials. *Movement Disorders*. 2018 Oct 11. doi: 10.1002/mds.27505. [Epub ahead of print].
148. Isaacs AM, Riva-Cambrin J, Yavin D, Hockley A, Pringsheim TM, Jette N, Lethebe BC, Lowerison M, Dronyk J, Hamilton MG. Age-specific global epidemiology of hydrocephalus: systematic review, metaanalysis and global birth surveillance. *PLoS One*. 2018; 13(10):e0204926.
149. Day GS, Rae-Grant A, Armstrong MJ, Pringsheim T, Cofield SS, Marrie RA. Identifying priority outcomes that influence selection of disease-modifying therapies in MS. *Neurology Clinical Practice* 2018; 8(3):179-185.
150. Roze E, Worbe Y, Louapre C, Méneret A, Delorme C, McGovern E, Ruiz M, Capron J, Le Bouc R, Epelbaum S, Alamowitch S, Duguet A, Renaud MC, Palombi O, Pringsheim TM, Flamand-Roze C, Steichen O. Miming neurological syndromes improves medical student's long-term retention and delayed recall of neurology. *J Neurol Sci*. 2018 Aug 15; 391:143-148
151. Shafiq S, Pringsheim T. Using antipsychotics for behavioral problems in children. *Expert Opinion in Pharmacotherapy*. 2018; 19(13): 1475-1488.
152. Osland ST, Steeves TD, Pringsheim T. Pharmacological treatment for attention deficit hyperactivity disorder (ADHD) in children with comorbid tic disorders. *Cochrane Database Syst Rev*. 2018 Jun 26; 6:CD007990
153. Chen W, Cepoiu-Martin M, Stang A, Duncan D, Symonds C, Cooke L, Pringsheim T. Antipsychotic Prescribing and Safety Monitoring Practices in Children and Youth: A Population-Based Study in Alberta, Canada. *Clin Drug Investig*. 2018 May; 38(5):449-455
154. Kelly M, Dornan T, Pringsheim T. The lesser of two evils: a qualitative study of quetiapine prescribing by family physicians. *CMAJ Open*. 2018 Apr 30; 6(2):E191-196

155. Rae-Grant A, Day GS, Marrie RA, Rabinstein A, Cree BAC, Gronseth GS, Haboubi M, Halper J, Hosey JP, Jones DE, Lisak R, Pelletier D, Potrebic S, Sitcov C, Sommers R, Stachowiak J, Getchius TSD, Merillat SA, Pringsheim T. Comprehensive systematic review summary: Disease-modifying therapies for adults with multiple sclerosis: Report of the Guideline Development, Dissemination, and Implementation Subcommittee of the American Academy of Neurology. *Neurology*. 2018 Apr 24; 90(17):789-800
156. Rae-Grant A, Day GS, Marrie RA, Rabinstein A, Cree BAC, Gronseth GS, Haboubi M, Halper J, Hosey JP, Jones DE, Lisak R, Pelletier D, Potrebic S, Sitcov C, Sommers R, Stachowiak J, Getchius TSD, Merillat SA, Pringsheim T. Practice guideline recommendations summary: Disease-modifying therapies for adults with multiple sclerosis: Report of the Guideline Development, Dissemination, and Implementation Subcommittee of the American Academy of Neurology. *Neurology*. 2018 Apr 24; 90(17):777-788
157. Martino D, Pringsheim TM. Tourette syndrome and other chronic tic disorders: an update on clinical management. *Expert Rev Neurother*. 2018 Feb; 18(2):125-137.
158. Petersen RC, Lopez O, Armstrong MJ, Getchius TSD, Ganguil M, Gloss D, Gronseth GS, Marson D, Pringsheim T, Day GS, Sager M, Stevens J, Rae-Grant A. Practice guideline update summary: Mild cognitive impairment: Report of the Guideline Development, Dissemination and Implementation Subcommittee of the American Academy of Neurology. *Neurology*. 2018 Jan 16; 90(3):126-135
159. Mele B, Holroyd-Leduc J, Smith EE, Pringsheim T, Ismail Z, Goodarzi Z. Detecting anxiety in individuals with Parkinson disease: A systematic review. *Neurology*. 2018 Jan 2; 90(1):e39-e47.
160. Martino D, Karnik V, Osland S, Barnes TRE, Pringsheim T. Movement Disorders Associated with Associated with Antipsychotic Medication in People with Schizophrenia: An Overview of Cochrane Reviews and Meta-Analysys. *Can J Psychiatry*. 2018 Jan 1 (Epub ahead of print)
161. Pringsheim T, Barnes TRE. Antipsychotic Drug-Induced Movement Disorders: A Forgotten Problem? *Can J Psychiatry*. 2018 Jan 1 (Epub ahead of print)
162. Marwitz L, Pringsheim T. Clinical Utility of Screening for Anxiety and Depression in Children with Tourette Syndrome. *J Can Acad Adolesc Psychiatry*. 2018 Jan; 27(1):15-21
163. Berzins S, Babins-Wagner R, Hyland K. Relationship of employment status and socio-economic factors with distress levels and counselling outcomes during a recession. *Counselling and Psychotherapy Research*. 2018 Jun;18(2):122-32.
164. JM Smith, A Estefan, V Caine. Mothers' Experiences of Supporting Adolescent Children Through Long-Term Treatment for Substance Use Disorder. *Qualitative health research*.
165. Dimitropoulos, G., Freeman, V., Landers, A., Family-Based Treatment For Transition Age Youth: The Role of Expressed Emotion and General Family Functioning. *Eating Disorders: The Journal of Treatment & Prevention* (Awarded best research paper of the year)
166. Lukmanji S, Pham T, Blaikie L, Clark C, Jette N, Wiebe S, Bulloch A, Holroyd-Leduc J, Macrodimitris S, Mackie A, Patten SB, (2017) Online tools for individuals with depression and neurological conditions: a scoping review, *Neurology: Clinical Practice*

167. Singh, K., Russell-Mayhew, S., von Ranson, K. M., McLaren, L. (in press). Is there more to the equation? Weight bias and the costs of obesity. *Canadian Journal of Public Health*.
168. Mansell, Diana, Larsson, Paula and Stahnisch, Frank W. (eds). *Bedside and Community: 50 Years of Contributions to the Health of Albertans from the University of Calgary* Calgary: University of Calgary Press (to appear), 250 pp. Print.
169. Stahnisch, Frank W. and Kurbegović, Erna (eds). *Exploring the Relationship of Eugenics and Psychiatry: Canadian and Trans-Atlantic Perspectives, 1905-1972* Edmonton: Athabasca University Press (to appear), 350 pp. Print.
170. McMorris, C.A., Baraskewich, J., Ames, M., Ncube, B., Shaikh, K., & Bebeko, J.M. (in press). Mental health issues in post-secondary students with autism spectrum disorder: Experiences in accessing services. *International Journal of Mental Health and Addiction*.
171. Ncube, B., Shaikh, K., Ames, M., McMorris, C. A., & Bebeko, J.M. (in press). Social support in post-secondary students with autism spectrum disorder. *International Journal of Mental Health and Addiction*.
172. Krewulak KD, Stelfox HT, Parsons Leigh J, Ely EW & Fiest KM. Incidence and Prevalence of Delirium Subtypes in the ICU: A Systematic Review and Meta-Analysis. *Critical Care Medicine*. 2018 in press.
173. Haines-Saah RJ, Mitchell SA, Slemon A, Jenkins EK (In press: July 2018). 'Parents are the best prevention'? Troubling assumptions in cannabis policy and prevention discourses in the context of legalization in Canada. *International Journal of Drug Policy*.
<https://doi.org/10.1016/j.drugpo.2018.06.008>
174. Elliot C. Brown, Darren L. Clark, Stefanie Hassel, Glenda MacQueen M.D., Rajamannar Ramasubbu M.D. Intrinsic thalamocortical connectivity varies in age of onset subtypes in major depressive disorder *Neuropsychiatr Dis Treat*. (in press)
175. Huang, S., Borgland, S.L.* , Zamponi, G.* (2018) Dopaminergic modulation of pain signals in the medial prefrontal cortex: challenges and perspectives. *Neurosci Lett*. In Press *co-corresponding author
176. Addington J, Goldstein B, Wang J, Kennedy S, Bray S, Lebel C, Hassel S, Marshall C, MacQueen G (2018) Youth At-Risk for Serious Mental Illness: Methods of the PROCAN Study (In Press: *BMC Psychiatry*)
177. Farrisa MS, MacQueen G, Goldstein BI, Wang J, Kennedy SH, Bray S, Lebel C, Addington J (2018) Treatment History of Youth At-Risk for Serious Mental Illness (In Press: *The Canadian Journal of Psychiatry*)
178. Rivard K, Protzner AB, Burles F, Schuetze M, Cho IYK, Ten Eycke K, McCrimmon A, Dewey D, Cortese F, Bray S (2018) Largely typical electrophysiological affective responses to special interest stimuli in adolescents with Autism Spectrum Disorder. (In Press: *Journal of Autism and Developmental Disorders*)
179. Rohr C, Arora A, Cho I, Dimond D, Dewey D, Bray S (2018) Functional network integration and attention skills in young children. (In Press: *Developmental Cognitive Neuroscience*)

180. Thornton S, Langevin LM, Bray S, Dewey D (2018) Functional Brain Correlates of Motor Response Inhibition in Children with Developmental Coordination Disorder and Attention Deficit/Hyperactivity Disorder (In Press: Human movement science)
181. Clark D, Konduru N, Kemp A, Brown E, Bray S, Goodyear B, Ramasubbu R (2017) Differential amygdala intrinsic functional connectivity between early-onset and adult-onset major depression. (In Press: Neuropsychiatric Disease and Treatment)
182. De Somma E, Jaworska N, Courtright A, Bray S, MacMaster F, MacQueen G (2017) Hippocampal activity during a word-pair association task in young depressed adults before and after aerobic exercise. (In Press: Adolescent Psychiatry)
183. Mallo C, Ismail Z, Pereiro AX, Facal D, Lojo-Seoane C, Campos-Magdaleno M, Juncos-Rabadán Onésimo, 2018. Assessing Mild Behavioral Impairment with the Mild Behavioral Impairment-Checklist in people with Subjective Cognitive Decline, *International Psychogeriatrics*, Jul 18:1-9. doi: 10.1017/S1041610218000698
184. Asmer MS, Kirkham J, Newton H, Ismail Z, Elbayoumi H, Leung RH, Seitz DP, 2018. Meta-Analysis of the Prevalence of Major Depressive Disorder Among Older Adults With Dementia. Jul 31;79(5). pii: 17r11772. doi: 10.4088/JCP.17r11772. PMID: 30085437
185. Mallo C, Ismail Z, Pereiro AX, Facal D, Lojo-Seoane C, Campos-Magdaleno M, Juncos-Rabadán Onésimo, 2018. Assessing Mild Behavioral Impairment with the Mild Behavioral Impairment-Checklist in people with Mild Cognitive Impairment, in press
186. Talai AS, Ismail Z, Sedlaczik J, Boelmans K, Forkert ND, 2018. Improved automatic morphology-based classification of Parkinson's disease and progressive supranuclear palsy. *Clin Neuroradiology*, in press
187. Aguera-Ortiz L, Lyketsos C, Ismail Z, 2018. Comment on "Personality Changes During the Transition from Cognitive Health to Mild Cognitive Impairment". *JAGS*, in press
188. Andrews S, Ismail Z, Anstey K, Mortby M. 2018. Alzheimer's Genetic Risk Score linked to Incident Mild Behavioral Impairment. *Neuropsychiatric Genetics*, in press
189. Walkey, Tanguay, & el-Guebaly (2018) Narrative Review of Cannabidiol as an Antipsychotic and Recommendations for Legal Regulations. *Canadian Journal of Addiction*; 9(3): 23–29
190. Tanguay, Lamba, Fraser, Mills, Azarbar, & el-Guebaly (2017) Alcohol use disorder and depression: proposed rewording of Choosing Wisely recommendation, *Canadian Medical Association Journal*; 189(11): E442-E443. Co-author of the Calgary Suboxone® in Tertiary Care Guidelines. Alberta Health Services, 2018.
191. Margaret A. Oakander (in press), Twenty-five years of Walk-In Single Sessions at the Eastside Family Centre: Clinical and Research Dimensions, In M.F. Hoyt, M. Bobele, A. Slive, J. Young, & M. Talmon (Eds.), *Single-Session Therapy by Walk-In or Appointment: Clinical, Supervisory, and Administrative Aspects*. New York: Routledge Publishing 2018
192. Ryan Todd recently published two manuscripts in the area of sports psychiatry and injury prevention that might be of interest:
193. Title: Understanding the resistance to creating safer ice hockey: essential points for injury prevention.

194. Journal: Injury Prevention, Authors: Todd RA, Soklaridis S, Treen AK, Bhalerao SU, Cusimano MD
Link: <http://injury prevention.bmj.com/content/early/2017/11/27/injury prev-2016-042272.long>
195. Understanding the Psychiatric Effects of Concussion on Constructed Identity in Hockey Players: Implications for Health Professionals Journal: PLOS ONE Authors: Todd RA, Soklaridis S, Vu M, Bhalerao SU, Cusimano MD
196. Aguera-Ortiz L, Lopez-Alvarez J, Nido-Varo Del L, Garcia-Rosel Soria EG, Perez-Martinez DA, Ismail Z 2017. Mild Behavioural Impairment as an antecedent of dementia: presentation of the diagnostic criteria and the Spanish version of the MBI-C scale for its evaluation Revista de neurologia 65 (7), 327-334
197. Lanctôt, K.L., Amatniek, J., Ancoli-Israel, S., Arnold, S.E., Ballard, C., Cohen-Mansfield, J., Ismail, Z., Lyketsos, C., Miller, D.S., Musiek, E. and Osorio, R.S., 2017. Neuropsychiatric signs and symptoms of Alzheimer's disease: New treatment paradigms. *Alzheimer's & Dementia: Translational Research & Clinical Interventions*. Volume 3, Issue 3, September 2017, Pages 440-449
198. Mortby M, Black S, Gauthier S, Miller D, Porsteinsson A, Smith E, Ismail Z (corresponding and senior author). 2018 Mild Behavioural Impairment: Implications for Clinical Trials, International Psychogeriatrics, Feb;30(2):171-175. doi: 10.1017/S1041610218000042. PMID: 29448970
199. Mortby M, Lyketsos C, Geda Y, Ismail Z (corresponding and senior author): 2018. Editorial: International Psychogeriatrics Special Issue on Mild Behavioral Impairment and Non-Cognitive Prodromes to Dementia, International Psychogeriatrics, Feb;30(2):167-169. doi: 10.1017/S1041610218000108. PMID: 29448971
200. Ismail Z, 2018. Dispensary cannabidiol marijuana and first episode mania. Journal of Psychiatry and Neuroscience, in press
201. Cawthorpe D. Kerba M. Narendran A. Chartier G. Ghuttora H. Sartorius N. (2018) A detailed description of the temporal order of cancers and mental disorders in a population. BJP Open. (in press)
202. Rahman A, Perri A, Deegan A, Kuntz J, Cawthorpe D. On becoming trauma-informed: Role of the Adverse Childhood Experiences Study in tertiary child and adolescent mental health services and the association with standard measures of impairment and severity. Perm J 2018;22:17-054. DOI: <https://doi.org/10.7812/TPP/17-054>
203. McAffrey E. Chang S. Rahman A. Farrelly G. Cawthorpe D. (2017) Mental Health Literacy in Primary Care: Canadian Research and Education for the Advancement of Child Health (CanREACH). Evidence-Based Medicine 2017 (<http://ebm.bmj.com/content/ebmed/early/2017/07/22/ebmed-2017-110714.full.pdf>).
204. Cawthorpe, D. (2017). Comprehensive Description of Comorbidity for Autism Spectrum Disorder in a General Population. Perm J 2017; 21:16-088. <https://doi.org/10.7812/TPP/16-088> E-pub: 12/23/2016
205. Novick J, Cawthorpe D, McLuckie A. (2016) A measurable treatment plan (2002 – 2016): Using the children's global assessment and the problem severity scales as outcomes of clinical treatment in child and adolescent mental health services. JHA; 6 (1): 9-15.
206. Anwar S. Cawthorpe D. (2016). What "big population data" tells us about neurological disorders comorbidity. JHA, 5(6): 1-8. (doi 10.5430/jha.v5n6p75).
207. Cawthorpe D. (2016). Children's Mental Health 1954-2016 – who cares? CMAJ. <http://cmaiblogs.com/childrens-mental-health-1954-2016>.
208. Chartier G. Cawthorpe D. (2016). From 'Big 4' to 'Big 5': a review and epidemiological study on the relationship between psychiatric disorders and World Health Organization preventable diseases. Current Opinions in Psychiatry. September 2016; 29 (5): 316–321.

209. Chartier G. Cawthorpe D. (2016) Distinction between Episodic Mood Disorder and Attention Deficit Disorder with Hyperactivity based on their Association with the Main Classes of International Classification of Disease in a Child and Adolescent Population. *Ann Depress Anxiety*. 3(1): 1073.
210. Novick J, Cawthorpe D, McLuckie, A. (2016). The validation of the Western Canada Waiting List Children's Mental Health-Priority Criteria Score Instrument: 2002 – 2015 results. *Journal of Hospital Administration*, 5(4): 1-8. (doi 10.5430/jha.v5n4p1)
211. The Permanente Journal 2017;21:16-088. <https://doi.org/10.7812/TPP/16-088> E-pub: 12/23/2016
212. Comprehensive Description of Comorbidity for Autism Spectrum Disorder in a General Population David Cawthorpe, PhD
213. Baxter A. Kutcher S. Wei Y. Cawthorpe D. (2018). School-based mental health literacy training shifts the quantity and quality of referrals to tertiary child and adolescent mental health services: A Western Canada regional study (submitted).
214. Melathopolous K, Cawthorpe D. (2018). Central intake development impact and population-based child and adolescent mental health service rates 2002-2016: Implications for system redesign. (submitted)
215. Cheung S. Marriott B. Cawthorpe D. (2018). Analysis of ACE items by ICD 10 Diagnostic Category within a Child and Adolescent Addiction, Mental Health, and Psychiatry Program. (submitted)
216. Ghuttora H. Narendran A. Kerba M. Chartier G. Cawthorpe & Sartorius N. Temporal co-occurrence of neoplasm and psychiatric disorder in a pediatric population. 2018 (submitted)

Books & Book Chapters

1. Patten SB. Epidemiology for Canadian Students. 2nd Edition. Brush Education, Edmonton, 2018

Workshops, Talks & Presentations, Conference Proceedings

1. The 25th World Congress of Psychiatric Genetics Meeting, Orlando FL, USA. Oral Presentation, Spit for Science: Using Kids from the Community to Uncover the Genomics Of Childhood Psychiatric Disorders, Burton CL, Xiao B, Zarrei M, Erdman L, Merico D, Marshall C, Scherer S, Crosbie J, Arnold PD, Schachar R.
2. The 25th World Congress of Psychiatric Genetics Meeting, Orlando FL, USA. Oral Presentation, Genetics of ADHD Dimensions, Zayats T, Burton CL, Medland S, Ziao B, Crosbie J, Arnold PD, Schachar R, Johansson S, Neale B, Haavik J.
3. International Neuropsychological Society 2018 Annual Meeting. Early signs of dementia in bipolar disorder. Washington, DC. February 14-17, 2018. Callahan
4. Canadian ADHD Resource Alliance Annual Conference & Research Day. Executive symptoms in older adults with ADHD or prodromal dementia. Quebec City, QC. October 27, 2017. Callahan, Bierstone, D., Sharma, M.J., Stuss, D.T., & Black, S.E.
5. Using a student-centered teaching strategy to support learning in online graduate programs. Presentation at the 15th Annual International Society for the Scholarship of Teaching and Learning Conference, Bergen, Norway. Schroeder, M., Makarenko, E. M., & Warren, K. (October 2018)

6. Designing graduate psychology courses to improve student self-efficacy and reduce course-related stress: The implementation of a late bank policy to allow flexibility in submission deadlines
Presentation at the 29th Annual International Congress on Applied Psychology, Montreal, Canada.
Makarenko, E. M., Schroeder, M., & Warren, K. (June 2018)
7. Prospective memory in children: Considerations for assessment and interventions. Presentation at the 29th Annual International Congress of Applied Psychology, Montreal, Canada. Craig, H. & Makarenko, E. M. (June 2018)
8. Designing and teaching courses that promote student well-being and mental health. Presentation at the 16th Annual Hawaii International Conference on Education, Honolulu, Hawaii. Schroeder, M., Makarenko, E. M., & Warren, K. (January 2018)
9. Translating Neuroscience from Idea to Impact: Making good use of science. Keynote panel. Invited presentation at the Campus Alberta Neuroscience Symposium Edmonton, AB. Wilcox, G. (October 18, 2018)
10. The role of school climate on mental health and school safety. Invited presentation to the Axis 2018 School Safety Summit at Mount Royal University, Calgary, AB. Wilcox, G., Cullen, O., & Cullen, E. (October 3, 2018).
11. "Spatiotemporal dynamics of cortical perfusion in response to thalamic DBS" and "Optimization of subcallosal cingulate DBS for treatment-resistant depression", Invited speaker for NYC Neuromodulation Conference & NANS Summer Series. New York City, US, Zelma, K. 24-26 Aug 2018

Published Abstracts

1. Callahan, B.L. (2018). Early signs of dementia in bipolar disorder. *Journal of the International Neuropsychological Society*, 24(S1)
2. Callahan, B.L. (2018). Norms generated from local samples are more sensitive to early dementia than are published norms. *Canadian Geriatrics Journal*, 21(1)
3. Callahan, B.L. (2018). Early signs of dementia in bipolar disorder. *Canadian Geriatrics Journal*, 21(1)
4. Callahan, B.L., Sharma, M.J., Bierstone, D., Stuss, D.T., & Black, S.E. (2018). Executive abilities in older adults with ADHD or prodromal dementia. *Canadian Geriatrics Journal*, 21(1)

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

