

MindMatters

The Newsletter for the Regional Clinical Department of Psychiatry

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From the Department Head

Overcapacity

This winter has seen a return of the problem of overcapacity beds, but also signs of increased Mental Health and Addictions Services and the recruitment of additional psychiatrists.

The problem underlying the issue of overcapacity beds is very clear: a combination of a lack of acute care capacity and lack of community housing for specific patients groups. The result for clinicians is increasing tensions and difficulties with transferring patients between medical and psychiatric units, and difficulty discharging patients who no longer have acute problems. The overcapacity problem affects all of our adult acute care sites. The Information and Evaluation Unit has demonstrated that it is the minority of patients with a long stay who are driving the length of stay on our inpatient units.



A few things have been done to help with this situation and some more plans are in development. After our

first flurry of overcapacity patients in the summer, a small number of longer stay patients on acute units were transferred to longer stay beds at the Claresholm Centre for Mental Health and Addictions. This coincided with a drop in overcapacity bed usage and the numbers of extra beds created was equivalent to the overcapacity beds used in the summer. Some of those long stay patients have since been successfully moved to longer term community housing. Another development has been the establishment of a four

bed community housing for people with developmental disabilities and a mental disorder. There is enhanced mental health support to this unit, which has taken some of the longer stay patients who had been stabilized on acute care units.

These measures are clearly not enough and the Inpatient Program is taking the lead on developing a more explicit way of describing a continuum of care between acute care units, the fifteen Calgary Health Region beds at the Centennial Centre for Mental Health and Brain Injury (CCMHBI) in Ponoka and the Claresholm Centre for Mental Health and Addictions. At present, we in the Calgary Health Region do not determine the use of the beds at the CCMHBI. The goal is to define the mandate of those services in relation to the patient needs of the population and coordinate the flow of patients to those services.

Assertive Community Treatment

Assertive Community Treatment (ACT) teams are a well established, evidence based service option that can maintain more patients in the community and reduce hospital length of stay. In December, a new ACT team began work as part of the Alex Pathways to Housing Program, a Housing First program proposed by the Calgary Committee to end Homelessness. This team, which operates through the Alex Community Health Centre, will provide clinical support to patients with mental health, addictions or general health problems, who have been homeless and repeatedly hospitalized.

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2008 will be a record year for recruitment

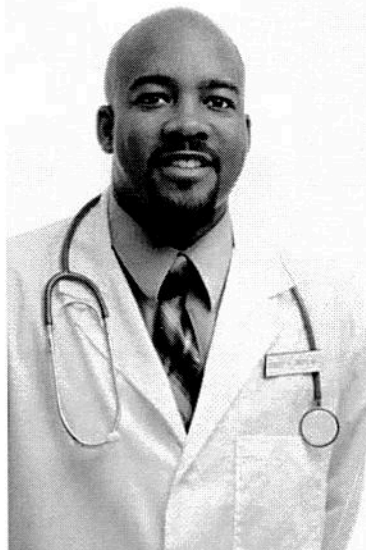
These patients will receive a combination of housing and intensive in home support. Dr. Toba Oluboka is the psychiatrist providing the initial psychiatric support to the program. In addition, the CHR Mental Health and Addictions Program has applied for funding for up to three ACT teams to provide increased community services for those who receive Community Treatment Orders under the new mental health act which was passed in December. The regulations for this act have not been fully developed, but should be promulgated by the summer.

Recruitment

2008 will be a record year for recruitment. Recruitment of our large class of R5 residents is going well; the first to finish, Dr. Monique Jericho, is already busy in the Eating Disorders Program, which has had Dr. Brian Cram as its only psychiatrist for several years.

We have been lucky to recruit a psychiatrist couple from Northern Ontario, Drs. Brenda Yim and John Copen, who will start practice in March. She is a Child and Adolescent Psychiatrist who will be working with Adolescents and he will be working in Health Informatics, Telehealth and Addictions. Another psychiatrist couple has moved to Calgary, but from Edmonton: Dr. Trevor Prior started in acute care at the Foothills Hospital in early January and will move to community psychiatry when his wife, Dr. Jennifer Hibbard, returns to practice in Child and Adolescent Psychiatry in the fall of 2008. They plan to share 1 FTE of work and 1 FTE of parenting. Dr. Mervat Kozman, a Geriatric Psychiatrist from the UK has had her credentials approved by the College of Physicians and Surgeons of Alberta and is now starting the steps required for immigration. She hopes to start in Community Geriatric Psychiatry in the summer or early fall, before it gets too cold. Finally, Dr. Bernard Sowa, an experienced Clinical Professor and highly regarded preceptor will move from Edmonton to take over as Clinical Medical Director of NU 23 at the Foothills in September.

Recruitment of the nine R5s who will complete their training later this year is well under way. Six of them have identified a starting clinical practice plan and four have already received conditional offers of regional privileges. Please think about how addi-



tional psychiatrist time could enhance your service and try to recruit one to work with you. We can accommodate all of them.

Outpatient Services

One new element in our service delivery options is the opening of the Department of Psychiatry Outpatient Services. Many members of the Department provided valuable advice and feedback on the proposal that was developed over the fall. Now two new services have been approved and should start operating in the next weeks. A Women's Mental Health Clinic will be started by Dr. Lisa Gagnon, offering perinatal care to patients attending Obstetrics and Gynecology services at the Foothills Hospital. A Psychosomatic Outpatient Clinic has been developed by Dr. Lauren Zanussi and Dr. Katy Costello. Both clinics should be joined by some of our current residents and future colleagues in the fall of 2008. The next clinic to start up should be the Inpatient Transition Clinic, which will offer follow up to recently discharged inpatients. Such a service has been operating at the Rockyview General Hospital and that service delivery approach has been the inspiration for the Departmental Outpatient Services. The Department of Psychiatry Outpatient Services provides important clinical services and also acts as a vehicle for recruitment and retention while we wait for the opening of the South Health Campus.

At the time of writing, two candidates have been interviewed for the position of Department Head and one has been offered the position. I hope that negotiations will be short and sweet.

Don Addington

Adult Complex Case Committee

The Adult Complex Case Committee was established in September 2006. It was designed to address those individuals already in the mental health system who present as having “complex needs”. Complex needs are described as:

- Those for whom all currently available resources/programs have been utilized with limited success.
- Those who do not seemingly meet the inclusion criteria of any particular service and are thus denied access to mental health services.
- Those who are involved with mental health services, are ready for but cannot be discharged due to lack of appropriate or available community-based resources.
- Those who are involved with multiple systems and caregivers.
- Those with a dual diagnosis, complex health and mental health issues, pervasive developmental disorders and/or severe behavioral needs.
- Those who require the investment of significant human and fiscal resources placing a strain on any one program.

Since its inception, the Complex Case Committee has received a steady stream of referrals for consideration and recommendations. Where system gaps have been identified, these have been communicated to the senior and executive management teams.

Access Mental Health is responsible for fielding and triaging the referrals to this Committee. This will include making other recommendations as appropriate. The Complex Case Committee process will then involve:

- Reviewing client history and current status.
- Identifying issues that are preventing access to care.
- Developing a plan of action to address access issues.
- Making client and system level recommendations to improve access.
- Identifying and communicating learning to senior and executive management.

The Committee will make all efforts to find a reasonable outcome, but there may be occasions where this outcome is beyond the scope of this committee. In these instances, the Committee will document the referrals, issues discussed and outcomes in an effort to track emerging trends. Issues deemed to be beyond the scope of the Committee will be directed back to the referral source and will also be summarized in a quarterly report that will go to Jim Merchant for further discussion with the Mental Health & Addictions Services Executive Management Team as appropriate. The Executive will determine what may require more systematic review.

Core Committee members include:

- Debbie Molloy, Manager, Access Mental Health (co-chair)
- Twila Orto, Manager, Adult Mental Health Services (co-chair)
- Dr. David Gibbs, Psychiatrist, Regional Psychiatric Services
- Susan Rich, Senior Manager, Adult Mental Health Services-North

Each case will require different areas of expertise. The Committee members will be responsible for ensuring the appropriate members are invited on an “ad hoc” basis. This could mean episodic or extended involvement for certain ad-hoc members.

Kim Conlon

Expected outcomes of the Complex Case Committee:

- Support for collaborative regional planning process and increased capacity to anticipate, plan for and meet the needs of adults with complex needs
- Appropriate and effective sharing of information for an integrated approach to planning
- Shared accountability

Welcome & Goodbye

Ian Champion

Ian Champion has resigned from his position as Manager of Psychiatric Emergency Services. Ian acknowledges the tremendous work of the three teams over the past many months despite the many challenges facing the emergency departments. Ian has participated in many committees looking at opportunities for growth within the teams and has worked closely with his emergency colleagues to continue building strong collaboration between Emergency and PES.

We thank Ian for his significant contributions in mental health and wish him well in future endeavors.

Kim Conlon

Congratulations to Kim Conlon on her recent appointment as Interim Manager, Access Mental Health Team, Adult Mental Health Team.

Kim's educational background and experience will provide continuity and support for the Mental Health clients, staff and services during this transition.

Kim Frache

Kim Frache has accepted the permanent position of Director of Geriatric Mental Health, Addictions Program and the Claresholm Centre for Mental Health and Addictions. Kim has served in this role on an interim basis for the past 14 months. She will be continuing to provide leadership to these important

components of the mental health and addictions continuum of care.

Lionel Gendreau

Lionel Gendreau has accepted the position of Clinical Operations Manager for Child & Adolescent Mental Health Urgent Services, effective February 11, 2008.

Lionel is a Registered Psychiatric Nurse, has a Bachelor of Arts degree, and is scheduled to complete his Masters in Health Leadership Studies in June of 2008. Lionel has been working in the area of mental health since 1988 and with Adult Mental Health in the Calgary Health Region since 2001. He has held a number of team leader positions including being a team leader with the Mobile Response Team and most recently the Team Leader for Psych Emerg at the Peter Lougheed Centre.

Darlene Harris

Darlene Harris is leaving her position as Director of Safety, Risk Management & Business Practices to pursue a new professional opportunity with the Alberta Mental Health Board on March 7, 2008. Darlene has served in various roles and capacities in Mental Health & Addictions Services with the Calgary Health Region over the last five years and has made significant contributions to the leadership team.

While we regret that Darlene is leaving the CHR, we wish her well in her new role with the Alberta Mental Health Board. We look forward to continuing to work with her in her new capacity.

Kathryn Hegan

Kathryn Hegan (nee Andruchuk) has accepted the position of Assistant Patient Care Manager on Unit 23 at the Foothills Medical Centre. Kathryn brings to this position a wealth of experience. She worked in child and adolescent mental health as a frontline nurse, a nurse clinician and an APCM. She has also worked in the areas of adult mental health and ICU.

Charlene Hellson

Charlene Hellson has accepted the position of Manager for the Aboriginal Mental Health team. Charlene has worked within the Aboriginal team for four years and brings a wealth of experience working with this population. Charlene is a member of the Siksika Nation, as well as the Aboriginal community in Calgary where she is involved professionally and artistically. Charlene brings her creativity, diplomacy and knowledge of the Aboriginal culture to this service.

Arlene Hunte

Arlene Hunte, RN, BN has accepted the position of Manager of the Forensic Assessment and Outpatient Services (FAOS) and Community Geographic Team (CGT), Southern Alberta Forensic Psychiatry Team. Arlene comes to this position with numerous years of forensic nursing experience along with management experience. Arlene will bring enthusiasm and ongoing respect for patient care to this position.

Colleen Karran

Colleen Karran has accepted the position of Manager for the Community Extension Team and Outreach Redesign. Colleen has worked with many teams over her 20 year career within Child and Adolescent Services. Most recently Colleen has been the Manager with Child and Adolescent Urgent Services, developing and implementing a new service with all relevant stakeholders. Colleen brings her enthusiasm, dedication and initiative to this new role.

Eddie Lee

Eddie Lee has recently been appointed Manager of Day Treatment Service, Adult Mental Health Team. Eddie's leadership in the past several months has been a crucial component in the evolution of both the service and the team.

Doug Wheeler

Doug Wheeler has accepted the position of Patient Care Manager on Units 25 and 27. Doug's most recent role was Assistant Patient Care Manager of Unit 25 where he established himself as a champion of professional practice and quality care.

Doug was employed as the Director of Practice and Policy for the Nurses Association in New Brunswick, and through that position and others, has developed a strong network of professional supports across the country. His understanding of the challenges within health care, places him in an excellent position to move forward with initiatives.

Don Addington & Cathy Pryce



Awards

Congratulations to Natalie Miller and Dr. JianLi Wang on receiving awards at the recent AMHB Mental Health Research Showcase in Banff.

Natalie received the award for best student research submission. Her research into the area of gambling will add to the evidence base in this emerging and important area.

Dr. JianLi Wang received the award for the best overall research submission. His research into the stigma related to mental health issues has relevance for virtually all areas of mental health programming.



People First Awards

Congratulations to the following recipients of the People First Awards:

Caring for the Community category

- George and Marion Barker, volunteers at Bow Valley Mental Health
- The Collaborative Mental Health Team

Heart and Healing Hands category

- The Carnat Centre Team

Leaders in Health and Wellness category

- Laureen Button, Psychiatric Emergency Services, FMC
- Fee Forbes, Manager, Outreach Services

Leaders in Operations Excellence category

- Connie Mahoney, Coordinator, Ethics

Curling Bonspiel 2008

The Annual Department of Psychiatry Curling Bonspiel was held on January 28.

Every year, for the past several years, there has been anticipation and excitement in the air beginning right after Christmas and into January. We know it's not due to the Christmas season as that has already passed. It's too early to get excited about the Easter Bunny coming to your house because that is too far away. So what could it be? It could only be due to...

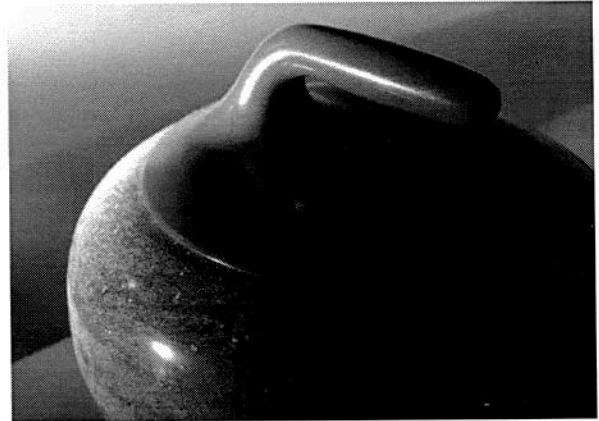
THE ANNUAL CURLING BONSPIEL

As the date approaches, more people walk down the long hallway to my desk with their registration forms and payment and a nervous little grin on their faces. "Is it too late to register for the Curling Bonspiel?" they hesitantly ask. As I assure them that it is not too late, this brief but telling look of relief and joy flashes across their faces. And so it begins.

The day of the event arrives, and everyone (mostly) shows up on time. The curlers are there with their winter gear on, although some tried to be brave and cool by only wearing sweaters or vests. The volunteers (Pauline, Marie and Cathy) are busily getting everyone organized and into their proper teams to ensure that the event gets off to a very successful start. As the curlers head down to the ice for a quick curling lesson, Pauline watches with a careful eye—she's like a mom to the residents.

The games are played and the first part of the evening almost passes by in a blur. Scores are tallied, pictures are taken and the winners and losers are very quickly established. We had several prizes to present that evening. Congratulations go out to the **Pink Rocks!** team for winning the "Best Dressed Team" prize. This team consisted of Bonnie Anderson, Jane Danielson, Sherri Gussman and Thomas Raedler. For those of you who were not able to attend this year, the ladies in this team were dressed in multi-colored pink pajama bottoms and pink t-shirts (over sweaters) with the team name on the back. They also donned Pink Hats. Dr. Raedler, the only male team member, was allowed to wear blue. On the back of his t-shirt was written, "Blue Rocks Too!" As they were the only team who dressed up for the occasion, they deservedly won the prize.

The winners of this illustrious event were the **Scientologists** Team. The team consisted of Aaron Mackie, Cristin Fitzgerald, Christine Chang and Tony Lo. They were a fun, "happening" team AND they won! Congratulations to you all.



The winners of the "Best Team Name" were **The Sweeping Beauties** Team. This team consisted of all residents, Reilly Smith, Jessica Lyons, Eriika Haalboom and Paul Reinhardt. Jessica and Eriika certainly qualified as "beauties" but Reilly and Paul? Well maybe, if Reilly did something with his hair...and Paul, well we won't talk about Paul, will we? Actually, it was an awesome name for an awesome team. Congratulations!

And, finally, we can't close this article without mentioning our illustrious Administration team consisting of David Miyauchi, Mark Anderson, Don Addington and Carl Adrian. While they are fearless in leading in the area of Psychiatry and illustrious in their careers, they are not very good curlers (or at least weren't their best that night). I must say, however, that all the rest of the curlers were very appreciative of their great sacrifice and very happily applauded them as the Losing Team in the tournament. Better luck next year, gentlemen!

A great time was had by all, and for those of you who missed this year, make sure you sign up early for next year's tournament. Maybe you, too, will be on a winning team.

Cathy Toupin



Last place Administration team: Don Addington, David Miyauchi, Carl Adrian, Mark Anderson



Winners of "Best Team Name" - The Sweeping Beauties
Erijka Haalboom, Jessica Lyons, Paul Reinhart, Reilly Smith



Winners of "Best Dressed Team" - Pink Rocks!



Pink Rocks! receiving their award
Mark Anderson, Sherri Gussman, Jane Danielson, Bonnie Anderson, Thomas Raedler



1st Place Team "The Scientologists"
Christine Chang, Aaron Mackie, Cristin Fitzgerald, Tony Lo

To:

Mind Matters

The Newsletter for the Regional Clinical Department of Psychiatry

is distributed quarterly to
all psychiatry medical staff and faculty,
psychiatry residents,
Program Directors and Program Medical Directors,
CHR Executive Medical Directors and VP's,
CHR CEO, CMO and CCO, Chair MAB,
and psychiatry support staff.

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