

Mind Matters

The Newsletter for the Regional Clinical Department of Psychiatry

Volume VIII, Issue III

Winter 2008

From the Department Head

It is my pleasure to write my first comments for the Mind Matters newsletter. I have to begin by extending sincere thanks to many people who have been welcoming, kind and generous in sharing their knowledge of the Department and Region. I heard many positive things about the Department before I arrived and every day those positive first impressions are reinforced as I experience the dedication, expertise and collegiality of Department members first hand. It has also been a pleasure to participate in several provincial initiatives - including the Integration Team for Mental health and Addictions and the Mental Health Research Showcase - that have allowed me to begin to appreciate the breadth and depth of commitment to mental health across the province.



It feels like a time of change. We are all witnessing substantial changes in our health care system, with the dissolution of the regions and the creation of Alberta Health Services. For many experienced Calgarians, this represents yet another phase in a process of changes to healthcare in Alberta that span over a decade. The provincial changes in healthcare are also occurring in the context of rapid economic changes that are being felt worldwide and that are leaving many people in our community feeling stressed and uncertain about the future. It is a credit to everyone who works in healthcare here that the important work of providing the best possible care to our patients continues in spite of the changes happening around us. Our priorities - caring for people,

educating the next generation and contributing to the creation and dissemination of new knowledge - won't change, regardless of the structures evolving (or perhaps devolving) around us.

We are pleased and reassured by the provincial appointment of Cathy Pryce as Senior VP for Mental Health and Addictions and also by the appointment of Carol Gray as Senior VP for Public Health. We will miss their leadership and collegiality locally - it didn't take long for me to appreciate that they have provided strong and consistent leadership to the mental health and addictions programs in the Calgary Health Region. We wish them both all the best and look forward to working with them in their new and expanded roles. There are some significant changes for other

important members of the Department, including Drs. John Toews, Peter Roxburgh, Alan Fishkin and Tom MacKay, who are all retiring from the Department. Again, while we celebrate and appreciate their many contributions to the Department and wish them all the best as they transition to a new phase of their pro-

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professional lives, we acknowledge that we will miss their accumulated experience and skills.

Some of the recent changes in the Department engender no mixed feelings - such as the recent formal announcement of Dr. Jean Addington as the AMHB Centennial Chair in Child and Adolescent Mental Health. I know that she has been welcomed home with great excitement. Jean brings with her a lead role in a large multi-site study funded by the National Institutes of Health. This study builds on her internationally recognized work in early intervention and the study will further confirm Calgary as a centre of expertise in early intervention research.

Mental Health Centre for Research & Education

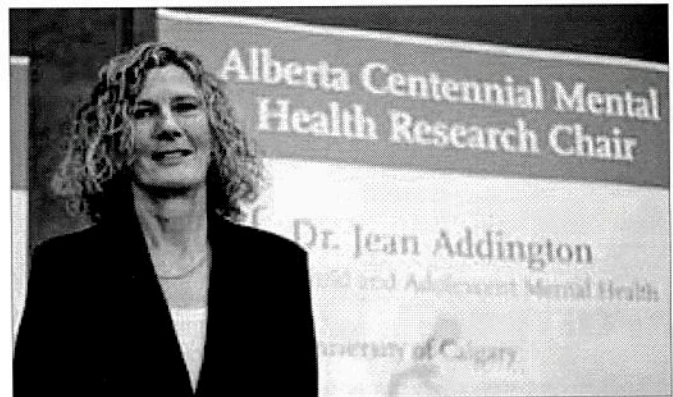
The Mental Health Centre (MHC) for Research and Education was also announced recently. Dr. Harvey Weingarten and Dr. Tom Feasby affirmed the commitment of the university and faculty to mental health research. The MHC will function as a part of the Hotchkiss Brain Institute (HBI), and Dr. Sam Weiss, Director of the HBI, has been a driving force behind the MHC. The MHC will be located over two floors of the Training, Research and Wellness (TRW) building. The commitment to developing research in mental health at the University of Calgary is remarkable, and I feel very privileged to be part of a team working to expand the vibrant community of mental health researchers that is located here. The space dedicated for the MHC is a great start towards increasing the capacity and impact of mental health research here at the U of C.

Dr. Don Addington and others in the Department spent a great deal of time developing an Academic Alternative Relationship Plan. When the AARP is finally approved, it should further enhance our ability to support the academic work of the Department. And the generosity of donors - such as Joanne Cuthbertson and Charlie Fischer, who have endowed a Chair in Pediatric Mental Health - means that we will have an even greater capacity to recruit excellent faculty to the Department.

The sustained dedication of many people here means that our Department is well positioned not only to adjust to change, but to use the opportunities that change can afford to become even stronger. Wishing you Happy Holidays,

Glenda MacQueen

Mental Health Chair



Congratulations to Dr. Jean Addington for her appointment as the first Alberta Centennial Mental Health Research Chair. Dr. Addington is the recipient of the Research Chair in Child and Adolescent Mental Health, a field in which she has extensive experience.

Over the past twenty years, Dr. Addington has worked as a researcher, clinician and educator in the area of psychosis and schizophrenia. She helped found the Prevention through Risk Identification, Management and Prevention (PRIME) clinic, a service that works towards the early detection and treatment of psychosis in individuals aged 12 to 30.

Dr. Addington will now focus her research efforts on determining the differences between those who are at risk for psychosis versus those who actually develop psychosis. She plans to do this using techniques such as brain imaging, cognitive assessment and measurement of stress hormones.

The Alberta Centennial Mental Health Research Chair program plans to appoint eight other research chairs. Dr. Addington's selection is the first to be announced.

Glenda MacQueen

Transitions: Cathy Pryce moving to new role

It's very hard to believe that it was over three years ago that I assumed the position of Executive Director of Mental Health and Addictions. In some ways time has flown by, and in other ways it feels like I have always been a part of the Mental Health and Addictions world. Though my clinical background is mostly in Public Health, I have often remarked that working in mental health has felt like "coming home". I think there are a number of reasons for this.

Like public health, mental health and addictions service providers often work to address the unmet needs of marginalized populations - people whose voice is often overlooked in a community that for the most part is prosperous and self-assured. In addition to trying to find "health services" for individuals and families, we are also concerned with the social determinants of health such as housing, employment and education. I have witnessed that broad perspective in mental health community clinics and rural sites, and while talking with social workers on acute care units and touring with the ACT team - a commitment to try to assist people with both their presenting illnesses and with the root causes of their problems. Similarly, both mental health and public health pro-

The most significant reason why I have felt that working in mental health and addictions is like "coming home" is because I have been the grateful recipient of your generosity, expertise and pa-

tience. On my initial, very steep learning curve, you endured my endless questions and requests for more explanation on various topics. You have continued to engage willingly and energetically in any discussion that had the potential to improve care for the population we serve. At the end of the day, I think that is what has truly made the past three years some of the most challenging and wonderful of my career so far. That's why I have re-committed to continue working in this area, albeit in a different role with Alberta Health Services. It really just means that I get to continue to work with all of you - and with even more people just like you! It's a win/win!



Cathy Pryce moving to new role

Cathy Pryce

I have often remarked that working in mental health has felt like "coming home".

viders deliver service in any number of locations, not limited to hospitals and clinics. They feel equally comfortable providing care in someone's house, at an elementary school or a coffee shop. I have been so impressed with the dedication and passion that is so evident whenever I have observed the staff, physicians and managers of our service "in action".

Child and Adolescent Psychiatry

Season's greetings from the Child and Adolescent Psychiatry Program



Before people take a well-earned rest for the holidays, let me emphasize what a busy service Child and Adolescent Psychiatry has become. I also want to compliment the dedicated and hardworking staff members who have supported teaching, research, assessment and treatment along a comprehensive continuum of mental health services. In 2007/08, the Child and Adolescent Mental Health Program received some 4,720 referrals through access mental health. Of these, 60 percent were admitted into a Child and Adolescent Mental Health Program service; the rest were redirected to appropriate community resources. Calgary Area Child and Family Services are involved with at least 8 percent of those registered in our program, making this a very important partnership. A big thank you to all involved.

Please allow me to draw your attention to just a few of the activities in our Program. One of the important highlights of this year includes the announcement in November that Dr. Jean Addington was awarded the first Alberta Centennial Chair in Child and Adolescent Mental Health for her work in early psychosis. The University is also in the process of interviewing for a successful candidate to fill the Pediatric Mental Health Chair, also known as the Fischer/Cuthbertson Chair. This Chair was sup-

ported and made possible through a generous donation from Nexen Inc. and the valuable work of the Children's Foundation.

Calgary's population continues to grow and needs a flexible and timely clinical response, so some of the important clinical highlights include the addition of more Urgent Beds to the MHPCU at the new Children's Hospital and to the Young Adult Program at the Foothills Hospital. Many thanks to all the staff involved in this growth, and especially to Drs. Rahman, Naseer, Lorefice and Waheed at the Alberta Children's Hospital and to Drs. Chang, Hosain, Cohen and Yim at the Foothills Hospital - your support and involvement have made this possible. As a result of our growth, the Adolescent Day Program has been very busy and, under the leadership of Dr. Lakusta, has been working towards more of a partial-hospitalization model. Also, a warm welcome to Dr. Misty Stach, who has been providing psychiatric consultations for the parents of children referred to the CAMHP outpatient program.

The renovations at Richmond Road for Specialty Services were fortunately completed before the new Alberta Health Services was formed and all upgrades frozen. Consequently, the Treatment Resistant ADHD Clinic, Diagnostic Clinic, Mood and Anxiety Clinic, and Conduct Disorder Clinic now have wonderful new offices. Other highlights for these clinics include research activities and awards. For example, the MAD Clinic was nominated for the Calgary Mayor's Award for the work resiliency-building program "Friends for Life". The ADHD Clinic has a research project looking at the impact of treatment on written language disorders, and staff at the Diagnostic Clinic presented some of their work at the International Congress of Psychology in Berlin this year. Dr. John McLennan continues his valuable work in developmental pediatrics with ADHD treatment algorithms. He also travels extensively to South America and lectures on child psychiatry in Spanish.

I would also like to acknowledge the many years of contribution of Dr. Abdul Rahman as the Clinical Medical Director of the Oppositional Defiant/Conduct Disorder clinic. Dr. Rahman is stepping down from this position and will be succeeded by Dr. Sylvia Lorefice. Dr. Rahman will be withdrawing his inpatient involvement so he can focus on his work as the Clinical Medical Director of Mental Health for the Neuropsychiatry service, working alongside the Pediatric team. This team includes

Dr. Fisher in the Child Development Centre.

There have been three meetings of the Provincial Eating Disorder Network in Calgary over the last 12 months, and thanks to Dr. Cram's leadership, we now have six inpatient beds on unit 32 at the Foot-hills Hospital. We are very pleased to have Dr. Monique Jericho working with the Eating Disorder program as well as devoting some of her time to the Sleep Clinic and the new Clinical Liaison Service. This service, which is currently led by Dr. Pirlot (when he's not collaborating with our important partners at CFSA on Complex Kids), may soon be known by an alternative name - "The Psychosomatic Specialty Service".

The Program has been very busy in the area of research and conference presentations, and I would like to extend my thanks to Janet Chafe for her pivotal and generous support allowing staff to attend these meetings. A special thanks to Dr. Cawthorpe for his leadership and his sterling work as our Research Evaluator. He has been a catalyst for so many people who have presented locally, nationally and internationally.

Finally, it is a pleasure to announce that with the generous support of the Norlien Foundation, Calgary sent a delegation to Istanbul, Turkey this April to attend the International Meeting of Child and Adolescent Psychiatrists and Allied Professionals. We were also successful in winning the bid to be the host city for this important meeting in 2016. On this note, let me wish everyone in the Program Happy Holidays.

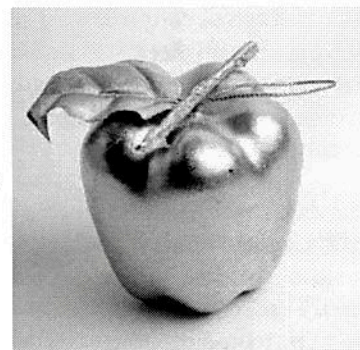
Chris Wilkes



Awards

Congratulations to **Dr. Janet de Groot** on receiving the Faculty of Medicine's McLeod Distinguished Achievement Award. The award recognizes the extraordinary contributions made by Janet to the Faculty of Medicine in the area of teaching over the past year.

Also, please join me in congratulating **Dr. Thomas Raedler** in his nomination for the Cochrane Distinguished Achievement Award. This nomination recognizes Thomas's research achievements in 2007-2008. Although the award was, in the end, given to another nominee, we are extremely proud of Thomas' achievements.



Congratulations to the following individuals who were presented Department of Psychiatry awards at the 2008 Fall Social:

Dr. Jordan Cohen - Research Award for Part-Time Faculty 2008 and Postgraduate Clinical Education Award 2008

Dr. Shahid Hosain - Postgraduate Clinical Education Award 2008

Dr. Roy Turner - Undergraduate Medical Education Award 2008

Dr. Pamella Manning - Continuing Medical Education Award 2008

Dr. Thomas Raedler - Research Award for Full-Time Faculty 2008

Dr. Rup Pandya - Silver Couch Award for Best Teacher

Dr. Diana Czechowsky - Resident Psych Emerg Award

Dr. Cristin Fitzgerald - Resident Teaching Award

Glenda MacQueen

Outcome Measurement in Mental Health

The Information and Evaluation Unit (I & E) has assisted several programs in Mental Health and Addictions Services to implement client-level outcome measurement protocols to measure the effectiveness of their services at a program level. Outcome measurement serves several purposes:

- Support for clinical decision-making and inquiry
- Program development and ongoing quality improvement
- Accountability

Accountability tends to come to mind first when the outcome measurement topic is broached, and the importance of demonstrating program effectiveness is widely recognized. Thus, it is the other two purposes of outcome measurement that this article will briefly discuss.

Theories need ongoing thoughtful examination and, in the case of theories of change, the real-world testing that comes from measuring the outcomes they achieve.

When a program enters I & E's Outcome Monitoring project, we begin by assisting them to develop a logic model, which is a visual representation of the connections between the program's resources, activities, and expected impacts or outcomes. The logic model is a tool for articulating a theory of change, assisting program staff to answer the question 'how does what we do effect the change we want to create?' Framing this as 'theory' stimulates evaluative thinking. Theories need ongoing thoughtful examination and, in the case of theories of change, the real-world testing that comes from measuring the outcomes they achieve. For example, if a program implements dialectical behavioural therapy with a goal of reducing behaviours that hinder clients' engagement in therapy, then the number and/or severity of therapy-interfering behaviours will be some of the outcomes they'll want to measure. Knowledge of these outcomes, in combination with awareness of the environmental constraints that are also affecting outcomes, can lead to new understanding, new ideas and revisions or refinements to the theory of change.

From this starting point, outcome measurement can be seen as a program development and ongoing quality improvement tool. The outcome measurement needs to be implemented carefully, with considerable thought given to selection of what to measure, what tool(s) to use, and how to ensure valid and reliable data collection. The choice of measures depends on the intended outcomes of the program, although there is also value in using the same measure, if applicable, across multiple programs to assess outcomes at a system level. Data needs to be interpreted and reported in clinically meaningful and timely ways.

Aggregate evaluation results are useful for program development; however, outcome measurement can also inform the work of the individual clinician in the following ways:

1. Measuring outcomes can provide a quantitative source of information to monitor clients' progress and inform clinical decision-making. Some clinicians ask their clients to complete a brief questionnaire about symptoms, functioning, or response to therapy, at each session. They find this practice supplements their understanding of the client, encourages the client's self-reflection, and provides the client with another avenue of communication with the clinician - all of which inform the clinician's understanding of the client's progress and facilitate treatment planning. Research supports the value of this kind of regular measurement and ongoing feedback. Clinical outcomes have been shown to improve, particularly for clients who are initially not doing well in therapy (Lambert, Harmon, Slade, Whipple & Hawkins, 2005). There are also software and web-based tools available to facilitate recording and using this kind of information (e.g. www.oqmeasures.com, www.practiceground.citymax.com). Client level progress tracking may eventually be integrated into the electronic health record for mental health. Just as some programs monitor blood pressure, cholesterol, and other physiological indices over time, mental health clinicians may monitor distress levels and global psychosocial functioning on a regular basis while engaged in treatment.



2. Measuring outcomes can help clinicians engage in inquiry around their practice and contribute to the evidence base in their profession. Routinely and systematically monitoring outcomes over a period of years will result in accumulation of a large amount of data. Clinically-important questions can guide the study of this data. Patterns and correlations found in it may suggest:

- ways of optimizing interventions to fit client needs
- deeper understanding of mechanisms of change
- new hypotheses to pass on to academic researchers for further study in more controlled settings.

In these ways clinicians can contribute to the *practice-based* evidence that the mental health field needs. In a recent article about the researcher-practitioner gap and the need to bridge it, Kazdin states emphatically that “clinical work can contribute directly to the scientific knowledge base” - the practice setting should not just be seen as the place where knowledge derived

from academic research is applied (2008, p. 155). There is “a continuum of scientific rigor” (ibid), and much can be learned from systematic evaluation in practice settings despite lack of controlled conditions.

The Outcome Monitoring project is one example of the work the Information and Evaluation Unit performs in support of Mental Health and Addictions Services. If you are interested in building outcome monitoring into your practice please contact Aleta Ambrose, Outcome Monitoring Co-Lead, at 297-2326 or at aleta.ambrose@albertahealthservices.ca.

References:

Kazdin, A. E. (2008). Evidence-based treatment and practice - New opportunities to bridge clinical research and practice, enhance the knowledge base, and improve patient care. *American Psychologist*, 63(3), 146-159.

Lambert, M. J., Harmon, C., Slade, K., Whipple, J. L., & Hawkins, E. J. (2005). Providing feedback to psychotherapists on their patients' progress: Clinical results and practice suggestions. *Journal of Clinical Psychology*, 61, 165-174.

Donna L. Rutherford

Hotchkiss Brain Institute Clinical Research Unit Funding Competition 2009

The purpose of this initiative is to support HBI programs in their undertaking of small-scale, feasibility and pilot clinical studies aimed at gathering initial data to support a full grant application, particularly, when funds for these pilot studies are unavailable elsewhere.

Eligibility: Full and associate HBI members are eligible to apply.

Funding: Pilot studies will be funded for one year to a maximum of \$15,000.

Deadline: February 1, 2009

For more information or to access the funding application form, go to www.hbi.ucalgary.ca/research/index.php

It's not the same old Geriatrics

Although our enthusiasm for older adults remains strong, changes to staffing, programming and residency rotation requirements over the past year means it's *not* the same old geriatric program.

New Recruits

Drs. Tony Lo and Katy Costello joined our program in the last year. Dr. Lo and Dr. Costello both work as consultants for the community and LTC geriatric mental health outreach teams.

Dr. Mervat Kozman, a geriatric psychiatrist from the UK, will join our program in 2009 and enable us to provide rural shared care and a telehealth service to rural areas.

Increased community psychiatric support has enabled us to restructure our service to provide more efficient service to the city quadrants.



New Programming

The Geriatric Mental Health Day Treatment Service opened its doors on April 1st (no fooling) and is currently based at the Sheldon Chumir Centre. Drs. John de Vries (Clinical Medical Director) and Jenny Mew are the consultants for the program that currently operates three days a week with the assistance of a social worker, Darleen Brandt, a nurse, Marilyn Arcand, and a recreational therapist, Alecia McFeetors. If you have yet to receive information on the new service, please let me know, and we'll arrange an inservice to explain the program and referral process.

Our bimonthly geriatric division journal club continues, and in the last two years we have also participated with the online journal club.

New Accomplishments

Dr. John de Vries received a Group Therapist Appreciation Award, presented by the Calgary Section of the Canadian Group Psychotherapy Association on April 18th at the Dr. Kent Mahoney spring conference. Specifically, Dr. de Vries received an award in the Group Treatment Pioneers Category. The Glenmore Rehab and Recovery unit was recognized for its uniqueness and multi-disciplinary approach to resident group therapy.

Dr. Safeer Khan passed the American board exams for geriatric psychiatry in the past year.

Congratulations also to the Geriatric Mental Health Outreach Team (including Irene Foran and Angie Palmer, who act as the outreach nurses, and Dr. Kent Anderson, director) on the results of their recent client satisfaction survey. A total of 10 clients were surveyed last fall and they rated their total satisfaction with the service at 4.46 out of 5, staff skill at 4.5 out of 5 and their perceived outcomes at 4.42 out of 5. Clients expressed appreciation about staff members' empathetic approach, convenience of home visits and helpful suggestions.

We are also pleased to welcome social worker Peter

Massier to the GMHOT team. The caregiver support he offers the team has been an invaluable contribution thus far.

Finally, I was invited to contribute a chapter to a book entitled "Restraint of Older People: Issues for Practice in Health and Social Care." The book will be published in 2009 by Jessica Kingsley Publishers.

New Innovations

Unit 48 had its first dinner meeting for family and caregivers on November 26th. Twenty-seven people attended the evening (seven more than expected), which focused on caregiver education and support. Families expressed an interest in learning more about diverse topics ranging from physical fitness and behavioural management strategies to the pros and cons of ECT. Given the success of the initial meeting, plans are in the works to make this a monthly event.

New Status

The Canadian Academy of Geriatric Psychiatry was successful in its application to the Royal College for sub-speciality status.

New Residency Requirements

Residents entering the training program on or after July 1st are now required to spend six months (as opposed to the previous three-month requirement) during their PGY II or III year learning about the psychiatric care of the elderly and their families in a variety of clinical settings. This rotation can be offered as one continuous block or two three-month blocks. This change reflects the growing need for geriatric specialists as the baby boomers age.

Suparna Madan

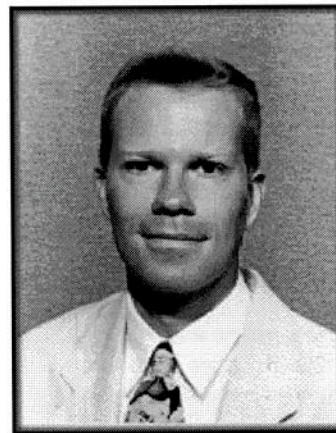


Last October, the Geriatric Program met at the Living Room Restaurant and thanked Dr. Stuart Sanders for his years of service as Program Medical Director and Division Chief. He was presented with a gift certificate that he used to purchase this nice, albeit very old, 1826 George IV Shilling.

22nd Annual Littmann Research Day

The Department of Psychiatry will hold the 22nd annual Sebastian K. Littmann Research Day on Friday, March 6, 2009. Please mark this important event on your calendars. The venue for this year's Research Day, as usual, will be the Village Park Inn.

The research day is a great opportunity to present research results, research plans or just research ideas. Abstract submission forms are available at the link below. The theme will be medical education research, with the guest speaker being **Dr. Brian Hodges** of the University of Toronto. Dr. Hodges is a Psychiatrist and an accomplished researcher in the area of medical education research.



Dr. Brian Hodges

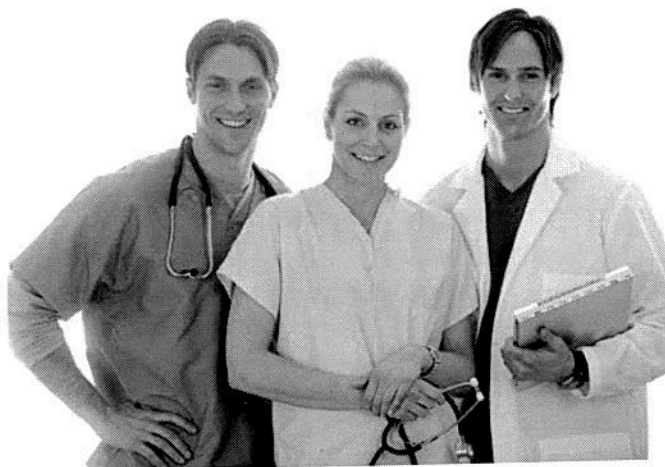
If you are planning to attend or present, please contact Yvette Kosidowski at (403) 943-4710 or yvette.kosidowski@albertahealthservices.ca.

For more information: www.ucalgary.ca/~patten/Seb_Littmann_Main.html.

Scott Patten

Primary Care Psychiatry in Calgary & Area

The Primary Care Program of the Department of Psychiatry is involved with the general mental health clinics both within Calgary and in surrounding areas. It also provides support to family physicians through Shared Mental Health and work with the Primary Care Networks. We all wonder what changes the reorganization of healthcare administration might bring, but we can be sure that mental health in general, and specifically any support we can offer to family physicians, will continue to be encouraged.



Current changes in the Primary Care Program include Dr. Paul Cameron's sabbatical time in New Zealand. Dr. Cameron's absence has left a significant void in the support of the south rural clinics. I had hoped that some technological advances might have made support easier, but this is not a good time to introduce new technology, as it is difficult to move on a project with so much other reorganization going on. A longer-term goal is to implement new technology to support rural clinics with less in-person support (and less driving). Meanwhile, we will do the best we can with the doctors who have graciously offered their help.

Dr. Alan Fishkin will leave the Outpatient Mental Health Program at the Sheldon Chumir (previously the Colonel Belcher) in order to retire to Vancouver Island. He has been an integral part of the Program for twenty-five years, so it goes without saying that a change is in the air. We all wish the best for Alan in his retirement and are thankful for all his work in Calgary over many years.

Speaking of the Sheldon Chumir Health Centre, the moves have now all taken place, gathering together the various mental health clinics that have been dispersed around the centre of the city in the past. It will be interesting to see what benefits will grow with the confluence of various programs from the Mental Health Outpatient Program to Community Geriatric Mental Health.

Meanwhile, closer to the primary care end of things, there continues to be evolution in our approach to supporting family physicians. Shared Mental Health Care continues to provide support to family doctors in their own offices, supported by both clinicians (RN/psychologist/SW) and psychiatrists. This is a very successful program supported by its own Alternative Relationship Plan, which we expect will be renewed in the next couple of months. In addition, a program that integrates support more into the daily work of family doctors, using clinicians called Behavioural Health Consultants, has grown over the last year within a number of Primary Care Networks (PCNs). We hope that over the next one to two years this will be augmented by a formal Pathway of Care for depression, including the option of a psychiatric consultation for individuals who do not respond to a reasonable trial of treatment along this Pathway. In other areas of medicine, and in other geographic regions, this approach has been shown to improve the care of people with many disorders.

As we move forward in work with our family physician colleagues, and all of Primary Care, I hope that we can develop effective care pathways not only for major depression, but also anxiety disorders and addictions. Hopefully this will help us treat those with straightforward disorders effectively at the primary care level, and help move the more complex and challenging problems into secondary and tertiary care within mental health.

With all of this, I wish a Merry Christmas to all, and may the New Year bring us an effective organization to help us do this work we have chosen.

Michael Trew

Fall Social October 16, 2008 - Highlights



Dr. Glenda MacQueen presents the CME Award to Dr. Pamella Manning



Dr. Jordan Cohen receives the Research Award for Part-Time Faculty



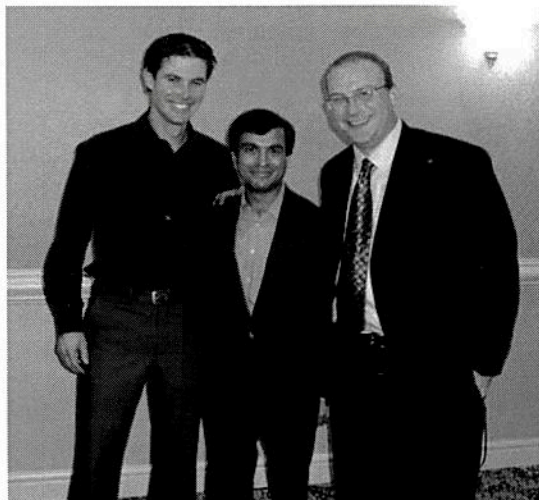
Dr. Bev Adams presents the Postgraduate Education Award to Drs. Shahid Hosain and Jordan Cohen



Dr. Roy Turner receives the UME Award from Dr. Thomas Raedler



Dr. Thomas Raedler receives the Research Award for Full-Time Faculty from Dr. Glenda MacQueen



Drs. Greg Montgomery & Jason Taggart present the Silver Couch Award to Dr. Rup Pandya

Welcome & Goodbye

We are delighted to announce the addition of **Kerry Greenaway** to our team. Kerry joined us in September in the role of Operations Manager, Psychiatric Emergency Services. Kerry has been a successful healthcare manager for over 10 years and has experience in primary and tertiary care in inpatient and ambulatory settings. In her previous position, Kerry was a regional manager for the Diabetes Program in Capital Health, Edmonton.

In June, **Tanya Morton** joined us in the position of Project Assistant, Safety, Risk Management & Business Practices. Tanya previously worked in Home Care and Chronic Disease Management. She has a certificate in office administration and a diploma in graphic design. She brings with her extensive skills in creative design.

It is our pleasure to introduce **Bryce Kennett** as the new Clinical Operations Manager for Rehab

Units East and West at Clare-sholm Centre for Mental Health and Addictions. Bryce brings to this posi-

tion several years experience working in mental health, both in Canada and the United Kingdom. He is currently the Nursing Services Supervisor of the acute psychiatry unit in St. Paul, Alberta. Bryce will begin his new position on December 29th.

In September, **Peter Czepuryk** resigned as Clinical Operations Manager at the Claresholm Care Centre. He worked for the Region for several years. Please join us in thanking Peter for his service and wishing him well as he pursues a new career path.



Cathy Pryce & Glenda MacQueen

To:



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 CMO, COO, Chair MAB,
Senior VP's and VP's,
and psychiatry support staff.

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