

MindMatters

The Newsletter for the Clinical Department of Psychiatry, AHS, Calgary

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From the Department Head

The last few months have been over-shadowed by the H1N1 pandemic, even within the Dept of Psychiatry. The AHS leadership has made clear that the pandemic is the top priority for management and front line staff alike. While we don't have much evidence that patient care in mental health has been significantly impacted, we have certainly noticed that administration of our programs has been influenced. Our ability to work with the zone leadership has been affected by the fact that they are extremely busy with Zone Emergency Operations Committee work. Local and provincial administrative leaders have been seconded for various periods of time to pandemic efforts. Our Information, Management, Evaluation and Research Unit staff have been providing essential back up to HealthLink. Staff have been seconded to the vaccination clinics. Meetings have been cancelled. Time has been devoted to making detailed contingency plans for managing patient flow should H1N1 cases place even greater demands on the system. The same debates about the public health significance of H1N1 that have been played out in the public have provided fodder for debate in our local meetings as well. Many people have recognized the 'perfect storm' of fighting the pandemic on the background of a system that is still working out growing pains, with administrators who have new roles and in the face of enormous budgetary challenges. Some of our faculty and staff have had first hand experience with the virus, usually reporting, upon recovery, that it is a flu to be avoided if possible!

In the face of the pandemic, we have also been trying to wrap our heads around the magnitude of the budget cuts that Addictions and Mental Health in the Calgary Health Zone will face. We are all familiar with the various numbers that have circulated: Three percent. \$1.3 billion across the province. \$19.5 million in A&MH in the Calgary Health Zone. Sometimes people reference the cuts proposed for 09/10 – this appears to be closer to the 3%. Sometimes the numbers are longer term targets, expected to realized over several years, as Dr Duckett has very recently said publicly. The exact amount that will eventually

be realized from A&MH in Calgary is unknown. We have received several messages from the senior provincial leadership. The first (as above): many substantive discussions are on hold until the pandemic work is no longer requiring the majority of the administration's attention. The second: Addiction and mental health is important across the province.

The third: some magnitude of budget cuts is real and while we do not want to be overly catastrophic, neither do we want to pretend that this is a minor issue. The 4th: while proposals have been submitted, plans for cuts, and the numbers associated with those plans, have not been approved or in some cases, even the topic of high level discussion to date. We are working to keep communication channels open within the zone and across

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Happy Holidays

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Introducing Health of the Nation Outcome Scales (HoNOS) in Addiction and Mental Health Services in the Calgary Zone

Performance measurement, particularly outcomes-based measurement, is integral to the Alberta Health Services (AHS) 2009 – 2012 strategic plan. Improved and consistent measurement of service effectiveness has been recommended many times in recent years (Provincial Mental Health Plan 2004, Calgary Health Region Mental Health Services Three Year Plan 2005 – 2008). The report *System Level Performance Measurement for Mental Health in Alberta 2007 – 08* presented a diverse array of outcome measurement activity in Alberta and recommended more standardization of measurement. The Auditor General's 2008 review of the Alberta mental health service delivery system further concluded that while outcome measurement is valuable, the variability in measures being used limits the usefulness of the data for accountability purposes and for pooling results across services and zones.

Against this background, the local and provincial Addiction and Mental Health executive leadership team support the use of a standard outcome measure across all inpatient, outpatient and community-based A & MH services in AHS – Calgary Zone and eventually, province-wide. The outcome measure selected is the Health of the Nation Outcome Scales (HoNOS) which was developed by the Royal College of Psychiatrists Research Unit to quantify progress toward a United Kingdom Health of the Nation goal of significantly improving "the health and social functioning of mentally ill people" (<http://www.rcpsych.ac.uk/crtu/healthofthenation.aspx>). HoNOS was implemented in Edmonton in April 2009, and it has also been adopted in other jurisdictions including Australia and Nova Scotia.

The HoNOS is a 12 – 15 item (or scale) clinician-rated instrument addressing:

- Overactive, aggressive, disruptive or agitated behaviour
- Non-accidental self-injury
- Problem drinking or drug-taking
- Cognitive problems
- Physical illness or disability problems
- Problems associated with hallucinations and

delusions

- Problems with depressed mood
- Other mental and behavioural problems
- Problems with relationships
- Problems with activities of daily living
- Problems with living conditions
- Problems with occupation and activities

Note: the scales vary slightly based on the client population: adult, child and adolescent, and those over 65 years.

Each scale is rated at admission and discharge following the completion of routine clinical assessments. In addition to measuring outcomes, the HoNOS has been used effectively as a framework for treatment planning. It also provides a common language for discussion of client care and treatment needs across programs. Karen Burton, Clinical Nurse Specialist on the six-bed medical-psychiatric unit at the Peter Lougheed Centre, has been using the HoNOS since July 2009 and has observed, "it has helped [us] to focus our conversations, thoughts and care, and to remain results-oriented." Referencing of HoNOS scores has also begun to inform planning in discharge rounds.

Directors, managers and frontline staff from across A & MH services have come together in a steering committee to guide the implementation of the HoNOS. A project team comprised of staff from the Information Management, Evaluation and Research Unit is leading the tasks of organizing training, developing data management tools and procedures, and ensuring clear communication. System-wide implementation is expected in the 2010 – 2011 fiscal year.

To maximize adoption of the HoNOS and to realize its potential to provide a common language, all clinical staff, including psychiatrists, will be offered HoNOS training in early 2010. Information will also be posted on the A & MH internal web site.

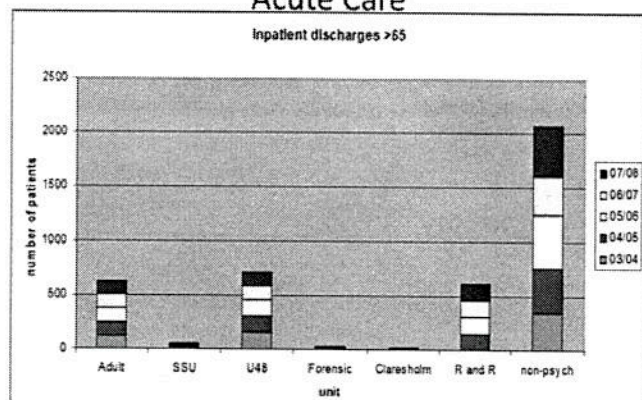
Do you have experience working with the HoNOS? Please tell us about it! Email CAL.HONOS@albertahealthservices.ca, or phone Aleta Ambrose, Evaluation Analyst, at 403-943-2268.

Planning for an Aging Future

Since 1974 there has been a 162% increase in the number of seniors in Alberta and by 2031, 1/5 Albertans will be over the age of 65. In 2009, the Division of Geriatrics has been involved in planning for this aging future.

As the figure below illustrates, the majority of elderly with primary mental health diagnoses are currently being treated on medical and surgical wards and adult psychiatry units (including forensics, Claresholm and the short-stay unit), have

Calgary Distribution of MH patients in Acute Care



similar geriatric discharge rates to Unit 48 at RGH.

Updated Guidelines

The 1988 document "Guidelines for Comprehensive Services to Elderly Persons with Psychiatric Disorders" has been an important reference guide for service providers and planners and an up-to-date version of this document is expected in 2010. On October 30th, 2009 a representative from the Seniors Advisory Committee was in Calgary to learn about our current geriatric mental health services and future directions. The information provided will assist in the establishment of service benchmarks across Canada.

Delegate Visit

From June 14-20, 2009, Alberta Health Services hosted an International Collaborative Study Tour on health system integration with Dr. Guus Schrijvers, Professor in Public Health at UMC Utrecht University, The Netherlands, and approximately

40 delegates from Europe. The primary focus was on seniors and integration topics included the organization of the health system in Canada and Alberta, emergency services, primary care networks, remote service provision, Health Link Alberta and Dr. Madan presented information on seniors mental health services in Alberta.

Six-Month Mandatory Resident Rotation

In January 2010, residents will be starting the new 6 month mandatory rotation in geriatric psychiatry. Residents will be in their second year of residency training and rotate through 2 month rotations in community, C-L and inpatients.

Addictions in Geriatrics

In the past year, the Substance Abuse in Later Life (also known as SAILL) outpatient program was transferred from Seniors Health to Geriatric Mental Health. The division is interested expanding the services provided to elderly with addictions and is looking to recruit a geriatric psychiatrist with an interest in geriatric addictions.

Suparna Madan

The Purple Gloves

The Purple Gloves started in psychosocial resources at TBCC with Dr Janet de Groot receiving them as a "light-hearted" Christmas gift. She decided that the best way to share them was as "traveling gloves" similar to the "Sisterhood of the Traveling Pants".

So we take them on our travels - they have been to Australia (twice), Holland, India, China and several places in Canada and we take pictures with them (which usually attracts a lot of local attention).



Dr. de Groot shows off her purple gloves in China.

Steve Simpson

Child and Adolescent Services

Since writing in Mind Matters last year there has been a massive reorganization of health care in Alberta, a global recession with the pandemic of H1N1 and the promise of health care cuts which will effect Child and Adolescent Services here in the Calgary Zone. As you know all of us in Calgary's Child and Mental Health Program (CAMPH) has worked hard to increase our annual service utilization rate from 7 per 1000 to 10 per thousand which has involved the dedication and creative energies of many professionals throughout our continuum of services and our partners in Education, Child Welfare and Justice. So it seems counter intuitive when people are working harder and faster with the reorganization to have further cuts. Fortunately, some of you know that some other less wealthy provinces that are quite close to us have demonstrated that by addressing Children's Mental Health as a priority and having appropriate funding together with better collaboration with other ministries' it is possible to see as many as 50 per 1000. Illustrating that we are definitely living in interesting times especially when the Regional Health Authority is no more and we are still trying to improve services and increase access but remain cost neutral, perhaps in time with the newly reorganized AHS we will soon be saying "one for all and all for one". So with this as an introduction to the current context let me offer my colleagues and friends a very sincere season's greetings from the Division of Child and Adolescent Psychiatry before I review some of the other important developments this year which will have a profound impact for all of us involved in clinical delivery of services or post-graduate medical education.

First there was the 20th Anniversary of the UN declaration of "Rights of the Child" on the 20th of November which states that "the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth". This has been a rallying point for the Child and Youth Advisory Committee of the Mental Health Commission of Canada led by Dr Simon Davidson encouraging each Province to contribute to the national discus-

sion on the Evergreen Framework document. This was launched in early 2009 and will be completed by 2010 and this document will complement as well as provide child and youth a voice in the development of a national mental health policy for children led by the Commission. Issues such as access to services, stigma and public awareness of mental health problems in children and youth will be a particular focus. For more information please contact Alan McLuckie, the project coordinator, at (evergreen@iwk.nshealth.ca) or contact Dr Stan Kutcher directly at Dalhousie University as he is the Chair of the Evergreen project. This again complements the World Health Organization's statement that there is no health without mental health which is also more than the absence of mental illness but a state of psycho-social well-being and a capacity to self regulate or put another way to cope

with the stresses of living. This calls all of us to participate in working together to implement effective interventions and to lobby Governments to adopt a mental health framework as used to advance other areas of health and socio-economic development, thereby engaging all relevant sectors to support and evaluate activities designed to promote mental health.



Secondly, in the fall of 2009 the Royal College of Physicians and Surgeons accepted the application of the Canadian Academy of Child and Adolescent Psychiatry to be a recognized sub-specialty with an accredited training program including a PGY6 year and a separate certifying examination process. None of us will be grandfathered into this specialist group but the academy will continue to be the public voice for all of the certified and non-certified child psychiatrists in the country. So in two or three years we will all have to take the exam. Dr Leverette will be the Chair of the Royal College Working Group to ensure that educational and training objectives and other specific standards will meet the Royal College requirements. This process will have to be pursued not just for future child psychiatrists but for psycho-geriatrics and psychiatry and the law as well. The child psychiatry requirements will incorporate 6 months mandatory

inpatient work within the 2 years of training with 18 months of electives not including the 6 month core child psychiatry requirements. A major issue will of course be the question of funding for the PGY6 year.

If you have any further questions please do not hesitate to contact myself or Dr. Waheed who sat on the Educational subcommittee of CACAP.

Finally I would like to highlight some of our local developments including the welcome integration of the Neuro-Development Service with the Diagnostic Service. This will be a new improved service for both and will continue with the goal of improving service for this highly complex group of patients that we received 3 years of time limited funding for from a community donor. The Medical leads will continue to come from Dr Fisher and Dr Rahman but Dr Carpenter's advice on the PDD population continues to be most welcome, sage and timely. Another welcome development has been Dr Geraldine Farrelly, a Developmental Paediatrician cross appointed to the Dept of Psychiatry, taking the Medical lead of the ADHD clinic since Dr Tim Yates retired this spring. She has also been actively collaborating with Drs Chang and Rahman with the CanReach project. These physicians receive training with Dr Peter Jensen in order to disseminate evidence based practice methods to community based physicians and other therapists using a novel educational approach for ADHD. Many thanks to Dr Cawthorpe who has done much behind the scene work to make this dream a reality. Dr Cawthorpe, who is our research coordinator and evaluator, has been working tirelessly and has been instrumental in the Division presenting at many professional meetings including not just locally but both nationally and internationally in places such as Lisbon, Portugal and London, England. But back here in the Calgary Zone and at the Children's Hospital we have been very appreciative of the various contributions from Drs Cram, Pirlot and Jericho especially for the much needed service and mentoring of students and residents in the area of Eating Disorders and Consultation Liaison Child Psychiatry. Also over this year the Urgent Services and Inpatient Units at both the Children's and Foothills Hospitals have been especially busy requiring additional support through the day programs which have become more adept at dealing with more acute cases, so a special thanks goes to

all involved who have provided an innovative service delivery in difficult circumstances with some very difficult cases. But in particular a special thanks to Drs Naseer, Lorefice and Waheed at the Children's Hospital and Drs Hosain, Cohen, Chang and Yim at the Young Adult Program at the Foothills Hospital and of course last but not least Dr Lakusta at the ADTP together with Drs Joan Besant, Lori Hogg and Carla Atkinson. Finally of course I would like to thank Drs Donsky, Filyk and Rodway who have provided a much needed specialist presence in the community providing invaluable insights and assistance to many patients and their families as well as consulting with many of our community partners. I hope everyone has an opportunity to rest over the festive season but also to remember to be an active advocate for Children's Mental Health when you can and remember the sage advice Dr Simon Davidson offered at this year's annual meeting of CACAP, that "the energy of a good crisis should never be wasted".

Chris Wilkes



PSYCHIATRIST NEEDED IN CANMORE

Would you like to practice psychiatry full or part time in Canmore?

I plan to retire in about a year, so am looking for a replacement.

I currently can offer the use of my office, at no charge, on Fridays to Mondays as there is already a need for another psychiatrist here.

I can be reached at 403-678-2034 (home) or 403-678-5536 (office).

Mary Dumka

Addictions Program

In the first year of transition from Mental Health to Addictions and Mental Health, given the uncertainty with the further changes in health care under the consolidation to Alberta Health Services, there are challenges and opportunities for the meaningful integration between addiction and mental health services.

The most prominent change is that the former AADAC has become part of Alberta Health Services under the new names of Adult Addiction Services (AAS) and Youth Addiction Services (YAS). Opportunity has then come for addiction services to be provided in partnership along the continuum of care, whereas before services were fragmented with providers in direct competition with disparate mandates. The reorganization has helped to define AAS and YAS as primary providers of addictions only care or addictions treatment of patients with limited co-morbidity (dual diagnosis capable care). The Addiction Centre is working to further establish its mandate focusing on the outpatient care of patients requiring dual diagnosis enhanced care with prominent addictions and prominent psychiatric or medical problems. The Addiction Network is now established at the 3 major adult hospital sites triaging and managing patients with addictions on the medical and psychiatric inpatient units in parallel with psychiatric consultation liaison services, helping to identify most appropriate follow-up care options. Claresholm Care Mental Health and Addictions provides residential addictions and mental health treatment for patients requiring dual diagnosed enhanced care in a residential treatment setting where all beds are now being utilized. Opportunities with the reorganization include a greater potential for patients to move between treatment providers in addictions depending on their needs, but is challenged by differences in assessment approaches and waitlists given limited resources in these times of cut backs. Work is being done to share assessments and triaging to help patients find the most appropriate treatment service for retention in treatment and best treatment outcomes. Collaborations between all agencies described are active and expanding. Future directions to help the flow of patients from emergency and acute care to the community include the expansion of the mandate of Claresholm Care Mental Health and Addictions to include patients typical to the inpatient units with psychotic and other major Axis I disorders concurrent with

addictive disorders, expansion of the Addiction Network to ACH, improved integration between AAS, Addiction Network and Psychiatry Consultation Liaison Services, and to enhance addiction treatment and triage on psychiatric inpatient units.

The major challenge to mental health treatment providers is how to incorporate practical addiction management practices into their day to day work to ensure that the change to Addictions and Mental Health is not just a change in name, but reflective of actual integration of services. Educational opportunities via the Addictions Education Team and their online learning Addictions Concurrent Disorders series, Addictions Day, and the Street Drugs Course provide initial opportunities for education. The recent highly successful International Society of Addiction Medicine (ISAM) meeting in Calgary this fall with presentations by leaders in the field including Nora Volkow, Richard Rosen, and our own Nady el-Guebaly also provided an unparalleled opportunity for education in addictions. Competence in addiction psychiatry is now expected for all graduating psychiatry residents, where their knowledge will help shape treatment provision in the future. In the meantime, there will need to be growth in the provision of hands on workshops for established mental health providers in identifying and managing patients with addictions within their current mental health setting to best ensure treatment engagement and continuity of care. Incorporation of SBIRT (Screening, Brief Intervention, and Referral to Treatment) into practice may represent a first step involving means to identify and grade severity of addictive disorders in context of their mental health presentations, move away from confrontational methods to the use motivational interviewing or brief advice driven interventions to help engage patients in changing behaviour, and knowing which resources would be most appropriate for referral when initial attempts at treatment within the mental health system have had little impact. Mental health providers already have skill sets ideally matched to the incorporation of addiction treatment practices and, although it represents change, will hopefully identify the marked positive impact that they can have on this under serviced patient population.

David Crockford

Welcome

It's official!

It is with great pleasure that I announce the appointment of **Dr. Jordan Cohen** to the position of Postgraduate Residency Training Director. As many of you know, Jordan is well positioned to take this position. Until recently, Jordan was director of Student Affairs with the medical school here at the U of C, a role in which he was involved in career counseling and mentoring medical students. He has conducted research in the area of physician health and he is involved with the Royal College of Physicians and Surgeons of Canada in developing a workbook for educators to teach physician health within the CanMEDS curriculum format. With colleagues Dr. Steve Simpson and Dr. Scott Patten he received recognition from the Canadian Psychiatric Association for his work in Continuing Medical Education. He has also received an award from the Canadian Association of Interns and Residents for his work on resident health and well-being. In 2008, he received the Department of Psychiatry's Research Award for Part-Time Faculty as well as the Department of Psychiatry Postgraduate Clinical Education Award. He has been awarded a Gold Star Teaching Award for undergraduate teaching. He has recently been awarded the Canadian Medical Association's CMA Award for Young Leaders (Early Career Physician) for 2009. Jordan sits on the Scientific Committee for the Alberta Psychiatric Association, is involved in policy development for the College of Physicians and Surgeons of Alberta, and is currently the President of the Section of Child and Adolescent Psychiatry for the Alberta Medical Association. Clinically, Jordan is the Medical Director of the NW Family, Adolescent and Child Services clinic. In addition, he has an inpatient practice and an additional outpatient clinic at the Arnika Centre. He is active in consulting work for the Alberta Medical Association's Physician and Family Support Program. Please join us in welcoming Dr. Jordan Cohen to his new role within our Department. The training of residents is a central component of our work as a Department, and one in which we take much pride. I know that Jordan will bring his many skills, his enthusiasm and his commitment to excellence to this role and we look forward to the ongoing growth of the residency program under his stewardship.

Glenda MacQueen

Awards

Dr. Badri Rickhi was one of the recipients of the Dr. Rogers Prize for Excellence in Complementary & Alternative Medicine for 2009. Dr. Rickhi was recognized as an "agent of change" in the revolutionary movement toward an integrative approach to clinical medical practice. The \$250,000 prize was split between Dr. Rickhi and Dr. Hal Gunn. This is the world's largest prize for complementary and alternative medicine. Congratulations!!



Dr. Janet de Groot received the Faculty of Medicine's Distinguished Achievement Awards' McLeod Award for Excellence in Teaching.

Dr. Philip Stokes was awarded the Department of Psychiatry Undergraduate Medical Education Award.

Dr. Elizabeth Wallace was awarded the Department of Psychiatry Clinical Education Award.

Congratulations to **Dr. Cynthia Baxter** who received this year's Joint CPA-COPCE Award for Most Outstanding Continuing Education Activity in Psychiatry in Canada (community/rural). She also received the Department's Continuing Medical Education Award.

Dr. Yuri Power successfully defended his Master's in Neuroscience thesis entitled Functional Neuroimaging of Monetary Reward and Pathological Gambling. Yuri is the first psychiatry resident from UofC to complete a Master's in Neuroscience. Hopefully he has paved the way for future candidates considering this academic stream.

Congratulations to **Dr. Raymond Tang-Wai** who was presented with the Silver Couch Award by the psychiatry residents at this year's Fall Social.

Drs. Angela Paulson and Aaron Mackie received the Resident Psychiatric Emergency Award and the Undergraduate Medical Education Award respectively.

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the province. We are also working to keep the importance of Addictions and Mental Health in the thoughts of administration and the general public alike.

On the topic of keeping the importance of Addictions and Mental Health at the forefront of discussion, things look brighter. As many of you will know, the Mental Health Commission of Canada recently had a formal kick off in the city of Calgary, where the MHCC has its home base. Some of our own faculty members in the Dept of Psychiatry are involved with major initiatives of the commission, particularly around the anti-stigma campaign. The work of the commission has been moving ahead at an impressive pace, and they have clearly moved from a planning and consultation phase to a doing, implementing and evaluating phase. With secure funding for the next several years, the commission will no doubt go a long way to keep mental health on health agendas across the country.

You may have also seen that the Hotchkiss Brain Institute endowment was formally announced recently, and this story was picked up by news agencies within and beyond Alberta. The Hotchkiss family's support of the HBI is remarkable, even in a city well-known for philanthropic support of its medical and academic institutions. Members of the Hotchkiss family have provided not only financial resources, but a great deal of their own time, talent and influence to insure the success of the HBI. Their kindness in many dimensions is very much appreciated.

Many of you will also be aware that the HBI and Faculty of Medicine have supported the building of the Mental Health Centre for Education and Research in the TRW building. This is tangible recognition of the Faculty of Medicine's commitment to making brain and mental health research a top priority of the faculty. We will have parts of the 1st and 4th floor, and Scott Patten as research director, is helping faculty to get organized for the move. It will represent the first time that researchers in psychiatry here have the opportunity to be co-located in space specifically designed for mental health research. We expect that the move will occur, almost exactly on target, in just a few weeks. At a later date we will have an opportunity to celebrate the new space and the great work of the faculty, staff and students who will be located there.

On a personal note, I remain constantly impressed by, and very appreciative of, the professionalism and collegiality of the members of our department. These past couple of months have been difficult – it is hard to be affected by the pandemic and yet in some ways not really enough a part of it that we can easily appreciate it as a top priority. For physicians it is hard to see the staff with whom we work so closely be stressed and worried, and hard not to know whether, when or how the shoe will drop on the medical staff as well. For our directors and managers it is equally hard to have front line staff with questions and few answers to provide. It is difficult for all of us to contemplate that programs that have been developed and nurtured by hard work might not have the opportunity to realize their full potential. And yet almost to a person, people have retained a sense of good will, a willingness to strive for excellence, and an ability to put patient care at the center of all discussions. Thank you.

And finally, have a wonderful holiday season and all best wishes for 2010!

Glenda MacQueen



The Newsletter for the Clinical Department of Psychiatry, AHS, Calgary

is distributed to
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