

**Regional Mental Health Care London and St. Thomas  
12<sup>th</sup> Annual Research Half Day, May 11, 2011**

**BOOK OF ABSTRACTS**

**&**

**RESEARCH REPORT 2010**

**by**

**RMHC RESEARCH COMMITTEE**

### ***Message from the Director***

The Research Committee continues its commitment to the support and promotion of research in mental health. This 12<sup>th</sup> Research Half Day will feature the 7<sup>th</sup> Annual Tony Cerenzia Research Lecture presented by Dr. Mark Willenbring. Researchers will deliver oral presentations and posters for the day on a diverse range of topics from bench (gene research) to bedside (electronic technology for cognitive impairment).

I would like to highlight two important research initiatives within the hospital. First, the very innovative work by Dr. Deb Corring and colleagues, examining how technology can help overcome cognitive deficits in schizophrenia and assist people with this illness to lead more independent lives. Deb will present some of the initial work from this project in the final paper of the day. The second is the interesting work on early psychotic illness by Dr. Amresh Srivastava and colleagues, which has received a great deal of attention in conferences and publications during the last year.

Let me end, as always, by acknowledging the members of the Research Committee and the Clinical Research Suitability and Impact Committee (listed on page 2) who have worked hard through the year and to Sandra Dunbar and Joanne Chapman for their work in organizing the Research Half Day. I would also like to express special thanks to Dr. Jim Mendonca. Jim continues to do a superb job as editor of Research INSIGHTS: assisting authors, ensuring expert review and ultimately publishing high quality research papers. I encourage staff to view this on-line peer-reviewed journal at:

[http://www.lawsonresearch.com/research\\_themes/Mental%20Health/HTML/research\\_insights.htm](http://www.lawsonresearch.com/research_themes/Mental%20Health/HTML/research_insights.htm)

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## Paper Presentations

### AB-O1 Identical twins with different genes: The cause of schizophrenia?

Richard L O'Reilly MB FRCPC, Christina Castellani (student) & Shiva M Singh BSc MSc PhD

**Purpose:** The heritability of schizophrenia is 80%, yet no definitive abnormal gene(s) has been identified. Rather, a variety of putative genes and genomic locations have been reported in different families and populations. A consensus is building that most patients have a unique set of genetic abnormalities and that schizophrenia is usually caused by defects in many genes with small effect and rarely by single genes with major effect. Heterogeneity has clearly hampered progress, so our team has concentrated on the least heterogeneous comparison: identical twins discordant for schizophrenia.

**Methods:** Using microarrays, we compared more than 200,000 genetic markers in six identical discordant twin pairs.

**Results:** functional single nucleotide polymorphisms occurred in the ill twin in five pairs (maximum of 12 in one twin) and differences in copy number variation occurred in all pairs (ranging from one to 13). These differences are caused by de novo somatic mutation, which occur throughout life. Therefore, many differences are likely unrelated to the cause of schizophrenia. To focus our search, we cross-matched genes mutated in an ill twin, but not in their unaffected co-twin with: 1) genes in the schizophrenia gene database (identified by linkage and association studies) and 2) genes known to control neurodevelopment. Defects in genes affecting olfactory processing, reported to be abnormal in schizophrenia, were found in half of the pairs.

**Conclusions:** Identical twins provide an ideal way to locate genes that may cause schizophrenia and also to confirm (but unfortunately not to refute) candidates generated by linkage and association studies.

### AB-O2 What's the holdup? Discharging geriatric psychiatry patients.

Julie Smith BSW, Shane Reed BSW, Sylvia Vanderkooy BSW, Ed Black PhD C Psych & Tom Ross BA

**Purpose:** This qualitative evaluation examined perceived barriers to timely discharge planning from an inpatient geriatric psychiatry tertiary care treatment setting.

**Methods:** The population under study (Dementia= 46%, Schizophrenia/Psychosis = 36%, Mood Disorder = 14%, Huntington's = 4%) included 56 females and 53 males with an average age of 71.3 years. Inpatient cases were reviewed through a process that focused on identifying what resources were required to transition clients to the best care destination possible. A team of social workers created an electronic database that included four main factors- Patient (18 barriers), Family (10 barriers), System (14 barriers) and Long Term Care-LTC (19 barriers), which influence discharge. Under each factor, specific barriers were identified, and each patient was categorized according to their perceived barriers. These barrier forms were completed only if the patient had remained in the hospital for at least 45 days. Thereafter, the form was completed every 90 days.

**Results:** The frequency of main factors was found to be: Patient related = 401, System = 209, LTC = 203 and Family = 46. Overall, inadequate symptom control under patient related factors was identified as the most frequently specified barrier. Barrier differences were found between the Alternate Level of Care (ALC) and non ALC populations and these findings are discussed in detail.

**Conclusions:** These results support the use of the barrier discharge form to help determine root causes of prolonged hospitalization. The aforementioned instrument also enables the collection of comprehensive informatics which will help support clinical decision making and the creation of best practice guidelines in the future.

**AB-O3 Validation of the Mood Disorder Questionnaire for use in patients with postpartum bipolar disorder.**

Verinder Sharma MB BS FRCPC & Bin Xie PhD

**Introduction:** Despite the prevalent nature of postpartum depression in women with bipolar disorder, there are currently no screening instruments designed specifically for bipolar disorder in the postpartum period. We aimed to study the performance of the Mood Disorder Questionnaire in the postpartum period in women with mood disorders.

**Methods:** Women with histories of major depressive disorder or bipolar disorder (type I or II) attending an outpatient perinatal clinic were administered the Mood Disorder Questionnaire during the first month after delivery. An experienced research coordinator, blind to the Mood Disorder Questionnaire results, conducted a face to face diagnostic interview using the Structured Clinical Interview for DSM-IV.

**Results:** A total of 57 women with bipolar disorder (30 with bipolar II disorder and 27 with bipolar I disorder) and 68 women with major depressive disorder completed the Mood Disorder Questionnaire between two to four weeks after delivery. The traditional scoring criteria yielded a sensitivity of 75.44% [95%CI: 62.24%-85.87%] and a specificity of 86.76% [95%CI: 76.36%-93.77%]. The optimal cut-off score was eight or more endorsed symptoms without the supplementary questions (a sensitivity of 87.72% [95% CI: 76.32%-94.92%] and a specificity of 85.29% [95%CI: 74.61%-92.72%]).

**Conclusions:** The Mood Disorder Questionnaire with alternate scoring is a useful screening instrument for bipolar disorder in the postpartum period.

**Expected Outcomes:** Knowledge of the validation of the Mood Disorder Questionnaire will allow health care professionals to screen woman in the postpartum period for bipolar disorder.

**AB-O4 Cognitive remediation for inpatients with schizophrenia or schizoaffective disorder using ‘SMART’ technology in a simulated apartment: A feasibility and exploratory study.**

Deborah J Corring PhD, Robbie Campbell MD FRCPC & Abraham Rudnick MD PhD FRCPC

**Purpose:** This study aimed to examine the feasibility and outcomes of using and evaluating SMART (Supported Mental Assessment, Rehabilitation and Treatment) electronic technology as part of cognitive remediation for tertiary mental health care inpatients with schizophrenia-related cognitive impairments that are considered a barrier to their independent living.

**Methods:** This was an uncontrolled intervention feasibility and exploratory study that lasted one year. A convenience sample of 8 inpatients with schizophrenia or schizoaffective disorder and with reported difficulty in independent living participated in (up to) one month of cognitive remediation using SMART (electronic) technology in a simulated apartment at RMHC St. Thomas. Evaluation consisted of baseline and end-of-intervention measures, such as cognitive testing; semi-structured interviews at end-of-intervention with participating patients; and a quarterly focus group with involved clinical staff. Comparative thematic analysis was conducted.

**Results:** Participating patients expressed satisfaction with the simulated apartment and with the SMART technology, and patients were able to learn and use skills relevant to independent living. The qualitative findings will be presented utilizing direct quotes from the interview and focus group transcripts.

**Conclusions:** The findings of this study are promising. We plan to expand this research to larger samples and to the community, and to strengthen the study design, e.g. by using controls.

## Poster Presentations

### **AB-P1 Pilot naturalistic study of the impact of criminality on differential treatment outcomes of co-existing psychiatric patients with substance use disorder.**

Simon Chiu MD PhD FRCPC, Zack Cernovsky PhD C Psych, Mariwan Husni MD FRCPC, John Copen MD FRCPC, Larry Lalone MSc & Gamel Sadek MD FRCPC

**Introduction:** The links between violence, criminality and addiction are well characterized. Few studies address the issue whether criminality differentially mediates multi-functional treatment outcomes of patients with DSM-IV-R co-existing addiction and psychiatric disorders (CAP).

Objective of our study was to examine whether treatment-seeking CAP patients with criminal history (CAP+) manifest differential treatment outcomes from a similar cohort with no criminal history (CAP-)

**Methods:** The study was naturalistic. The data were extracted from 100 consecutive admissions to a multi-modal inpatient Addiction Rehabilitation Unit at Regional Mental Health Care (formerly named St Thomas Psychiatric Hospital) from 1998-2003. Criminal history was gathered from legal and correctional services. Outcome measures included random urine drug and alcohol screen, retention rate, CGI and GAF.

**Results:** We found that 64% of CAP had criminal offenses: assault was the commonest offense. Polysubstance dependence (cocaine, marijuana, alcohol) with multiple relapse and intoxication episodes discriminated CAP+ group from CAP-. While the spectrum of mood disorders were equally distributed between CAP+ and CAP- groups, the CAP+ group had higher rate of post-traumatic stress disorder (PTSD) and anti-social personality disorder (chi square < 0.05). Outcome analysis showed that the CAP+ group had statistically significant higher dropout rate and positive urine toxicological screen and lowered GAF and CGI scores, when compared at baseline and exit (p < 0.05).

**Conclusion:** Our preliminary outcome study highlights criminality as mediating the differential addiction outcome among CAP. Complex non-linear interrelationships of psychiatric disorders, criminality and addiction disorders implicate the strategy of integrating triple community-based service sectors: criminal justice, addiction rehabilitation and psychiatric care in order to catalyse the multi-faceted recovery and to optimize the outcome of CAP population.

### **AB-P2 An interprofessional approach to suicide risk assessment. Mood and Anxiety Ambulatory Program, RMHC London.**

Sherry Frizzell RN MScN, Julie Franklin RPN & Wendy Robinson RN BScN

**Purpose:** To share an evidence-based initiative that resulted in the creation of an 'Interprofessional Suicide Risk Assessment Guide'.

**Background:** Suicide risk is a patient safety concern for healthcare providers. The skill required to complete an assessment and identify client-specific risk factors is essential if an effective plan of care is to be created by the team.

**Methods:** Nurses from the Mood and Anxiety Ambulatory Program gathered to examine the way they presently assess for suicide risk. The purpose of the review was to ensure that current practice was evidence-based and to identify areas for development. During the initial meeting, nurses identified the need for members of the interprofessional team to participate in the review. The final working group had representation from Nursing, Social Work, Occupational Therapy, Spiritual Care and Psychology. The Registered Nurses' Association of Ontario (RNAO) Best Practice Guideline, 'Assessment of Risk for Suicide Ideation and Behaviour' guided this initiative.

**Results:** The review showed, all members of the team were skilled in their ability to assess for suicide risk, the assessment process varied among individuals and current practice did not adequately assess the spiritual needs of the client. The need to create a formal comprehensive assessment guide was identified. An "Interprofessional Suicide Risk Assessment Guide" was developed and piloted. Feedback obtained from the pilot resulted in only minor changes to the guide.

**Conclusions:** A successful evidence-based practice change requires the expertise and engagement of all members of the interprofessional team.

**AB-P3 Strengthening our interprofessional focus at Regional Mental Health Care.**

Sherry Frizzell RN MScN, Karen Perkin RN MScN, Heather Tales RN MN, Bonnie Cini RN & Jennifer Goodhue RN

**Objectives:** To identify elements of 'exceptional teamwork' at Regional Mental Health Care (RMHC) and highlight the way CREW (Civility, Respect and Engagement at Work) has been used as an intervention to strengthen teams in our organization. The opportunity to seize CREW as an initiative that all teams at RMHC can use to strengthen and advance their 'present best' will be explored.

**Background:** Interprofessional teams play a vital role in advancing client-centered care at RMHC. Despite the influence they have on advancing client outcomes, little is known about the way they perceive 'exceptional teamwork' or the way they work together to strengthen their teams and enhance their practice environments.

**Methods:** Appreciative Inquiry (AI) guided the first component of this project, identifying elements of 'exceptional teamwork'. AI generates a collective image of a better future by exploring the 'present best'. Members of the interprofessional team, senior leadership and patients and family members from RMHC completed a total of 35 interviews. The AI Team discussed, confirmed and identified these elements. The second component, identifying CREW as an intervention to enhance teamwork at RMHC, links directly with learning gained from another study in which interprofessional teams from RMHC, Parkwood Hospital, LHSC and several hospitals in Nova Scotia participated.

**Results:** Elements of 'exceptional teamwork' fell into two categories, individual and team. Common elements included, respect, knowledge, accountability, compassion and advocacy. The link between CREW and elements of 'exceptional teamwork' exists in the way CREW has been used by teams in our organization to strengthen relationships, improve quality of work, enhance practice environments and advance our culture of excellence.

**Conclusion:** This work supports the premise that when individuals and teams are able to identify and draw from their strengths, they are better able to achieve successful outcomes.

**AB-P4 Psychiatry as a dramatic art form.**

David L Goldman MD FRCPC

In this iconoclastic presentation, the author proposes to shatter the comfortable assumption that the science-as-explanation point of view is self-sufficient. On the contrary, scientific papers should remind us of real human beings, and, to do so, the "vertex" of art needs to complement the vertex of science, philistinism by itself. Although critics like Ghaemi, portray Freud, neurologist and neuropathological researcher turned psychoanalyst, as the founder of a dogmatic discipline, his pursuits fall within the purview of a scientific mode of inquiry. Freud applied, for instance, aspects of Lady Macbeth's behavior to his psychological conclusions about character pathology as he would an observation of a tissue specimen made from under the microscope. Yet, at the same time, he noted that his case histories tended to read like fictional short stories. It is the author's contention that psychiatry cannot be divorced from considerations about art forms such as the dramatic arts. A prime example is the work of the renowned French dramatist Antonin Artaud, chronically psychotic and hospitalized for years, who invented the much emulated "theater of cruelty", a creative vehicle, which, for the purposes of mental health professionals, enhances the understanding of the often obscure communication, in words.

**AB-P5 Rethinking the aging at home discourse: A study of seniors' perspectives and promoting knowledge exchange.**

Iris Gutmanis PhD, Briana Zur PhD (c), Kirsta Bray Jenkyn PhD, Debbie Laliberte Rudman PhD, Salinda Horgan PhD & Ruth Wilford MSc

**Purpose:** The goals of this two-phase study were: 1) to explore Ontario seniors' perspectives regarding the meaning of Aging At Home (AAH) and what supports are required to achieve their desired visions; 2) to conduct a knowledge translation workshop to further develop the research base underlying the AAH discourse and to promote linkages between researchers, policy makers and practitioners.

**Method:** Phase 1: Six focus groups (two per site) were held in London, Thunder Bay, and Kingston among seniors with and without community-based supports (n=28 females, 4 males). Phase 2: Thirty-one participants from

research, policy and practice backgrounds, representing healthcare, community and city planning, were invited to participate in a one-day workshop to engage in small group dialogue and facilitated consensus building.

**Results:** 1) Focus group participants prioritized their sense of personhood and autonomy, while coping with the challenges of aging and resulting tensions and conundrums. They strove to stay engaged in life in meaningful ways, pointing to the need for supports that extended beyond basic necessities. Planning for their future was challenging because of a perceived lack of desired housing and support services, and limited knowledge regarding accessing services and negotiating systems. 2) Workshop participants identified five areas that would benefit from further research, policy and practice development: accommodation, authenticity, engagement, person and community-centredness, and autonomy.

**Discussion and Conclusion:** It is recommended that aging at home policies and practices extend beyond the completion of basic activities of daily living and consider issues of personhood, meaningful engagement and communication.

#### **AB-P6 Promoting Interprofessional Collaborative Education (ICE) in the Geriatric Psychiatry Program – Lessons learned.**

Tony O'Regan RN MSc, Jenn Doherty RN MScN CPMHN(C) & Iris Gutmanis PhD

**Purpose/Background:** Many attempts at creating “interprofessional” journal clubs have occurred in recent years within the Geriatric Psychiatry Program (GPP). Robust “interprofessional” attendance, however, has met with a modicum of success: the most recent iteration, held directly on in-patient units, comprised mostly of nursing staff. The GPP team consists of nursing, medicine, occupational therapy, pharmacy, dietetics, speech language pathology, chaplaincy, psychology, physiotherapy, recreational therapy, and social work.

**Methods:** A paper for round table discussion was presented at a reflective practice conference and focus group discussions with GPP staff occurred (May and June of 2009, respectively). A year was taken out from ICE to consider feedback and redevelop. The latest iteration commenced in October 2010. The journal club was replaced by a short presentation given by different disciplines each time. Other innovations made to strengthen participation included: 1.Change in venue (from unit to off-unit); 2.Change in duration (from 20 minutes to 30 minutes); 3. Planned monthly series on pre-set dates; 4.GPP staff notified by personal email; 5.Creation of a shared folder on “G”drive containing: a. Powerpoint presentation (archived by month/year), accessible to all GPP staff, regardless of attendance at live session; b. Supporting articles and references; c. Other relevant resources e.g. policy documents, website links; 6.Evaluation form; 7.Certificate of attendance

**Results/Outcome:** Attendance has been consistently strong in this revision with all professions represented and a healthy mix at each session. Evaluations of sessions are consistently positive and show willingness and desire for different professions to learn together.

#### **AB-P7 Using guided reflection to promote the RNAO Best Practice Guideline on establishing therapeutic relationships.**

Tony O'Regan RN MSc, Jenn Doherty RN MScN CPMHN(C)

**Purpose:** The RNAO “Establishing Therapeutic Relationships” Best Practice Guideline (BPG) states: “the establishment of a therapeutic relationship requires reflective practice”. A number of reflective tools, including the “Model for Structured Reflection” (MSR, Johns, 2006) were used with seven nurses on the Geriatric Psychiatry Program’s Discharge Liaison Team (DLT) to encourage them to become critically conscious of their patterns of thinking in interacting with clients.

**Methods:** An initial “Team Retreat” and “Strengths Finder Workshop” (Rath, 2007); “Walking the Labyrinth” experience (an ancient and mystic way of achieving a contemplative state).; “Becoming a Reflective Practitioner” in-service including information on RNAO’s “Establishing Therapeutic Relationships” BPG , Johns’ “MSR”, Carper’s “Ways of Knowing” (1978) and Heron’s (2001) “Six Category Intervention Analysis”; a framework for reviewing the “distinct intents” of a professional’s communication options; instruction by a staff librarian on searching the literature for “empirical” evidence; bi-weekly “case-based” reflective presentations by DLT nurses to their colleagues (commenced in April 2010 and ongoing).

**Results:** Guided reflection draws upon tacit knowledge and recognizes the unique perspective of individual practitioners. Evidence from written narratives indicate transition from basic description of “cases” to more insightful questioning of nurses’ specific intent in their relationships with clients.

**Expected Outcomes:** As an RNAO Best Practice Spotlight Organization, RMHC nurses need to consider available guidelines and advocate their use: stranding both in-patient and community settings, the DLT are ideally situated to act as best practice champions. The guided reflection activity enhances each nurse’s accountability to meet their professional quality assurance requirement for reflective practice.

#### **AB-P8 The Geriatric Psychiatry Program (GPP) experience of participation in a national falls prevention virtual learning collaborative.**

Tony O’Regan RN MSc, Sherry Frizzell RN MScN & Sara Jibb MSc OT

**Purpose:** The elderly are particularly susceptible to falls and vulnerable to fall related injuries. As injuries range from minor to fatal, it is important that healthcare providers are fully conversant with fall risk assessment methods and fall prevention strategies. The GPP was one of five programs within St. Joseph’s Health Care, London who recently (September 2010 - March 2011) participated in a virtual falls prevention collaborative sponsored by RNAO and Safer Healthcare Now.

**Methods:** The GPP linked with teams from across Canada, via a bi-monthly webinar, to share work and engage in dialogue. We were required to develop and/or implement fall prevention initiatives through three PDSA (Plan, Do, Study, Act) cycles, an integral component of the “Model for Improvement” framework (Langley, Nolan et al, 1996).

The PDSAs we chose were: 1. Develop and implement a shoe screening tool and safe footwear protocol; 2. Develop a falls prevention pamphlet; 3. Develop and implement a Post Falls Assessment Tool;

Key questions were posed at each cycle: 1. What are we trying to accomplish? 2. How will we know that a change is an improvement? 3. What changes can we make that will result in an improvement?

During each PDSA action period we gathered feedback, and shared our findings via an on-line community of practice.

**Outcomes:** This poster presentation highlights the work completed, the PDSA framework that was used as well as the initiatives that were tested and adopted by the GPP. Lessons learned from participating in a virtual learning collaborative will also be identified.

#### **AB-P9 Endometriosis and bipolar disorder.**

Vikaash Kumar MD, Mustaq Khan PhD, George Vilos MD, Verinder Sharma MB BS FRCPC

**Introduction:** High rates of psychopathology including depressive symptoms, anxiety, and poor quality of life have been reported in women with endometriosis. The objective of this study was to determine whether women with endometriosis have a higher prevalence of bipolar disorder compared to women with non-endometriosis pelvic pain.

**Method:** Using the Structured Clinical Interview for DSM-IV Axis I Disorders, the prevalence of bipolar disorder was compared in 27 women with, and 12 without endometriosis who were seen at a specialty gynecology clinic for chronic pelvic pain. A diagnosis of endometriosis was confirmed or ruled out by diagnostic laparoscopy.

**Results:** A significantly greater proportion of women in the endometriosis group were found to have bipolar disorder and a poorer quality of life, compared to women with non-endometriosis pelvic pain. None of the participants in either group had been previously diagnosed with bipolar disorder.

**Conclusion:** There may be an association between endometriosis and bipolar disorder. An optimal approach to managing endometriosis should include evaluation and treatment of psychiatric comorbidity, particularly bipolar disorder.

**Expected Outcomes:** To increase the awareness of the possible association between endometriosis and bipolar disorder and provide health care professionals with an understanding of the importance of assessing woman with endometriosis for bipolar disorder.

**AB-P10 The System for Classification of In-Patient Psychiatry (SCIPP) assists in the identification of high risk seniors.**

Lisa Vanbussel MD FRCPC, Ed Black PhD C Psych, Tom Ross BA, Jenn Doherty RN MScN & Tony O'Regan RN MScN

**Purpose:** To study the utility of the SCIPP in classifying seniors at risk.

**Method:** This exploratory study used data from 102 intake or quarterly Resident Assessment Instrument Mental Health (RAI-MH) assessments and reported falls and aggression from a hospital patient safety database on all patients residing in a tertiary seniors' mental health setting over a 120 day period. Diagnostic groups were coded as part of the RAI protocol.

**Results:** There were 477 aggressive incidents involving 52 individuals and 126 falls concerning 40 individuals. Average age was 72.3 years (range 48 to 91) and males comprised 54.9%. Congruence of (SCIPP) general categories with diagnostic groups was 95.8%, 81.3% and 71.0% agreement with Cognitive, Schizophrenic and Mood Disorders groups, respectively. The average number of reported incidents for aggression and falls were Cognitive (10.4, 3.2), Schizophrenic (4.3, 4.0) and Mood Disorders (5.0, 2.4) groups, respectively.

Highest SCIPP codes involved with aggressive incidents were 2oda1, 2odb1 and 1szpcb1 subgroups representing 66.9% of all reported aggressive behaviour. First two groups are Organic Disorders with poor ADLs and depression and poor ADLs with aggression. The third group is Schizophrenia and Other Psychotic Disorders with depression and poor hygiene. This subgroup had the highest average fall rate representing 50% of all reported falls.

**Conclusions:** SCIPP analyses demonstrated good levels of agreement with diagnostic categories and its ability to identify high need responsive behaviour subgroups. SCIPP can also provide a mechanism for programs to pre-identify patients who fall and act aggressively. SCIPP enhances the ability for programs to adjust practice and treatment patterns and improves our understanding of seniors utilizing tertiary care mental health services.

# **Regional Mental Health Care London and St. Thomas**

## **RESEARCH REPORT 2010**

## Publications in Journals Peer-reviewed

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- Shrivastava A** & Johnston M. Weight-gain in psychiatric treatment: Risks, implications, and strategies for prevention and management. *Psychopharmacology Today MSM* 8, Jan-Dec 2010; 52:53-68
- Srivastava A**, Shah N, Johnston M, Stitt L & Thakar M. Predictors of long-term outcome of first-episode schizophrenia: A ten-year follow-up study. *Indian Journal of Psychiatry* 2010;Oct-Dec 2010;52(4):320-6
- Nelson C, Johnston M & **Srivastava A**. Improving risk assessment with suicidal patients: A preliminary evaluation of the clinical utility of the Scale for Impact of Suicidality - Management, Assessment and Planning of Care (SIS-MAP) *The Journal of Crisis Intervention and Suicide Prevention* 2010;31(5):231-237
- Srivastava A**, Johnston M, Shah N & Bureau Y. Redefining outcome measures in schizophrenia: Integrating social and clinical parameters. *Current Opinion in Psychiatry* 2010;23(2):120-26
- Srivastava A**. Initiatives in biological research in Indian psychiatry. *Indian Journal of Psychiatry* 2010;52:S110-9
- Srivastava A**, Johnston ME, Shah N, Innamorati M, Stitt L, Thakar M, Lester D & Pompili M. Persistent suicide risk in clinically improved schizophrenia patients: Challenge of the suicidal dimension. *Neuropsychiatric Disease and Treatment* 2010;6:633-638
- Srivastava A** & Natarajan D. Psychiatrists and neuroscientists of Indian origin in Canada: Glimpses. *Indian Journal of Psychiatry* 2010;52:S64-7
- Subramanian P** & **Rudnick A**. Risperidone for individuals with refractory schizophrenia. *Clinical Medicine Insights: Therapeutics* 2010;2:401-406
- Subramanian P** & **Burhan A**. Worsening of 'passivity' symptoms with low-frequency bilateral temporo-parietal repetitive transcranial magnetic stimulation used to treat refractory auditory hallucinations: A case report. *Schizophr Res* 2010; Feb;116(2-3):291-2
- Takhar J**, Haslam D, McAuley L & Hobbs A. Enriching relationships through assessment of the continuing medical education (CME) needs of family physicians working within a collaborative care model. *Current Psychiatry Reviews* 2010; 6(3):210-218

### Publications in Journals Non Peer-reviewed

- O'Reilly R.** Our expert answers your questions about CTOs. *Canadian Psychiatry Aujourd'hui* 2010;Winter:6(1):14
- O'Reilly R.** Psychiatry weighs in on the fundamentals of mental health legislation. *Canadian Psychiatry Aujourd'hui* 2010;Fall:6(4):4
- Rudnick A.** Some philosophical reflections on orthomolecular psychiatry [editorial] *Journal of Orthomolecular Medicine* 2010;25:52-55

### Publications in E-journals

- Chiu S, Husni M, Cernovsky Z, Copen J, Lalone S, Sidhu G, Goble L & Foskett A.** New perspectives on gene-environment interactions in schizophrenia. *The Internet Journal of Psychiatry* 2010 1(1)
- Guaiana G.** Past or current drug or alcohol use disorders increase the likelihood of a switch from depressive to manic, mixed or hypomanic states in patients with bipolar disorder. (Commentary) *Evid Based Mental Health* 2010 13:78 doi:10.1136/ebmh.13.3.78
- Sharma V & Burt VK.** M-V modifying the postpartum-onset specifier to include hypomania. *Arch Womens Ment Health* 2010; online 25 September 2010
- Hallahan B, Newell J, Soares JC, Brambilla P, Strakowski SM, Fleck DE, Kiesseppa T, Altshuler LL, Fornito A, Malhi GS, McIntosh AM, Yurgelun-Todd DA, Labar KS, **Sharma V**, MacQueen GM, Murray RM & McDonald C. Structural MRI in bipolar disorder – An international collaborative mega-analysis of individual adult patient data. *Biol Psychiatry* 2010;2010.08.29

### Book Reviews

- Rudnick A.** Comment on book by Lawry Reznik. *Delusions and the madness of the masses*. PA: Rowman & Littlefield 2010
- Rudnick A.** Vocational rehabilitation and mental health. [book review] *PSR/RPS Express* 2010;6:15-16

### Editorials

- Rudnick A.** Some philosophical reflections on orthomolecular psychiatry. *Journal of Orthomolecular Medicine* 2010;25(2): 52-55

### Letters to Editor

- Rudnick A.** The philosophy of medicine. [letter] *CMAJ* 2010;May 2010. 182:805
- Rudnick A.** Training in philosophy of medicine - in response to Professor Croskerry. [e-letter] *Canadian Medical Association Journal* 2010
- Sharma S, **Khan M & Sharma V.** A mnemonic for identification and management of postpartum psychosis. [letter] *Journal of Obstetrics and Gynaecology Canada* 2010;32:1028
- Shapiro J & **Sharma V.** Comments on "Delayed loss of efficacy and depressogenic action of antidepressants". *Journal of Clinical Psychopharmacology* 2010;30:352-353; auto reply 353

### Abstracts / Presentations

**Black E & Ross T.** Cognitive assessment refresher: Self-experiential cognitive evaluation. Building Blocks of Geriatric Psychiatry Conference, London, Ontario, Canada, November 2010

**Burhan AM,** Hall M & Montero-Oddasso M. The effect of left prefrontal high-frequency repeated Transcranial Magnetic Stimulation (rTMS) on objective gait parameters in multiple sclerosis (MS): A case study. [poster] The 20<sup>th</sup> Annual Rothman Research Institute Conference “The Frontal Lobes”, Toronto, Ontario, Canada, March 2010

Tichenoff EL, McClure M & **Burhan AM.** Differential pattern of fMRI signal in patients with mild cognitive impairment compared to healthy controls during a working memory task involving a task-irrelevant fearful face distracter. [poster] American Association of Anatomist’s Annual Meeting, Anaheim, California, United States, April 2010

**Burhan A.** Pattern of fMRI activation in patients with MCI during working memory task with task irrelevant distracter. Department of Psychiatry Annual Research Day, Schulich School of Medicine & Dentistry, The University of Western Ontario, London, Ontario, Canada, June 2010

**Burhan A.** Psychiatric issues in Parkinson disease. UWO National Parkinson’s Foundation Centre of Excellence First Annual Conference, London, Ontario, Canada, November 2010

**Chiu S,** Cernovsky Z, Husni M, Copen J, **Campbell R** & Carr J. Ginseng Augmentation of subsyndromal depressive symptoms (SSD) in schizophrenia: A multi-site RCT study. American Psychiatric Association New Research Poster APA Program Proceedings New Orleans, Louisiana, United States, May 2010

Husni M, Cernovsky Z & **Chiu S.** Nicotine dependence, adaptive functioning, and psychopathology among psychiatric inpatients. American Psychiatric Association New Research Poster APA Program Proceedings New Orleans, Louisiana, United States, May 2010

**Chiu S.** (Symposium Chair) Co-Presenters: Husni M, Sidhu G, Cernovsky Z, Woodbury M. Integrating CAM (Complementary Alternative Medicine) in psychiatric care: New paradigms and perspectives. American Psychiatric Association Meeting, New Orleans, Louisiana, United States, May 2010

Husni M, Cernovsky Z & **Chiu S.** Correlates of the wish to stop smoking in psychiatric inpatients. 12th Annual Meeting of the International Society of Addiction Medicine, Milan, Italy, October 2010

Sadek G, **Chiu S** & Cernovsky Z. Body composition changes associated with methadone maintenance. 12th Annual Meeting of the International Society of Addiction Medicine, Milan, Italy, October 2010

Cernovsky Z, Sadek G & **Chiu S.** Sleep quality and body composition variables in opiate substitution treatment. 12th Annual Meeting of the International Society of Addiction Medicine, Milan, Italy, October 2010

**Corring D,** Lundberg E & **Rudnick A.** Effects of a supported program for horseback riding for ACT patients: A qualitative exploratory study. Canadian Mental Health Association Conference: Thriving in 2010 and Beyond, London, Ontario, Canada, October 2010

**Corring D,** **Campbell R,** Lundberg E & **Rudnick A.** Cognitive remediation for inpatients with schizophrenia or schizoaffective disorder using 'SMART' technology in a simulated apartment: A feasibility exploratory study. Canadian Mental Health Association Conference: Thriving in 2010 and Beyond, London, Ontario, Canada, October 2010

**Corring D,** Lundberg E & **Rudnick A.** The effects of a supported program for horse-back riding for ACT patients: A qualitative exploratory study. Department of Psychiatry Annual Research Day, Schulich School of Medicine & Dentistry, The University of Western Ontario, London, Ontario, Canada, June 2010

Mendonca JD, Holden RR & Novick RJ. Functional recovery following coronary artery graft surgery: The role of fatigue, physical distress and low affect. Canadian Psychological Convention, Winnipeg, Canada, June 2010

Mendonca JD, Hoch J & Cernovsky Z. A model for accessing assessment of suicidal risk in a rural community. Canadian Psychological Convention, Winnipeg, Canada, June 2010

Mendonca JD, Holden RR & Cernovsky Z. Women's and men's depressive symptoms and functional recovery following coronary artery graft surgery. American Psychiatric Association Convention, New Orleans, United States, May 2010

Castellani CA, Maiti S, Kumar K, **O'Reilly RL** & Singh S. Copy number variations in monozygotic twins discordant for schizophrenia. 53rd Annual Meeting of the Genetics Society of Canada, Hamilton, Ontario, Canada, June 2010

**O'Reilly R.** Principles underlying mental health legislation. Canadian Mental Health Association National Conference: Thriving in 2010 and Beyond, London, Ontario, Canada, October 2010

**Rudnick A.** Qualitative research and psychiatry: An epistemological analysis. Association for the Advancement of Philosophy and Psychiatry. New Orleans, Louisiana, United States, May 2010

**Rudnick A,** McEwan R, Lau W & Lundberg E. Combining supported post-secondary education with supported employment. Canadian Mental Health Association Conference: Thriving in 2010 and Beyond, London, Ontario, Canada, October 2010

**Rudnick A.** Teaching and learning philosophy of medicine and of other health related practices. University of Western Ontario, Schulich School of Medicine and Dentistry Annual Research Symposium of the Centre for Educational Research and Innovation, The University of Western Ontario, London, Ontario, Canada, October 2010

Roe D, Telem A, Baloush-Klienman V, Gelkopf M & **Rudnick A.** What are the required competencies of the effective psychiatric rehabilitation practitioner? Psychosocial Rehabilitation Canada, Rediscovering PSR in a New Decade' Annual Conference, Ottawa, Ontario, Canada, September 2010

**Rudnick A.** Psychiatric rehabilitation: An introduction. Canadian Psychiatric Association Annual Conference, Toronto, Ontario, Canada, September 2010

Martin R, **Rudnick A,** et al. Stand up for mental health: Results from a pilot study in London Ontario. Canadian Mental Health Association Conference: Thriving in 2010 and Beyond, London, Ontario, Canada, October 2010

Roe D, Telem A, Baloush-Klienman V, Glekopf M & **Rudnick A.** What are the required competencies of the effective psychiatric rehabilitation practitioner? Ministry of Health Israel 10th Anniversary Conference for the Psychiatric Rehabilitation Law in Israel, Jerusalem, Israel, October 2010

**Rudnick A.** Never the twain shall meet? Interspecialty bioethics education and practice in relation to informed consent for anesthesia for surgical procedures. International Conference on Bioethics Education: Contents, Methods, Trends, Zefat, Israel May 2010

**Rudnick A.** Towards a vision of thriving in Canada. [Keynote Speaker] Canadian Mental Health Association Conference: Thriving in 2010 and Beyond, London, Ontario, Canada, October 2010

Pong R, Swenson R, **Rudnick A,** et al. Family health teams and mental health services in Northern Ontario: Finding a niche. Northern Health Research Conference, Laurentian University, Sudbury, Ontario, Canada, June 2010.

**Sharma V.** Childbirth and bipolar disorder: Challenges and opportunities. Children's Health Research Institute, London, Ontario, Canada, November 2010

**Sharma V.** Bipolar disorder in women: Assessment and treatment. Mood Disorders: Evidence Supporting Treatment Modalities symposium, London, Ontario, Canada, October 2010

**Sharma V.** Soft bipolarity in the postpartum period: Assessment and management. Canadian Psychiatric Association, Toronto, Ontario, Canada, September 2010

**Srivastava A,** Johnston M, Pruder L & **Campbell R.** Thyroid function and early psychosis: Preliminary findings. 7<sup>th</sup> International Conference on Early Psychosis, 4(Suppl.1) 38-187) Amsterdam, The Netherlands, November 2010

**Srivastava A,** Shah N, Johnston M, Stitt L & Thakar M. Do atypical antipsychotics differ in determining long-term outcome of first episode schizophrenia? A naturalistic outcome study in India. 7<sup>th</sup> International Conference on Early Psychosis, 4(Suppl.1) 38-187) Amsterdam, The Netherlands, November 2010

**Srivastava A,** Johnson M, Stitt L, Thakar M & Shah N. Crisis help line a novel gateway for early intervention in mental illness. 7<sup>th</sup> International Conference on Early Psychosis, 4(Suppl.1) 38-187), Amsterdam, The Netherlands, November 2010

McEwan R, **Subramanian P**, Lundberg E & **Rudnick A**. Barriers, enablers and related strategies in relation to supported post-secondary education for people with mental health challenges: Preliminary results from a qualitative study. Ontario Psychiatric Association Annual Conference, Toronto, Ontario, Canada, April 2010

McEwan R, **Subramanian P**, Lundberg E & **Rudnick A**. Barriers, enablers and related strategies in relation to supported post-secondary education for people with mental health challenges: A pilot organizational case study. Canadian Mental Health Association Conference: Thriving in 2010 and Beyond, London, Ontario, Canada, October 2010

**VanBussel L**, **Black E**, **Ross T**, **Doherty J** & **O'Regan T**. The System for Classification of In-patient Psychiatry (SCIPP) assists in the identification of high risk seniors. Parkwood Research Day, London, Ontario, Canada February 2010

Stovel J, Lamoure J, Barr J & **Takhar J**. Ziprasidone and analgesic-induced serotonin syndrome. Canadian Society of Hospital Pharmacists, Professional Practice Conference, Toronto, Ontario, Canada, January 2010

**Takhar J**, Dixon D & Macnab J. Content review workshop. Royal College of Physicians and Surgeons 2nd National CPD Accreditation Conference, University of Toronto, Toronto, Ontario, Canada, September 2010

### Internal Approved Projects

Legros A (PI) & **Burhan A** (Co-I). Multi-level, non-invasive study of brain rhythms involved in rest tremor in Parkinson's disease (PD). REB16619E, R-09-540

**Chiu S**, Bureau Y, **Campbell R**, Carr J, Cernovsky Z, **Chaya J**, **Dua V**, **Gangdev P**, Hand K, **Prakash A**, **Rybak I**, **Singh A**, **Srivastava A**, Xuan J & **Zakhary M**. Multi-functional outcome study of ziprasidone switch in bipolar disorder: Differential mediating effects of e-SMART program versus usual care. REB16607, R-10-043

**Corring D** (PI), Zuckerberg J, **Plyley C** & **Skufca J**. Exploring Consent and Capacity Board (CCB) members experiences with Community Treatment Orders. REB17404E, R-10-558

**Guaiana G** (PI), **Canaran G** (Co-I), **Reimann B**, Grindon J & Ferguson M. The Montreal Cognitive Assessment (MoCA): A validation study in patients with schizophrenia spectrum disorder. REB17343E, R-10-613

Wong C (PI), Letton S (Co-PI), Laschinger H, Miller P, Cuddihy M & Meyer R. Examining the relationships between clinical manager span of control and manager and unit work outcomes in Ontario academic hospitals. REB16628E, R-10-049

Nisker J (PI), Burianova A, Rycerz K, Liu D, Strauss B, Barlow E & Sawchuk H. (Medical Students). Perspectives of physicians on orphan drug policy in Canada. REB16676E

Hill D (PI), Newman H & Reid W. A cluster, randomized, controlled trial to evaluate the effectiveness of the 'Successful Influenza Immunization Campaign for Healthcare Personnel: A Guide for Campaign Planners'. (Coordinating site-Ottawa) REB17464E, R-10-533

Heisel M (PI) & Moore S. Evaluating suicide prevention knowledge translation among healthcare and social service providers working with older adults. REB17196E, R-10-536

**Rennick D** (PI) & **Ruddell ME** (Co-I). Psychosocial factors in forensic admissions database. REB17378E, R-10-517

**Rudnick A** (PI), **Subramanian P** & **Burhan A**. A qualitative study of the experience of patients treated with repetitive transcranial magnetic stimulation (rTMS) for auditory hallucinations. REB#16731E, R-10-066

Forchuk C (PI), Benman H, Coatsworth-Puspoky, Hill L, **Rudnick A**, Speechley M & Ward-Griffin C. Poverty and mental health: Issues, challenges and solutions. REB17073, R-10-216

**Sharma V** (PI), Xie B & Penava D. Bipolar disorder: Screening, prevalence and neonatal outcomes. REB17233E, R-10-377

Yatham L (PI), **Sharma V** (CoI), CANMAT Group. Mood stabilizer plus antidepressant versus mood stabilizer plus placebo in the maintenance treatment of bipolar disorder. REB16761

**Srivastava A** (PI), **Campbell R** & Forchuk C. Regional Mental Health Care St. Thomas Assessment Program

clinical database. REB17064E, R-10-436

Gutmanis I (PI), Speechley M, **Van Bussel L** & Jarvie A. Using theatre to explore long-term care home health care provider needs. REB17147E, R-10-33

### Grants Peer-reviewed

**Chiu S (PI)**, Bureau Y, **Campbell R**, Carr J, Cernovsky Z, Copen J, **Dua V**, Foskett A, **Gangdev P**, Hand K, **Lalone L**, **Prakash A**, **Rybak I**, **Singh A**, **Srivastava A** & Xuan J. Multi-functional outcome study of Ziprasidone switch in bipolar disorder: Differential mediating effects of e-SMART program versus usual care. Multi-site non-contractual grant sponsored by Lawson Health Research Institute, Ontario, funded by Pfizer Canada in collaboration with Ziprasidone-Bipolar-Metabolic Syndrome (ZBM) Research Group \$ 181,000 ( 2010-2012)

**Chiu S** (Academic Lead PI) Exploring curcumin and curcumin derivatives as putative epigenetic target of histone deacetylase (HDAC) inhibition in Parkinson disease in collaboration with Curcumin-Parkinson Disease research team: Lui E, Bureau Y, Cernovsky Z in collaboration with Xuang J, Ang CL, Husni M, Jog M, Academic-Industry Research Consortium: Industry PI: Helson L. Funded by Michael J Fox Foundation Parkinson Disease NY USA.. 2009-2012 US\$ 80,000 (Milestone I: Aug. 2009-Aug 2010)

**Chiu S** (Academic Lead PI) Woodbury F, Cernovsky Z & **Srivastava A** (CoI) Study of curcumin, a putative neuronal nitric oxide synthetase inhibitor (nNOS) with neuroprotective, antioxidant, anti-inflammatory properties, isolated from turmeric (*curcuma longa*) as added-on strategy to antipsychotics in treating negative symptoms and neurocognitive impairment in schizophrenia. Pilot open-label study funded by Stanley Medical Research Institute, MD, USA US \$ 96,020 2007-2011

**Corring D** (PI) & **Rudnick A**. SMART technology in mental health. Nicolaas and Regina Veenboer Foundation 2010 \$25,000

Singh S, **O'Reilly R (CoPI)** & Scherer S. Gene discovery in schizophrenia using copy number variations (CNVs) in high-risk monozygotic (MZ) and dizygotic (DZ) twins. Canadian Institute of Health Research 2010 \$183,166

**O'Reilly R** (PI), Solomon R & Gray J. Mortality associated court appeals to review treatment capacity. Department of Psychiatry, the University of Western Ontario 2009-2010 \$2,206

Martin R (PI) & **Rudnick A** (CoI). Humor-related interventions for mental health care service users: A feasibility and exploratory study. Astra Zeneca 2009-2010 \$16,000 Consortium for Applied Research in Mental Health (funded by Canadian Institutes of Health Research). 2008-2010 \$14,290

Swenson R (PI) & **Rudnick A** (CoI). Survey of mental health services in smaller communities in Northern Ontario. Ontario Psychiatric Outreach Programs (Ontario Ministry of Health) 2008-2011 \$130,000

**Rudnick A** (PI). Dialogue in clinical neuroethics: An exploratory study of the impact of cognitive and other mental impairments on patient participation in ethics consultations. Canadian Institutes of Health Research 2008-2012 \$98,898

Forchuk C (PI) & **Rudnick A** (CoI). CURA Letter of Intent. Poverty and mental health. Social Sciences and Humanities Research Council of Canada 2010-2012 \$20,000

Forchuk C (PI) & **Rudnick A** (CoI and Lead of Ethics Research). Youth matters in London: mental health, addiction and homelessness. Canadian Institute of Health Research 2009-2012 \$150,000; Mental Health Commission of Canada 2009-2012 \$350,000

Forchuk C (PI), Benman H, Coatsworth-Puspoky, Hill L, **Rudnick A**, Speechley M & Ward-Griffin C. Poverty and mental health: Issues, challenges and solutions. The Ontario Mental Health Foundation \$75,000 2010/2011

**Rudnick A** (PI), **Subramanian P** & **Burhan A**. A qualitative study of the experience of patients treated with repetitive transcranial magnetic stimulation (rTMS) for auditory hallucinations. Department of Psychiatry, Schulich School of Medicine & Dentistry, The University of Western Ontario Seed Fund \$5000.00

**Sharma V** (PI), Xie B & Penava D. Bipolar disorder: Screening, prevalence and neonatal outcomes. Ontario Mental Health Foundation Type B \$72,450 2010/2011 Total \$289,800

Yatham L (PI), **Sharma V** (CoI) CANMAT Group. Mood stabilizer plus antidepressant versus mood stabilizer plus placebo in the maintenance treatment of bipolar disorder. Canadian Institute for Health Research CIHR (Dr.

Yatham) 2009-2013 Total \$395,030

**Srivastava A** (PI), Summers K, Bureau Y, **Chui S**, **Mooser R**, Debruyne H & **Campbell R**. A pilot-study of brain-derived neurotrophic factor (BDNF) in medicated and unmedicated first episode psychosis; a collaborative project between RMHC, LHRI and Elgin CMHA. Seed grant, Department of Psychiatry, The University of Western Ontario. London. ON 2010 \$8,500

**Srivastava A** (PI). Study of clinical and neuroprotective (BDNF) parameters involved in 'transition to psychosis' amongst individuals who are at ultra-high risk (UHR) for developing psychosis: A pilot study. Lawson Health Research Institute Fall 2010 Internal Research Fund (IRF) 2010 \$11,900

**Subramanian P** (PI), **Burhan A** (CoI) & **Sharma V** (Co-I). Repetitive transcranial magnetic stimulation in the treatment of postpartum depression – an exploratory pilot study. Fall 2010 Internal Research Fund (IRF) 2010 \$15,000

Gutmanis I (PI), Speechley M, **Van Bussel L** & Jarvie A. Using theatre to explore long-term care home health care provider needs. The Canadian Dementia Knowledge Translation Network and the Alzheimer Society of Canada Education and Training Knowledge Translation Award 2010 \$4730 Interprofessional Education Office, UWO 2010 \$5000

### Grants Non Peer-reviewed

McEwan R (PI) & **Rudnick A** (Co-I). Barriers, enablers and related strategies in relation to supported post-secondary education for people with mental health challenges: A pilot (organizational) case study. ARIPU - Fanshawe College London Ontario, 2009 \$5,640

### Grants Industry

**Corring D** (PI). Establishing a recovery milieu in a tertiary care inpatient unit. EliLilly 2010 \$7,000

Martin R (PI) & **Rudnick A** (CoI). Humor-related interventions for mental health care service users: A feasibility and exploratory study. Astra Zeneca 2009-2010 \$16,000. Consortium for Applied Research in Mental Health (funded by Canadian Institutes of Health Research) 2008-2010 \$14,290

**Rudnick A** (PI). Adherence enhancement. Janssen-Ortho 2008-2010 \$10,500

**Sharma V** (Site PI). Treatment of postpartum depression with duloxetine. Eli Lilly Canada Inc. 2009-2011 Annual Amount \$26,064.50 Total \$52,129

**Sharma V** (Site PI). A randomized, double-blind, placebo controlled exploratory study of augmentation of Seroquel XR with pramipexole dihydrochloride for bipolar depression. Astra Zeneca Inc. 2010-2011 Total \$105,855