RMHC 8th Annual Research Half Day, June 15, 2007

BOOK OF ABSTRACTS

&

RESEARCH REPORT 2006

by

RMHC RESEARCH COMMITTEE

Message from the Director

The staff at Regional Mental Health Care continue to publish on a diverse range of research topics that are highly germane to the needs of the patient group we serve. For example, the work of Dr. Chiu and his group, examining whether ginseng can attenuate insulin resistance in schizophrenia, is being undertaken in the context of our ongoing clinical struggle to reduce the incidence and effect of metabolic syndrome in patients treated with atypical neuroleptics.

Other topics that our staff have focused on in their publications include: therapeutic relationships, models of mental health care delivery, effectiveness of mental health legislation, treatment of mood disorders in pregnancy, genetics of schizophrenia, residential treatment programs and first episodes of psychosis.

I would like to thank the Clinical Research Suitability and Impact Committee (CRIC), which continues its dedicated work to ensure that all research at Regional Mental Health Care is comprehensively reviewed. This year, we welcomed Dr. Abraham Rudnick to the committee. Dr. Rudnick also serves on the Research Ethics Board at The University of Western Ontario and provides a link for us with the University's ethics review.

I am pleased to report that Research INSIGHTS is now available on the SJHC intranet, via Library Services. As many of you know, *Research INSIGHTS of the Regional Mental Health Care, London-St. Thomas* is a peer-reviewed journal designed to publish reviews, case studies and original research. The purpose is to encourage local scholarly endeavours and provide an initial forum for presentation. Papers published in Research INSIGHTS may be subsequently submitted to other journals for publication. Research INSIGHTS new *journal-like* appearance, recently approved by our Research Committee, makes it easily identifiable as our publication.

As always, I am grateful to Joanne Chapman and Sandra Dunbar for their stellar work throughout the year, but particularly their efforts in ensuring a successful Research Half-Day.

I look forward to talking to all of you during the year. Enjoy the day!

R.L. O'Reilly
Director of Research

Paper Presentations

AB-O1 A Review of the Clinical Outcomes of Ontario's Precedent Setting Capacity Cases: From "Fleming v. Reid to "Starson v. Swayze"

Richard L. O'Reilly MB FRCPC, John E. Gray PhD, Robert Solomon LLB LLM

In Ontario, a patient can ask the Consent and Capacity Board (CCB) to review a physician's finding of incapacity and can appeal any unfavourable decision by the CCB to the courts. Treatment cannot begin while an application to the CCB or appeal to the court is outstanding. Our previous research from Regional Mental Health Care found no case in which a CCB confirmation of treatment incapacity was overturned by the courts. In order to extend this investigation to include all of Ontario, we used Quicklaw, a legal search engine, to perform a systematic review of Ontario cases in which a CCB decision was appealed to the courts. Our search, covering the years 1987 to 2005, identified six cases where the courts overturned the CCB decision and an additional case in which the courts sent the case back to the CCB for a rehearing. We confirmed the comprehensiveness of our search strategy by checking our list with key lawyers who practice mental health law. Using documents available in the public domain we were able to determine clinical outcomes for these cases. Most patients were detained untreated in hospital for prolonged periods: often in seclusion. All but one patient was eventually treated with psychotropic medications. The one untreated patient has been detained on a forensic unit for over 20 years. We argue these data strongly support our prior proposal that the Ontario law should be amended to allow treatment to start immediately after the CCB confirms a finding of treatment incapacity.

AB-O2 Differential Effects of Atypical Antipsychotic-induced Insulin Resistance on Neurocognition in Schizophrenia

Simon S Chiu MD PhD FRCPC, Jason Carr PhD, Zack Cernovsky PhD, Jin Hyatsu Jr. BSc.Honors, Robbie Campbell Jr. MD FRCPC, Mariwan Husni MD FRCPC, Jenny O'Gorman RN, Varinder Dua MBBS FRCPC, Arun Prakash MBBS FRCPC, Liz Goble BA.

Introduction: In schizophrenia, residual cognitive impairment despite atypical antipsychotic therapy raise the issue whether insulin signaling dysregulation plays any role in cognitive deficits
Objective: to examine whether neurocognition measures are differentially correlated with Insulin Resistance index (IR) assessed with HOMA (Homeostasis Model Assessment in non-diabetic schizophrenic patients.
Method: The study was cross- sectional. The subjects were required to complete SCID diagnostic interview for schizophrenia and computerized Neuro-Cognitive Screening Test (NCS). Body composition fasting lipid, glucose and insulin levels were monitored.
Results: We recruited 37 chronic schizophrenics (mean age: 43 yrs; male/female: 27/10) 35/37 on clozapine (mean dosage: 310 mg) 2/37 on olanzapine (mean dosage 15 mg). The mean BMI (Body Mass Index) was in the obese range: 32.4, mean fasting glucose: 4.9 mmol/l; and mean insulin level: 12.6 μU/ml Mean HOMA-IR: 2.70 correlated significantly ($p < 0.05$) with BMI, triglyceride and insulin levels. We followed the two-step process to define the relationships of log HOMA-IR with each neurocognitive variable. No distinct curvilinear relationships emerged from bivariate scatterplots. Pearson correlation coefficient using Log transformed HOMA-IR correlated significantly ($p < 0.05$, 1- tailed) with neurocognitive measures of facial expression identification ($r = -.31$), delayed semantic memory ($r = -.31$), delayed visual memory ($r = -.31$) and verbal analogies test ($r=+.29$). More severe IR led to poorer neurocognition.
Conclusion: Our finding of significant correlation between insulin resistance and neuro-cognitive deficits provides evidence for cognitive "processing deficits" mediated by insulin signaling in schizophrenia. Pharmacological targeting insulin resistance may improve neurocognitive deficits.
Study supported by Stanley Medical Research Institute, MD, USA.

AB-O3 Effects of Multisensory Relaxation on Mental Health: A Pilot Study

Gita Canaran MA CPsych Assoc, Shayne Johnston BSW RSW

This pilot study is focused on determining the effects of multisensory relaxation room in reducing stress related symptoms for adult inpatients in a psychiatric setting. Research on mental health inpatient populations has been

limited to date. Relaxation techniques have proved beneficial in reducing stress, agitation, aggressive behaviours, anxiety and ruminative thinking, often reducing reliance on medication and need for seclusion and restraint. The purpose of this preliminary study is to examine the efficacy of multisensory relaxation using guided imagery in reducing these symptoms using a Likert scale self-report measure and clinical observations. Chart review, symptom ratings, blood pressure and pulse rate pre- and post- relaxation session were collected.
A paired samples t-test analysis was used to assess whether use of the multisensory relaxation room was effective in reducing stress related symptoms. Preliminary analysis of the results (n=21) indicates a significant decrease in both self-report ratings of symptomatology ($p<0.0001$) as well as pulse rate ($p<0.037$) on pre and post session measures. Pre and post session differences in blood pressure were non-significant. Research is expected to conclude in September 2007 with the aim of 70 participants.
Initial findings demonstrate that multisensory relaxation rooms are associated with beneficial effects in reducing stress related symptoms on both subjective and objective measures. They may prove useful in reducing reliance on medication and need for seclusion and restraint, especially if included in the treatment plan as a preventative measure. Future research should examine the generalization of these skills over time and to the community.

AB-O4 Continuous Enhancement of Quality Measurement (CEQM) in Primary Mental Health Care: Closing the Implementation Loop

David Haslam MD MSc FRCPC

Background: A national project on measuring the quality of primary mental health care is needed.
Objective: To provide final results on a set of 20 to 40 consensus measures that can be used at practice and system levels to support quality improvement in Primary Mental Health Care.
Design: A three-stage process was used to develop a final set of measures:
Stage 1 identified priority areas and
Stage 2 the evidence used to derive practice measures.
Stage 3 involved two round Delphi postal survey of individuals in a national CEQM database. Each round consisted of participants completing a 90+ minute survey rating 160 measures
Main measure domains were: rating of relevance, actionability and overall importance.
Results: Response rate of 79% from those accepting invitation to be surveyed participated. Education about depression, risk assessment for self harm and secondary care discharge plans were highly rated. The domains of mood and acute were prominent, variation was seen amongst stakeholders.
Conclusion: we identify for each stakeholder group how to use these measures for the "next stage" of their work. http://www.ceqm-acmq.com/ Funding: Health Canada

AB-O5 Utilizing *The Adult Needs and Strengths Assessment - Referral Version (ANSA-R)* to help determine the level of psychiatric care needed – A Prospective Review.

Charles Nelson C Psych, Megan Johnston UWO Psychology Student

Objective: The present study examined the Adult Needs and Strengths Assessment - Referral Version (ANSA-R) ratings over the past two years in order to determine if the instrument was useful in predicting clinical outcomes.
Methods: Participant data were aggregated and statistically treated through prospective chart review of 272 health records.
Results: For length of stay, four variables emerged that produced a significant model ($F_{(19,84)} = 10.66$, $p<.01$). In order of importance, ratings of psychotic symptoms, motivation for self-care, danger to others, and impulse control problems resulted in a coefficient of correlation (R^2) of .31. For seclusion, only ratings of psychotic symptoms resulted in a significant model ((F (19,69) = 5.12, $p<.05$) with an $R^2 = .07$. Episodes of patient violence were predicted by ratings of sexually inappropriate behavior, with a significant model of ((F (19,69) = 12.35, $p<.01$) with an $R^2 = .15$. Finally, patients requiring a subsequent admission within two years was predicted by ratings of stability of relationships, and experience of trauma, with a significant model of ((F (19,84) = 11.94, $p<.01$) with an $R^2 = .23$. There were no significant regression models predictive of restraint, self-injury, or use of seclusion. Diagnoses were also coded for comparison with ANSA-R ratings. Clinical cut-offs were established to help guide psychiatric triage and longer term rehabilitation placement decisions. A canonical discriminant function analysis resulted in 83.5% of original grouped cases were correctly classified (Wilks Lambda = .37, X^2= 73.40, $p<0.01$).
Conclusions: The ANSA-R demonstrated clinical utility in predicting level of care and psychiatric utilization.

AB-O6 Preventing Homelessness Among Mental Health Patients Discharged From Psychiatric Wards to "No Fixed Address"

Cheryl Forchuk RN PhD, Elsabeth Jensen RN PhD, Richard Csiernik CSW PhD, Jeffrey Hoch PhD, Shani Kingston-MacClure BA MSW, Michelle VanBeers, Rebecca Vann BSW MSW

A recent study revealed the problem of discharge to shelters or the street occurred at least 194 times a year in London, Ontario, Canada (Forchuk, Russell, Kingston-MacClure, Turner, & Dill, 2006). Without addressing this issue, there is a risk of escalating the disastrous effects of these situations.

This project developed and tested an intervention to prevent homelessness due to discharge from a psychiatric hospitalization directly to shelter or streets. Participants who were randomized into the intervention group were provided with immediate social support and assistance in obtaining housing upon discharge in addition to receiving assistance in paying for their first and last month's rent though Ontario Works or Ontario Disability Support Program. Data was collected from all participants before discharge, as well as at 3 and 6 months after discharge, in order to track information such as housing status, and housing costs.

This project challenges normal policies related to housing and start-up fees, and questions whether or not a change in those policies can reduce homelessness. The results of this project showed that all individuals who were in the intervention group attained and maintained housing, whereas all but one individual in the control group did not attain housing and remained homeless at the six-month period. The exception joined the sex trade to avoid homelessness. These results were so dramatic that randomizing to the control group has stopped and discussions are currently underway to routinely implement the intervention. The key benefit of this project has been the prevention of homelessness after discharge from a psychiatric hospitalization.

Poster Presentations

AB-P1 Research as Poetry: Students' Meaning of Living with a Different Sense of Hearing

Catherine Aquino-Russell RN BScN MN PhD, Avraham Santopinto RN BA hons BScN MScN

What is the meaning of living with a different sense of hearing for university students? This study, differing from conventional approaches, seeks to build on a program of research to enhance understanding of the lived experience for four university students using a qualitative approach.
The process of inquiry was guided by R.R.Parse's human becoming theory for nursing using Giorgi's descriptive phenomenological method for analysis-synthesis. Participants were asked to write about a situation that best describes what it is like for them to live with loss of hearing, which they shared with the researcher via email correspondence.
This poster will present the findings of this research using poetry…

…Being with situation
cocreated in the shadows of past experiences
choosing paradoxical ways of being with others:
Engaging-withdrawing,

Amidst others': Revealing-concealing
Regard-disregard,
Knowing-not knowing
Feeling alone when with others
questioning present abilities and future aspirations.…

AB-P2 Application of interRAI Data to Gender Issues in Vulnerable Populations: A Consideration of Objectives, Methods, Challenges and Opportunities

Ed Black PhD C Psych, Tom Ross BA, Maggie Gibson PhD C Psych, Iris Gutmanis PhD, Dorothy Forbes RN PhD, Marnin Heisel PhD C Psych

One of the goals of the recently developed Canadian Institutes of Health Research (CIHR) Guide to Gender and Sex-Based Analysis (GSBA)(http://www.irsc.gc.ca/e/32019) is to promote the application of GSBA in research. The CIHR Institute of Gender and Health funded a one day workshop aimed at exploring the possibility of using interRAI data to do GSBA in specific vulnerable populations including those receiving home care as well as those in complex continuing care and acute care mental health institutions (Gibson, Hirdes and Erickson, companion abstract). This report will focus on some of the challenges associated with collaborative abstraction of key foci for GBSA in these populations and the translation of the key issues into research questions that use a GBSA lens to illuminate socio-cultural factors that contribute to differences in health outcomes for men and women (rather than treating sex as a confounding variable). An exploratory analysis of sex differences in a small MDS-MH database revealed opportunities and challenges associated with database mining for sex differences versus GBSA theory-driven research as the starting point for investigation. The analysis underscored the need for both the development of logical and appropriate age and population stratifications for GBSA within MDS datasets and for greater understanding of the potential contribution of the analysis of interRAI fields, within a larger program of research on GSBA in vulnerable health care populations. Further knowledge of these issues could be used to help inform the development of policies and practices on GSBA in this research context.

AB-P3 A Community sample of older adults with a history of mental illness

Robin Coatsworth-Puspoky RN MScN CNS, Elsabeth Jensen RN PhD, Cheryl Forchuk RN PhD

By the year 2030, epidemiologists predict a mental health care crisis as a result of a 275% rise in older adults with mental health challenges who will require health care and mental health care (Jeste et al., 1999). The population of older adults in the community with mental health challenges will increase as a result of decreasing mortality rates in persons with mental health challenges; aging; and lifestyle choices of the aging baby boomers (Jeste et al.,1999). A

Community University Research Alliance on Housing and Mental Health collected data over 5 years from 300 community members who experienced mental health challenges. This is a secondary analysis of data collected from a sub-sample of community members (n=24) from a mid-sized Canadian city who are over 65 years of age. The purpose of this study is to describe the characteristics of older adults who have mental health challenges. Preliminary data analysis indicates that this sub-sample experienced mental health challenges earlier, were older when first hospitalized and had fewer, but longer hospital stays than the CURA community sample. Abuse and trauma scores are very high in this sub-sample, especially for men in the areas of emotional neglect, physical neglect and overall childhood abuse. Further analysis is in progress. The study findings expand health care providers' knowledge about the unique characteristics, needs and challenges of older community-dwelling adults who have experienced mental health challenges and emphasize the importance of health care providers developing trusting relationships to know and understand older adults with mental health challenges as persons.

AB-P4 Evaluating Restraint and Safety Device Use in a Geriatric Psychiatry Population

Robin Coatsworth-Puspoky RN MScN CNS, Nancy Bol MScN APN, Tom Ross BA, Ed Black PhD C Psych,
Lindsay McAuley RN BScN

The Geriatric Psychiatry Program is moving towards reducing restraint use. To achieve this goal, an educational in-service about restraints and safety devices was developed. The education was delivered to interdisciplinary team members to ensure that they received consistent knowledge. The purpose of this evaluation was to determine the level of knowledge of staff. Twelve focus groups (n=52) were conducted with team members to determine their learning needs; specifically their perceptions related to knowledge and understanding about the use and definitions of safety devices and restraints. Sixteen hours of pre and post observations on the 3 units were conducted to explore and describe nurses' documentation of and practice with restraint and safety devices. The findings from the focus groups, relevant literature, unit observations, and Restraint Policy information were used to develop a 1-hour educational in-service. Interdisciplinary team members (N=100) participated in the education and completed a pre and post-test. Analysis suggested a significant increase in staff knowledge about restraint and safety device use. Unit observations suggested that staff continue to experience challenges discriminating between the use of safety devices and restraints and effectively documenting the use of safety devices and restraints. Minimizing restraint use is a complex process that requires ongoing support and collaboration between members of the interdisciplinary team.

AB-P5 Evaluation of the Eldercare Clerkship: Year 1 Results.

Lara Diachun BASc MEd MD FRCPC, Lisa VanBussel BSc MD FRCPC, Kevin T Hansen BA MA, Andrea C Dumbrell BASc MA, Michael J Reider MD PhD FRCPC FAAP

In 2003, the University of Western Ontario (UWO) created a new two-week "Eldercare" clerkship combining teaching in Geriatric Medicine and Geriatric Psychiatry. Trainees and faculty who believe clerks receive sufficient training in Eldercare elsewhere in the clerkship have questioned the value of having this rotation. We therefore posed the following research question: Do clinical clerks who complete an Eldercare rotation develop superior knowledge, clinical skills, and attitudes in caring for older patients than those who do not?
A randomized, controlled trial was conducted involving third-year clerks from the Classes of 2007 and 2008 at UWO. Clerks were assigned to complete either an Eldercare or non-Eldercare (ENT/Ophth.) rotation; the clerkships were otherwise similar in content. Geriatric knowledge and attitudes were assessed by survey prior to beginning the clerkship, with knowledge, attitude, and practice characteristics being assessed by survey in the final month of clerkship. Clinical skill was assessed using the Eldercare station of the clerkship exit OSCE.
132 clerks (72 Eldercare, 60 non-Eldercare) took part in the study. Eldercare clerks demonstrated significant improvement on the knowledge measure ($t[1,92]=2.22$, $p=0.03$) and had a less negative attitude ($t[1,89]=2.40$, $p=0.02$) compared to non-Eldercare clerks. Pass rate on the OSCE for Eldercare clerks was 97.14% (score 33.46 ± 3.81) and non-Eldercare clerks, 81.36% (score 32.53 ± 3.66).
Preliminary data analysis suggests that completing a 2-week Eldercare clerkship may indeed improve the knowledge, attitude, and clinical skills regarding the elderly beyond what would be expected from a clerkship without specialized training in Eldercare.

AB-P6 Mental Health Consultation and Evaluation in Primary care: A Sustainable Delivery Model

Anne Finigan RN MScN NP, Haydn Bush PhD MB BS FRCPC, Nina Desjardins MD FRCPC, David Haslam MD MSc FRCPC, Lois Jackson RN CPMHC, Jatinder Takhar MD FRCPC

Mental Health Consultation and Evaluation in Primary-care (MHCEP) is a joint venture between primary care providers in the community, academic centres and mental health care staff from Regional Mental Health Care – London. Primary care providers make referrals for consultation to mental health care staff co-located at the five established primary care sites. The on-site treatment interventions of MHCEP allow the primary providers to maintain their care relationship, with direct and indirect accessibility to mental health resources, increase accessibility to expert opinion, and decrease wait time for the service. Early intervention by the primary care provider and MHCEP staff decreases the likelihood clients will need to use crisis, urgent, emergent or hospital services thereby building system capacity. Early intervention will change the impact of the illness on both the client and their family. A Registered Nurse or Clinical Nurse Specialist and a Psychiatrist provide direct service to primary care providers. This includes on site consultations, education and training fostering knowledge uptake. The emphasis is on short-term care with individuals and families. A rich database of information is collected at each site to identify the characteristics of the population referred, time from referral to contact with the MHCEP staff, and trends within the sites as providers become more skilled in working in this environment. Provider and consumer satisfaction is also valuable information to review as novel delivery methods are implemented and efficacy is defined. Re-engineering care delivery must provide safe, appropriate and timely care within given resources. Here we present our experiences implementing this model over the last three years.

AB-P7 Chaos to Clarity: Surviving the Tornado of Mental Illness

Cheryl Forchuk RN PhD

A workshop held in late 2006 was developed to raise awareness of the concept of Interprofessional (IP) education and collaboration with a focus on mental health and housing/homelessness. Students and faculty members at the University of Western Ontario (UWO) from the health disciplines of: Psychology, Psychiatry, Medicine, Social Work, Nursing, Occupational Therapy and Physiotherapy, along with community members and clients from mental health agencies, were invited to attend a 2-hour workshop called "From Chaos to Clarity: Surviving the Tornado of Mental Illness". Participants initially were exposed to a dramatic play displaying societal responses to mental illness, the 'Chaos'. This was followed by a collaborative activity called a "conversation café" composed of 7-food stations with a focal question at each. This approach provided opportunities for participants to network, collaborate, and engage in a participatory evening. Examples of questions posed were: What would successful IP collaboration look like in practice?; What would be the key elements in incorporating IP education into the curriculum of the health disciplines?; How should a client experience IP collaboration in their care? All responses were recorded on flipcharts and consequently used as preliminary data. Participants were asked to complete a brief survey consisting of 3 general questions related to IP education and collaboration and a feedback form at the end of the event. Results demonstrated that although everyone felt strongly about the importance of IP education and collaboration, it is not presently well established within the health disciplines. Actual findings will be reported in the session.

AB-P8 Implementing a Transitional Discharge Model: Knowledge Translation Issues

Cheryl Forchuk RN PhD, William Reynolds RMN RGN RNT PhD, Elsabeth Jensen RN PhD, Mary-Lou Martin RN MScN, Siobhan Sharkey RMN PhD, Susan Ouesley MEd, Patricia Sealy RN PhD, Georgiana Beal RN PhD

The *Transitional Discharge Model (TDM)* has been used to facilitate effective psychiatric hospital discharge for individuals with a mental health problem from hospital to community. The model is based on the provision of therapeutic relationships from inpatient staff and peer supporters, to ensure a safety net throughout the discharge and community reintegration processes.
TDM was developed through the *Bridge to Discharge* project (Forchuk, Chan et al., 1998; Forchuk, Jewell et al., 1998). 38 long-term stay clients were successfully "bridged" from hospital, saving $500,000 (CAN). Forchuk, Martin, Chan & Jensen (2005) further tested the model in a RCT design using 26 tertiary care psychiatric wards. In year 1, they found length of stay on intervention wards decreased by 116 days per person saving over $12 million (CAN).

Despite the positive client and systems outcomes, TDM has not been easy to implement. TDM requires many changes in traditional, relational & policy practices. This study examined the barriers and facilitators to implementing a best practice related to transitional discharge care in psychiatric settings.
The study used a *delayed implementation design* with 40 psychiatric hospital wards. This occurred in three waves; each wave of wards implementing TDM and completing staff focus groups to identify barriers & strategies to implementation. Strategies were refined for each subsequent wave of implementation. Ward level data was collected through client interviews at discharge and one-month post-discharge to determine *degree* of implementation on all wards.
Barriers identified by staff include; workload/educational demands, interpersonal team conflicts, role clarity and changes in resource persons. *Strategies* include: on-site champions, ongoing administrative support, various approaches to TDM education, case/person specific implementation, & intervention value.

AB-P9 Police mobile crisis services: A comparative approach to evaluation.

Cheryl Forchuk RN PhD. Elsabeth Jensen RN PhD, Mary-Lou Martin RN MEd MScN, Rick Csiernik PhD RSW

Currently, in Canada, there has been an increase in contacts between the police and individuals with mental illness. Consequently, Police Mobile Crisis services are becoming more popular in Ontario, particularly after the success of the Crisis Outreach and Support Team (COAST) program in Hamilton, Ontario. Unfortunately, we do not have a good understanding of the essential components, processes, and outcomes for these services. Therefore, this is an issue that needs to be addressed as new police mobile crisis teams are emerging with variations in structure and organization.
By employing a case study approach, we can compare and contrast police crises models in three different cities: Chatham, Haldimand-Norfolk, and Hamilton. Quantitative systems level data will include a description of the communities served, frequencies of emergency room and police calls, satisfaction surveys and open-ended questions. To obtain qualitative data, we are carrying out participant observation, focus groups and interviews within each site with families, consumers and services providers. We are expecting a sample size of 180 participants, with 60 participants in each group (consumer, family members and service providers). From this case comparison method, it will give us rich data in order to understand the similarities and differences between these police mobile crisis models. Moreover, it will help us identify key issues regarding the development of successful police mobile crisis services in Ontario. The presentation will focus on the participant observations and focus groups.

AB-P10 Sharing responsibility for the emerging problem of type 2 diabetes in mental health populations"

Betty Harvey RNEC BScN MScN, David Haslam MD MSc FRCPC, Stewart Harris MD MPH FCFP FACPM, Tamara Biederman PhD

Background – Compared to reference populations, individuals with schizophrenia are 4-5 times more likely to have type 2 diabetes (T2DM), are more likely to remain undiagnosed and under treated (1). Community Mental Health Agencies (CMHA) are uniquely positioned to partner with Family Physicians, in addressing the challenges of diabetes care for this emerging high risk group.
Objective: We report on a study designed to evaluate the feasibility, acceptability, efficiency and effectiveness of a CMHA based shared-care diabetes program targeting a community mental health population.
Method: Using a descriptive design a convenience sample of clients accessing services at a CMHA in South-Western Ontario were recruited to participate in one of 3 diabetes services (screening, prevention or management). Trained CMHA Nurses working in collaboration with Family Physicians delivered the services.
Results: Surveys suggested that Staff, Family Physicians and Clients were very satisfied with the diabetes service. The screening protocol identified 25/ 97 participants (27%) with previously undiagnosed pre-diabetes or diabetes. Participants in the diabetes prevention component (n22) achieved clinically significant weight loss and BP reduction. Participants with T2DM (n33), who were engaged in the management component, achieved clinically significant improvements in CPG targets including A1c, BP, immunization rates, foot care, dilated eye exams, statin and ACE use.
Conclusions: CMHA are uniquely positioned to partner with Family Physicians in the provision of diabetes care. The model we describe shows promise and in the interest of having others build on our experience, a resource, detailing our approach has been developed for dissemination. (http://www.drmhc.com)

AB-P11 Transition into Primary-care Psychiatry (TIPP): Assessment of the continuing medical education needs of family physicians providing care to the seriously mentally ill population group within the model of service delivery.

Allison Hobbs Summer Research Student, Jatinder Takhar MD FRCPC, David Haslam MD MSc FRCPC, Lisa McAuley RN CPMHC

Objective: To determine the continuing medical education needs of family physicians involved in the Transition into Primary-care Psychiatry (TIPP) program.
Design: Two surveys: One using an adapted questionnaire designed for models of Shared Care. Family physicians were asked about educational needs, comfort levels, attitudes and beliefs towards mental illness, and perceptions of supports that could enhance the management of patients. The questionnaire was designed to elicit feedback for assessing the patient-family physician relationship.
Main Outcome Measures: Family physicians' self-reported primary mental health care knowledge, preferred formats for continuing medical education, attitudes, beliefs and supports for mental health. For the patient questionnaire, measures included patients' self-reported satisfaction.
Results: 24 (69%) family physician and 37 (77%) patient responses were received; suggesting that improving primary mental health care knowledge were considered important by family physicians. Family physicians do not believe they have enough training or time to adequately address their patients' mental health needs. Patient questionnaires revealed a need for greater communication from family physicians; however, the overall level of satisfaction with treatment from TIPP family physicians was high.
Conclusion: Various topics and interactive CME formats should be offered in CME programs with particular attention paid to the time constraints of the primary care setting. Opportunities should be sought enhancing formal CME with collaborative care experiences. CME programs for family physicians treating patients with serious mental illness may need to emphasize communication skills.

AB-P12 Development of an Educational Tool for Clinicians Working with Elderly Clients Experiencing Delirium, Dementia, and Depression

Linda Lodder RN

An RNAO Fellowship promoted expertise in the care of the frail elderly. An increase in the acuity of the clients presenting to the Geriatric Rehabilitation Unit (Parkwood, SJHC) changed the unit's focus from promoting physical mobility and activities of daily living, to the assessment and treatment of more medically complex issues. This change in clinical focus illuminated a knowledge gap for interdisciplinary team members. The objectives for this project were: to effectively enhance early recognition and differentiation between delirium, dementia and depression; and to manage the behaviours presented by these diagnoses. Project outcomes included: dissemination of screening and care giving strategies to support staff and families, which were based on the principles of adult learning and evidence-based practice. Key learning objectives were met through interactions with clinicians at SJHC and LHSC in Geriatric settings. This project delivered an educational tool: a CD with video clips with client actors that illustrated the differences between delirium, dementia, and depression.

AB-P13 TIPP Clinical – Findings from the Third Year in Expanding Collaborative Relationships

Lisa McAuley RN CPMHC , Jatinder Takhar MD FRCPC, David Haslam MD MSc FRCPC, Jennifer Lehto RN, Sharon Melville RN, Jack Haggarty MD FRCPC

The Transition into Primary-care Psychiatry (TIPP) clinical model in its third year of service provision in Thunder Bay and London, Ontario provides the opportunity to evaluate the success of expanding collaborative relationships within our care communities.
For persons with a moderate-to-severe mental illness, transition from area mental health centres to the primary care practice community is in keeping with the current Canadian health care climate. Factors required for success within this interprofessional collaborative model include co-locating in the primary care practice by the TIPP teams with commitment to flexibility and co-operation among the different disciplines.
During all stages, the client is empowered by negotiating the frequency that care will be provided by the team members. This promotes autonomy in the therapeutic relationship and increases adherence to the recommendations

made during the provision of care within the model. For those clients who have been with TIPP for three years, this latest stage encourages wellness and facilitates self direction of mental health. With a greater emphasis on the utilization of community resources, the diminution of TIPP services or mutual discharge planning from TIPP may occur for TIPP clients in their third year.
To expand community integration for the client, the TIPP clinical nurse continues to promote client independence, while at the same time may modify the intensity of TIPP contact with client and family physician based on client need. In Thunder Bay and London, the welcome addition of nurse practitioners for consultation reflects an opportunity to meet diverse care needs within the chronic disease management model.
The concept of this model of interprofessional teamwork is to adopt a proactive versus a reactive philosophy, recognizing the strengths and the limitations in each setting as well as opportunities for growth.
Many barriers and challenges identified in the previous stages of the implementation of this model have been addressed. Signs of rewards for the care community and the client are more evident with reduced contact, reduced stigma and successful community integration. It is important that collaboration remains flexible to identify and meet the care needs of all participants to maintain a system that is progressive while respecting the contribution of each team player. Our TIPP clinical model in its third year is demonstrating this principle well by proactively expanding collaborative relationships.

AB-P14 A review of the deaths of geriatric psychiatry inpatients

Jennifer Oates MSc MD, Lisa VanBussel MD FRCPC, Tom Ross BA, Ed Black PhD

Mortality in geriatric psychiatry inpatients has not been extensively examined in the literature. A chart review of all mortalities of geriatric inpatients at a tertiary care psychiatric hospital over a five-year period (1999-2004) was completed to examine the medical and mental health factors in this population. There were 80 deaths in a total of 1279 discharges and of these 78 charts were accessible for review. Demographic data, admission source, place of death, psychiatric and medical diagnoses, medications and cause of death were summarized. Most had no previous psychiatric admissions (64%) and were diagnosed with dementia (76%). Cardiovascular (76%) and endocrinological (35%) diseases were the most common medical diagnoses. The diagnostic profile of other discharged patients was quite different with depression the most common psychiatric diagnosis and a much lower proportion of dementia (37.5% and 20.6% respectively). Dementia, dehydration/malnutrition, dysphagia and aspiration pneumonia were the cause of death or contributing factors in 38% of cases. There was a strikingly common narrative thread of dementia patients with no previous psychiatric admissions or history admitted from family or nursing homes due to behavioural disturbance. Questions are raised about our approach to the care of this growing population of elderly patients in long-term care and psychiatric facilities and the role of geriatric psychiatry in end-of-life and palliative care of demented patients.

AB-P15 Other-consciousness and the Use of Animals in Medical Experiments:

Abraham Rudnick MD PhD

Objective: To explore the implications of other-consciousness (narrowly defined as theory of mind) to the ethics of use of animals for human purposes.
Method: Conceptual and ethical (mostly utilitarian) analysis, using medical experiments as a test case.
Results: Consciousness and self-consciousness are commonly considered in the use of animals for human purposes, unlike other-consciousness. Other-consciousness, a term coined by the author, is the ability of a being to represent beliefs, emotions and intentions of others. Other-consciousness is commonly considered in the ethical discussion of human relations, and confers moral deserve – duties and rights - on beings that demonstrate it. Hence, criminal responsibility may not be ascribed to individuals that offend due to an impairment in other-consciousness, such as some individuals with autism or schizophrenia. Highly evolved animals, such as apes, may be considerably other-conscious. Animals that demonstrate considerable other-consciousness may be deserving of protection from use for human purposes (more than other animals, *other things being equal*), including from use in medical experiments.
Conclusion: Other-consciousness should be considered, in addition to consciousness and self-consciousness, in the ethical discussion of the use of animals for human purposes such as medical experiments.

AB-P16 Postpartum depression: missed bipolarity and comorbid patterns.

Verinder Sharma MB BS FRCPC, Cynthia Corpse BA Hons CCRP, Mustaq Khan PhD C Psych, Priya Sharma BHSc Candidate

Objective: To investigate the diagnostic profile of women referred for postpartum depression.
Methods: Fifty-six women seen consecutively with the referral diagnosis of postpartum depression were interviewed using structured instruments, including the Structured Clinical Interview for DSM-IV to gather information regarding Axis I diagnoses.
Results: In terms of frequency of occurrence, the primary diagnoses in this sample were: bipolar II disorder (23%), bipolar I disorder (2%), major depressive disorder (46%), and bipolar disorder NOS (29%). A currently comorbid disorder, with no lifetime comorbidity, occurred among 32% of the sample; by contrast, a lifetime comorbidity alone (i.e., with no currently comorbid disorder) was found among 27%. Both a lifetime and a current comorbidity was found among 18% of the women, and 23% had no comorbid disorder. The most frequently occurring current comorbid disorder was an anxiety disorder 46%, including current comorbidity of obsessive-compulsive disorder (OCD) in 29% of women. For lifetime comorbidity, substance use 23% and anxiety disorders 21% were the two most common.
Conclusions: The results suggest that postpartum depression is a heterogeneous entity and that misdiagnosis of bipolar disorders in the postpartum period may be quite common. The findings have important clinical implications including the need for early detection of bipolarity through the use of reliable and valid assessment instruments, and implementation of appropriate prevention and treatment strategies. Performing

AB-P17 A Needs Assessment: Identifying the Barriers to Admission and Supports in Long-Term Care Facilities for the Mentally Ill Elderly in the Region of London-Middlesex, Ontario.

Jennifer Speziale BScN MPH (cand)

This study examined the barriers to admission to Long Term Care (LTC) homes and supports required in these homes for the elderly who experience mental health illness in the London-Middlesex Region. Objectives: To assess the barriers to admission; identify psychogeriatric services and supports for residents and staff; assess staffing needs and deficiencies; explore the availability and utilization of psychiatric services; and identify the academic and specialized training needs of the staff. Method: A survey questionnaire was administered to participants via telephone interview or independent completion. Results: Administrators from 9 of the 18 LTC homes completed the surveys, resulting in a total response rate of 50% and 58% of LTC beds. The percentage of residents in LTC with mental illness varied from 31% to 75%. The most common barriers to admission were identified as aggressive behaviours; smoking, type of mental health diagnosis, restraint use, lack of external community mental health support, and finances. The most frequent barriers to receiving mental health care within LTC were identified as inadequate mental health training of staff, a lack of crisis intervention strategies and supports, and the referral process to attain psychiatric assessment and treatment. The paucity of mental health knowledge and skills in LTC homes, an inadequate number of specialized mental health clinicians, and improved coordination of mental health services were themes in this needs assessment. This needs assessment suggests that currently, resources are not available, are inconsistent, and/or have long wait times to provide appropriate assessment and follow-up for these residents in LTC.

AB-P18 Southwestern Ontario Geriatric Assessment Network (SWOGAN)

Lisa VanBussel BSc MD FRCPC

This presentation will provide a brief history of Southwestern Ontario Geriatric Assessment Network (SWOGAN) and its existing evaluation infrastructure, and focus on sharing lessons learned during the process of implementing a network-wide model of care in a regional geriatric assessment network.
SWOGAN is a network of specialized teams of clinicians located in the ten counties of southwestern Ontario that provide specialized services to the frail seniors and their caregivers. Its success to date is a result of the integration of programs and services, infrastructure creation, and partnership, all of which enable the implementation of education initiatives and a network-wide evaluation framework.

One of the top priority initiatives in the Network's strategic plan is the development and implementation of a network-wide model of care. This has involved the formation of a work group comprised of representatives of Network teams, a facilitated consensus process, and a comprehensive literature review.
This model is expected to support timely and consistent access to expertise in Geriatric care throughout the southwest.
SWOGAN continues to grow and the commitment of Network partners to develop an evidence-based model of care is further reflection of its commitment to evidence-based practice, evaluation, and the full engagement of Network partners in planning.

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Black E, Ross T, Lawson A. Geriatric psychiatry discharge liaison team. Poster presented at National RAI Forum; May 10, 2006; Winnipeg, MA.

Campbell R. Telepsychiatry in the Home Pilot Project. Paper presented at Canadian Psychiatric Association Annual Meeting; November 9-12, 2006; Toronto, ON.

Campbell R. REACH - A medical home care delivery system. Paper presented at European Space Agency Telecom Applications Workshop; November 22, 2006; Noordwijk, Netherlands.

Chiu S, Cernovsky Z, Sadek G. Gambling, Smoking and Substance Abuse Co-morbidity in Methadone-maintained opiate dependence. Paper presented at Canadian Society of Addiction Medicine Meeting; October 12-15, 2006;

Saskatoon, SK.

Chiu S, Campbell R, Carr J, Husni M, Gorman J, **Goble L**, Copen J. Panax Ginseng, PPAR agonist, attenuates insulin resistance in Schizophrenia. Paper presented at 4th World Congress in Insulin Resistance; October 5–7, 2006; Las Vegas NA USA.

Chiu S, Home B. Quetiapine in Bipolar Disorder with alcohol dependence: A pilot study. Poster presented at American Psychiatric Association Meeting; May 20-25, 2006; Toronto, ON.

Chiu S. Role of Ginseng in modulating memory processes and neuronal plasticity: an interim analysis. Paper presented at 3rd Annual Research Conference of Natural Health Product, March 3-5, 2006; Toronto, ON.

Chiu S. Husni M, Copen J. Differential outcome study of non-mandated addiction treatment for psychiatric patients with substance use co-morbidity mediating role of criminality. Poster presented at American Psychiatric Association Meeting; May 20-25, 2006; Toronto, ON.

Corring D. Being normal: Quality of life domains for persons with mental illness. Paper presented at International Quality of Life Research Conference; October 11-14, 2006; Lisbon, Portugal.

Fazakas-Dehoog L, Black E, Ross T. Assessing the reliability and validity of the cognitive performance scale (CPS) and the depression rating scale within a geriatric psychiatry population. Poster presented at Annual Research Day, Aging, Rehabilitation & Geriatric Care; November 9, 2006; London, ON.

Fazakas-Dehoog L, Black E, Ross T. Assessing the reliability and validity of the cognitive performance scale (CPS) and the depression rating scale within a geriatric psychiatry population. Poster presented at Department of Psychiatry, UWO Annual Research Day; June 22, 2006; London, ON.

Haslam D, Dua V. Resident facilitated evidence-based practice (EBP) seminars. Poster presented at Association for Academic Psychiatry Annual Meeting; September 27-29, 2006; San Francisco, CA.

Haslam D, Lehto J, **McAuley L**, Caruso R, Kolisnyk G, Haggarty J, **Takhar J**. Transition into Primary-care Psychiatry (TIPP): Perceived need for care and participant satisfaction outcomes. Paper presented at Primary Healthcare Network Symposium; September 19-20, 2006; Vancouver, BC.

Haslam D, Haggarty J, **Takhar J**, Caruso R, Kolisnyk G. It's about the patient: going beyond the satisfaction questionnaire: research on clients' experiences in a shared mental health care model. Paper presented at 7th National Conference on Shared Mental Health Care; May 11-13, 2006; Calgary, AB.

Haslam D, Harris S. Lent B, Harvey B, Biederman T. Diabetes screening risk management and disease management in a high-risk mental health population: An evaluation project. Poster presented at American Psychiatric Association Annual Meeting Scientific Program New Research; May 20-25, 2006; Toronto, ON.

Haslam D, Haggarty J, **Takhar J**. Transition into Primary-care Psychiatry (TIPP): The feasibility of conducting a full-scale cluster randomization study. Poster presented at American Psychiatric Association Annual Meeting Scientific Program New Research; May 20-25, 2006; Toronto, ON.

Haggarty J, **Haslam D, Takhar J**, Lehto J, Kolisnyk G, Caruso R, **McAuley L**. A tale of two cities: Lessons learned from research protocol variance. Paper presented at National Conference on Shared Mental Health Care; May 11-13, 2006; Calgary, AB.

Goossen R, Haggarty J, **Haslam D**. Testing function: The benefits/challenges of using the SFi2v2 or the WHODAS to supplement symptom outcome measurement findings. Poster presented at National Conference on Shared Mental Health Care; May 11-13, 2006; Calgary, AB.

Biederman T, Harris S. **Haslam D**. Lent B. Diabetes screening risk management and disease management in a high-risk mental health population: An evaluation project. Poster presented at National Conference on Shared Mental

Health Care; May 11-13, 2006; Calgary, AB.

Haslam D. Depression: evidence-base update. Paper presented at Drug Therapy Update Day; April 19, 2006; London, ON.

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McAuley L, Lehto J, **Haslam D**, Haggarty J, **Takhar J**. Transition into Primary-care Psychiatry (TIPP): Clinical findings from the first year in maintaining and enhancing shared care relationships. Poster presented at 19th Annual Research Conference University of Western Ontario School of Nursing; April 2006; London, ON.

O'Reilly R. The Starson case - clinical and legal update. Paper presented at Ontario Psychiatric Association 86th Annual Meeting; January 26-28, 2006; Toronto, ON. (Abstract Page 7 of Scientific Programme)

Amering M, **O'Reilly R**, Szmukler G, Hopper K. Outpatient commitment – experience, evidence and attitudes. Paper presented at World Psychiatric Association International Congress; July 12-15, 2006; Istanbul,Turkey. (Abstract ScS.34, Page 79, Book of Abstracts)

O'Reilly R. Moving beyond the polarized debate. Paper presented at World Psychiatric Association International Congress; July 12-15, 2006; Istanbul, Turkey. (Abstract ScS.34.3, Page 79, Book of Abstracts)

O'Reilly R, Bishop J, Maddox K, Hutchinson L, **Fisman M, Takhar J**, Persad E. Is telepsychiatry equivalent to face-to-face psychiatry? Results from a randomized controlled trial. Paper presented at Canadian Psychiatric Association Annual Meeting; November 10, 2006; Toronto, ON.

Rudnick A. Recovery from schizophrenia. Paper presented at World Psychiatric Association; July 12-16, 2006; Istanbul, Turkey.

Rudnick A. A conceptual analysis of the stress-vulnerability model of schizophrenia. Paper presented at 9th International Conference on Philosophy Psychiatry & Psychology; June 28-July 1, 2006; Leiden, Holland.

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Martins J, **Rudnick A**. The relation between coping and quality of life in schizophrenia: A re-analysis. Paper presented at Ontario Psychiatric Association 86th Annual Meeting; January 26-28, 2006; Toronto, ON.

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Rudnick A. Coping with disruptive aspects of psychiatric disability. Paper presented at PSR Canada National Conference; September 12-15, 2006; Kingston, ON.

Santopinto A. Toward a critique of a practice modality for the parasuicidal: Ten Socratic questions for dialectical behaviour therapy. Poster presented at 19th Annual Research Conference University of Western Ontario School of Nursing; April 2006; London, ON.

Sharma V. Assessment and treatment of bipolar disorder after delivery. Paper presented at Canadian Psychiatric Association Annual Conference; November 9-12, 2006; Toronto, ON.

Sharma V, Smith A, Mazmanian D. Estradiol and progesterone levels during pregnancy and the postpartum period predict postpartum episode risk and symptom severity in women with bipolar disorder. Paper presented at 67th Canadian Psychological Association Annual Convention; June 8-10, 2006; Calgary, AB. (Abstracted in Canadian Psychology)

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Sharma V. Are we misdiagnosing bipolar depression as postpartum depression? Paper presented at North American Society for Psychosocial Obstetrics and Gynecology (NASPOB); February 9-11, 2006; Kohla Coast, Hawaii.

Sharma V, **Howe C**. Mazmanian D. Inpatient treatment of refractor mood disorders: Diagnostic and treatment considerations. Poster presented at Canadian Psychiatric Association Annual Conference; November 9-12, 2006; Toronto, ON.

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Takhar J, Dixon D. CME bias management process. Poster presented at GAMES Education Symposium; October 5, 2006; London, ON.

Takhar J, McAuley L, Melville S. TIPP Clinical - Findings from the second year in sustaining collaborative relationships. Paper presented at National Conference on Shared Mental Health Care; May 11-13, 2006; Calgary, AB.

Davine J, Karlinsky H, **Takhar J.** Maximizing your credits: PLPs & Audits in the Maintenance of Certification. Workshop presented at Canadian Psychiatric Association Annual Meeting; November 9-12, 2006; Toronto, ON.

Takhar J, Dixon D. CME bias management process. Poster presented at CFPC Accredited Providers Conference; October 13, 2006; Mississauga, ON.

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Takhar J, Dixon D, Eadie J. Are the continuing medical educational needs of physicians dynamic over time? A quick fix. Paper presented at AFMC Conference; April 29-May 2, 2006; London, ON.

Takhar J, Haslam D, McAuley L. Transition into Primary-care Psychiatry (TIPP): Assessment of the continuing medical education needs of family physicians providing care to the seriously mentally ill population group within the TIPP model. Poster presented at GAMES Education Symposium; October 5, 2006; London, ON.

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Chiu S. Effect of Panax Ginseng in partially responsive schizophrenia: A multi-site RCT study. Stanley Medical Research Institute MD, USA 2003-2006 Total $418,500 (US)

Chiu S, Cernovsky Z, Smoking and gambling: Behavioural and biological correlates. Lawson Research Institute, London Ontario 2005-2006 Total $17,000

Chiu S, Campbell R (CO-I), Cernovsky Z: Differential effects of atypical anti-psychotic on GIP (Glucose-dependent insulinotrophic polypeptide) in relation to insulin resistance in schizophrenia. Lawson Research Institute, London, Ontario 2005-2006 Total $15,000.

Chiu S (PI), Husni M, **Campbell R** (Co-PI), Cernovsky Z. Study of Curcumin, a putative neuronal Nitric Oxide Synthetase inhibitor (nNOS) with neuroprotective, antioxidant, anti-inflammatory properties, isolated from Turmaric (Curcuma Londa) as added-on strategy to antipsychotics in treating negative symptoms and neurocognitive impairment in schizophrenia. Pilot open-label study. Stanley Medical Research Institute, MD, USA $96,020 US$ 2006-2007

Haslam D (Co-PI), Harris S. Diabetes screening risk management and disease management in a high-risk mental health population - an evaluation project. The Ministry of Health and Long-Term Care Primary Health Care Transition Fund 2004-2006 Total $369,172.60; 2005-2006 $196,915

Haslam D, Haggarty J (Co-PIs),Donner A, Hoch J, Dewa C, Harris S, Lent B, **Takhar J**. Transition into primary-care psychiatry (TIPP) The Ministry of Health and Long Term Care, Primary Health Care Transition Fund 2004-2006 $236,196.60.

O'Reilly RL (PI), Gray J, Solomon R, Blackburn J.(Co-I). Analysis of precedent setting cases for the Ontario Mental Health Act and Health Care Consent Act. University of Western Ontario Department of Psychiatry 2006 - 2008 Total $2,400.

Rudnick A (PI) Risk factors of refractory schizophrenia: a review. Consortium for Applied Research and Evaluation in Mental Health 2005-2006 Total $3,500.

Rudnick A (PI), Forchuk C (Co-I). Poverty and mental health. SSHRC CURA LOI grant: $20,000 2006.

Rudnick A (PI) A conceptual analysis of the stress-vulnerability model of schizophrenia. Consortium for Applied Research and Evaluation in Mental Health 2006 Total $2,500. Travel Award

Sharma V (PI), Misri S, McIntryre R. (Co-I). A double-blind placebo-controlled study of the addition of 17-b estradiol to a mood stabilizer (lithium or valproic acid) in the treatment of major depression with postpartum onset in 96 patients with bipolar I and II disorders. Stanley Medical Research Foundation 2003-2006 Total $267,074.27 (S); 2005-2006 $89,211 (US)

Yatham L (PI), **Sharma V** (Co-I). Atypical antipsychotics for continuation and maintenance treatment after an acute manic episode. Canadian Bipolar Consortium. Canadian Institute of Health Research. 2002-2007 Total $1,672,850; 2005-2006 $25,000.

Sharma V (PI), McIntryre R, Hampson E, Bartha R, **Khan M**. (Co-I). Examining the heterogeneity of postpartum depression: A prospective study of nature prevalence course and etiology. Ontario Mental Health Foundation Research Project Grant 2005-2007. Total $149,972; 2005-2006 $74,986.

Grants Industry

Campbell R (PI). Remote Assertive Community Home Care REACH European Space Agency 2004-2006 $750,000 ESA; $750,000 CIK (partners) Total $1.5M

Haslam D (Co-PI), Harris S (Co-PI), Biederman T, Harvey B. Diabetes screening risk management and disease management in a high-risk mental health population. Lilly Neuroscience Solutions for Wellness Educational Fund 2005-2007 Total $81,781; 2005-2006 $40,890

Sharma V (PI). A 52-week open-label extension study to evaluate the safety and tolerability of licarbazepine 750-2000 mg/d in the treatment of manic episodes of bipolar I disorder. Novartis Pharmaceutics Canada 2005-2007 Total $62,856; 2005-2006 $31,428.

Sharma V (PI). Publication of booklet. Coping with bipolar disorder during pregnancy and after delivery: An information guide for you and your family. Eli Lilly Canada Ltd.

Sharma V (PI). A randomized double-blind placebo-controlled multicenter study to evaluate the efficacy safety and tolerability of licarbazepine 750-2500 mg/d combined with lithium or valproic acid in the treatment of manic episodes of bipolar I disorder over 6 weeks. Novartis Pharmaceutics Canada. 2004-2006 Total $113,892; 2005-2006 $56,946.

Takhar J (Co-I) CME bias management tool. Diversified Business Communications $20,000 December 2005 - May 2006.

Takhar J, Dixon D, Silver I, Marlow B, Campbell C, Eadie J, Monette C, Donahue J, Rohan I, Sriharan A, Raymond K. Illuminating bias in CME a pilot project. Diversified Business Communications December 2005 - May 2006 Total $20,000.

Grants Non-peer Reviewed

Fisman S. (PI), **Bogaert D, Geiger P, Howe C, Jeanson J, Persichilli R, Wilson J**. Outreach DBT program evaluation - Phase 1. The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO 2006 $9,700

Sharma V (PI). A pilot study of comparison of lithium and quetiapine in the treatment of lamotrigine resistant bipolar II depression. Lawson Health Research Institute 2005-2006 Total $13,000.

Takhar J (PI), **Haslam D** (Co-I.). Transition into Primary-care Psychiatry (TIPP): Assessment of the continuing medical education needs of family physicians providing care to the seriously mentally ill population group within the TIPP model of service delivery. Mental Health Grant St. Joseph's Foundation 2005-2006 Total $4,553.

VanBussel L, Diachan A. Changing medical students' knowledge and attitudes? Evaluating the impact of a two-week elderly patients. The University of Western Ontario Department of Psychiatry 2005-2007 Total $5,000.

VanBussel L. Evaluating the impact of a two-week elder care clerkship on knowledge and attitude toward elderly patients. UWO Faculty Support for Research in Education Grant 2005-2006 Total $12,500.

Approved Projects

Balachandra K (PI), Swart V, **Mejia J** (Co-I). Effect of Dialectical Behaviour Therapy on outcome of patients with concurrent mental illness and substance use. 2006/08;R-06-109; REB 12200E

Hirdes J (PI), **Black E** (local PI), **Ross T** (Co-I). Refining the clinical and quality/performance applications of the RAI-MH: refinement of the mental health quality indicators (MHQIs). 2005/15;R-06-297; REB 12388E

Chiu S (PI), **Campbell R** (Co-I), Cernovsky Z. Differential effects of atypical antipsychotics on incretin:GIP (Glucose Dependent Insulinotropic Polypeptide) response in relation to insulin resistance in schizophrenia: A pilot study. 2006/06;R-06-098; REB 11321

George L, Kidd S (PIs), **Corring D** (Site PI), Browne G, Kirkpatrick H, Sylvestre J. Fidelity and recovery: How are Ontario ACT teams doing? 2006/31;R-07-021; REB 12865E

Corring D, Canaran G, Stokley Q, Johnston S. Effects of multisensory relaxation on mental health: A pilot study. 2006/03;R-06-073; REB 12129E

Corring D (PI), Robinson T, Charach C, Jantzi R, Neiman A, Rouffer J. Assessing the clinical utility of the Corring Quality of Life Interview protocol. 2006/25;R-07-004; REB 12796E
Fisman S (PI), **Bogaert D, Geiger P, Jeanson J, Wilson J** (CO-Is). Outreach DBT program evaluation - Phase 1. 2006/17; R-07-027;REB 12399E

Haslam D (PI), Harris S, Harvey B, Biederman T (Co-Is). Diabetes screening, risk management and disease management in a high risk mental health population. 2006/12;R-05-470; REB 12291E

Hategan A (PI), **Nelson C, Jarmain S** (Co-Is), Heart transplant, social support, and the psychiatric sequelae - a ten-year clinical case review. 2006/21;R-06-484;REB 12606E

Sumsion T (PI), Berdan K, **Kurek C**, Berruti D, Jagger C, Myers M, Schurer G (Co-Is). The Cactus Café and Catering research project. 2006;R-06-245; REB 12403E

Lock E, McKinnon C (PIs) Mental Health Service for the Deaf: Year one program evaluation. 2006/16;R-06-442; REB 12404E

Nelson C (PI). Cross validation of the abbreviated needs and strengths assessment - referral version (ANSA-R) with utilization of psychiatric care. 2006/11;R-06-177; REB 12276E

Andrusyszyn MA (PI), Iwasiw C, Goldenberg D, Mawdsley C, Kerr M, Sinclair B, Beynon C, Parsons C, McKale-Waring J, Lethbridge K, Booth R. Mentoring of Baccalaureate Nursing Students by Registered Nurses: Recruitment and implementation of the orientation program and intervention strategy. 2006/07;R-06-090; REB 12161E

Andrusyszyn M, Goldenberg D, MacIntosh J. A phenomenological study of preceptor views of nursing faculty liaison support. 2006/02;R-05-880; REB 11922E

John M (PI), Hussain Z, Reyes R, Card M (Co-Is) Enhancing patient safety by reducing antibiotic resistant organism (ARO) transmission through a city-wide organizational approach. 2006/24; REB 12100

Houghton P, Campbell K, Woodbury MG. Prevalence and incidence of heel pressure ulcers in an acute care orthopedic population. 2006/01;R-05-463; REB11723E

Gutmanis I (PI), Giuliano M, Transition of long-stay geriatric psychiatry clients t long-term care. 2006/29;R-07-012; REB 12843E

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