

**Regional Mental Health Care London and St. Thomas
9th Annual Research Half Day, May 14, 2008**

BOOK OF ABSTRACTS

&

RESEARCH REPORT 2007

by

RMHC RESEARCH COMMITTEE

Message from the Director

It has been busy and at times stressful year for our hospital with a major program realignment. However, as you will see from this Research Report our staff has not lost focus on our research mandate. Indeed there are some encouraging early signs that program realignment may already be bringing like-minded researchers together: time will tell.

The staff at the Lawson Health Research Institute met recently to consider how to promote research among non-physician clinical staff. The list of research presentation, publications and recent ethics applications suggests that Regional Mental Health Care is well ahead of the pack on this issue.

We have particular expertise in qualitative research: an area which occupational therapists have often taken the lead. Qualitative research appears to be increasingly used in mental health and was the major focus of the Canadian Journal of Psychiatry's March 2008 edition.

Our researchers continue to study a remarkably broad range of topics from telepsychiatry to horseback riding as a way to improve quality of life for individuals with mental illness. Researchers from our hospital also collaborate with a range of partners. I note, for example, that Dr. Campbell's presentation on home care came out of a partnership with the European Space Agency.

Finally, a word of thanks to members of the Research Committee and the Clinical Research Suitability and Impact Committee (CRsIC) (listed on page 2) who have worked hard through the year. Also to Sandra Dunbar and Joanne Chapman, for keeping things on track during the year and especially for their work in organizing the Research Half-Day. Last, but not least, this year I would like to express special thanks to Dr. Jim Mendonca. He has done a superb job as editor of Research INSIGHTS: assisting authors, ensuring expert review and ultimately publishing high quality research papers.

R.L. O'Reilly
Director of Research

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Paper Presentations

AB-O1 Clients Confirm their Positive Experiences Through Meaningful Activity at Cactus Café and Catering

Diane Berruti MSc OT, Crystal Jagger MSc OT, Katrin Klein MScOT, Melissa Myers MSc OT, Grystje Schurer MSc OT, Thelma Sumsion BSc OT M Ed PhD OT(C) FCAOT

Cactus Café and Catering, herein the Café, is a client-directed food service business that provides employment to the clients of Choices and Opportunities for Rehabilitation and Employment (C.O.R.E). In this study, client-directed employment is defined as employment in which employees (mental health consumers) determine their own work schedule and level of involvement. **Objective:** This study looked to explore the experience of clients working at the Café, as well as how the Café shapes these experiences. **Approach:** A phenomenological approach was used in order to gain an in-depth, intimate understanding of participant's personal gains. Clients were engaged in an iterative process through in-depth, semi-structured interviews. Data was analysed using open-coding followed by organization of like codes into themes. Trustworthiness was ensured through the use of triangulation and through peer debriefing. **Findings:** Participants reported that working at the Café was a positive experience with the overlying theme being the "café community." Six themes interact to shape the café community: 1) Café structure; 2) Café culture and atmosphere; 3) Personal growth; 4) Socialization; 5) Contributions; 6) Challenges. **Conclusions:** The results of this study indicate that client-directed businesses, modeled as the Café, have the potential to improve the sense of well-being and occupational performance of the clients who are involved by creating a sense of community and it is this community that creates the success of this unique program. Further research is needed to determine if and how the elements that create such success for the Café can be transferred to other settings.

AB-O2 REACH – The Medical Home Care Delivery System for People with Severe Mental Illness

Robbie Campbell MD FRCPC

REACH is a new type of house call system specifically designed to meet the needs of ACT patients and their caregivers. REACH integrates 6 types of technology: Computer, Teleconference, Vital sign monitoring, Medical record database, Medical reports and Telecommunications (space satellite and terrestrial). REACH enables psychiatrists and other health care professionals to make house calls more economically. The clinical trial took place from September 2005, to March 2006, involved delivering treatment to 20 severely mentally ill patients while living at home. The trial involved 18 sites (including a group home) from four towns and three farms. **Results** looked at ACT utilization before REACH and actual use during trial including travel time and hospital days prevented. A cost-benefit analysis was completed to look at cost saving at actual utilization rates. Forecasted cost savings at \$600 (Can) per patient, per month and ten hospital days prevented per patient, per year, on average. The forecasted cost savings was also calculated for various utilization rates by the ACT Team. **Conclusion:** Able to increase the quality of care available to ACT patients, while reducing cost by over 20 percent.

*With funding from the European Space Agency (ESA) in consultation with the Canadian Space Agency (CSA)

AB-O3 Coping with Comorbid Cancer and Schizophrenia: A Qualitative Exploratory Analysis

Lara Cross BSc (Based in part of Lara Cross' honors thesis – Department of Psychology University of Western Ontario, supervised by Abraham Rudnick MD PhD FRCPC).

Background: Comorbid cancer of individuals with schizophrenia is a public health concern, yet their experience and coping with it is unknown. **Objective:** This exploratory study is a work in progress exploring experience and coping of individuals who have schizophrenia with comorbid cancer. **Research questions:** What is the experience of individuals with comorbid cancer and schizophrenia in relation to their self-concept, illness perception, and illness outcomes, and what is their coping in comparison to coping of people with either schizophrenia or cancer (according to published findings). **Method:** Data were collected in focused phenomenological interviews and analyzed using thematic content analysis. **Results:** 2 adult females diagnosed with paranoid schizophrenia and breast

cancer, and 1 adult female diagnosed with paranoid schizophrenia and bowel cancer participated in the study to date. Their experience and coping with comorbid cancer and schizophrenia was diverse, and their coping was partly similar to coping of individuals with cancer and to coping of individuals with schizophrenia without such comorbidity. **Conclusion:** The experience and coping of individuals with comorbid schizophrenia and cancer is partly similar to that of people without such comorbidity. This finding may facilitate the development of psychosocial interventions to improve outcomes of this comorbidly ill population. Recruitment of such a comorbidly ill population has also been a challenge. Further research in this area is required.

AB-O4 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), a New Structured Clinical Interview Based on Canadian Norms.

Charles Nelson PhD C Psych, Amresh Srivastava MBBS MD DPM MRCPsych

Introduction: Suicidal ideation is common in about 4% of the general population and among 20% of individuals with psychiatric illness. Suicidal gestures are represented in 60- 70% of individuals visiting crisis services and acute care wards. Despite the high prevalence and comorbidity of suicidal ideation, there are few structured clinical interviews that provide accurate guidance for establishing level of risk and providing guidelines for the management and planning of care for this vulnerable population. Efforts to develop, standardize, and reference empirically supported guidelines are needed to protect the patient and limit practice liability for health care providers. A comprehensive evaluation of biopsychosocial and protective factors is needed. **Method:** The present study in progress examines the utilization of a new structured clinical interview called the Scale for Impact of Suicidality Management, Assessment and Planning of Care (SIS-MAP). SIS-MAP ratings are being evaluated against a group of incoming psychiatric patients over a 6-month period. Participants consist of adult patients at Regional Mental Health Care – St. Thomas, Canada. **Results:** Inter-rater reliability will be evaluated among total and subscale dimensions of the SIS-MAP. Clinical cut-off scores are to be established from the observed mean differences in the patients' total scores and are expected to help guide decisions on level of care needed and longer term placement decisions. A discriminant function analysis will be developed to evaluate treatment intervention utilization based on the SIS-MAP scores. **Conclusion:** Preliminary qualitative analysis supports that the SIS-MAP is a valid and reliable tool to determine the level of psychiatric care needed for adults with suicidal ideation.

AB-O5 A Closer Look at Postpartum Depression: Does it have a Bipolar Diathesis?

Verinder Sharma MD FRCPC, Mustaq Khan PhD C Psych

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 administered structured instruments to gather information about their DSM-IV Axis I diagnoses. **Results:** In terms of frequency of occurrence, the primary diagnoses in this sample were: major depressive disorder (46%), bipolar disorder NOS (not otherwise specified) (29%), bipolar II disorder (23%), and bipolar I disorder (2%). A current comorbid disorder, with no lifetime comorbidity, occurred among 32% of the sample; by contrast, 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%), with obsessive-compulsive disorder (OCD) (62%) being the most common type of anxiety disorder. For lifetime comorbidity, substance use (20%) and anxiety disorders (12%) were the 2 most common. Over 80% of patients who scored positive on either the Highs Scale or the Mood Disorder Questionnaire (MDQ) met the diagnostic criteria for a bipolar disorder. **Conclusion:** The results suggest that postpartum depression is a heterogeneous entity and that misdiagnosis of bipolar disorder in the postpartum period may be quite common. The findings have important clinical implications, which include the need for early detection of bipolarity through the use of reliable and valid assessment instruments, and implementation of appropriate prevention and treatment strategies.

AB-06 (Epi)genomics and Neurodevelopment: Studies on MZ Twins Discordant for Schizophrenia.

Shiva M. Singh BSc MSc PhD, Richard O'Reilly MB FRCPC

Background: Schizophrenia has a heritability of ~80% but a concordance rate in monozygotic (MZ) twins of only ~48% suggesting that the inheritance is multi-factorial. Extensive research has identified a large number of promising linkages and genes but with failure to replicate almost all of these findings the scientific community has yet to identify a single gene that clearly contributes to the cause of schizophrenia. This failing calls for the consideration of novel theories, approaches and technologies in our attempts to unravel the genetics of schizophrenia. Our research programme has concentrated on studies of (1) retroviral related sequences in the human genome, (2) epigenetic modifications (DNA Methylation) and (3) copy number variations. In recent years we have concentrated our efforts on monozygotic twins that share 100% of genes but are discordant for the disease. **Results:** Retroviral: Using representational difference analysis we have identified a HERV related sequence (AF135487) in patient DNA from MZ twins discordant for schizophrenia. This HERV is unique to humans and located on multiple chromosomal sites, including 22q12. Its expression is limited to the placenta as a 9kb mRNA and it thus has the potential to disturb fetal neurodevelopment. Methylation: We have identified CpG sites that are differentially methylated in blood and different regions of the brain. The results suggest that COMT, a gene located at the 22q12, is differently methylated in patients as compared to controls. Copy Number Variation: In a recent pilot study we have identified a set of genes that may have a role in the causation of schizophrenia. The results of these projects leads to two general **conclusions:** First, a number of epigenetic and genomic mechanisms are involved in the development of schizophrenia. Second, genes and genomic sequences located at 22q11-12 likely play a critical role in the abnormalities associated with this complex disease. Ongoing studies are aimed at establishing the causal nature of these genomic variations in schizophrenia.

Poster Presentations

AB-P1 Risk Event Monitoring in a Geriatric Psychiatry Population:

Ed Black PhD C Psych, Tom Ross BA, Vida Khatamianfar MD, Nader Behzadian MD

Objective: Redefining clinical risk management means recognizing that program success is contingent upon proactive risk reduction. A risk event profiling system was developed in 1999 to identify risk management issues for a Geriatric Psychiatry Program (GPP) at St. Josephs Health Care London. The risk event data was examined to explore the potential risks associated with daily patient care. The ultimate purpose of the profiling system was to reduce risk of harm through improved prevention, detection and management practices. **Design:** These events were evaluated in the context of the nature of incidents (i.e. physical aggression, falls, medication errors, self injury, absence without leave), characteristics of patients (medical and psychiatric diagnosis) involved, and where and when incidents occurred. Variables related to risk events were identified and incorporated into a computerized data entry program. Risk event data was summarized on a monthly basis and the results were reviewed by staff and leadership. **Results:** The data provided staff with the ability to evaluate current practices for direct patient care and take steps to reduce identified risks. Analyses included identifying frequency, severity, factors, and trends of risk events. The data collection process (eight-year period) resulted in the recording of over 5300 risk events involving 755 individuals. The majority of risk events were related to falls and physical aggression (> 80%). **Conclusion:** Overall, this risk-event profiling system has become an important adjunct to quality patient care. The risk event analysis allows for strategic planning of future needs and serves to focus resources on clients with special needs.

AB-P2 Effects of Panax Ginseng Augmentation in Negative Symptoms and Neuro-cognitive Deficits in Schizophrenia: A Multi-site RCT Study

Simon S Chiu MD PhD, Zack Cernovsky PhD C Psych, Jason Carr PhD C Psych, Robbie Campbell Jr. MD FRCPC, Verinder Dua MBBS FRCPC, Arun Prakash MBBS FRCPC, Abhay Singh MBBS FRCPC, Jenny O'Gorman RN, Liz Goble BA, Jin Hynatsu Jr. BSc, Yves Bureau PhD, John Copen MD MSc FRCPC, Amarundra Singh MBBS DPM

Introduction: Evidence suggests neuroactive steroids are involved in schizophrenia. We hypothesize the phyto-neurosteroid, Panax Ginseng, modulating GABA_A and NMDA systems, is efficacious in augmenting antipsychotics in schizophrenia. **Objective:** to evaluate the efficacy and tolerability of Panax Ginseng (PG) augmentation in schizophrenic patients exhibiting persistent negative symptoms & neurocognitive impairment **Method:** Randomized placebo-controlled, 2 wk-Placebo-lead-in and 2 wk-cross over. Patients diagnosed as DSM-IV-R schizophrenia with SANS (Scale for Assessment of Negative Symptoms) score >24 while maintained on optimal dosages of atypical antipsychotics were randomized to one of the four groups [Group I: PG 100mg 8 wks-Placebo 8 wks; II: Placebo 8 wks-PG 100 mg 8 wks; III: PG 200 mg 8 wks-Placebo 8 wks; IV: Placebo 8 wks-PG 200 mg 8 wks]. Standardized PG: Ginsana-115 & placebo were from Pharmaton, Switzerland. We administered computerized Neuro-cognitive Screening (NCS), PANSS, SANS, BPRS, HAM-D at regular intervals. Safety was monitored with adverse events checklist, AIMS, vitals and metabolic screen. **Results:** We randomized 65 subjects: age 39.6 +/-11.9 yrs. Three-factor ANOVA (group x time x sequence) showed significant cross-over effect (F value 51.64 df 1.00, p =0.00) and time effect (F value 19.14; df 3.0, p =0.00). Between-subject t-test showed PG 200 mg significantly (p< 0.05) reduced Flat Affect of SANS: effect size $r_{pb} = 0.43$ and depressive symptoms of HAM-D: effect size $r_{pb} = 0.45$. Within-subject t-test showed PG200 mg significantly (p< 0.05) reduced total SANS, Flat Affect, Alogia, Avolition & Anhedonia SANS subscales, total PANSS and Negative PANSS subscale. PG 200 mg reduced HAM-D & BPRS (p< 0.05). PG 100 mg exerted non-significant effects. NCS measures were unaffected by Ginseng. Side effects were minor. **Conclusion:** Ginseng appears safe and promising in improving negative & depressive symptoms in schizophrenia.

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AB-P3 Navigating the Labyrinth for Optimal Care: Exploring LTC Staff's Perspectives on Dealing with Responsive Behaviors

Robin Coatsworth-Puspoky RN MScN, Ila Weston-Davis RPN, Lisa VanBussel MD FRCPC

When attempting to navigate the labyrinth of care options and provide care for clients/residents who present with responsive behavior or alterations in mood, staff in long term care (LTC) settings often experience challenges. The purpose of this study is to gain a deeper understanding of LTC staff's (individuals providing hands on care: nursing aides, PSWs, RNs, physiotherapists, recreation therapists, etc.) perspectives about 1) what behavioral issues are occurring in LTC settings in Middlesex/London; 2) what do staff identify as needs to effectively respond to identified behavioral issues; and 3) how would staff like the information/education/resources available or disseminated to them. By attempting to incorporate the evidence-based and assessment care strategies in the CCSMH guidelines for "*The Assessment and Treatment of Mental Health Issues in Long Term Care Homes*" into the information/education requested by HCP, our team is hoping to enhance staff's capacity to identify mood and behaviors symptoms; implement suitable assessment and care strategies; recognize appropriate resources; and make appropriate referrals for their clients. Using a focus group methodology, between 2-4 focus groups will be held in those LTC homes in Middlesex-London choosing to participate in the study. Our team's progress to date, challenges of conducting this study, and if available preliminary results of staff's perceptions of attempting to navigate the health care labyrinth and simultaneously provide optimal care for their clients/residents in LTC will be presented.

AB-P4 Psychiatric Crisis Services: On the Job

Cheryl Forchuk RN PhD

Currently in Canada, there have been increasing contacts between police and people with mental illnesses (Adelman, 2003). Consequently, by addressing the complexity of issues surrounding interaction between Police and individuals with mental illness, Police Mobile Crisis services are becoming increasingly popular in Ontario. As part of an evaluation of mobile police crises services, job shadowing of police and crises workers was conducted in 3 Ontario communities. During their shifts, the researchers observed how Police officers and crises workers responded to routine and crisis situations that included contact with mental health consumers. The researchers used an ethnographical approach to collect observation data to compare the services in the communities. Each crises service responded to the specific missing pieces of the mental health system within their community. The issues were broad and included assisting with psychiatric issues related to relapse, responding to issues of domestic violence, dealing with addictions issues and assisting seniors with mental health issues. The teams varied in the amount of outreach vs. intake in each program. Systems that provided quick access to psychiatric beds saved prolonged waiting by staff and consumers alike. The services were valued in all communities.

AB-P5 Creating a Climate of Interprofessionalism in Mental Health Care at UWO

Cheryl Forchuk RN PhD, Evelyn Vingilis PhD C Psych, Carole Orchard RN PhD

"Creating Interprofessional Collaborative Teams for Comprehensive Mental Health Services" (CIPHER-MH) is a Health Canada Funded project that explores interprofessional practice in the context of mental health care and homelessness. The aim of the project is to display the complexities of mental illness in the context of a "real" individual; emphasize client-centered practice; and increase participants awareness and skill in interprofessional collaboration. To accomplish this, professionals from community agencies and health care students from seven major disciplines (Nursing, Psychiatry, Medicine, Occupational Therapy, Physiotherapy, Social Work, and Psychology) participated with consumers in workshops and practice placements. Evaluation methods consisted of interprofessional (IP) validated instruments, IP focal questions, feedback forms, and focus groups with students, placement supervisors, and consumers. **Results** of this project centre around several themes: the development of structures to support interdisciplinary collaboration, client and professional benefits, attitudinal, boundary, and resource issues, as well as communication. Data gathered has informed the planning for this project, but more importantly, will assist in the sustainability of an IP culture in mental healthcare environments.

AB-P6 Mental Health, Rural Issues and Homelessness: Moving to an Urban Setting

Cheryl Forchuk RN PhD

This study was a secondary analysis of data collected under the auspices of a Community University Research Alliance (CURA) on Housing and Mental Health. Quantitative CURA data included in-depth interviews of approximately 300 people with mental illness each year over a 5 year period. This project examined the housing situation for psychiatric consumer/survivors in London, Ontario and surrounding rural areas within a 200 km radius. The sample was stratified by sex and housing type (independent, group homes, transitional housing and homelessness). The main objective was to compare people who moved from a rural area to those who had not. **Results:** The secondary analysis examined whether there were significant differences between the uprooted-rural (n=183) and urban (n=394) groups. The uprooted-rural sub-sample contained 110 men and 73 women with a mean age of 43.69 years old, while the urban sub-sample contained 217 men and 180 women, with a mean age of 43.70 years old. The uprooted group moved from rural areas primarily to access employment (n=64), mental health services (n=64) or other health services (n=46). Although the uprooted rural sample was similar to the urban sample on most characteristics, they were significantly more likely to be homeless and more likely to have reduced quality of life. **Conclusions:** Without means of supporting rural individuals in their home communities, urban centers will continue inheriting uprooted rural individuals at high risk for homelessness. The results will inform policy and care models to better meet the needs of people with mental illness living in rural areas.

AB-P7 Gaining Ground, Losing Ground: The Paradoxes of Mental Health & Rural Homelessness

Cheryl Forchuk RN PhD

The study examined mental health housing and homelessness issues and compared similarities and difference between rural and urban areas. It was a secondary analysis of focus group data collected during a Community University Research Alliance (CURA) on Housing and Mental Health. Data was obtained from 63 focus groups with 550 participants. The groups included individuals with mental illness and their family members, service providers, landlords and employers. The original focus was on housing and mental health issues. Thirteen focus groups from rural locations from a crises services study were also reviewed. All transcripts were reviewed for content related to rural issues and homelessness. The **results** highlighted concerns about lack of services, which can precipitate movement from rural to urban communities. Lack of transportation services meant accessing existing services was often challenging. Participants often preferred rural environments but felt they must choose between where they wanted to live and essential services. In some cases entire families were uprooted in pursuit of services. Once in an urban environment the rural participants had challenges accessing employment, housing and services, and were unhappy in their new environment. Many entered shelters due to a lack of supports and other options. Rural transportation and service issues must be addressed. Without supporting rural individuals in their home communities, urban centers will continue inheriting uprooted rural individuals at high risk for homelessness. Emphasizing health promotion and preventing crisis situations could improve the rural population's quality of life and reduce the number of both rural and urban homeless.

AB-P8 New Developments to Prevent Discharges to "No Fixed Address"

Cheryl Forchuk RN PhD

The discovery that almost 200 individuals are discharged from psychiatric wards to shelters each year in London, Ontario led to the creation of a phase 1 pilot project addressing this problem. It consisted of an intervention process, changing policies related to housing and start-up fees for a select group Ontario Works (OW) recipients and Ontario Disability Support Program (ODSP) recipients and providing immediate access to a housing advocate. The intervention was successful; the seven participants receiving the intervention were still housed six months later, while six of seven participants receiving usual care were still homeless. The proposed presentation focuses on the phase 2 pilots' preliminary results, which involve LHSC and RMHC. For phase 2, OW linked a person directly to the acute care psychiatric ward in London. They assist any OW applicants/recipients on the ward who require income and housing support. ODSP has identified a key contact for the ward and a Canadian Mental Health Association housing

advocate helps clients find housing. This phase includes direct computer linkage between the external agencies (OW & CMHA) and the hospital. Of the initial 30 in-patients at imminent risk of homelessness who accessed the service, 27 were discharged to homes rather than shelters or NFA. The remaining three came from shelters prior to admission but were linked with new services through the project. In spring 2008, this pilot extends to RMHC. This project demonstrates the importance of looking at issues related to community integration from a cross-sectoral perspective to address complex needs.

AB-P9 Adapting Interpersonal Psychotherapy (IPT) for Older Adults at Risk for Suicide: Preliminary Findings.

Marnin J Heisel, PhD CPsych

Older adults have high rates of suicide and employ lethal means of self-harm. Population demographics are shifting rapidly due to the aging of the baby-boomers, a birth cohort with high suicide risk. Relatively little is known about the efficacy of clinical interventions to reduce suicide morbidity and mortality in later life. This presentation will focus on the preliminary findings of a psychotherapy treatment study, funded by the American Foundation for Suicide Prevention and the Canadian Institutes of Health Research, to adapt and pilot test a 16-week course of individual Interpersonal Psychotherapy (IPT) for the treatment of older outpatients at elevated risk for suicide.

Objectives: 1. To assess the tolerability, acceptability, and safety of adapted IPT for older adults at-risk for suicide. 2. To gather preliminary data on the effectiveness of adapted IPT at reducing the intensity of suicidal thoughts and wish for death. 3. To gather preliminary data on the effectiveness of adapted IPT at reducing the intensity of depressive symptoms, and improving social support and psychological well-being. **Methods:** Participants are being recruited from geriatric psychiatry and medicine services in London, Ontario. Participants must be 60 years or older, wish to die or to end one's life, or have recent self-harm behaviour. Exclusion criteria are non-English speaking, neurocognitive impairment, and longstanding psychotic or substance misuse disorder. Thirty participants are being recruited in sequential fashion in this uncontrolled pre-post treatment trial. **Comment:** Preliminary findings of this on-going uncontrolled treatment study will be presented, along with implications for clinical care with older adults at-risk for suicide.

AB-P10 Discharge with a Difference: Evaluating the Transition of Long-stay Yet Stable Geriatric Psychiatry Patients to Long-term Care

Bonnie Kotnik RN BScN, Jennifer Speziale BScN MPH, Lisa VanBussel MD FRCPC

Background: As the health care system evolves, alternatives to long-term hospitalization of stable geriatric psychiatry patients need to be explored and evaluated. Through a partnership between Regional Mental Health Care London (RMHCL) and a regional long-term care home (LTCH), a transitional discharge model was developed to address the relocation of long-stay yet stable (LSYS) geriatric psychiatry patients from tertiary care to a LTCH.

Objective: To evaluate the effectiveness of the transitional discharge model in transitioning and supporting LSYS geriatric psychiatry patients from tertiary care to a special care unit (SCU) in a LTCH. **Methodology:** Mixed methods including chart reviews of patient hospital records and resident care records, and focus group interviews were used. **Results:** Patients/residents, family members and staff were satisfied with the transition process. SCU residents indicated an improved quality of life within the SCU compared to their stay at the tertiary care hospital. Over time, SCU staff demonstrated an increased capacity to care for residents with psychiatric issues. **Conclusions:** A transitional discharge model is an innovative and effective way of supporting the relocation of LSYS geriatric psychiatry patients from a tertiary care psychiatric hospital to a LTCH. Such patients can be successfully integrated into the community with appropriate supports that include a discharge liaison team (available for 24/7 consultation), a consulting psychiatrist and an enhanced LTCH environment.

*Funding for the evaluation was provided by the Ministry of Health and Long-Term Care.

AB-P11 Performance and Feasibility of Three Brief Assessment Tools for Alcohol Problems in a Geriatric Outreach Population

Bonnie Lum Purcell MSc (PhD Candidate, Queen's University, Department of Psychology)

Alcohol misuse or alcohol-related problems are serious problems among the senior population that are often hidden from health care providers. Because of age-related physiological changes, even low levels of alcohol consumption can lead older adults to suffer adverse health effects, such as depression, difficulties with memory, and falls. No studies to date have explored how alcohol assessment tools perform in a Geriatric Mental Health Outreach setting, where there is a priority to establish and maintain rapport in order to remain welcome in the home. This concern may prevent health care providers from asking confrontational questions regarding alcohol use. Study 1 will examine the performance of three brief alcohol screening tools (the CAGE, the SMAST-G, and the SAMI) to a sample of seniors receiving outreach services and compare each tool's performance to a structured diagnostic interview and corroborating information from a collateral informant. Sensitivity, specificity, and the Area Under the Receiver Operating Characteristic (AUROC) will be calculated for each screening tool. In Study 2, health care workers from Geriatric Outreach teams, who have agreed to use the three brief alcohol screening tools in their own practice, will rate each screening tool along different characteristics, such as client comfort and ease of scoring. This research will provide the Outreach teams with standardized approaches to identify alcohol problems, increase their ability to detect alcohol problems (which may lead to early intervention), and increase awareness amongst the staff about this under-detected problem.

AB-P12 Innovations in the evaluation of therapeutic relationship

Avraham Santopinto BA hons BScN MScN RegN, Brenda Merrifield MSN BScN RN APPRN

This demonstration project, adapted from The Registered Nurses Association of Ontario Best Practice Guideline (BPG) - Establishing Therapeutic Relationships (ETR) is being implemented as a demonstration project on six client care units under relocation within a large mental health care facility. The evaluation question: What happens for clients, families and care providers as 16 recommendations for therapeutic relationship are implemented?

The purpose of this project is to describe (as narrative) and depict (in photography) what happens for health care consumers, families, communities, nurses and other health care providers as recommendations to enhance therapeutic relationships are implemented. The assumptions grounding this demonstration project were derived from the philosophical traditions of existential phenomenology. Guba & Lincoln's framework guided the implementation / evaluation process, incorporating photography and narrative.

AB-P13 Causes, Consequences and Implications of Postpartum Hypomania

Verinder Sharma MD FRCPC

Postpartum disorders include a spectrum of psychopathology including the postpartum blues, postpartum depression (PPD) and puerperal psychosis. Brief episodes of hypomania are quite common immediately after delivery but are rarely diagnosed. There is substantial evidence that postpartum psychosis is usually a variant of bipolar disorder in the form of a mixed or manic episode. Research studies however, have neglected the clinical reality that the postpartum period is also a high-risk time for the occurrence of episodes of bipolar depression. Diagnosing bipolar depression is not difficult in women with a history of a mixed or manic episode. However, misdiagnosis of bipolar II depression may be common after childbirth due to the likelihood that hypomania may be misconstrued as the normal joy related to the experience of motherhood. Early and accurate recognition of bipolar disorder is crucial as the use of antidepressants in patients with a bipolar diathesis can worsen the illness course due to induction of hypomanic, manic, and mixed episodes as well as acceleration of cycle frequency. The consequences of misdiagnosing bipolar disorder as major depressive disorder will be discussed. The clinical implications of the prevalent nature of hypomania will be described and suggestions made regarding future research endeavors.

AB-P14 A Systematic Replication Evaluation of the Gentle Persuasive Approaches in Dementia Care (GPA) in a Geriatric Psychiatry In-patient Setting

Jennifer Speziale BScN MPH, Robin Coatsworth-Puspoky RN MScN CNS, Ed Black PhD C Psych, Tom Ross BA

Objective: GPA was developed as an adjunct to other educational initiatives that were part of Ontario's Alzheimer Strategy. The GPA curriculum emphasizes that an individual's unique personal history has a direct application to the interpretation of and response to the individual's behaviour. It incorporates strategies into client care to assist staff to respond respectfully, effectively and safely to verbal and physical expressions of the needs of residents who have dementia. **Design:** A four-pronged approach was applied to evaluate the effectiveness of GPA with in a Geriatric Psychiatry Program (GPP): 1) Staff Satisfaction Surveys immediately after GPA training and 3 months post; 2) Risk Event Profiling –falls and aggressive behaviour; 3) Occupational and health and safety records pre and post GPA training; and 4) Residential Assessment Instrument-Mental Health (RAI-MH) indicators including pre and post Case Mix Index (CMI),and the Aggressive Behavioural Scale (ABS). **Results:** Surveys revealed that GPA training significantly improved response to challenging behaviour in dementia, promoted understanding of how brain changes impact behaviour, and learning strategies to respond to challenging behaviours. Specific body containment techniques appeared to be mildly helpful. Pre and post physical aggression and fall rates declined in the GPP over the six month period following GPA training. GPA training did not appear to impact occupational injury rates or RAI Aggressive Behaviour Scale scores. **Conclusions:** GPA appears to be a useful and positive approach with an inpatient geriatric psychiatry population. Specific body containment techniques may be less useful when employed with patients that have responsive behaviours.

AB-P15 Development of a Process for Quality Control Through Chart Review Within the Context of a Transition into Primary Care Psychiatry Program

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The Transition into Primary Care Psychiatry program (TIPP) was implemented in London Ontario in 2003. The TIPP model of shared mental health care serves patients with chronic mental illness through a collaborative involving primary care and tertiary mental health services. In an endeavour to confirm this model of mental health care service is providing quality based care to patients an assessment process was piloted based on a chart review checklist that includes a rating of client outcomes (insight and motivation), uniformity of documentation and program implementation, adequacy of information provided to Family Physicians, timeliness and adequacy of follow-up. The charting dimensions selected for review were elaborated and modified from standards developed for documentation in an internationally recognized shared mental health care model, Consultation Liaison in Primary Care Psychiatry (CLIPP) program successfully implemented in Australia (G. Meadows). **Purpose:** 1. To evaluate client outcomes; 2. To ensure uniformity of documentation and program implementation; 3. To ensure fidelity to the TIPP model of care. 4. To ensure the adequacy of the information provided to Family Physicians to support them in taking over the care of the client (Transfer/Discharge Summary that includes but is not limited to current medications, medical history, TIPP primary worker); 5. To ensure timely follow-up on recommendations concerning medications, investigations/consultations, community supports, consent issues, ongoing monitoring and review of client status.

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Balachandra K (PI), **Rudnick A**, **Mejia J** (Co-I). Peer led versus therapist led group therapy for patients with co-occurring disorders: a randomized, controlled, prospective pilot trial. SJHC Foundation \$1500

Heisel M, Flett G, **Black E**, **Ross T**. Evaluating the measurement characteristics of the Geriatric Suicide Ideation Scale (GSIS) in an older adult inpatient sample. Dept of Psychiatry Research Committee Grant \$5,000

Burhan A (PI), Bartha R, Mitchell D, Borrie M, Odesso M. Pattern of brain activation during memory task with and without emotional interference in patients with mild cognitive disorder (MCI). Lawson Health Research Institute Internal Research Fund \$14,000 over 2 years

Chiu S (PI), **Campbell R** (Co-PI), Cernovsky Z, Carr J, Husni M. Study of curcumin, a putative neuronal Nitric Oxide Synthetase inhibitor (nNOS) with neuron-protective, antioxidant, anti-inflammatory properties, isolated from turmeric curcuma L and neuron-cognitive impairment in schizophrenia. Stanley Medical Research Institute, \$96020.00 USD

Chiu S (PI), **Campbell R** (Co-PI), **Prakash A**, **Singh A**, **Dua V**, Husni M, Copen J, Singh A. Effect of panax ginseng in partially responsive schizophrenia: a multi-site RCT study. Stanley Medical Research Institute, 2003-2007 \$418,000 USD

Chiu S (PI), **Campbell R** (CO-PI). Differential effects of atypical anti-psychotic on GIP in relation to insulin resistance in schizophrenia. Lawson Research Institute, London, Ontario 2005-2008 \$15,000

Mitchell D (PI), Osuch E, Finger E, Williamson P, **Mejia J**, Steven D (Co-I). The neurobiological basis of affective and social dysregulation. ADF Small Grant Dept. of Psychiatry UWO

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.

Sharma, V. (PI), Campbell K, Hampson E, Bartha R. Examining the heterogeneity of postpartum depression: a prospective study of nature, prevalence, course and etiology. Ontario Mental Health Foundation. \$74,986 per year 2005-2007

Sharma V (PI), Campbell K, Hampson E, Bartha R. Heterogeneity of postpartum depression: Continuation of a prospective study of nature, prevalence, course, and etiology. Ontario Mental Health Foundation. \$75,000 per year 2007 – 2009

Grants Industry

Sharma V (Local PI), Rao J. Randomised, double-blind, parallel-group, placebo-controlled, and active referenced study of Lu AA34893 to evaluate the efficacy and safety of three doses Lu AA34893 and quetiapine versus placebo in the treatment of depression in patients with Bipolar I or II Disorder. Lundbeck Canada Inc. \$13,780 per patient.

Sharma V (PI) Efficacy and safety of agomelatine (25 mg/day with potential adjustment at 50 mg/day) given orally compared to placebo, in addition to a mood stabilizer in Bipolar I patients with a current major depressive episode. An 8-week randomized, double-blind, controlled, parallel group study followed by a double-blind extension treatment period up to 1 year. Servier Canada Inc. \$81,861.00

Grants Non-peer Reviewed

Carruthers V. (local investigator), Newberry J (PI). An evaluation of recovery focused case management services in Waterloo-Wellington-Dufferin. Ontario Ministry of Health & Long Term Care

Fisman S (PI), **Steele M** (Co-I). Recruitment and retention of junior faculty: A qualitative review of clinical departmental strategies. Chair development Assignment: Medical Affairs (SJHC/LHSC) \$10,000

Steele M (PI), **Soliman W** (Co-I). Functional analysis of self-injury in adolescents: psychometric properties of the Ottawa Self Injury Inventory. Children's Hospital of Eastern Ontario (CHEO) Research Institute \$2,640.06

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Balachandra K (PI), **Rudnick A**, **Mejia J** (Co-I). Peer led versus therapist led group therapy for patients with co-occurring disorders: a randomized, controlled, prospective pilot trial. 2007/10;R-07-395;REB 13451

Al-Shaikh A (PI), **Balachandra** (Supervisor). Pinnell A (Co-I). The efficacy of adding assertiveness to standard care management of outpatients CDP. 2007/04;R-07-152;REB 13204E

Heisel M, Flett G, **Black E**, **Ross T**. Evaluating the measurement characteristics of the Geriatric Suicide Ideation Scale (GSIS) in an older adult inpatient sample. 2007/06;R-07-174;REB 13281

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Carruthers V. (local investigator), Newberry J (PI). An evaluation of recovery focused case management services in Waterloo-Wellington-Dufferin. 2007/12;R-08-198;REB 13739E

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Fisman S (PI), **Steele M** (Co-I). Recruitment and retention of junior faculty: A qualitative review of clinical departmental strategies. 2007/11;R-07-394;REB13594E

Mitchell D (PI), Osuch E, Finger E, Williamson P, **Mejia J**, Steven D (Co-I). The neurobiological basis of affective and social dysregulation. 2007/13;R-07-393;REB 13616

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Fogarty J (PI), Lum B (Co-I). Performance and feasibility of three brief assessment tools for alcohol problems in a geriatric outreach population. 2007/02;R-07-151;REB13094E

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Sharma V (PI), Campbell K, Hampson E, Bartha R. Heterogeneity of postpartum depression: Continuation of a prospective study of nature, prevalence, course, and etiology. 2007/09;R-07-216;REB13344

Steele M (PI), **Soliman W** (Co-I). Functional analysis of self-injury in adolescents: psychometric properties of the Ottawa Self Injury Inventory. 2007/08;R-07-323;REB 13349