

Research Insights of Regional Mental Health Care London and St. Thomas
is a peer-reviewed journal designed to publish reviews, case studies and articles as they pique the interests of our clinicians and emerge from reflections on daily clinical work. The purpose is to encourage local scholarly endeavours and provide an initial forum of presentation. The papers may later be submitted to other journals for publication.

Research conducted at Regional Mental Health Care London and St. Thomas,
St. Joseph's Health Care, London
is part of Lawson Health Research Institute.

Research INSIGHTS

REGIONAL MENTAL HEALTH CARE LONDON AND ST. THOMAS



Managing Editor:
J.D. Mendonca PhD, CPsych

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13th ANNUAL RESEARCH HALF DAY
MAY 16, 2012 ABSTRACTS
&
RESEARCH REPORT 2011

RMHC Research Committee

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Instructions for Authors:

Manuscripts submitted for publication should not exceed 4000 words and follow the style of the Canadian Journal of Psychiatry. The manuscript should be arranged in the following order: 1) Title page 2) Structured Abstract, Clinical Implications and Limitations, and Key Words 3) Body Text 4) Funding Support and Acknowledgements 5) References 6) Tables and Figures. The Managing Editor may be approached for any unique stylistic variations required by the subject matter.

Research and Education Unit,
Regional Mental Health Care London,
850 Highbury Avenue,
LONDON, ON N6A 4H1
Telephone: 519/455-5110 ext. 47240
Facsimile: 519/455-5090

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Regional Mental Health Care London and St. Thomas

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RESEARCH REPORT 2011

by

RMHC RESEARCH COMMITTEE

Message from the Director

The Annual Research Half Day is just one part of the Research Committee's ongoing commitment to support work of investigators at Regional Mental Health Care and promote their research. In parting from tradition, the Research Committee has decided to hold the 2012 Research Half Day at RMHC St. Thomas for the second year in a row; rather than rotate it to London. This decision was made in the knowledge that 2012 will be the last time Research Half Day will be held in St. Thomas. Clearly, the upcoming closure of the old building will be a sad time for many with lots of memories left behind. On a personal note, my first position after immigrating to Canada was at St. Thomas Psychiatric Hospital, and I recall many excellent presentations made over the years in the auditorium.

Of course, sadness is tinged with excitement at the prospects of moving to new purposely designed buildings. Nowhere is that excitement more probable than at the RMHC St. Thomas site where the new building is currently arising beside the old one.

The Research Committee was also saddened by the retirement of Sandra Dunbar who played a key role as coordinator of Research and Education since 1999. Sandra worked in many positions during her 26+ years at St. Thomas Psychiatric Hospital and at RMHC. She approached all of these tasks with a zeal and competence that make her greatly missed in the Research and Education Unit.

As a result of Sandra's departure, the Research Committee is especially grateful this year for the extra efforts of Joanne Chapman in organizing the Research Half Day.

We are also grateful to the Lawson Research Institute for its ongoing support of our invited speaker. This year, in celebration of the work with the Forensic Unit, Dr. Sheilagh Hodgins will present the 8th Annual Tony Cerenzia Research Lecture on violence and the prediction of violence by individuals with mental illness. I hope you all enjoy the Research Half Day.

R.L. O'Reilly
Director of Research

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Richard O'Reilly MB FRCPC (Chair*) ✨

Director of Research, Regional Mental Health Care
 Consultant Psychiatrist, Strathroy ACTT, Regional Mental Health Care
 Professor, Department of Psychiatry, Schulich School of Medicine & Dentistry, Western University
 Scientist, Lawson Health Research Institute

Joanne Andrews BSc (OT) OT Reg (Ont)*

Professional Practice Leader, Occupational Therapy, St. Joseph's Health Care London

Ed Black PhD CPsych * (Chair) ✨

Psychologist, Geriatric Psychiatry Program, Regional Mental Health Care
 Adjunct Professor, Department of Psychiatry – Division of Geriatric Psychiatry,
 Schulich School of Medicine & Dentistry, Western University
 Associate Scientist, Lawson Health Research Institute

Deb Corring PhD * ✨

Project Lead, MH Transformation, Regional Mental Health Care
 Adjunct Assistant Professor, Department of Psychiatry, Schulich School of Medicine & Dentistry, Western University
 Associate Scientist, Lawson Health Research Institute

Anna-Marie Duffy BA Spec TR TRS R/TRO *

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Cheryl Forchuk RN PhD *

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Sandy Morton BA (Hon) BSW MA RSW *

Professional Practice Leader, Social Worker, St. Joseph's Health Care London

Verinder Sharma MBBS FRCPC *

Consultant Psychiatrist, Mood & Anxiety Program, Regional Mental Health Care
 Professor, Department of Psychiatry & Department of Obstetrics & Gynaecology, Schulich School of Medicine &
 Dentistry, Western University
 Scientist, Lawson Health Research Institute

Liz Taylor *

Family Advisory Council Representative

Regional Mental Health Care London and St. Thomas

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ABSTRACTS

Oral Presentations

AB-O1 Exploring Consent and Capacity Board (CCB) members' experiences in Ontario, Canada with community treatment orders.

Deborah Corring PhD, Cathy Plyley RSSW, Joe Skufca BA RSSW

Purpose: Passage of community treatment order legislation occurred in Ontario, Canada in June 2000. The literature has documented perspectives of several stakeholders. One stakeholder perspective we have not found in the literature as yet is that of the individuals who serve on Consent and Capacity Boards (CCB).

Methods: A qualitative design was used consisting of semi-structured interviews with 10 CCB members. Interviews were audiotaped and transcribed and analyzed using constant comparative method.

Results: There was unanimous agreement from all of the participants in this study that CTOs were beneficial to the person who was the subject to it. They were also able to identify the positive aspects of the current process and ways in which they the process could become more effective and efficient. The results have been organized into two major themes, with various sub-themes for both.

Conclusions: As noted in the introduction the debate between those advocating the use of CTO's and those against their use continues with polarizing views at either end of the continuum. The one extreme emphasizing the violation of a person's rights and the other extolling the many benefits. This study again emphasizes the many benefits as seen by the members of the CCB, as well as an appreciation for maintaining oversight over the rights of individuals.

Expected Outcomes: It would be the hope of the authors that the suggestions for change to the CCB review process of CTO's would be further investigated. The results of this study raise additional research questions that deserve further study.

AB-O2 Mental Health Engagement Network: connecting clients with their health team.

Cheryl Forchuk PhD

Purpose: The overall objective of this project is to leverage a secure technology platform through the use of smart handheld devices to empower consumers with their own health information for the purpose of making healthy choices, and to allow consumers to share health information as they choose between health care providers to assist with health management.

Methods: This longitudinal, mixed qualitative and quantitative research study launched in September 2011 and will conclude in November 2013. 400 individuals who have been diagnosed with a mood or psychotic disorder will be recruited. Participants will be randomized into Group 1 (early intervention) or Group 2 (later intervention). Group 1 (200 participants) will receive a handheld device, a TELUS Health Space account, and version 1.0 of the Mental Health Record (MHR). The remaining 200 participants, Group 2, will initially act as a control group, and at Phase II (6 months later) will receive a handheld device, a TELUS Health Space account, and version 2.0 of the MHR. Subjects will be recruited from local community mental health programs.

Expected Findings: The overall hypothesis is that smart health information technology will improve quality of life and reduce health care system costs. To confirm this hypothesis we will use a standardized evaluation framework to facilitate systematic research reviews on the project outcomes for economic, policy, ethical and effectiveness analysis of outcomes for the project.

Research Implications: This research will develop evidenced based recommendations about the use of smart technology in mental health care. This has implications across all levels of government.

AB-O3 Outcome study of dietary neurosteroid Ginsana-115 in reducing cardiovascular risk as measured with Framingham Risk Score (FRS) in schizophrenia: post-hoc secondary analysis of randomized controlled trial.

Hana Raheb BSc (student-Psychology honours program), Simon Chiu MD PhD FRCPC, Zack Cernovsky PhD, Yves Bureau PhD, Robbie Campbell MD FRCPC, Varinder Dua MBBS FRCPC

Purpose: Accumulating evidence indicates that the use of atypical antipsychotics to treat schizophrenia increases cardiovascular and metabolic risks. In this study, we test the hypothesis that adjunct treatment with the phyto-neurosteroid, Panax Ginseng (Boehringer-Ingelheim, Switzerland) can reduce these cardiovascular risks as measured with the Framingham Risk Score (FRS) in schizophrenia.

Methods: We used the FRS to study the effect of Panax Ginseng in modifying cardiac risk. The FRS is a composite score based on age, gender, smoking history, blood pressure and lipid profile (LDL-cholesterol, total cholesterol). This study was undertaken as post-hoc analysis of subjects enrolled in a randomized controlled trial of the augmentation of an atypical antipsychotic with Ginsana-115 in a cohort of schizophrenic subjects exhibiting significant negative symptoms as evidenced by a score of > 24 on the Scale for Assessment of Negative symptoms (SANS). Subjects were randomized into 3 groups: Ginsana-115 at 100 mg, Ginsana-115 at 200 mg and placebo. FRS and SANS were evaluated at week 0 and week 8. Patients were also monitored using an adverse events checklist, Abnormal Involuntary Movement Scale (AIMS), vital signs and metabolic screen.

Results: A total of 28 subjects were eligible for post-hoc analysis. The average age was 37.8 years; with a male/female ratio of 21:7. Subjects who received placebo (n = 14) showed a non-significant reduction in FRS of 16.3% from baseline to the 8 week. In contrast, the combined Ginsana-115 groups (100 mg n=8; 200 mg n=6) showed 24.1% reduction in FRS score (P < 0.05). Changes in systolic blood pressure had the largest effect in reducing the FRS scores. The reduction in FRS score occurred in parallel with positive change in negative symptoms. Between-subject t-test showed Panax Ginseng 200 mg significantly (p < 0.05) reduced Flat Affect score on the SANS: effect size $r_{pb} = 0.43$. No serious adverse events were noted with Ginsana-115 augmentation.

Conclusions: We demonstrate for the first time that Ginsana-115 exerted cardio-metabolic protective effects in schizophrenia. The findings highlight the relevance of ginseng pharmacology with respect to the emerging role of the class of phytochemicals in modulating the transcription complex Peroxisome Proliferator Activating Receptor complex, in the array of metabolic and cardiovascular processes. Ginseng warrants a larger controlled study to confirm the cardio-metabolic risk reduction in schizophrenia. (The study was funded by Stanley Medical Research Institute MD USA.)

Expected Outcomes: Framingham Risk Score appears to be a practical tool to monitor cardiovascular risk and to examine the effects of dietary supplements like ginseng in schizophrenia.

AB-O4 Complete genome sequences of identical twins discordant for schizophrenia.

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

Purpose: The concordance for schizophrenia in identical twins is approximately 50%, indicating significant genetic and environmental contributions to disease causation. Researchers using large samples of unrelated subjects and controls have failed to identify the causative genes using traditional genetic approaches.

Methods: Our research team has recently confirmed that there are differences in copy number variations (a type of genetic mutation) between identical co-twins. We have now generated the complete genome sequences from two pairs of identical twins discordant for schizophrenia and from both parents of each pair.

Results: Comparing the genomes of these identical twins, we found nonsense mutations generating a stop codon in 14 genes from both twins from pair A and in 18 and 13 genes from the affected and unaffected twin respectively from pair B. Subsequent due diligence to confirm these differences by Sanger sequencing (an independent sequencing method) showed the twins had the same sequence for each of these genes.

Conclusions: This study is the first in which the genomes of individuals with mental illness have been sequenced. Only one other group has attempted to compare the complete sequences of identical twins. Unfortunately, the error rate for genome sequencing, while low at 0.001%, results in many thousands of errors over the billions of base pairs analyzed. We are now taking a probability-based approach to identifying *de novo* mutations in these twins. Positive findings will again be checked by Sanger Sequencing.

AB-O5 Feasibility and effects of humor-related interventions for people with mental illness: a randomized controlled pilot study.

Abraham Rudnick MD PhD FRCPC, Paul Kohn Hons BA AM PhD, Kimberly Edwards (student-PhD candidate), Sara Caird (student-PhD candidate), David Podnar (student-PhD candidate) Rod Martin PhD CPsych

Purpose: To explore feasibility and effects of humor-related interventions for people with mental illness.

Methods: This was a randomized controlled pilot study of people with assorted mental illnesses (per SCID-I), with 12 participants recruited to each of 3 arms – stand-up comedy training (experimental intervention), discussing comedy videos (active control), and no intervention (passive control). Interventions occurred weekly for 3 months. All participants could receive standard mental health care of their choice. Data were collected at baseline, end of interventions, and 3-month follow up. Evaluation included assessment of attrition, severity of symptoms, stress, functioning, life-satisfaction, self-esteem, mood, and satisfaction with intervention, using standardized measures and semi-structured individual interviews. Data analysis consisted of repeated measures ANCOVA and comparative thematic analysis.

Results: Attrition was lowest in the experimental arm. There was a marginally significant time X treatment interaction for self-esteem ($p = 0.051$): Self-esteem increased from Time 2 to Time 3 for the experimental arm, and decreased for the control arms. Five main themes emerged: (1) satisfaction from interventions; (2) challenges of interventions; (3) benefits of interventions; (4) importance of humor; (5) impact of illness and resilience.

Conclusions: Humor-related interventions for people with mental illness are researchable and satisfying to participants. Training in stand-up comedy may enhance self-esteem of people with mental illness and deserves further research.

Expected Outcomes: Facilitation of recovery.

AB-O6 Drug treatment of bipolar II depression during and after pregnancy.

Verinder Sharma MBBS FRCPC, Christina Sommerdyk MSc, Bin Xie PhD, Karen Campbell PhD

Purpose: The objective of this study was to evaluate the pharmacotherapy of bipolar II disorder during pregnancy and the postpartum period.

Methods: The use of psychotropic drugs and recurrence risk during and after pregnancy was studied in a prospective, observational study of 37 women with bipolar II disorder.

Results: During pregnancy the majority of participants (54.0%) were not on any psychotropic medication, approximately one third (32%) received monotherapy, and the rest were on combination therapy. In comparison, during the postpartum period only 14% of participants were not on any psychotropic medication, approximately 35% received monotherapy, and over 50% were on combination therapy. While only 13.5% of participants were on 3 or more psychotropic drugs during pregnancy, 21.6% required 3 or more psychotropic drugs after childbirth.

Conclusions: The findings of this prospective, observational study indicate that the recurrence risk is much higher after childbirth than during pregnancy in spite of higher utilization of psychotropic drugs in the postpartum period.

Expected Outcomes: To increase awareness about the treatment of bipolar II disorder during and after pregnancy.

Poster Presentations

AB-P1 What's the hold up? Discharging geriatric psychiatry patients.

Julie Smith BSW, Shane Reed BSW, Ed Black PhD, Tom Ross BA

Purpose: This qualitative evaluation examined perceived barriers to timely discharge planning from an inpatient Geriatric Psychiatry Tertiary care treatment setting.

Methods: The population under study (Dementia = 46%, Schizophrenia/Psychosis = 36%, Mood Disorder = 14%, Huntington's = 4%) included 56 females and 53 males with an average age of 71.3 years. Inpatient cases were reviewed through a process that focused on identifying what resources were required to transition clients to the best care destination possible.

Results: A team of social workers created an electronic data base that included four main factors-Patient (18 barriers), Family (10 barriers), System (14 barriers) and Long Term Care-LTC (19 barriers), which influence discharge. Under each factor, specific barriers were identified, and each patient was categorized according to their perceived barriers. These barrier forms were completed only if the patient had remained in the hospital for at least 45 days. Thereafter, the form was completed every 90 days.

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

Conclusions: These results support the use of the barrier discharge form to help determine root causes of prolonged hospitalization.

Expected Outcomes: The aforementioned instrument also enables the collection of comprehensive informatics which will help support clinical decision making and the creation of best practice guidelines in the future.

AB-P2 Geriatric inpatients have personality!

Karen Roberts MA (student-PhD candidate), Tom Ross BA, Ed Black PhD

Purpose: The current study used the Personality Assessment Inventory (PAI; Morey, 1991, 2007) to detect emotional and behavioural profiles in a valid subsample of Geriatric Psychiatry inpatients.

Methods: PAI scores were obtained from the files of 84 inpatients (males n=40) at RMHCL. Average scores on the PAI clinical scales were computed to create average personality profiles.

Results: The personality profile of the full sample displayed elevations on the depression and somatic complaints scales and low scores on the mania, aggression, and treatment rejection scales. Males scored higher than females on the following scales: Mania, antisocial, alcohol, aggression, and dominance. Females scored higher than males on the depression scale. Depressed individuals (n = 58) scored higher than non-depressed individuals (n = 20) on the following scales: Anxiety, depression, somatic complaints, schizophrenia, borderline, and suicidal ideation. Non-depressed individuals scored higher than depressed individuals on the following scales: Mania, antisocial, dominance, warmth, treatment rejection, and non-support.

Conclusions: Many geriatric inpatients report somatic and/or depressive symptoms. It is less likely that they report aggressive tendencies or manic behaviours. They are also open to receiving treatment. It appears that geriatric men are more dominant, more aggressive, and less depressed than geriatric women. Depressed geriatric inpatients present with many different complaints (e.g., psychotic symptoms, borderline features). Non-depressed inpatients tend to have a personality profile that indicates no significant problems.

Expected Outcomes: Overall the PAI is a useful measure of psychiatric and behavioural issues and promotes the understanding of personality factors that may be barriers to treatments.

AB-P3 Diagnostic conversion of major depressive disorder to bipolar disorder in pregnancy and postpartum.

Verinder Sharma MBBS FRCPC, Bin Xie PhD, Karen Campbell PhD, Debbie Penava MD MPH, Elizabeth Hampson PhD, Dwight Mazmanian PhD, Carley Pope BA (Hons) CCRP

Purpose: To determine the rate of and risk factors for a change in diagnosis from major depressive disorder to bipolar disorder, and from bipolar II to bipolar I disorder in pregnancy and postpartum.

Methods: Patients with a prior history of major depressive disorder or bipolar II disorder were recruited between 24 and 28 weeks gestation and followed through to one year postpartum. Diagnostic interviews were conducted using the Structured Clinical Interview for DSM-IV at study intake and repeated using the Mini-International Psychiatric Interview at 1, 3, 6 and 12 months after childbirth. Fisher's exact test was used to assess the association between various risk factors and diagnostic switch.

Results: There were a total of 146 participants who completed the intake interview and at least one follow-up interview postpartum. Of these, 92 were diagnosed with major depressive disorder and 54 with bipolar II disorder at intake. Six women (6.52%) experienced a diagnostic change from major depressive disorder to bipolar II disorder during the first 6 months after childbirth. There were no cases of switching to bipolar I disorder but in 1 participant the diagnosis changed from bipolar II to bipolar I disorder during the three months after childbirth. Bipolar switch was associated with a family history of bipolar disorder.

Conclusions: Postpartum appears to be a time of high risk for new onset of hypomania in women with major depressive disorder. Our rate of diagnostic switching to bipolar II disorder (6.52%) is at least 11 to 18-fold higher than the rates of switching in similar studies conducted in both men and women.

Expected Outcomes: Practitioners will learn the importance of closely monitoring patients with depression in regards to the emergence of hypomanic symptoms in the postpartum period.

AB-P4 Establishing a recovery-oriented milieu in a tertiary mental health inpatient unit.

Deborah Corring PhD, Abraham Rudnick MD PhD FRCPC, Kamini Kalia APN MScN, Priya Subramanian MD

Purpose: To develop a recovery-oriented milieu on a previously traditional tertiary care mental health inpatient unit in order to offer each client an opportunity to maintain their current independent living skills, practice new skills for an increased quality of living, if desired by the individual, and engage in necessary, healthy routines required for safe and successful community living.

Methods: The evaluation of this project was guided using a focused ethnography framework in order to understand the lived experience of the change in milieu (Knoblauch, 2005). Methods used to evaluate the project included: Field journals, individual client interviews, focus groups with staff, document analysis and the Recovery Knowledge Inventory (pre- and post-test of staff) (Davidson et al., 2009).

Results: Evidence both qualitative and quantitative of a milieu shift to one of a recovery orientation from a traditional milieu. Verbatim quotes and stats will be used to illustrate the findings.

Conclusions: Overall, this pilot project was successful in shifting the culture of a traditional tertiary inpatient unit to one that promotes recovery by providing opportunities for individuals to develop and maintain skills, as well as plans for successful community living. The results of this pilot suggest that multiple individualized strategies focused on rehabilitation and education on recovery influenced not only the client's experience of their inpatient stay, but staff knowledge and beliefs as well. Further research opportunities include exploring the sustainability of this work within the unit and the successful transition of clients who are returning to the community.

Expected Outcomes: Benefits to both client and staff satisfaction.

AB-P5 Using theatre to explore long-term care home healthcare provider needs.

Lisa VanBussel MD FRCPC, Iris Gutmanis PhD, Ann Jarvie RN, MScN, Mark Speechley PhD, Ryan DeForge (student-PhD candidate)

Purpose: While evidence-based care strategies for older adults living in long-term care homes (LTCHs) with responsive behaviours exist, there is limited information on point-of-care health care provider (HCP) perspectives. To gain insight into this perspective, in 2008 106 staff from 12 LTCHs participated in 18 audio-taped focus groups. The themes identified through data analysis were used to develop a short play, *All Behaviour Has Meaning*, to be used as a method of Knowledge Translation LTCH.

Methods: The combination of the play and a facilitator-guided discussion were field-tested at two sites (at a LTCH {LTCH group} and at a rehabilitation hospital among staff who regularly consult with LTCH HCPs {tertiary care group}). Focus groups were conducted following the play and facilitated discussion.

Results: The LTCH group indicated that their daily lived experiences were well represented by the script. The tertiary care group felt the play accurately depicted the lived experiences of LTCH HCPs and noted the “need for purposeful meetings” that address the challenging issues faced by LTCH HCPs.

Conclusions: The play and facilitated discussion created space for critical reflection and validation. Few participants mentioned lack of knowledge as a barrier to optimal care provision, but pointed instead toward organizational structures and processes that limit collaboration among care providers.

Expected Outcomes: The play provides behaviours to model and so may promote actual change. Results also suggest that strategies need to be targeted to the audience. The plan is to videotape the play and use it with the facilitator guide in LTCHs across the province.

Regional Mental Health Care London and St. Thomas

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 - (3) Suicide from a Global Perspective: Public Health Approaches;
 - (4) Suicide from a Global Perspective: Risk Assessment and Management; and
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- Nova Science/NY, USA 2011.

Chapters in Books

Corring D, Campbell R & Rudnick A. Cognitive remediation for inpatients with schizophrenia or schizoaffective disorder using “smart” technology in a simulated apartment: a feasibility and exploratory study (short paper). In: Abdulrazak B, Giroux S, Bouchard B, Pigot H, Mokhtari M (eds). Toward useful services for elderly and people with disabilities: 9th international conference on smart homes and health telematics, ICOST 2011 Montreal, Canada, June 20-22, 2011 Proceedings. Berlin (Germany): Springer; 2011. p 286-289.

Fisman S. Person-centered approaches for adolescents with serious mental illness. In Rudnick A & Roe D (eds). Serious mental illness: person-centered approaches. London (UK): Radcliffe Publishing Ltd.; 2011. p 182-188.

Desjardins N, Gritke & **Hill B.** Trans-cultural issues in person-centred care for people with serious mental illness. In: Rudnick A & Roe D (eds). Serious mental illness: person-centered approaches. London (UK): Radcliffe Publishing Ltd.; 2011. p 99-115.

Mejia J & Vandevooren J. Serious mental illness: person-centered approaches in forensic psychiatry. In Rudnick A & Roe D (eds). Serious mental illness: person-centered approaches. London (UK): Radcliffe Publishing Ltd.; 2011. p 202-212.

O'Reilly R. Research on community treatment orders. In: Vingilis ER, State SA, editors. Applied Research and Evaluation in Community Mental Health Services. Montreal (QC): McGill-Queen's University Press; 2011. p 68-79.

O'Reilly R. Some sober reflections on person-centered care. In Rudnick A & Roe D (eds). Serious mental illness: person-centered approaches. London (UK): Radcliffe Publishing Ltd.; 2011. p 314-320.

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Rudnick A & Wada K. An overview of bioethics in the 21st century. In: Rudnick A (ed). Bioethics in the 21st century. Rijeka (Croatia): InTech 2011; p 1-5.

Rudnick A, Forchuk C & Szmukler G. Ethical framework for community mental health. In: Thornicroft G, Szmukler G, Mueser KT, Drake R (eds). Oxford textbook of community mental health. Oxford (UK): Oxford University Press; 2011. p 223-229.

Rudnick A & Roe D. Introduction. In: Rudnick A & Roe D (eds). Serious mental illness: person-centered approaches. London (UK): Radcliffe Publishing Ltd.; 2011. p 1-6.

Rudnick A & Roe D. Foundations and ethics of person-centered approaches to individuals with serious mental illness. In: Rudnick A, Roe D (eds). *Serious mental illness: person-centered approaches*. London (UK): Radcliffe Publishing Ltd.; 2011. p 8-18.

Sanghera P, **Rudnick A & Corring D.** Person-centered assessment of people with serious mental illness (SMI). In: Rudnick A & Roe D (eds). *Serious mental illness: person-centered approaches*. London (UK): Radcliffe Publishing Ltd.; 2011. p 235-248.

Rudnick A & Lamoure J. Person centered approaches to psychopharmacology for people with serious mental illnesses. In: Rudnick A & Roe D (eds). *Serious mental illness: person-centered approaches*. London (UK): Radcliffe Publishing Ltd.; 2011. p 249-261.

Rudnick A. Psychiatric leisure rehabilitation: conceptualization and illustration. In: Anthony W & Furlong-Norman K (eds). *Readings in psychiatric rehabilitation and recovery*. Boston, MA (USA): Boston University Center for Psychiatric Rehabilitation; 2011. p 431-435.

Mazmanian D & **Sharma V.** Mood disorders: major depressive disorder and bipolar disorder. In Rudnick A & Roe D (eds). *Serious mental illness person-centered approaches*. London (UK): Radcliffe Publishing Ltd.; 2011. p 38-45.

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Takhar J, Haslam D, McAuley L & **Langford J.** Shared/collaborative care for people with serious mental illness. In Rudnick A & Roe D (eds). *Serious mental illness: person-centered approaches*. London (UK): Radcliffe Publishing Ltd.; 2011. p 168-181.

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Letters to Editor

Rudnick A. Re: Reduction in psychiatry [letter]. *Canadian Journal of Psychiatry* 2011; 56(2):125.

Sharma V, Khan M & Pope C. Occult bipolarity and treatment resistance. [letter – Reply to Association between bipolar spectrum features and treatment outcomes in outpatients with major depressive disorder]. *Archives of General Psychiatry* 2011; 68:351.

Abstracts / Presentations

Black E & Ross T. Practical Approaches to Fall Prevention, Fall Fair, London, ON, Canada; September 13, 2011.

Chiu S, Cernovsky Z, Husni M, Copen J, Lalone L, Sadek G. Pilot naturalistic study of the impact of criminality on differential treatment outcomes of co-existing psychiatric patients with substance use disorder (poster). Regional Mental Health Care Annual Research Day, St. Thomas, ON, Canada; May 11, 2011.

Sanchez V, **Chiu S**, Liu E, Majeed M, Vishwanatha J et al. Pilot pharmacokinetic study of differential CNS distribution of novel biotechnology-driven formulations of curcumin targeting epigenetic signatures: HDAC and HAT: implications for Parkinson Disease and Alzheimer dementia (poster). Canadian Conference on Epigenetics, London, ON Canada; May 2011.

Chiu S & Lalone L. Integrating smoking management in community based holistic 4-R (Relapse prevention, Rehabilitation, Recovery, and Reintegration) program. Smoking Management Education Day. Regional Mental Health Care London, ON, Canada; May 2011.

Sanchez V, **Chiu S**, Liu E, Majeed M, Vishwanatha J et al. Pilot pharmacokinetic study of differential CNS distribution of novel biotechnology-driven oral formulations of curcumin targeting epigenetic signatures: HDAC and HAT: implications for Parkinson Disease and Alzheimer dementia. Academic Research Day, Department of Psychiatry, Schulich School of Medicine & Dentistry, The University of Western Ontario, London, ON, Canada; June 16, 2011.

Mansur Mulk, **Chiu S**, Sadek G, Cernovsky Z, Bureau Y, Copen J & Husni M. Screening for pathological gambling, gambling craving and substance use in methadone treatment program for opiate dependence. Academic Research Day, Department of Psychiatry, Schulich School of Medicine & Dentistry, The University of Western Ontario, London, ON, Canada; June 16, 2011.

Sanchez V, **Chiu S**, Cernovsky Z, Copen J & Husni M. Panax Ginseng augmentation effects on depressive and negative symptom clusters and neurocognition in schizophrenia: results of a multi-site RCT study. Annual Natural Health Product Society Research NHPS Conference, Montreal, PQ, Canada; May 2011.

Corring D, Campbell R & Rudnick A. Using smart technology in mental health to facilitate successful discharge. Med-e-Tel, International eHealth, Telemedicine, and Health ICT Forum for Education, Networking, and Business, Luxembourg, GD of Luxembourg; April 6-8, 2011.

Corring D, Campbell R & Rudnick A. Cognitive remediation for inpatients with schizophrenia or schizoaffective disorder using “smart” technology in a simulated apartment: a feasibility exploratory study. Regional Mental Health Care Annual Research Day, St. Thomas, ON, Canada; May 11, 2011.

Corring D, Campbell R & Rudnick A. Cognitive remediation for inpatients with schizophrenia or schizoaffective disorder using “smart” technology in a simulated apartment: a feasibility & exploratory study. Academic Research Day, Department of Psychiatry, Schulich School of Medicine & Dentistry, The University of Western Ontario, London, ON, Canada; June 16, 2011.

Corring D, Campbell R & Rudnick A. Cognitive remediation for inpatients with schizophrenia or schizoaffective disorder using “smart” technology in a simulated apartment: a feasibility and exploratory study (short paper). In Abdulrazak B, Giroux S, Bouchard B, Pigot H, Mokhtari M (eds). Toward Useful Services for Elderly and People with Disabilities: 9th International Conference on Smart Homes and Health Telematics, ICOST 2011 Montreal, PQ, Canada; June 20-22, 2011 Proceedings. Berlin: Springer, p. 286-289.

Corring D. Exploring review board member experiences with Community Treatment Orders (CTO): what are the challenges, the benefits and the surprises? International Congress on Law and Mental Health, Berlin, Germany; July 22, 2011.

Frizzell S. Perceptions of exceptional nursing practice (poster). Nursing Leadership Network of Ontario, Registered Nurses' Association of Ontario, Toronto, ON, Canada; March 2011.

Frizzell S, Franklin J & Robinson W. An interprofessional approach to suicide risk assessment. Mood and Anxiety Ambulatory Program, RMHC London (poster). City-Wide Patient Safety Day, London, ON, Canada; April 2011.

Frizzell S. Symposium – Exploring exceptional nursing practice (poster). Nursing Summit, The University of Western Ontario and Sigma Theta Tau International Research Day, London, ON, Canada; May 2011.

Frizzell S, Franklin J & Robinson W. An interprofessional approach to suicide risk assessment. Mood and Anxiety Ambulatory Program, RMHC London (poster). Regional Mental Health Care Annual Research Day, St. Thomas, ON, Canada; May 11, 2011.

Frizzell S, Perkin K, Tales H, Cini B & Goodhue J. Strengthening our interprofessional focus at Regional Mental Health Care (poster). Regional Mental Health Care Annual Research Day, St. Thomas, ON, Canada; May 11, 2011.

Frizzell S, Franklin J & Kalia K. An interprofessional approach to suicide risk assessment: lessons learned (poster). Ontario Hospital Association Conference: Shining a Light on Suicide, Toronto, ON, Canada; September 2011.

Goldman G. Psychiatry as a dramatic art form (poster). Regional Mental Health Care Annual Research Day, St. Thomas, ON, Canada; May 11, 2011.

Harris K, Black E, Ross T & O'Regan T. Evaluating the utility of a falls risk assessment tool in a geriatric psychiatry program (poster). Academic Research Day, Department of Psychiatry, Schulich School of Medicine & Dentistry, The University of Western Ontario, London, ON, Canada; June 16, 2011.

Kalia K, Corring D, Subramanian P & Rudnick A. Establishing a recovery-oriented milieu in a tertiary mental health inpatient unit. St. Joseph's Health Care London (poster). Canadian Federation for Mental Health Nursing Conference, Toronto, ON, Canada; October 26-28, 2011.

Kumar V, **Khan M**, Vilos G & **Sharma V.** A closer look at the association of endometriosis and bipolar disorder (poster). 4th World Congress on Women's Mental Health, Madrid, Spain; March 16-19, 2011.

Kumar V, **Khan M**, George V, **Sharma V.** Endometriosis and bipolar disorder (poster). Regional Mental Health Care Annual Research Day, St. Thomas, ON, Canada; May 11, 2011.

O'Regan T, Doherty J, Gutmanis I. Promoting Interprofessional Collaborative Education (ICE) in the Geriatric Psychiatry Program – lessons learned (poster). Regional Mental Health Care Annual Research Day, St. Thomas, ON, Canada; May 11, 2011.

O'Regan T, Doherty J. Using guided reflection to promote the RAO Best Practice Guideline on establishing therapeutic relationships (poster). Regional Mental Health Care Annual Research Day, St. Thomas, ON, Canada; May 11, 2011.

O'Regan T, Frizzell S, Jibb S. The Geriatric Psychiatry Program (GPP) experience of participation in a national falls prevention virtual learning collaborative (poster). Regional Mental Health Care Annual Research Day, St. Thomas, ON, Canada; May 11, 2011.

O'Reilly R. Identical twins with different genes: The cause of schizophrenia? Regional Mental Health Care Annual Research Day, St. Thomas, ON, Canada; May 11, 2011.

Castellani C, **O'Reilly R**, Maiti S & Singh SM. The complete genome sequence of an individual with schizophrenia compared with that of her unaffected identical twin. Academic Research Day, Department of Psychiatry, Schulich School of Medicine & Dentistry, The University of Western Ontario, London, ON, Canada; June 16, 2011.

O'Reilly RL, Solomon R & Gray JE. Clinical and liberty outcomes when the courts in Ontario support a right to refuse treatment. 32nd International Congress on Law and Mental Health, Berlin, Germany; July 17-23, 2011; p 109.

O'Reilly R, Solomon R & Gray JE. Brian's Law: Legislative and clinical lessons from the killing of Brian Smith. 32nd International Congress on Law and Mental Health, Berlin, Germany; July 17-23, 2011; p 345.

Gray JE, McSherry B & **O'Reilly RL**. Canadian and Australian involuntary treatment refusal laws compared. 32nd International Congress on Law and Mental Health, Berlin, Germany; July 17-23, 2011; p 107.

Plyley C, Peer I & **O'Reilly R**. Important issues related to the use of community treatment orders in London, Ontario, Canada (panel presentation). 32nd International Congress on Law and Mental Health, Berlin, Germany; July 17-23, 2011; p 345-6.

Ross T & Smith J. What's the hold up? Barriers to discharge in a geriatric psychiatry population. Regional Mental Health Care Annual Research Day, St. Thomas, ON, Canada; May 11, 2011.

Forchuk C, **Rudnick A**, **Campbell R**, **Corring D** & **O'Reilly R**. Smart technology in mental health. 7th International Conference on Technology, Knowledge and Society, Bilbao, Spain; March 25-27, 2011.

Rudnick A. Ethics education for psychiatry residents: a mixed design retrospective evaluation of an introductory course and a quarterly seminar. CERI (Centre for Education Research and Innovation) Annual Research Symposium. The Schulich School of Medicine and Dentistry, The University of Western Ontario, London, ON, Canada; 2011.

Rudnick A. Psychiatric rehabilitation: an introduction. Canadian Psychiatric Association, 61st Annual Conference, Vancouver, BC; Canada; 2011.

Rudnick A, **Corring D** & **Campbell R**. Cognitive remediation for inpatients with schizophrenia or schizoaffective disorder using "smart" technology in a simulated apartment: a feasibility and exploratory study. ICOST 2011, 9th International Conference on Smart Homes and Health Telematics, Montreal, PQ, Canada; 2011.

Rudnick A, McEwan & **Subramanian P**. Supported education and supported employment for college students with mental health challenges. US Psychiatric Rehabilitation Association Annual Conference, Boston, MA, United States; 2011.

Rudnick A & Scotti P. Supported reporting of lived experience: facilitating writing/publication of people in recovery. PSR/RPS Canada Annual Conference, Cape Breton, NS, Canada; 2011.

Rudnick A & Scotti P. Supported reporting of lived experience: facilitating writing/publication of people in recovery. US Psychiatric Rehabilitation Association Annual Conference, Boston, MA, United States; 2011.

Sharma V. Diagnostic and management of soft bipolarity in the postpartum period (workshop). 4th World Congress on Women's Mental Health, Madrid, Spain; March 16-19, 2011.

Sharma V & Xie B. Validation of the Mood Disorder Questionnaire for bipolar postpartum depression (paper presentation). 4th World Congress on Women's Mental Health, Madrid, Spain; March 16-19, 2011.

Sharma V & Xie B. Validation of the Mood Disorder Questionnaire for bipolar postpartum bipolar disorder. Regional Mental Health Care Annual Research Day, St. Thomas, ON, Canada; May 11, 2011.

Stone S, Mazmanian D, Oinonen K & **Sharma V**. Premenopausal hormone-related physical symptoms predict menopausal physical symptom severity (poster). Canadian Psychological Association, Toronto, ON, Canada; June 4, 2011.

Stone S, Mazmanian D, Oinonen K & **Sharma V**. The relationship between past reproductive events and menopausal symptoms (poster). Canadian Psychological Association, Toronto, ON, Canada; June 4, 2011.

Sharma, V. Endometriosis and bipolar disorder (poster). Academic Research Day, Department of Psychiatry, Schulich School of Medicine & Dentistry, The University of Western Ontario, London, ON, Canada; June 16, 2011.

Shrivastava A, Shah N, Johnston M, Stitt L & Thakar M. Do atypical antipsychotics' differ in determining long-term outcome of first episode schizophrenia? A naturalistic study in India. World Congress of Biological Psychiatry, Prague Czech Republic; May 29-June 2, 2011.

Shrivastava A, Purdue L, **Campbell R** & Johnston M. Serum lipids and suicidality in early psychosis. World Congress of Biological Psychiatry, Prague Czech Republic; May 29-June 2, 2011.

Shrivastava A. Emerging role of peptides in mechanism and treatment of schizophrenia. World Congress of Biological Psychiatry, Prague, Czech Republic; May 29-June 2, 2011.

Shrivastava A. Neuropeptide in schizophrenia: focus on environmental risk factors. World Congress of Psychiatry, Buenos Aires, Argentina; September 18-21, 2011.

Shrivastava A. Neuroendocrine in first episode schizophrenia World Congress of Psychiatry, Buenos Aires, Argentina; September 18-21, 2011.

Shrivastava A. Epigenetics of psychiatric disorders, World Congress of Psychiatry, Buenos Aires Argentina; September 18-21, 2011.

Shrivastava A, Johnston M, Shah N, Thakar M, Iyer S, Sakel G & Bureau Y. Crisis helpline: a gateway for early intervention. Annual Meeting of the International Association for Suicide Prevention, Melbourne Australia; September 2011.

Shrivastava A, Johnston M, Shah N, Innamorati M, Stitt L, Thakar M, Lester D & Pompili M. Persistent suicide risk in recovered schizophrenia patients, the challenge of suicidal dimension. Neuropsychiatry, Diseases and Treatment. Conference of International Association for Suicide Prevention, Melbourne, Australia; September 2011.

Shrivastava A, Johnston M, **Campbell R.** Risk level and range of suicidality amongst non-attempting early psychosis patients. International Society of Neurobiology and Psychopharmacology, Thessaloniki, Greece; November 15-18, 2011.

Shrivastava A, Johnston M, Bureau Y & **Campbell R.** Testosterone in early phase of first episode schizophrenia: relevance to psychopathology. International Society of Neurobiology and Psychopharmacology, Thessaloniki, Greece; November 15-18, 2011.

Shrivastava A, Johnston M, Bureau Y & **Campbell R.** Serum lipids and suicidality in early psychosis: is there a connection? International Society of Neurobiology and Psychopharmacology; Thessaloniki, Greece, November 15-18, 2011.

Shrivastava A & Bureau Y. Addressing needs of assessment of stigma in clinical setting: quantifying experiences of individuals suffering from psychiatric disorders. International Society of Neurobiology and Psychopharmacology, Thessaloniki, Greece; November 15-18, 2011.

Smith J & **Morton S.** What's the hold up? The important role of qualitative research in understanding systemic issues and supporting social work practice in discharge planning. King's University College School of Social Work, University of Western Ontario, Annual Social Work Research Day, London, ON, Canada; November 4, 2011.

VanBussel L, Black E, Ross T, Doherty J & **O'Regan T.** The System for Classification of In-patient Psychiatry (SCIPP) assists in the identification of high risk seniors (poster). Hospital Safety Conference London, ON, Canada; April 14, 2011.

VanBussel L, Black E, Ross T, Doherty J & O'Regan T. The System for Classification of In-patient Psychiatry (SCIPP) assists in the identification of high risk seniors (poster). Regional Mental Health Care Annual Research Day, St. Thomas, ON, Canada; May 11, 2011.

VanBussel L, Black E, Ross T, Doherty J & O'Regan T. The system for Classification of In-patient Psychiatry (SCIPP) assists in the identification of high risk seniors (poster). Academic Research Day, Department of Psychiatry, Schulich School of Medicine & Dentistry, The University of Western Ontario, London, ON, Canada; June 16, 2011.

VanBussel L, Gutmanis I, Jarvie A, Speechley M & DeForge R. Using theatre to explore long-term care home health care provider needs. Reinventing aging through innovation, care, research, technology (poster). 2011 International Psychogeriatric Association International Meeting, The Hague, The Netherlands; September 2011.

VanBussel L, Gutmanis I, DeForge R, Jarvie A & Speechley M. Using theatre to explore long-term care home point-of-care provider needs: a potential strategy to promote the transfer of alternate level of care patients to long-term care (poster). Canadian Academy of Geriatric Psychiatry Annual Meeting, Vancouver, BC, Canada; October 12, 2011.

VanBussel L, Gutmanis I, Jarvie A, Speechley M & DeForge R. Using theatre to explore long-term care home health care provider needs. Reinventing aging through innovation, care, research, technology (poster). 9th Annual Geriatric Symposium, Beyond the Building Blocks of Geriatric Psychiatry, London, ON, Canada; November 2, 2011.

VanBussel L, Gutmanis I, Jarvie A, Speechley M & DeForge R. Using theatre to explore long-term care home health care provider needs (poster). Knowledge Translation Symposium, London, ON, Canada; November 18, 2011.

Vandevooren J, Ellis J, Tetzlaff A & Batten B. Journey to recovery-based forensic psychiatry services: an administrative, clinical and client perspective. Risk and Recovery Conference, Hamilton, ON, Canada; April 2011.

Internal Approved Projects

Burhan A (PI) & Alsuhibani W. Clinical and cognitive outcomes in older adults treated with ECT at RMHC-London: a retrospective chart review study. REB 17906E; R-11-287.

Corring D (PI), Kalia K, Subramanian P & Rudnick A. Evaluation of the establishment of a recovery-oriented milieu in a psychiatric hospital - tertiary care inpatient unit. REB 17865E; R-11-125.

Corring D (PI), Rudnick A, Forchuk C, Marshall M, Berry K & Kurtz A. Mental health smart technology: supporting mentally ill patients in the community by using handheld devices. REB8473; R-11-587.

Corring D (PI), Rudnick A & Kalia K. The development of recovery competencies for mental health providers working with people with serious mental illness. REB 17936E; R-11-278.

Forchuk C, **Fisman S (Co-I) & Rudnick A (Co-I).** Youth matters in London: mental health, addiction and homelessness. REB 16734; R-09-529.

Gibbs K (PI) & **Jarmain S (Co-I).** SJHC London: enhancing safety and building resilience by supporting staff through workplace traumatic events. REB 17250E; R-11-404.

Andrusyszyn M, Booth R, Iwasiw C, Donelle L, Compeau D & **Kalia K (Co-I).** Nurses' learning and conceptualization of technology used in practice. REB 17950E.

O'Reilly R (PI), Singh S & Rao J (Co-I). A twin study to locate genetic differences that cause schizophrenia. REB 18017E; R-11-288.

Forchuk C (PI) & **Rudnick A (Co-I).** Poverty and social inclusion. REB 17815; R-11-196.

Forchuk C (PI) & **Rudnick A.** Poverty and mental health: issues, challenges and solutions (updated). REB 17173; R-10-216.

Forchuk C (PI), **Rudnick A & Corring D.** Mental Health Engagement Network (MHEN): connecting patients with their health team. REB 18451; R-11-548.

Rudnick A (PI), Wada K, **Doering M** & Gallant I. Evaluation of ethics education for psychiatry residents: a mixed design retrospective and cross-sectional study of an introductory course and a quarterly seminar. REB 17894E; R-11-086.

Rudnick A (PI) & Mak M. Clozapine funding and its predictors. REB 18548E; R-11-597.

Sharma V (PI), **Varapravan S** & Pope C. A double-blind, placebo-controlled, parallel-group, fixed-dosage study to evaluate the efficacy and safety of armodafinil treatment (150 and 200 mg/day) as adjunctive therapy in adults with major depression associated with bipolar I disorder. REB 17750; R-11-733.

Sharma V (PI), **Varapravan S** & Pope C. A 6 month, open-label, flexible dosage (150-200 mg/day) extension study of the safety and efficacy of armodafinil treatment as adjunctive therapy in adults with major depression associated with bipolar I disorder. REB 17751.

Sharma V (PI) & Pope C. Augmentation of resistant postpartum depression with aripiprazole. REB 17778; R-11-772.

Spencer F (PI) & Woldarsky Meneses C. Exploring clients' experience of mentalization-based therapy (MBT). REB 18490; R-12-095.

Srivastava A (PI), Summers K, Bureau Y, **Chiu S**, **Mooser R**, DeBruyn H & **Campbell R.** Factors involved in the pathogenesis, treatment, and outcome of individuals at risk and suffering from schizophrenia and related disorders. REB 18103.

Stewart S (PI), Hirdes J, Perlman C, Curtin-Telegdi N, MacLeod K, Ninan A, Currie M & Carson S. interRAI Child and Youth Mental Health (ChYMH) Instrument: international pilot study. REB 18671E; R-12-080.

Subramanian P (PI), **Burhan A** & **Sharma V.** Repetitive Transcranial Magnetic Stimulation in the treatment of postpartum depression - an exploratory pilot study. REB 17769; R-12-068.

Subramanian P (PI), **Burhan A**, **Sharma V** & Gallant I. Transcranial direct current stimulation as a treatment for postpartum depression. REB 18117; R-11-543.

Grants Peer-reviewed

Chiu S (Project PI). Study of curcumin, a putative neuronal nitric oxide synthetase inhibitor (nNOS) with neuroprotective, antioxidant, anti-inflammatory properties, isolated from turmeric *curcuma longa* as added-on strategy to antipsychotics in treating negative symptoms and neurocognitive impairment in schizophrenia. Pilot open-label study. Stanley Medical Research Institute, MD USA 2007-2012: \$96,020 US.

Chiu S (Academic PI). Exploring curcumin and curcumin derivatives as putative epigenetic target of histone deacetylase (HDAC) inhibition in Parkinson's Disease. Jointly funded by Michael J. Fox Foundation Parkinson's Disease and SignPath Pharm Inc. 2009-2012: \$81,000. US. Industry Project PI: L. Helson MD CEO Sign Path Pharmac. Inc PA USA. Phase 2 2011-2012: study of Lipocurc in Park 7 genetic model of Parkinson disease.

Chiu S (Academic PI). Translational research program on botanical ingredient of the extract *sceletium tortuosum* (Zembrin®) targeting PDE-4 (phosphodiesterase-4) in cognition and mood and anxiety. Industry PI: PJ Thomas Inc. NJ, USA. : Vladimir Badmeav MD PhD. Medical Director, PJ Thomas Inc. NJ, USA. *Part I: Proof of concept study of extract sceletium tortuosum (Zembrin ®) (standardized for key mesembrine-compounds on cognition in normal subjects, Part II: Mesembrenone in aging models.* 2011-2012: Total Amount: \$50,500. US.

Chiu S (Co-PI) & Bureau Y (Lead PI). Targeting G-protein coupled dopamine receptor (GPCR-DA) with L-Proxy-L-leucyl-glycinamide (PLG) peptidomimetic: PAOPA in a transgenic model of Parkinson's Disease. Lawson Health Research Institute London ON. Internal Grant Competition 2011-2012: \$14,000.

Corring D (PI) & **Rudnick A** (Co-I). Investigating the use of smart technology mobile devices in the community. Veenboer Foundation 2011: \$25,000.

Corring D (PI) & **Rudnick A** (Co-I). Cognitive remediation for inpatients with schizophrenia or schizoaffective disorder using "smart" technology in a simulated apartment: a feasibility and exploratory study. St. Joseph's Health Care Foundation (London, ON, Canada) 2008-2011: \$17,000.

Singh S, **O'Reilly R** (Co-PI) & Scherer S. Gene discovery in schizophrenia using copy number variations (CNVs) in high-risk monozygotic (MZ) and dizygotic (DZ) twins. Canadian Institute of Health Research 2011: \$182,879.

Forchuk C (PI) & **Rudnick A** (Co-I). Mental Health Engagement Network (MHEN): Connecting clients with their health team. Canada Health Infoway 2011-2016: \$1,686,526.

Forchuk C (PI) & **Rudnick A** (Co-I). Poverty and social exclusion (CURA award). SSHRC 2011-2016: \$1,000,000.

Forchuk C (PI) & **Rudnick A** (Co-I). Poverty and mental health: issues, challenges and solutions. Ontario Mental Health Foundation 2010-2012: \$150,000.

Forchuk C (PI) & **Rudnick A** (Co-I). Poverty and mental health. SSHRC (CURA LOI) 2010-2011: \$20,000.

Forchuk C (PI) & **Rudnick A** (Co-I). Evaluation of CAREs: A street level strategy to address homelessness, addictions, and mental health. Canadian Institute of Health Research 2009-2011: \$7,500.

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

Rudnick A (PI) & Jwely A. Immigration and psychosis: a qualitative exploratory study. St. Joseph's Health Care Foundation (London, ON, Canada) 2008-2011: \$5,200.

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

Martin R & **Rudnick A** (Co-PI). Humor-related interventions for mental health care service users: a feasibility and exploratory study. Consortium for Applied Research in Mental Health (funded by Canadian Institutes of Health Research) 2008-2011: \$14,290.

McEwan R, **Rudnick A** (Co-PI) & **Subramanian P** (Co-I). Barriers, enablers and related strategies in relation to supported post-secondary education for people with mental health challenges: a pilot (organizational) case study. Fanshawe College (ARIPU) 2009-2011: \$5,640.

Sharma V (Co-I), CANMAT Group. Mood stabilizer plus antidepressant versus mood stabilizer plus placebo in the maintenance treatment of bipolar disorder. Canadian Institute for Health Research 2009-2013: Total Amount: \$395,030.

Sharma V (PI). Bipolar disorder: screening, prevalence, and neonatal outcomes. Ontario Mental Health Foundation 2010-2014: Annual Amount \$72,450; Total Amount \$289,800.

Subramanian P, Burhan A & Sharma V. Repetitive magnetic transcranial stimulation in the treatment of postpartum depression: an exploratory study. Lawson Health Research Institute 2011-2013: Internal Research Funds \$15,000.

Subramanian P, Burhan A & Sharma V. Transcranial direct current stimulation as a treatment for postpartum depression. Lawson Health Research Institute 2011-2013: Internal Research Funds \$7,500.

Subramanian P (PI) & Rudnick A (Co-I). A qualitative study of the experience of patients treated with repetitive transcranial magnetic stimulation (rTMS) for auditory hallucinations. University of Western Ontario (Department of Psychiatry) 2009-2011: \$5,000.

Subramanian P (PI) & Rudnick A (Co-I). The relation between ego-strength and functioning in individuals with schizophrenia: a combined feasibility and exploratory study. University of Western Ontario (Department of Psychiatry) 2009-2011: \$958.

Grants Industry

Chiu S (Project PI). Multi-functional outcome study of ziprasidone switch in bipolar disorder: differential mediating effects of e-SMART program versus usual care. Pfizer Canada 2009-2012: \$181,000.

Martin R, **Rudnick A (Co-PI)**, Kohn P & Wedlake M. Humor-related interventions for mental health care service users: a feasibility and exploratory study. AstraZeneca 2009-2011: \$16,000.

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

Lamoure J & **Rudnick A (Co-I).** A retrospective (post-marketing) case-report series of patients receiving olanzapine IM outside of product monograph doses and indications: assessing safety and tolerability. Eli-Lilly (investigator initiated grant) 2007-2011: \$8,100.

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