

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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15th ANNUAL RESEARCH HALF DAY
MAY 14, 2014 ABSTRACTS
&
RESEARCH REPORT 2013

RMHC Research Committee

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Managing Editor

J.D. Mendonca PhD, CPsych

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.

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Regional Mental Health Care London and St. Thomas

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ABSTRACTS

&

RESEARCH REPORT 2013

by

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Message from the Director

Regional Mental Health Care's 2014 Research Half Day will be our last at 850, Highbury Avenue. As was the case for our 2012 event at Regional Mental Health Care, St. Thomas, I suspect that there is some ambivalence as we reflect on the work of the hospital at the current site over a period of almost one and a half centuries, while also looking forward to the move to a new building.

I hope attendees at the Research Half Day spend a few moments to reflect on the years of tireless work by the hospital's clinical and ancillary staff in the service of individuals with mental illness. Clinical innovation and formal research has always been an integral part of the work of our hospital. The first two superintendents, Dr. Henry Landor and Dr. Richard Maurice Burke were pioneers of early psychiatric treatments. Fast forward almost one hundred years: I wonder how many staff are aware that chlorpromazine, the first effective antipsychotic drug, was prescribed at London Psychiatric before it was used in almost any other hospital in North America. In 1953, based on her experience of using this drug in anesthesia, Dr. Ruth Kajander decided to use chlorpromazine to calm psychotic patients. Dr. Heinz Lehmann is usually credited with bringing chlorpromazine to psychiatric practice in North America. He probably did prescribe chlorpromazine in Montreal a few months before Dr. Kajander prescribed it at the London Psychiatric Hospital, but Dr. Kajander presented her findings to the Ontario Neuropsychiatric Association before Lehmann's more famous publication.

Today, our researchers continue to advance the field. This year, I will note Dr. Verinder Sharma's highly influential research on mood disorders in the puerperal and postnatal periods. As most women with these conditions are treated in general hospital services, I suspect that many RMHC staff may not fully appreciate the importance of Dr. Sharma's research.

As you read this message in a special edition of *Research Insights*, please consider the diligent efforts of Dr. Jim Mendonca, the journal's managing editor. Without Dr. Mendonca's willingness to volunteer his time and expertise, it would not be possible to publish this peer-reviewed journal.

Last, but certainly not least, every year I mention the Research and Education secretary, Ms. Joanne Chapman, and her work supporting researchers at RMHC. This is not just formality on my part: without Ms. Chapman's hard work and meticulous attention to detail, we would not have a successful Research Half Day.

Enjoy the day! We look forward to receiving your assessments and suggestions.

Dr. Richard O'Reilly

Director of Research

Regional Mental Health Care London and St. Thomas

15th ANNUAL RESEARCH HALF DAY

MAY 14, 2014

ABSTRACTS

Oral Presentations

AB-01 ADOPTING RESEARCH TO IMPROVE CARE (ARTIC): IMPLEMENTATION OF THE TRANSITIONAL DISCHARGE MODEL (TDM)

Cheryl Forchuk PhD

Purpose: The Transitional Discharge Model (TDM) was created to ensure a seamless safety net exists for mental health patients transitioning from hospital to community. TDM is based on providing a safety net of peer and staff relationships over the discharge process. The purpose of the study is to analyse the implementation strategies of the evidenced based model at 9 hospitals of the Council for Academic Hospitals of Ontario (CAHO) and compare the effectiveness of the TDM for diverse populations, such as acute versus tertiary care.

Methods: Over a 2-year period, the effectiveness TDM will be studied by gathering data through four main sources: (1) client interviews, (2) focus groups with clients, hospital staff and peer support volunteers, (3) hospital administrative data, and (4) a data run from the Institute for Clinical Evaluative Sciences (ICES) designed to track client health care usage across Ontario.

Results: Initial results from focus groups reveal that staff value the intervention and already perceive a change in readmissions. Clients describe a variety of peer support as helpful – peer support offered on both on an individual and group level. The model continues to be very effective; patients are actively requesting staff and peer support.

Conclusions: Through evaluation methods, the team will identify the following: what is supporting or hindering the implementation across sites, how well the model is being implemented, who the model is helping / not helping, and how well the model is helping to keep individuals out of the hospital and transition back into the community.

Expected Outcomes: Adoption of this evidence-based intervention in CAHO hospitals across Ontario has the potential of increasing communication and collaboration among hospital staff and community support groups, improving outcomes for those being discharged from a psychiatric ward, reducing health care costs and gaining knowledge from the diversity of hospital and consumer groups across Ontario.

AB-02 DOES SUBSTANCE USE MITIGATE OR AGGRAVATE INSANITY DEFENSES? PRELIMINARY FINDINGS OF RMHC-FORENSIC-100 STUDY

Ajay Prakash BSc MD, Hana Raheb BA(Hons), Simon Chiu MD PhD FRCPC ABPN, Liz Goble BA, Maureen Kononiuk RN, Zack Cernovsky PhD, Yves Bureau PhD, Larry Lalone BA MA, Arun Prakash MBBS MRCPsych(UK) FRCPC, Sam Swaminath MBBS MRCPsych(UK)FRCPC, Bill Komer MD FRCPC & G. Sidhu MBBS MRCPsych(UK) FRCPC

Purpose: Criminal code of Canada stipulates Insanity Defense (Not-Criminal Responsible) on account of Mental Disorder (NCR-MD). However, the issue as to whether substance use mitigates or aggravates the insanity defense remains controversial. The objective was to review the complexity of links of substance use to criminality in a cohort of forensic patients with serious psychiatric disorders evaluated for NCR-MD and to examine the strength of relationship of NCR-MD adjudication with substance-induced psychosis.

Methods: We reviewed 100 clinical histories from patients admitted to RMHC St Thomas for fitness-to-stand trial and NCR-MD assessments from 1993-2001. Data were extracted from police files, court proceedings, forensic psychiatric and substance use assessments. Relevant clinical notes and judicial proceedings were also consulted.

Results: We found that 23/100 (mean age: 38.2 yrs; male/female ratio 19/4) forensic psychiatric patients applied for NCR-MD after they were found fit to stand trial for various violent offenses including assault, murder, arson and robbery. The judicial adjudication accepted the forensic psychiatric testimonial evidence (100 % concordance rate). Schizophrenia was most frequent psychiatric disorder (18/23) followed by bipolar and psychotic depression disorders (5/23). Alcohol and Cannabis Use disorders ranked highest in frequency of abuse. Substance use was closely related to the criminal offenses in 19/23 and unrelated in 4/23 cases. No single NCR-MD verdict was recommended on the exclusive criteria of substance-induced psychosis.

Conclusions: Our findings highlight substance use as a mitigating determinant, interacting non-linearly with psychosis and violence, in NCR-MD adjudications in the context of substance-induced psychosis.

Expected Outcomes: Enhanced Forensic Treatment programs, which target substance use, can improve outcomes and reduce violence risk in patients with Severe Mental Disorder.

The study was financially supported by Department Grant, Department of Psychiatry, University of Western Ontario

AB-O3 A NATURALISTIC STUDY OF SCREENING FOR EATING DISORDER AMONGST PSYCHIATRIC PATIENTS

Robbie Campbell MD FRCPC, Jill Mustin-Powell RN, Megan Johnston PhD, Miky Kaushal MD, Larry Stitt MSc & Amresh Srivastava MRCPsych FRCPC

Purpose: Comorbidity of eating disorders and its behavioral traits are common amongst psychiatric patients. Eating disorders are often missed or misdiagnosed which leads to poorer clinical outcome and low functioning, though it is a treatable condition. Patients with eating disorders also tend to have severe psychopathology, which increases risk of suicide, duration of hospitalization and polypharmacy. The present study examines the presence of comorbid eating disorders and their behavioral symptoms in hospitalized adult psychiatric patients.

Methods: The study was carried out at RMHC London. This is an open level cohort study in a naturalistic clinical setting. We randomly selected 91 patients between ages of 25 to 60 years and assessed for screening of eating disorders using the Eating Attitudes Test (EAT-26) scale. Psychopathology and suicidality was assessed using the Brief Psychiatric Rating Scale (BPRS) for psychosis, Hamilton Depression Rating Scale (HDRS) for depression, Scale for Impact of Suicidality-Management, Assessment and Planning of Care (SIS-MAP) for suicidality and Connor-Davidson Resilience Scale (CD-RISC) for resilience. Data was analyzed by SPSS.

Results: A total of 16.5 % (15/91) showed presence of an eating disorder (EAT-26 score >20). For the 91 with EAT-26 scores, there were 44 males and 47 females. Fifteen patients (male 1 and females 14) showed EAT score >20, indicated possibility of an eating disorder: 60% of these patients actually had a DSM-IV diagnosis of eating disorder. Significantly more females showed possibility of eating disorders on screening compared to males [29.8%, 14/47 female vs. 3%, 1/44 males (p<.001)] and no difference was observed in mean age of those with and those without an eating disorder (mean age of 42.1 in those with EAT score <=20 compared to 37.8 in those with EAT score >20, p<.271). Patients with the possibility of a diagnosis of an eating disorder (EAT >20) showed significantly higher suicidality than those without it as measured by SIS-MAP brief screener score (11.1 vs. 8.4, p= .013).

Conclusions: Our study shows that behavioral traits of eating disorders can be identified. 16.5% hospitalized patients, predominantly females 29.8%, showed possibility of a diagnosis of an eating disorder. These patients were having significantly higher suicidality scores.

Expected Outcomes: Identification of eating disorders is a matter of patient safety and should be employed in routine clinical practice. The policy for patient safety and risk management needs to pay attention to the detection of patients who are at-risk or have a diagnosis of an eating disorder.

AB-O4 ARE CTOs NEEDED FOR PATIENTS RECEIVING SERVICES FROM ACT TEAMS?

Richard O'Reilly MB, FRCPC, Deborah Corring PhD, Cathy Plyley RSSW, Luljeta Pallaveshi RN LLB BA, Varinder Dua MB FRCPC & Joe Skufca BA RSSW

Purpose: There is agreement that treatment of people with severe mental illness should use the least restrictive approach. Opponents of Community Treatment Orders (CTOs) suggest that they would be unnecessary if mental health services were better resourced. Assertive Community Treatment (ACT) teams are the most resource rich community service. ACT was designed to help people with severe mental illness, especially individuals who do not follow-up with treatment. This research will help answer the question: Are CTOs needed for patients receiving services from ACT teams?

Methods: The London community treatment order coordinators have developed a comprehensive database of individuals who have been placed on a CTO since their introduction in Ontario. Using this database, we identified all individuals who received service from ACT teams while on a CTO. Using chart reviews, physician questionnaires and focus groups, we attempted to understand why these patients were placed on a CTO and to assess whether CTO use was justified.

Results: Here we report preliminary findings from three focus groups conducted with non-physician clinicians working on ACT teams. A total of 27 clinicians attended. Most attendees (18 = 67%) were female. The majority were nurses (63%), social workers (19%) or occupational therapists (15%). These clinicians had an average of 6.4 years of experience

working with patients on CTOs. Most supported, though some remained ambivalent, about CTO use for ACT patients. Poor insight leading to treatment non-adherence was identified as the primary reason to use CTOs. Clinicians believed that CTOs allowed ACT staff to maintain contact and thereby develop a relationship with patients.

Conclusions: Clinicians believe that CTOs are necessary for some ACT patients to maintain therapeutic contact and treatment.

AB-O5 USING SMART TECHNOLOGY TO SUPPORT REHABILITATION – A FEASIBILITY STUDY

Deborah Corring PhD & Amanda Meier Masters student

Purpose: This feasibility and exploratory study evaluated the use of mobile devices and service plans that could link to custom software behind hospital firewalls that provided medication cues, appointment reminders, and a calendar to structure daily living activities for patients living at Steele Street to support their rehabilitation.

Methods: A web-based that supported an interactive care provider/client smart system, where personalized prompts and reminders, based on the individual's personal care plan, could be set up by the care provider. These prompts were delivered to the client via a smart phone. Community integration, cognitive skills, social/occupational functioning assessments and a self-evaluation of usefulness of the smart phones were completed at baseline and at the end of the study. A focus group involving patients (n=10) and staff (n=3) was conducted at the end of the study to provide feedback regarding their experiences with the study.

Results: Clients reported that the technology reminded them of what they needed to be doing to take care of themselves, and helped them overcome the anxiety of venturing out in public. The enhanced technologies supported a user friendly calendar and prompting system, utilizing a novel dashboard, which enabled care providers to quickly set up and update care events, review client responses and reminders based on each client's care plan. The study showed that the smart tools supported better communication with the client. Differences between baseline and end of project on measures indicated a dramatic increase in community integration scores.

Conclusions: The pilot study data has shown that smart technologies can successfully provide an enhanced type of community care.

Expected Outcomes: As above.

Poster Presentations

AB-P1 EATING DISORDERS REMAIN UNDETECTED IN PSYCHIATRIC IN-PATIENT POPULATIONS: STUDY OF 8000 ELECTRONIC CHART REVIEWS

Robbie Campbell MD FRCPC, Jill Mustin-Powell RN, Miky Kaushal MD, Larry Stitt MSc & Amresh Srivastava MRCPsych FRCPC

Purpose: Eating disorders are a common comorbidity (up to 80 to 97%) in psychiatric patients. The illness starts at an early age, remains undetected and runs a chronic course with prolonged hospitalization. It has high rates of morbidity and mortality, including suicide, and leads to an economic drain of the system.

The objective of this study was to examine the incidence of eating disorders, its behavioural traits and nutritional details of the patients admitted in RMHC London.

Methods: This study was carried out at RMHC London, in which the electronic database of 8146 hospitalized patients from the last 4 years was analysed for charted details about eating disorders. 376 charts were excluded due to missing information and 7770 were analysed.

The following details about eating disorders were obtained from Resident Assessment Instrument (RAI) records: 1) DSM IV diagnosis, 2) nutritional details, and 3) indicators of eating disorder, which includes specific details about bulimia, weight loss and weight gain.

Results: We observed that only 0.4% recorded a DSM IV diagnosis of an eating disorder. The incidence of bulimia was 1.9% and general indicators of eating disorders varied from 1.9 to 2.6%.

There was a significant correlation between diagnosis of eating disorder and 'indicators of eating disorder' and other nutritional details. Indicators of eating disorder recorded in section N3 significantly predicted the presence of a DSM IV diagnosis of eating disorder.

Conclusions: Eating disorders, its behavioural traits and nutritional details are either not recorded or remain undetected. This needs a serious electronic database review.

Expected Outcomes: The findings of our study will have a direct beneficial impact on the lives of our patients and, to some extent, on our institution as well. Newer ways of treatment can be developed to minimize risk, improve patient outcomes, facilitate early transition to community and open up educational opportunities.

AB-P2 YOUTH MATTERS IN LONDON: MENTAL HEALTH, ADDICTION AND HOMELESSNESS

Cheryl Forchuk RN PhD, Jan Richardson RN EMBA, Karen Laverty, Rick Csiernik PhD MA BA, Betty Edwards BA MEd, Sandra Fisman MB BCh FRCPC, Mike Godin BA, Beth Mitchell PhD MA BA, Ross Norman PhD C.Psych, Abraham Rudnick BMS MD PhD FRCPC & Martha Connoy.

Purpose: 'Housing First' has been found to produce good outcomes for homeless adults with mental illness. 'Housing First' initiatives focus on interventions designed to move individuals to appropriate, available housing and ongoing housing supports. The 'Treatment First' initiative is used where the individual is not housed until psychiatrically stable. However, 'Housing First' has not been specifically tested with youth.

Methods: Homeless youth under the age of 25 years were interviewed at 6-month intervals for 18 months. Three treatment approaches for interventions for youth who are homeless and who have severe or moderate mental illness or are living with undiagnosed illness were examined: 1) Housing First 2) Treatment First (mental health/addiction), and 3) simultaneous attention to both Housing and Treatment. Mixed sampling methodologies included open-ended questions and measures (e.g. quality of life, housing).

Results: Initial results indicated that of the 187 youth interviewed, 75(40%) chose to receive Housing First, 57(31%) chose to receive Treatment First, 38(20%) chose to receive both, and 17(9%) made no selection or another selection. Common reasons for choosing Housing First involved a need to get off the streets and create stability. Individuals who chose Treatment First indicated that they could not maintain housing stability until they received treatment for mental health/addiction concerns. Finally, the individuals that chose housing and treatment believed they needed help in both areas.

Conclusions: Results indicate that all options were common choices among homeless youth.

Expected Outcomes: As the study is progressing, an attempt to provide youth preference in service selection is being implemented and results are ongoing.

AB-P3 CHOOSING THE PATH OF LEADERSHIP IN OCCUPATIONAL THERAPY

Clark Heard D.OT Reg. (Ont.)

Purpose: Leadership is vital to the success and sustainability of any group, organization, or profession. Using a qualitative phenomenological methodology, consistent with interpretative phenomenological analysis, this study examines why occupational therapists choose the path of leadership.

Methods: Data was collected through the completion of semi-structured interviews with 10 occupational therapy leaders in Ontario, Canada. This collected data was transcribed verbatim and coded for themes by multiple coders. Several methods were employed to establish trustworthiness.

Results: Results identify that a desire to influence the profession or care delivery, a need for personal or career development, and a need for change motivate those occupational therapists who might choose the path of leadership.

Conclusions: Recommendations for supporting new or developing leaders include a focus on linking occupational therapy practice and leadership theory at the curriculum and professional levels. Moreover, application of novel approaches to mentorship for new and developing leaders, such as supportive communities of practice, are also considered.

Expected Outcome/s: This research was completed as partial fulfillment of the Doctor of Occupational Therapy program at Temple University in Philadelphia, Pennsylvania, USA. The article was published in January 2014:

Heard, C.P. (2014) "Choosing the Path of Leadership in Occupational Therapy," *The Open Journal of Occupational Therapy*: 2(1), Article 2.

Available: <http://scholarworks.wmich.edu/ojot/vol2/iss1/2>

AB-P4 REPORTING OF STANDARD RESEARCH ETHICS PROCEDURES IN GENERAL PSYCHIATRY PEER-REVIEWED EMPIRICAL PUBLICATIONS

Luljeta Pallaveshi RN LLB BA, Abraham Rudnick MD PhD FRCPC & Priya Subramanian MBBS MRCPsych CPRP

Purpose: Reporting of standard research ethics procedures in general psychiatry journals has not been systematically described and it is unclear what factors determine such reporting of standard research ethics procedures. This study aimed to examine the changes over time of the rate of reporting the ethics procedures and the factors associated with reporting such ethical procedures.

Methods: A consecutive series of all primary empirical research articles published from 2000 to 2012 (inclusive) in four peer-reviewed general psychiatry journals :American Journal of Psychiatry, Archives of General Psychiatry, British Journal of Psychiatry, and Canadian Journal of Psychiatry were reviewed for the reporting of reporting of standard research ethics procedures: informed consent or its waiver, ethics review and approval and assessment of capacity of participants to consent to research participation. Logistic regression was used to evaluate the differences in failure to report ethics procedures by journal, year of publication, number of authors, country of affiliation of the first author, and study design and evaluation methods.

Results: Of 5,894 articles reviewed 71.3% of the studies reported informed consent and 56.6% reported ethics approval. Only 8.2% reported assessment of capacity to consent to research participation and only 2.7% reported a waiver of informed consent. The regression analysis identified number of authors ($p < 0.001$), journal ($p < 0.001$), and study design ($p < 0.001$), as significant predictors for both reporting informed consent and ethics approval. Country of affiliation of first author ($p < 0.001$) was a significant predictor of reporting informed consent and the year of publication ($p < 0.001$) was a significant predictor of reporting ethics approval.

Conclusions: We found considerable under-reporting of research ethics procedures in four general psychiatry journals, with some variance among these journals and some predictors of this variance. Although we found evidence of improvement of the rate of reporting of research ethics procedures in the last 13 years, there were still a large number of articles where such reporting was lacking.

AB-P5 CORE COMPETENCIES IN SUICIDE RISK ASSESSMENT AND MANAGEMENT: IMPLICATIONS FOR TRAINING PRIMARY CARE PHYSICIANS IN INDIA

Ravi Shah MSc MD, Amresh Srivastava MD FRCPC, Rahel Eynan PhD, Leanna Reiss BA (Hons), Lakshman Dutt MD, Shubhangi Parkar MD PhD, TSS Rao MD, DP Giridhar PhD, Rakesh Bhandari MD & Paul Links MD FRCPC

Purpose: To investigate the need for a training curricula for core competencies in suicide risk assessments for Primary Care Physicians in India.

Methods: A training needs assessment was conducted in Mumbai and Mysore India. Primary Care Physicians for this project were recruited from general practice and community clinics. Participants were recruited from among attendees in suicide prevention workshops. The needs assessment was conducted using a mix-methods approach.

Results: A total of 46 Primary Care Physicians completed the needs assessment questionnaire. The vast majority of Primary Care Physicians (76.7%) did not receive formal training in suicide prevention during their degree program. Most of the Primary Care Physicians rated their level of comfort and competence in assessing and managing suicidal patients as medium to high. They also acknowledged there is a strong need for suicide prevention training programs for early identification and management of suicidal patients.

Conclusions: The needs assessment identified the scarcity of mental health resources and the existing gaps in core competencies in suicide risk assessment and management. Competence in the assessment of suicidality is an essential clinical skill for Primary Care Physicians and is a gateway to patient treatment and management.

Expected Outcomes: The next step is to develop a suicide prevention program for Primary Care Physicians that underscores core competencies in suicide risk assessment and management.

AB-P6 ARIPIPRAZOLE AUGMENTATION OF ANTIDEPRESSANTS IN POSTPARTUM DEPRESSION

Christina Sommerdyk MSc, Verinder Sharma MBBS FRCPC & Bin Xie PhD,

Purpose: To assess the effectiveness and tolerability of aripiprazole addition to an antidepressant in outpatients with major depressive disorder with postpartum onset who had not experienced significant clinical improvement following an adequate trial of an antidepressant.

Methods: Ten women with major depressive disorder with incomplete or no-response to antidepressant monotherapy were recruited for a 6-week open-label trial of aripiprazole add-on to an antidepressant.

Results: Mean scores on all measures decreased by the study endpoint. After initiation of aripiprazole add-on, the eight participants who finished the trial achieved remission [Hamilton Scale for Depression (HAM-D-17) score = 9.0], with all eight participants completing the trial. The response and remission rates were 88% and 75% respectively. Aripiprazole addition appeared safe, and no serious adverse events were observed.

Conclusions: Our results suggest a therapeutic role for aripiprazole when added to an antidepressant in women with treatment resistant postpartum depression.

AB-P7 MENTAL HEALTH OF UNIVERSITY STUDENTS: PERSPECTIVES FOR INTERVENTION AND PREVENTION: AN INDO-CANADIAN COLLABORATIVE PROJECT

Amresh Srivastava MD FRCPC, Rahel Eynan PhD, Ravi Shah MD, Lakshaman Dutt MD, Shubhangi Parkar MD, PhD TSS Rao MD, DP Giridhar PhD, Rakesh Bhandari MD & Paul Links MD FRCPC

Purpose: The study aimed to determine the levels of psychological distress of university students and examine teachers' awareness and opinions concerning suicide prevention.

Methods: The study used a two-phase, sequential mixed-method approach of converging quantitative and qualitative methodologies. In the quantitative study, the 12-item General Health Questionnaire (GHQ-12) was used to measure psychological wellbeing in a student sample (n=110). The qualitative study consisted of a focus group with faculty members (n=25).

Results: The scores for the sample ranged between 0- 33 with a mean score of 10.25 (SD= 6.14). The majority of respondents (70.6%) endorsed low levels of psychological distress (i.e. scores ≤ 12). Nearly 12% reported moderate levels of current psychological distress (score 16-20). A small proportion of respondents (6.4%) reported currently experiencing severe psychological distress (score 20-33). The overwhelming majority of teachers recognized the importance of mental health; however, they lacked the knowledge concerning how to appropriately address mental illness and stress related issues. Lack of awareness, negative attitude and stigma were identified as significant barriers to help-seeking among students.

Conclusions: There is a high prevalence of psychiatric morbidity amongst the student in societies that are undergoing social and economic transition, such as the Indian society. The findings indicated that nearly 18% of the respondents showed an indication of increased risk for mental health problems such as depression. Teachers felt they were able to identify mental health issues; however, they were unable to offer any intervention.

Expected Outcomes: These findings support the need to develop a curriculum for teachers that addresses mental health issues and offers training in intervention skills.

AB-P8 A NEW BRIEF SCALE TO ASSESS SUICIDALITY: SCALE FOR IMPACT OF SUICIDALITY-MANAGEMENT, ASSESSMENT AND PLANNING OF CARE (SIS-MAP- BRIEF SCREENER)

Amresh Srivastava MD FRCPC, Megan Johnston PhD Research Fellow, Miky Kaushal MD, Robbie Campbell MD FRCPC & Charles Nelson PhD

Purpose: In this study, we examine the merit of a short version (Brief Interview Screener (SIS-MAP-scen) of a previously developed and validated 108-item scale, known as Scale for Impact of Suicidality-Management, Assessment and Planning of Care (SIS-MAP), for rapid assessment in challenging clinical settings e.g. primary care and emergency room.

Background: Generally, suicide risk is assessed clinically and structured assessments optimize the direction for decision-making across various settings e.g. inpatient care, emergency rooms and crisis centers. We believe that measures capable of accurate and valid information should be based upon multifactorial risk-constituent domains, e.g. biological, social, psychological, environmental and demographic factors. The SIS-MAP-scen scale has been constructed based upon multidimensional constructs and a stress-diathesis model as its theoretical context.

Methods: Relevant risk factors from literature were regrouped in the domains mentioned above and a 108-item scale was constructed and validated. In order to create a brief screener, the items of each subscale of the full SIS-MAP were entered into stepwise regressions predicting total SIS-MAP risk index scores. Overall, 24 items were selected from this method. We assessed 79 (37 male & 42 female) of 95 randomly selected from both outpatient and inpatient facilities. Data was analyzed by Statistical Analysis Software system.

Results: The mean SIS-MAP-scen score was 10.4, male 10.1(3.0), female 11.8 (3.3), Mean age 38.26 years (SD 14.78, range 19 - 80). The SIS-MAP risk index was 8.85 (male 7.9 (3.5) and female 9.8 (3.8), females having significantly higher SIS-MAP risk index and total scores (11.8 vs. 10.1, $p < 0.020$). There was no evidence of an association between age and suicide risk index ($r = -0.061$, $p < 0.595$). Severity of suicide risk (SIS-MAP risk index) was positively correlated with low level of resilience, which was measured by Connor-Davidson Resilience Scale (CD-RISC, $n = 44$, $r = -0.265$, $p < 0.082$). As well, the SIS-MAP risk index positively correlated with duration of illness ($r = .334$, $p < .50$), severity of depressive symptoms ($r = .62$, $p < .001$) and severity of psychotic symptoms ($r = .413$ $p < .014$).

Risk of suicide was found to be significantly high for individuals who were not married, in respect of suicide attempt ($F = 3.071$, $p < .042$), crisis as reason for hospitalization, ($F = 4.238$, $p < .008$), presence of history of physical assault ($F = 5.079$, $p = .031$) and presence of problem with friends or neighbor or relatives. ($F = 7.931$, $p < .008$).

Females had several other risk factors e.g. helplessness and hurting themselves. Based on the SIS-MAP-scen mean scores in the groups of outpatients and inpatients, preliminary clinical cut-off scores were determined, indicating a score of 6 and below for outpatient and 8 and above for inpatient care.

Conclusions: The study supports that the SIS-MAP-brief screener scale is a valid adjunct for risk assessment. Patients with severe psychopathology and those admitted following a suicide attempt carry high risk for suicide.

Expected Outcomes: We expect that the scale will stand out as a valid instrument for assessing the risk of suicide.

AB-P9 THE USE OF ARTIFICIAL INTELLIGENCE IN DETECTING AND MONITORING FALLS IN GERIATRIC PSYCHIATRY INPATIENT CARE SETTING

Lisa VanBussel MD FRCPC, Alex Mihailidis, PhD PEng, Iris Gutmanis PhD, Ed Black PhD CPsych, Tom Ross BA, Amer Burhan MBChB FRCPC, Loretta Hillier MA & Kathleen Michael BA

Purpose: The purpose of this study is to evaluate the use of a computer vision-based posture recognition method - Health Evaluation Logging and Personal Emergency Response system; (HELPER) in terms of (1) the system's ability to automatically detect when a patient has fallen within his/her bedroom, (2) the system's efficacy as judged by the clinical staff, and (3) the usefulness of data collected by HELPER in supporting current hospital fall prevention approaches.

Methods: The HELPER will be installed in ten pre-selected single patient bedrooms on two psychogeriatric wards at Regional Mental Health Care London. When a fall or potential fall is detected, the unit will automatically send a Wi-Fi signal via smart phone to the assigned clinical staff indicating that a fall event has been detected.

Results: Results of this study will be determined with quantitative and qualitative data. Quantitative data will include: (1) results of the system performance with respect to classifying falls and other relevant events; (2) logs of system

performance collected by clinical staff; and (3) current fall incident reports that are currently completed by clinical staff. Qualitative data will be obtained from focus groups and direct observations of system use recorded in field notes.

Conclusions: In addition to earlier detection of falls, the precipitants of the fall may potentially be identified and the perceived nursing utility of the system will be explored.

Expected Outcomes: From this study we expect a greater understanding of the feasibility and efficacy of the HELPER system and increased understanding of fall precipitants in a hospital setting.

AB-P10 GERIATRIC PSYCHIATRY CLIENTS: BARRIERS TO DISCHARGE

Lisa VanBussel MD FRCPC, Shane Reed BSW RSW, Julie Smith BSW RSW, Jack Li & Ed Black PhD CPsych

Purpose: This quantitative evaluation examined barriers to timely discharge from an inpatient Geriatric Psychiatry Tertiary setting.

Methods: Inpatient cases identified what resources are required to transition clients from the hospital setting. The summary of barriers to discharge consisted of four main factors: Patient, Family, System and Long Term Care-LTC. Under each factor, specific barriers were identified, and each patient was categorized according to their perceived barriers. If clients remain in hospital after 45 days, a social worker completed the barriers form and updated the form every 90 days. Residential Assessment Instrument (RAI) was used to measure activities of daily living, cognitive function, pain, aggression, and depression.

Results: Findings indicate multiple factors contribute to barriers to discharge. The population included 62.5% males. Frequency of barriers: Patient related = 101, LTC = 51, System = 25, and Family = 23. Overall, the most frequent specific barrier was inadequate symptom control. There were barrier differences between the Long Term Stay (LTS, >1 year stay) and Short Term Stay (STS, <1 year stay) clients. The LTS group mainly consisted of clients suffering from dementia with no clients suffering from mood disorder. In contrast, the STS group was more evenly distributed between clients suffering from dementia, schizophrenia, and mood disorder. The STS group had no Alternate Level of Care (ALC) clients while the LTS included 6 ALC clients.

Conclusions: These results support the use of this instrument to help determine root causes of prolonged hospitalization.

AB-P11 WHO IS IN CONTROL - THE PHYSICIAN OR THE PATIENT? THE IMPACT OF HOSPITAL GUIDELINES IN REDUCING CODE YELLOW ALERTS

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Purpose: Unauthorized leave of absences by psychiatric inpatients is associated with risk of harm to self or others, and creates considerable emotional and tangible burdens for staff. On August 1st 2013, RMHC-L hospital implemented pass level guidelines on all inpatient units except adolescent and forensic units.

This pilot study aims, (1) to examine whether the implementation of the pass guideline is effective in reducing code yellow alerts; (2) to identify any predictor variables that are associated with code yellow for patients who are at high risk and (3) to determine the patients', frontline and management staff's views about the appropriateness and effectiveness of the pass guideline.

Methods: A mixed methodology will be used to analyse both qualitative and quantitative data.

Qualitative: A phenomenological methodology informs qualitative data collection and analysis. 3 focus group interviews from different perspectives (patients, frontline staff, management) will be conducted assessing strengths, weaknesses, challenges in use of guideline. The interview recordings will be transcribed verbatim and validated; comparative thematic analysis (Boyatzis, 1998) conducted and conceptual relationships between core thematic codes explored.

Quantitative: Data on patient demographic characteristics and number of code yellow alerts will be collected from chart reviews for two periods, August 2012 - January 2013 and August 2013 - January 2014. Chi-square (χ^2) and Pearson Correlation Coefficient tests will be used to examine differences and associations between variables, before and after the

implementation of guideline. Logistic regression analysis will be performed to determine association between predictor variables (demographic characteristics) and outcome variables (code yellow).

Results: Not available.

Conclusions: It is anticipated that the study will provide evidence to make recommendations for strategic quality improvement in managing patient safety in hospital settings.

Expected Outcomes: A reduction in code yellow alerts is expected, which in turn will promote patient's sense of autonomy and personal responsibility during their recovery and care. We will also develop practice guidelines that can be used in other mental health care settings. As well, we expect a reduction of the human and economic burden.

Regional Mental Health Care London and St. Thomas

ANNUAL RESEARCH REPORT

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Vasudev K, Lamoure J, Beyaert M, **Dua V**, Dixon D, Eadie J, Husarewych L & **Takhar J**. ACADEMIC DETAILING: A QUALITY IMPROVEMENT INTERVENTION TO OPTIMIZE USE OF ANTIPSYCHOTIC MEDICATIONS AND PHYSICAL HEALTH MONITORING IN PATIENTS WITH SEVERE MENTAL ILLNESS. [Workshop] 63rd Annual Canadian Psychiatric Association Conference, Ottawa ON, September 26, 2013.

Vasudev K, Lamoure J, Beyaert M, **Dua V**, Dixon D, Eadie J, Husarewych L, Dhir R & **Takhar J**. ACADEMIC DETAILING INTERVENTION FOR RATIONAL POLYPHARMACY. [Poster] Innovation Fund Showcase 2013: From Innovation to Practice, Toronto ON, November 28, 2013.

Eynan R. ADOLESCENT SUICIDE: CHALLENGES AND OPPORTUNITIES. Indo-Canadian Collaboration Workshop for Training Healthcare Professionals in Suicide Prevention. K.E.M. Hospital, Seth G. S. Medical College Mumbai Conference, Mumbai, India, February 22, 2013.

Eynan R. YOUTH SUICIDE PREVENTION. Healthy Minds-Healthy Life Conference, Indus University, Ahmedabad, India, February 26, 2013.

Eynan R, SAVING LIVES: CHALLENGES AND OPPORTUNITIES IN SUICIDE PREVENTION. Injury Prevention Conference for Northern Ontario Practitioners. North Bay, ON, April 17, 2013.

Eynan R & Bergmans Y. RESEARCH WITH HIGH RISK POPULATIONS: BALANCING SCIENCE AND ETHICS. IASR 2013 World Congress on Suicide. Montreal, QC, June 12, 2013. The IASR 2013 World Congress on Suicide Abstract Book /Le congrès mondial de l'IASR 2013 Livre des résumés, pages: 122-123.

Eynan R. CORE COMPETENCIES IN SUICIDE RISK ASSESSMENT AND MANAGEMENT: IMPLICATIONS FOR TRAINING IN LOWER AND MIDDLE INCOME COUNTRIES (LMICs). Plenary presentation - 7th SAARC Psychiatric Federation International Conference. Mysore, India, November 30, 2013.

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McManus D, Michienzi N & Young T. A PEER TO PEER COMPUTER TRAINING PROGRAM FOR MENTAL HEALTH CONSUMERS. Ontario Society of Occupational Therapists Conference, London, ON, September 27, 2013.

O'Reilly R. BEST PRACTICES USING COMPULSORY POWERS IN THE COMMUNITY. Seminar for psychiatrists and health care professionals in mental health, intellectual disability and dementia services/organization. Mental Health and Learning Disability Alliance, Belfast NI, February 14, 2013.

Castellani C, **O'Reilly R** & Singh SM. CHALLENGES WITH COMPLETE GENOME SEQUENCE COMPARISON OF MONOZYGOTIC TWINS DISCORDANT FOR SCHIZOPHRENIA. World Congress Psychiatric Genetics (WCPG). Boston, MA. October 21, 2013.

Pallaveshi L. IMMIGRATION AND PSYCHOSIS. Research Half Day, Regional Mental Health Care, London, ON, September 19, 2013. Research Insights, Sept 2013; Vol. 10 (2), 10.

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Ross T. EXPERIENCE WITH CLINICAL FALL MONITORING IN PSYCHOGERIATRIC INPATIENTS. International Psychogeriatric Association: Towards Successful Aging: Harmony of Mental, Physical and Social Life, Seoul, South Korea, October 1-4, 2013.

Shah R, Links P, Eynan R, Parkar S, Rao SS, Kadam K, Dhuri C, Kishor K & **Srivastava A**. INDO-CANADIAN COLLABORATION FOR SUICIDE PREVENTION: TRAINING NEEDS ASSESSMENT FOR HEALTHCARE PROFESSIONALS IN INDIA. Academic Research Day, Department of Psychiatry, Western University, London, ON, June 20, 2013.

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Shrivastava A. IDENTIFICATION OF SUICIDE RISK. [Workshop] JSS University Mysore, Karnataka, India, February 27, 2013.

Shrivastava A. HEALTHY MIND HEALTHY LIFE. [Workshop] Indus University, Ahmedabad, India, February 27, 2013.

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Shrivastava A, et al. TRANSITION TO PSYCHOSIS. [Poster] American Psychiatric Association Annual Meeting, San Francisco, CA, May 2013.

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Shrivastava A, et al. PATTERN OF SERVICE UTILIZATION OF SUICIDE PREVENTION HELPLINE TOGETHER WITH COMMUNITY MENTAL HEALTH SERVICES. American Psychiatric Association Annual Meeting, San Francisco, CA, May 2013.

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Shrivastava A. PATHWAY OF DEVELOPMENT OF PSYCHOSIS AMONGST CANNABIS ABUSING INDIVIDUALS: TOWARD A MODEL FOR TRAJECTORY. [Poster] Transforming Psychiatric Practice, Reforming Health Care Delivery, American Psychiatric Association: 65th Institute on Psychiatric Services. Philadelphia, PA, October 2013.

Subramanian P, **Burhan A**, **Pallaveshi L** & Rudnick A. THE EXPERIENCE OF PATIENTS WITH SCHIZOPHRENIA TREATED WITH REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (RTMS) FOR AUDITORY HALLUCINATIONS. Academic Research Day, Department of Psychiatry, Western University, London, ON, June 20, 2013.

Subramanian P. THE RELATIONSHIP BETWEEN EGO-STRENGTH AND FUNCTIONING IN OUTPATIENTS WITH SCHIZOPHRENIA: A COMBINED FEASIBILITY AND EXPLORATORY STUDY. Research Half Day, Regional Mental Health Care, London, ON, September 19, 2013. Research Insights, Sept 2013; Vol. 10 (2), 10.

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Dixon D, **Takhar J** & Eadie J. PERCEIVED AND UNPERCEIVED LEARNING NEEDS OF MEDICAL SCHOOL FACULTY. [Poster] 2013 Alliance for Continuing Education in the Health Professions 38th Annual Conference, San Francisco CA, January - February 2013.

Dixon D, Dixon B & **Takhar J**. IDENTIFYING PERSONAL AND DEVELOPMENTAL LEARNING PLANS FOR MEDICAL FACULTY. The Quest for Quality Improvement: Going for Gold in Medical Education. Canadian Continuing Medical Education. Quebec City QC, April 21, 2013.

Dixon D, Dixon B, Beyaert M, Eadie J & **Takhar J**. RESIDENTS' PERCEIVED AND UNPERCEIVED LEARNING NEEDS FOR NON-EXPERT CanMEDs ROLES. [Poster] The Quest for Quality Improvement: Going for Gold in Medical Education, Canadian Continuing Medical Education, Quebec City QC, April 23, 2013.

Internal Approved Projects

Sharma V (PI) & Sommerdyk C. A PHASE 3, OPEN-LABEL, MULTICENTER, 12-MONTH EXTENSION SAFETY AND TOLERABILITY STUDY OF SPD489 IN COMBINATION WITH AN ANTIDEPRESSANT IN THE TREATMENT OF ADULTS WITH MAJOR DEPRESSIVE DISORDER WITH RESIDUAL SYMPTOMS OR INADEQUATE RESPONSE FOLLOWING TREATMENT WITH AN ANTIDEPRESSANT. REB: 103034 (Closed.)

Sharma V (PI) & Sommerdyk C. THE SPD489-322 PHASE 3, MULTICENTER, RANDOMIZED DOUBLE-BLIND, PARALLEL-GROUP, PLACEBO-CONTROLLED, FLEXIBLE DOSE TITRATION, EFFICACY AND SAFETY STUDY OF SPD489 IN COMBINATION WITH AN ANTIDEPRESSANT IN THE TREATMENT OF ADULTS WITH MAJOR DEPRESSIVE DISORDER WITH INADEQUATE RESPONSE TO PROSPECTIVE TREATMENT WITH AN ANTIDEPRESSANT. REB103022; R-13-707.

Sharma V (PI), Varaprvan S & Sommerdyk C. A PROSPECTIVE, RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED, PHASE 2 SAFETY AND EFFICACY STUDY OF ORAL ELND005 AS AN ADJUNCTIVE MAINTENANCE TREATMENT IN PATIENTS WITH BIPOLAR I DISORDER . REB 103206; R-13-711.

VanBussel L (PI), Gutmanis I, Black E & Ross T. EVALUATION OF AN AUTOMATED FALL DETECTION AND PATIENT MONITORING SYSTEM. REB 103364; R-13-110.

Forchuk C (PI), **Corring D**, Reiss J & **Campbell R.** IMPLEMENTING THE TRANSITIONAL DISCHARGE MODEL (TDM). REB 103435; R-13-105.

Takhar J (PI), Dua V, Burhan A, Dixon D, Lamoure J, Husarewych L & Vasudev K. ADVANCING SELF-AUDIT PRACTICE THROUGH ACADEMIC DETAILING OF SECTION 3 CREDITS UNDER THE MOC FRAMEWORK. REB 103591; R-13-207.

Burhan A (PI), Jog M & Pallaveshi L. ASSESSMENT OF THE FEASIBILITY AND VALIDITY OF THE VIRTUAL INTERACTIVE CASE SYSTEM IN ASSESSING COMPETENCY FOR THE DETECTION AND MANAGEMENT OF MOVEMENT DISORDERS IN GERIATRIC PATIENTS. REB 103942; R-13-296.

Forchuk C (PI), Kutcher S, Rudnick A, Eichstedt J, Hoch J, **Fisman S** & Walsh J. YOUTH – MENTAL HEALTH ENGAGEMENT NETWORK. REB 103977; R-13-336.

Heard C (PI), Scott J, Yeo S & Tetzlaff A. WALKING THE LABYRINTH: CONSIDERING MENTAL HEALTH CONSUMER EXPERIENCE, MEANING MAKING AND THE ILLUMINATION OF THE SACRED IN A FORENSIC MENTAL HEALTH SETTING. REB 103777; R-13-482.

Sharma V (PI), Sayeed S & Varaprvan S. PREVALENCE OF BIPOLAR DISORDER AMONG INPATIENTS WITH TREATMENT-RESISTANT DEPRESSION. REB 104001; R-13-409.

Richard J (PI), **O'Reilly R, Corring D & Dua V.** USE AND PERCEIVED EFFECTIVENESS OF COMMUNITY TREATMENT ORDERS FOR PATIENTS IN THE EARLY PHASE OF PSYCHOSIS AND FOR PATIENTS ON ASSERTIVE COMMUNITY TREATMENT TEAMS. REB 103561; R-13-456.

Grants

Black E & Ross T (Co-PI). USE OF ARTIFICIAL INTELLIGENCE IN DETECTING AND MONITORING FALLS. President's Innovation Fund 2013: \$10,000.

Chiu S (PI). STUDY OF CURCUMIN, A PUTATIVE NEURONAL NITRIC OXIDE SYNTHETASE INHIBITOR (NNO) 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-Jan 2013: \$ 96,020(US). Study completed January 2013.

Eynan R (Co-PI). JURISDICTIONAL REVIEW OF SUICIDE PREVENTION STRATEGIES. Toronto Public Health 2013-2014: \$6,900.

Heisel MJ (PI) & **Eynan R**. THE DEVELOPMENT AND VALIDATION OF THE DESIRE TO HASTEN DEATH SCALE FOR OLDER ADULTS (DHD-OA). Lawson Health Research Institute Internal Research Fund 2013-2015: \$15,000.

Heisel MJ (PI) & **Eynan R**. MEANING-CENTERED MEN'S GROUPS FOR OLDER MEN FACING RETIREMENT. Movember 2013-2016: \$575,255.

Heisel MJ (PI), **Fisman S**, Eichstedt J, Collins K, Ravenstein S, Jacques H, Singh D, Davidson B, Kizibash K, **Eynan R**, Grogan G, Flett G & Bhullar G. BRIEF ADOLESCENT SUICIDE INTERVIEW SCALE (BASIS). Children's Health Foundation 2013-2014: \$35,552.

Forchuk C (PI), Kutcher S & **Fisman S**. Y-MHEN PROJECT (YOUTH-MENTAL HEALTH ENGAGEMENT NETWORK). Sandbox Canada 2013-2014: \$200,000.

Links P (PI) & **Eynan R**. DEVELOPING A MULTIDIMENSIONAL THEORY OF SUICIDE AMONG MIDDLE-AGED AND OLDER MEN. Canadian Institute of Health Research (CIHR) 2013-2014: \$24,968.

Links P (PI), **Eynan R**, **Shah R**, Heisel MJ & Reiss L. SOUTHWESTERN ONTARIO SUICIDE INQUIRY FOR QUALITY IMPROVEMENT. Ministry of Health and Long Term Care Grant, Ontario Mental Health Foundation 2013-2015: \$121,574.

Richard J (PI), **O'Reilly R**, **Corring D** & **Dua V**. USE AND PERCEIVED EFFECTIVENESS OF COMMUNITY TREATMENT ORDERS FOR PATIENTS IN THE EARLY PHASE OF PSYCHOSIS AND FOR PATIENTS ON ASSERTIVE COMMUNITY TREATMENT TEAMS. Lawson Spring 2013 Internal Research Fund 2013-2014: \$8,365.

Richard J (PI), **O'Reilly R**, **Corring D** & **Dua V**. USE AND PERCEIVED EFFECTIVENESS OF COMMUNITY TREATMENT ORDERS FOR PATIENTS IN THE EARLY PHASE OF PSYCHOSIS AND FOR PATIENTS ON ASSERTIVE COMMUNITY TREATMENT TEAMS. Department of Psychiatry, University of Western Ontario 2013-2014: \$4,590.

Richard J (PI), **O'Reilly R**, **Corring D** & **Dua V**. USE AND PERCEIVED EFFECTIVENESS OF COMMUNITY TREATMENT ORDERS FOR PATIENTS IN THE EARLY PHASE OF PSYCHOSIS AND FOR PATIENTS ON ASSERTIVE COMMUNITY TREATMENT TEAMS. St. Joseph's Health Care Foundation 2013-2014: \$3,100.

Sharma V. (Site PI). A PROSPECTIVE, RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED, PHASE 2 SAFETY AND EFFICACY STUDY OF ORAL ELND005 AS AN ADJUNCTIVE MAINTENANCE TREATMENT IN PATIENTS WITH BIPOLAR I DISORDER. Elan Pharmaceuticals 2013-2015: up to \$35,000 per patient.