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FACULTY OF MEDICINE
DEPARTMENT OF PSYCHIATRY
PRESENTS
THE 2006 SEBASTIAN K. LITTMANN RESEARCH DAY
FRIDAY March 03, 2006
VILLAGE PARK INN

- ABSTRACT FORM -

To be submitted by Friday, February 10, 2006 to Dr. Scott B. Patten, Department of Psychiatry, Peter Lougheed Centre, #3644, 3500 – 26 Ave. NE, Calgary, AB. T1Y 6J4
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Title: Attitudes and Beliefs about the Causes and Treatment of Mental Illness Among Four Cultural Groups in the City of Calgary

Authors: Assen Alladin, Ph.D., Alishia Alibhai, M.Sc., Amanda Epp, B.A., Laura Henwood, B.A., & Cathie Wu, B.A.

The paper will present the major findings of an ongoing cross-cultural psychiatry study in Calgary. The first part of the paper will examine the attitudes and beliefs about the causes and treatment of mental illness in three minority cultural groups. Participants of the study rated on a 5-point scale their beliefs towards 23 causes and 21 types of treatment for depression, dissociative identity disorder (DID), and schizophrenia. Attitude towards mental illness was assessed by the CAMI (Community Attitudes towards the Mentally Ill) scale, which was derived from the Opinions about Mental Illness and the Community Mental Health Ideology scales. The second part of the paper compares the perception of mental illness of these three groups with the "world view of psychiatry", represented by a sample of Canadians from European and North American descendants. The implications of inter- and intra-cultural differences will be discussed in relation to clinical practice and the delivery of mental health services.

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Title: Non-compliance with anti-depressant treatment is largely due to forgetfulness
Authors: Andrew Bulloch, Scott Patten

Objectives: we sought to determine the degree of non-compliance with antidepressant treatment in the Canadian population and to investigate the reasons for non-compliance. **Methods**. We used data from the CCHS 1.2 to produce population based estimates of the frequency of non-compliance and reported reasons for non-compliance**. Results**. Reported non-compliance was 45.9% (95%CI, 43.1-48.7%) for respondents taking antidepressants. The most commonly reported reason for non-compliance was forgetfulness, this being reported by 74.5% (95%CI, 70.7-77.9%) of respondents currently taking antidepressants. **Conclusions**. Our study replicates previous reports that that non-compliance is common with antidepressant treatment. Contrary to many reports, however, this non-compliance is largely attributable to forgetfulness. Helping patients remember to take their medications (for example by use of education, blister packaging and voice mail reminders) may lead to better treatment outcome for depression. **Clinical implications**. Non-compliance with antidepressant treatment is a significant clinical issue. Reasons often thought to be important in general for medication non-compliance such as "feeling better" and "side effects" are relatively unimportant.

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Title: System Performance and Client Outcomes in Child and Adolescent Mental Health Service Delivery: The elements of performance

Author: David Cawthorpe, Ph.D.

Introduction: In Alberta's Calgary Health Region we have worked to integrate accountability and clinical practice in a way that has permitted measurement of system performance. ***Objective:*** The main objective of this presentation was to examine and compare clinical pathways in terms of the effect sizes of baseline and outcome measures of global function calculated different calculation methods. Additionally, a model is developed predicting outcome in terms of client demographic characteristics, severity, diagnosis, comorbidity, and service path, etc. Implication of the results are considered. ***Methods:*** CAMHP system data (stripped of identifiers) was extracted and used to conduct analyses. Effect sizes were calculated using a repeated measures ANOVA and controlling for baseline severity and the using the method developed by Cohen (1988). A novel method using confience intervals was considered. These results were compared graphically to the results of calculating effect size using a confidence interval approach. A more complex multiple variable model of outcome was developed using regression analysis. ***Results:*** Effect size for functional change indicated improvement over the course of treatment in each clinical area and overall is comparable to that observed in from an Onatario study. An overall model of outcome function was contructed using baseline function, system and demographic variables. The model describes approximately 51% of the outcome variance with better outcomes being related to greater length of stay, more intensive clinical setting rather than a community setting, younger age at the time of admission, a greater level of function on admission, having a biological family rather than single parent or adoptive status, and only one admission rather than repeated admissions. ***Discussion:*** There appears to be a positive treamtent effect independent of clinical path. The multiple variable model may help to focus attention on characterisitics that may help flag and more effectively plan care for clients at risk for poor outcomes.

[1] Cohen, J. (1988). Statistical Power Analysis for the Behavioral Sciences. New York, Academic Press.

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Title: Cigarette Smoking, Nicotine Dependence and Motivation for Smoking Cessation in Psychiatric Inpatients

Author(s): David Crockford, Shawn Currie, William White, Sameul Oluwadairo

Background: Cigarette smoking is disproportionately more frequent among psychiatric inpatients with those who smoke tending to do so more heavily and have greater difficulty quitting. The development of appropriate interventions for smoking cessation in this population would be aided by further evaluation of the prevalence of cigarette smoking, nicotine dependence or motivation for smoking cessation in psychiatric inpatients as no studies to date have done so. **Method:** All psychiatric inpatients at the Foothills Medical Centre aged 18 years or older over a 6 month timeframe were asked to complete a questionnaire involving questions from the Canadian Tobacco Use Monitoring survey (CTUMS), the Fagerstrom Test for Nicotine Dependence (FTND), and the Decisional Balance scale for cigarette smoking. Results of the questionnaires were correlated with discharge diagnoses, age and gender. **Results:** 57% of inpatients were current smokers in comparison to 22% being so in the general Alberta populace. Patients with substance use disorders and psychotic disorders were most likely to be current smokers with mean FTND scores indicative of moderate dependence. Number of cigarettes smoked daily was correlated positively with FTND scores and negatively with desire to quit. Surprisingly, however, more negatives were reported from smoking than positives and 38% of smokers reported current preparation of action stages of change in regards to quitting smoking. **Conclusions:** Cigarette smoking is about 2.5 times more common in psychiatric inpatients with the majority of smokers being nicotine dependent. However, motivation to quit smoking is reported to be present in a significant proportion of psychiatric inpatients despite advice or methods to quit being infrequently provided. Cigarette smoking and nicotine dependence should be regularly inquired upon and smoking cessation interventions made available.

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Title: Performance Measures in Mental Health
Author(s): Shawn R. Currie, Colleen Lucas, and Don Addington

Mental health programs are increasingly being required to provide evidence that their services have a meaningful impact on clients and their families. Performance monitoring, which relies on key indicators of program efficacy, relevance, and efficiency, is an important dimension of evaluating mental health services. The Canadian Institutes of Health (CIHI) have recommended the adoption of a standard set of performance and accountability measures for evaluating mental health programs. The core CIHI domains are: acceptability, accessibility, appropriateness, competence, continuity, effectiveness, efficiency, and safety. Within each domain, a number of possible indicators are suggested for measuring performance at the client, program, and system level. The choice of indicators and specific measures for each domain depend on the objectives of the program being evaluated and the feasibility of meaningful data collection. However, many indicators cross program boundaries and are relevant to all direct care services (e.g., waiting times). The Mental Health Information and Evaluation Unit has been working to operationalize a set of common and program-specific performance measures for the Calgary Health Region's many services. This presentation will compare examples of performance measures from two programs: adult concurrent disorder (Addiction Centre) and Early Psychosis. System-level performance indicators will also be presented. Future plans, including validation studies, use of the electronic health record to monitor system performance, and research opportunities, will be discussed.

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Title: **Walk-In Therapy in a Community Health Centre: Start Up & Early Evaluation**

Authors: Sandy Harper-Jaques, Maureen Leahey, Alana Syverson,

Objective: To facilitate easy access to mental health intervention for all age ranges, a single-session strengths based, resource focused Walk-In therapy service was initiated at a new suburban community health centre, South Calgary Health Centre (SCHC). Based on the Eastside Family Centre model and teaching, the SCHC Walk-In delivers single session therapy four evenings/week from 4-7 p.m. and on Sundays from 12-3 p.m.. Staff includes psychologists, social workers, and nurses working in an interdisciplinary team format.

Design and Methods: Client self-report surveys were administered by program staff to determine if treatment in the Walk-in Service is associated with positive clinical outcomes and satisfaction with various aspects of the service. Clients were asked to rate their current level of distress on a 10-point likert scale upon intake to the Walk-in Service and again at discharge. The community version of the AMHB Service Satisfaction Scale was used to assess client satisfaction at discharge. Demographic, client presentation, and treatment related data were also collected in order to describe the population being served and to assess whether this service is associated with providing easy access to mental health services.

Results: Data from 3.5 months of operation [N=125] indicate:

- 90% of clients live in the targeted South Calgary area.
- 66% would have sought help elsewhere if Walk-In not provided.
- 13 minutes average wait time for service.
- Presenting problems include: couple relationship difficulties [19.1%], depressions [19.1%], family relationship difficulties [11.7%], anxiety [10.1%], abuse/violence/anger [8.0%].
- Clients' questionnaire self-report show statistically significant decreased levels of distress post the single session ($n=151$; $p<.001$).
- Client satisfaction ratings will be presented.

Implications for Practice: Offering strengths based single session therapy in a community health centre facilitates easy access, decreased client distress, increased capacity and offers opportunities for interdisciplinary staff and student learning.

Conclusions: Walk-In therapy promotes mental health well-being and increases capacity at the community and system level.

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Title: Systemic Family Therapy and Family's with a Suicidal Adolescent: Findings to Date.
Author(s): Cherelyn Lakusta, David Cawthorpe, T. C. R. Wilkes, Karl Tomm

Purpose: The purpose of this report is to provide an update of the findings to date of the impact of systemic family therapy in family's with a suicidal adolescent. **Background:** Suicidal behavior and completed suicide are complex phenomena influenced by multiple factors that vary across the life cycle. Research into increased risk point to the importance of family factors. For example, poor family relationships are a common gateway leading to increased risk of suicidal behaviors and suicide (Adam, 1990). Demographic approaches also provide considerable insight into groups at increased risk for suicide. This approach indicates differences for males and females and variations across stages of the life cycle. **Methods:** Subjects were classified as belonging to one of two groups based on the presence or absence of suicidality in the case profile. Demographic variables will be considered in the analyses as will the need for hospitalization, presence of a psychiatric diagnosis, therapeutic intervention and number of presenting problems. Additionally, the relationship between suicidality and family therapy outcomes will be analyzed. **Results:** Expected similarities and differences between the demographics comparing the suicidal vs. non-suicidal groups were identified for a clinical yet ambulatory patient setting. The parents of the suicidal group perceived a much better improvement in the presenting problem and a good deal of overall benefit with systemic family therapy compared with the non-suicidal group. In addition, families with a suicidal adolescent reported that further suicide attempts were prevented by this therapeutic modality. **Discussion:** Demographic variables alone, while valuable, do not take into account the dynamic interaction between individuals and their environment when describing depressed and suicidal adolescents. Family interactions may cause, maintain, or exacerbate adolescent symptomatology. To date there has been little research examining adolescent suicidal behavior from a family systems perspective. The research undertaken attempts to examine the impact of family therapy on family's with a suicidal adolescent. Future work will evaluate the interpersonal patterns of interaction within these families.

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Title: Pilot Testing an Outcome Monitoring System in the Calgary Health Region
Author(s): Colleen Lucas and Lindsay Guyn.

Outcome Monitoring involves the measuring of mental health outcomes to provide evidence about the effectiveness and efficiency of mental health care. The Mental Health Information and Evaluation Unit pilot tested a process for collecting client level outcome measures on a regular basis at the program level. Client level outcome measures were collected at four regional services, including inpatient and outpatient services. The objectives of the Outcome Monitoring Pilot Project were to determine if an outcome monitoring system could: (1) provide useful client level information to programs; (2) provide useful information to program managers and directors to inform decisions; and (3) determine the feasibility of establishing a regional outcome monitoring system. This presentation will present the findings from this pilot project and the recommendations put forward.

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Title: No Wrong Door: Evaluation of the Access Mental Health Service
Author(s): Brian Marriott, Colleen Lucas, Melina Dharma-Wardene

The Access Mental Health (AMH) service provides consumers with information and support in accessing mental health services throughout the Calgary Health Region (CHR). This coordinated information service is intended to assist the general public and professionals by (1) providing an informed method of negotiating the mental health services available in the CHR, (2) increasing communication between services, and (3) clarifying referral routes and access mechanisms.

There are two components to AMH: the Child and Adolescent Mental Health Access service and the Adult and Senior Mental Health Access service. Both components provide callers with information and options regarding mental health and psychiatric concerns. The Child and Adolescent Mental Health Access service also provides screening and intake functions for all child and adolescent mental health and psychiatric programs within the CHR. In 2004-2005, the Adult and Senior Mental Health Access service began providing the screening function for a number of mental health services within the CHR. The long term objective is that direct referrals to all adult and senior mental health services will be possible for callers to Access Mental Health.

The Mental Health Information and Evaluation Unit recently completed the first phase of a full evaluation of this service. This presentation will present findings and recommendations from this evaluation.

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Title: Conformance to Quality Standards in Schizophrenia Services
Author(s): McKenzie E., Chuang H, Smith H, Ismail Z, Boucher S, & Addington D.

Purpose: The primary aim of this research is to determine the conformance rates to standards of care provided in schizophrenia treatment services in Calgary and compare these rates with rates from the United States. The secondary aim of this study is to explore the relationships between patient satisfaction, quality of life, and quality of care. Conformance is defined as the percentage of cases in which the care delivered matches a previously defined standard of care provided to individuals with schizophrenia. The Schizophrenia Patient Outcomes Research Team (PORT) Treatment Recommendations (TRs) were the quality standards used in our research. **Methods**: This was a cross-sectional study of 216 randomly selected clinic attendees. Treatment information was gathered from medical chart reviews. Patient functioning and symptomatology information was gathered in patient interviews conducted by a clinical research nurse using structured scales including the Global Assessment of Functioning, the Calgary Depression Scale for Schizophrenia (CDSS), the Positive and Negative Syndrome Scale (PANSS), and the Quality of Life Index. The following nine TRs were operationalized and conformance rates were assessed: 1/ Maintenance antipsychotic duration; 2/ Maintenance antipsychotic dosage; 3/ Clozapine for treatment-resistant schizophrenia; 4/ Management of intolerable side effects with second generation antipsychotic; 5/ Adjunctive depression medication; 6/ Individual and/or group therapy; 7/ Family intervention/education for patients with ongoing contact with their families; 8/ Vocational rehabilitation (VR); and, 9/ Referral to assertive community treatment (ACT) for high service users. **Results**: Conformance rates (%) in Canada vs. US were as follows: 1/ Maintenance antipsychotic duration (90% vs. 92%; X^2 = 1.14, p=.29); 2/ Maintenance dosage (58 vs. 29; X^2 = 45.7, p<.001); 3/ Adjunctive antidepressant medication (63 vs. 46; X^2 = 6.3,p<.001); 4/ Individual and/or group therapy (81 vs. 45; X^2 = 72.0, p<.001); 5/ Family intervention (46 vs. 10; X^2 = 82.1 p<.001); and 6/ VR (42 vs. 23; X^2 = 17.6 p<.001). The results of the exploratory analysis of the relationship between quality of care and patient functioning and symptomatology will be discussed. **Conclusions**: In this sample, conformance to PORT TRs was generally better than US conformance rates. Polypharmacy resulted in many patients receiving antipsychotic doses above the PORT recommended range. Conformance to psychosocial TRs was modest, and thus suggests the need to improve the quality of psychosocial care delivered to individuals with schizophrenia.

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Title: Patient Flow and Wait Time Issues in Psychiatric Emergency Services
Author(s): Shandi Petersen, Christopher L. Cameron, and Louise Sully.

Psychiatric emergency services (PES) are often a point of entry into the mental health system for individuals who struggle with mental health issues. The role of PES is to provide these individuals with access to mental health services, rapid assessment, brief intervention, and referral to an appropriate inpatient or community service. Best practice in emergency psychiatry dictates that this role should be fulfilled as efficiently as possible with minimal delay throughout the process. However, this is difficult to achieve in practice for various reasons.

A team of investigators in the Calgary Health Region (CHR) Mental Health Evaluation Unit recently conducted an evaluation of PES within the CHR. One of the objectives of this evaluation was to better understand PES patient flow and wait times as they manifest themselves in the CHR. In order to accomplish this objective, PES staff at Foothills Medical Centre, Peter Lougheed Centre, and Rockyview General Hospital engaged in systematic data collection for one month in order monitor patient flow and wait times.

The objective of this presentation is to provide the audience with an overview of the most salient findings of this evaluation. Information concerning patient flow and wait times at the beginning, middle, and end of the PES process will be presented, along with clarification of any patient flow/wait time concerns. Recommendations to improve patient flow and reduce wait times will be provided.

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Title: Literature Review Examining Issues of Assent/Consent with Pediatric Sibling Bone Marrow Donors

Author(s): Tyler Pirlot

The purpose of this literature review is to examine existing medical and legal standards currently in place in Alberta and Canada as well as reviewing examples of international practices with regards to issues of obtaining assent and consent from minors for medical procedures. The intent is to use this information to formulate a protocol to be used with sibling bone marrow donors participating in the bone marrow transplant program with the Alberta Children's Hospital Oncology Department.

Using the Child, Youth and Family Enhancement Act of Alberta, the guidelines set out by the Alberta College of Physicians and Surgeons and the Canadian Medical Protective Association as well as cognitive and moral theories of development, the hope is to build a protocol to obtain assent and consent in this specific group. This protocol will take into account a minor donor's individual maturity in order to maximize voluntariness and knowledge of the procedure and, to our best ability, address capacity issues of the sibling bone marrow donor.

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Title: Western Canada Waitlist: a Review of the CHR Child Mental Health Project

***Authors**: Dr. Abdul Rahman, Dr. TCR Wilkes, Dr. David Cawthorpe*

INTRODUCTION: The Western Canada Waitlist (WCWL) project has served as an organizing principle in the development of wait list management strategies used within the Child and Adolescent Mental Health Program (CAMHP). We provide an update report that examines the WCWL Project Children's Mental Health form priority criteria scores (PCS). **OBJECTIVE**: We examine PCS in such terms as appropriateness of placement, urgency, comorbidity, demography and wait times. **METHODS**: Intake workers completed the WCWL priority forms for referrals to the child and adolescent regional access and intake system (RAIS) at the time of referral and prior to acceptance for treatment. WCWL scores and client data (e.g., wait times in days, and demographic data, etc.) were extracted form the RAIS system (stripped of identifiers). Analyses included descriptive statistics and relationships among the variables were examined using regression. **RESULTS**: Time series analysis indicates that the PCS consistently reflect appropriate placement within the continuum of care (e.g., inpatient vs. day vs. community), under the assumption that inpatient represent settings service more urgent and severe cases. The PCS scores are meaningfully related to diagnostic profiles and higher PCS scores were related to greater comorbidity. The PCS scores are related to wait times. A multivariable model predicting WCWL PCS score accounts for about 50% of the observed variance. System data indicate an overall improvement in wiat times over the last three years. **DISCUSSION**: The child mental health priority form accurately maps on to actual wait times and the severity of the referrals entering clinical pathways. Importantly, this mapping indicates that the WCWL is a valid tool, given that the forms used to map these results were completed blind to the WCWL outcome. In other words, the scores accurately reflect the clinical practice around important aspects of the priority construct, clinical severity and wait times. System redesign is discussed in terms of the main milestone of reduced wait times. The system outcome data (e.g., capacity to serve the population) are also discussed in comparison to data from a recent Canadian [1] and US [2] reports.

1) Waddell C, Offord DR, Shepherd CA, Hua JM, McEwan K. (2002). Child psychiatric epidemiology and Canadian public policy-making: the state of the science and the art of the possible. Can J Psychiatry. 47(9): 825-32.
2) Dougherty Management Associates, Inc., (2003) Children's Mental Health Benchmarking Project: Third Year Report, pp 1-104. The Annie E. Casey Foundation & The Center for Health Care Strategies, Inc. New York, NY.

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Title: The Effect of Methylphenidate on Functional Cognitive Neural Networks in Post-Stroke Depression

Author(s): Rajamannar Ramasubbu, Jodi Edwards, Bradley G. Goodyear

Objective: Depression following stroke adversely affects cognitive functioning and post-stroke recovery. Methylphenidate is a dopamine and noradrenaline enhancing agent reported to be beneficial for post-stroke depression (PSD) and stroke recovery. However little is known about the neural mechanisms underlying its clinical effects and rehabilitation potentials in PSD. The purpose of this study is to investigate the effect of methylphenidate on neural networks of working memory in post-stroke major depression (PSD). **Methods:** We used functional magnetic resonance imaging to investigate the BOLD responses to a working memory task (2-back test) in a random order placebo-controlled pharmacological challenge with methylphenidate (SR 20 mg) in 5 patients with post stroke major depression. (Women=4; Mean age=55.4 (SD 12.7); Right middle cerebral artery stroke = 2; Left middle cerebral artery stroke = 3). The subjects were scanned on two separate sessions while performing the 2-bask task during placebo and drug conditions. BOLD responses of 9 unmedicated healthy volunteers matched for age and sex served as normative data for comparison. **Results:** During the 2-back task, in the methylphenidate condition compared to placebo, post stroke depressed group showed significant activity in bilateral parietal and dorsolateral prefrontal (Left>Right) cortices ($P<0.05$ corrected) that are known to be part of neural networks of working memory. A placebo-drug contrast showed significant activity in posterior regions (precuneous, lingual gyrus). Further, during N-back task, methylphenidate condition vs unmedicated healthy normals revealed extensive clusters of activation in prefrontal and parietal regions than placebo vs healthy normals. Methylphenidate had a non-significant effect on task accuracy ($P = 0.08$) and reaction time ($P = 0.82$). **Conclusions:** These preliminary results from a small sample size suggest that methylphenidate may improve the organization and function of the neuronal networks of working memory in PSD despite the presence of anterior stroke lesions.

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Title: Experiential Engagement's Normalizing Impact on Brain Function
Author: Peter Roxburgh

Increasing insistence by cognition theorists that phenomenal experience is an information bottleneck will be reviewed (Barr). This hard to refute finding is in danger of returning to Thomas Huxley's view that all consciousness is immaterial emission (James) and has no role in brain function. To say the least the value placed on human sentience is undercut and the central emphasis that our current increasingly successful cognitive therapies place on perception is negated.

Further the striking general success of exposure therapies previously reviewed (Roxburgh) does not obviously retrieve a reason for the existence of subjectivity. Also the limited actual content of awareness is revealed by their clinical consequences.

Drawing on the Shallice account of action selection, a brain-based processing function for all phenomenal experience is restored when output and input sides are equally weighted. Evidently exposure treatments support this action and so-called 'emotional processing' outcome is explained.

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Baars, J.B. (1996). In the theatre of consciousness: the workspace of the mind. New York: Oxford University Press
James, William (1890/1983). Principles of Psychology. Vol 1. p 130 NY Holt 1890 reprinted Cambridge, MA: Harvard University Press
Roxburgh, P. Why does exposure correct subjective disorder. Littman Day 2005
Shallice,T.(1972). Dual functions of Consciousness. Psych. Review 79, 383-93

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Title: The Psychiatry On-Call Card: Developing a practical and evidence based guide
Author(s): Rory Sellmer Joann Mcllwrick

We developed an on-call psychiatry card to address the anxiety and uncertainty junior trainees experience while on call. The terminal objective of the project is to provide a useful and practical guide for both the care of psychiatric patients in the emergency department and management of commonly encountered on-call problems. Additionally, we hope to alleviate user anxiety and improve patient care and safety by enhancing physician skill, knowledge and attitudes. The population targeted includes clinical clerks, first year psychiatry residents, and family medicine residents. The information in the card was taken from evidence based sources and practice guidelines. To make the card useful and practical, the design provides clear and concise guidelines for the approach and management of common on-call scenarios. The card begins with a logical and step-wise approach to evaluating a patient in the emergency department, stressing safety issues first, noting features that may suggest an organic etiology, providing specific questions on history that help focus the differential, followed by a detailed mental status exam. Then, appropriate investigations are suggested, followed by a guide for the assessment and documentation of suicide/homicide risk factors. An explanation of both the DSM-IV multi-axial diagnosis and the Global Assessment of Function Scale is provided. Additionally a sample order set is provided and issues around confidentiality are addressed, specifically around the duty to warn and protect. To address the management of common on-call scenarios, common presentations are discussed by addressing appropriate questions to be asked to assist with diagnosis. For each diagnosis, an approach is suggested, considering the key features on physical exam and mental status that help differentiate the diagnosis, and create a management plan, which includes medication selection, dosing and adverse event monitoring.
Testing will begin with a needs assessment to be followed with an ethics proposal with the goal of evaluating the learning tool by measuring user anxiety and comfort on-call pre and post test.

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Title: Binge Drinking on Canadian University Campuses, A Scientific Approach to Understanding and Combating the Problem

Author(s): Shervin Vakili, Ph.D Adjunct Assistant Professor, Dept. of Psychiatry, U of Calgary.

Binge drinking or consuming enough alcohol in one sitting to raise the Blood Alcohol Content (BAC) to 0.08 gram percent or higher is particularly prevalent on University campuses. This pattern of drinking has been consistently associated with a wide range of negative consequences for the binge drinker and those around them. Despite much attention from University administrators and researchers across North America leading to hundreds of research projects and interventions, rates of binge drinking have remained virtually unchanged in the past decade, with some studies showing a slight increase.

The Addiction Centre and the University of Calgary have launched a 2 year study to gain a better understanding of the rates of binge drinking at the U of C, and test the effectiveness of social norming and personalized feedback in reducing binge drinking or associated negative consequences. The results of the first phase of the study will be presented which will provide some detail about binge drinking and consequences at the U of C, as well as explore how well the data supported the basic assumptions of social norming campaigns.

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Title: A comparison of effectiveness between Collaborative Problem Solving & Parent Management Training in affectively dysregulated children with Oppositional Defiant Disorder: a randomized trial

Authors: Mila Wendt, Libbe Kooistra, Bonnie Kaplan, Abdul Rahman, Ross Greene

Purpose: One of the biggest challenges in child mental health is the presence of Oppositional Defiant Disorder (ODD). The etiology is unknown, prevention is not currently feasible, effective treatments are scarce, and the prognosis for both child and family is poor. The proposed clinical trial will compare the effectiveness of two promising family interventions for children with ODD who also have mood symptoms [Colllaborative Problem Solving (CPS) and Parent Management Training (PMT)]. **Significance:** Greene et al. in 2004 showed that CPS had a pronounced effect on both children and parents, and was superior to PMT, though both were helpful. A replication of the initial Greene study is essential to determine whether CPS can contribute to the mental health of ODD children and their parents, and also to ascertain whether the results can be replicated in a Canadian setting. Furthermore, confirmation of the Greene findings would imply a significant step towards optimization of treatment in ODD. **Design and Methods:** Families of children referred to Central Intake, Child and Adolescent Mental Health and Psychiatric Program, will be invited to participate, and will be randomized to receive either PMT or CPS. Inclusion/exclusion criteria are: children must be clinically referred, be between 4 and 12 years, meet full criteria for ODD, have sub-threshold features of juvenile bipolar disorder or major depression, have a FIQ > 80, and not be actively suicidal or homicidal. Diagnostic eligibility will be established in two steps involving a telephone diagnostic screening, followed by a diagnostic interview, and reviewed by a psychiatrist and psychologist. Therapists will be trained in the methods of CPS or PMT. Outcome measures will evaluate the severity of the child's ODD, parent-child interactions, and parenting stress. Four measures will be administered at pre-treatment, post-treatment, and 4 months follow-up: the Parent-Child Relationship Inventory (PCRI), Parenting Stress Index (PSI), ODD Rating Scale (ODDRS), Clinical Global Impression (CGI). **Analyses:** Based on the results of the Greene study, and using an alpha of .05, and a beta of .8, 26 children per group are needed to detect a large effect size. We will use generalized estimating equation models, modeling outcomes as a function of treatment group (CPS or PMT), time (pre-treatment, post-treatment, and, where applicable, 4-month follow-up), and their interactions. All relevant analyses will be two-tailed; statistical significance will be defined at the .05 level. **Dissemination of results:** The target audience for dissemination of these research findings would be affected families, clinical therapists, and researchers. We plan to present the study results at appropriate forums, and publish them in both lay and professional journals.

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Title: Impact of system redesign on access to and capacity of children's mental health and psychiatric services

Authors: TCR Wilkes, David Cawthorpe

Introduction: This paper describes the use of data from a centralized regional intake and access system for regional child and adolescent mental health and psychiatry services to monitor system level redesign.
Method: Fiscal year data from 2002-2006 was compared on the basis of utilization, wait times, length of stay, referral outcome for referral sources, access of diverse groups, and population-based utilization (capacity rates) to examine the effects of system redesign.
Results: The per capita capacity (utilization) of child and adolescent mental health and psychiatry health in our health region has increased, with concomitant decreases in wait time and length of stay.
Conclusion: The electronic record provides useful real-time information about wait times and aspects of access and service utilization that may be related to system redesign. Our results indicate that the "real time" centralized registration is a viable approach to integrating healthcare service operations and measuring performance. Challenges include maintaining system monitoring integrity during the transition to the regional electronic record.

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Title: Effect of a Psychosis Public Education Program: Population Impact and Clinical Outcome-Preliminary Findings

Authors: Addington, D. Yeo, M, Young, J. and Berzins, S.

The purpose of this study is to examine the impact of a public education program on recognition and service access for early psychosis. The Early Psychosis Public Education project (EPPubEd) was designed to help the public recognize the signs of psychosis and to know how to access treatment for a first episode of psychosis.The primary outcome measure for the study is the duration of untreated psychosis (DUP). The goal of the public education program is to reduce the average DUP by at least 50 percent for patients admitted to the Calgary Early Psychosis Treatment Service (EPTS). Secondary outcome measures include public knowledge and awareness of symptoms of psychosis and the number of hospital days before accessing appropriate treatment. The impact of the education program on the DUP and on hospital days will be examined using a historical cohort control of patients admitted to the EPTS. The EPPubEd project impact on awareness of psychosis symptoms in the public target group was conducted using pre- and post population telephone survey. The overall project is being conducted in 3 stages: Phase 1 - planning, message development, and strategy selection; Phase 2 – project implementation: and Phase 3 – project evaluation. An overview of Phase 2 and a description and preliminary results for Phase 3 will be presented.