## SEPTEMBER 2018

This issue features information on new stories, initiatives and programs, changes and additions in the Centre, dates to mark in your calendar and events to look forward to.

We encourage you to provide feedback and information you would like included in future newsletters. Our aim is to make this a **monthly** newsletter, so please send in submissions so we can keep everyone up-to-date centre-wide.

 $\textit{Please contact}\ \underline{\textit{jasmine.sikand@uhn.ca}}\ \textit{for features, submissions, feedback and questions.}$ 

### A Message from the Chief

A few weeks ago I presented a summary of our work to Dr. Kevin Smith and the UHN Senior Management Team. In July, we toured Dr. Smith through our various clinical areas and he was impressed with our work. He asked that we present to the Senior Management Team. There was a lot of interest and enthusiasm and many described surprise at how large our presence is within UHN. This is an exciting time for the Centre, with many promising opportunities for growth. Without all of you and your consistent hard work, motivation and passion, it truly would not be possible. We are excited to see what the future holds!

Best, Susan

Click here to see slides from the presentation.

## WHAT'S NEW?

# Dr. Sherry Grace acknowledged for research in women's cardiac health, cardiac psychology SEPTEMBER 2018

Dr. Sherry Grace, Senior Scientist at the Toronto Rehabilitation Institute, will receive The Michael L. Pollock Established Investigator Award from the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) at its conference in September.

This award is presented to an individual with a history of significant and groundbreaking contributions to research in cardiac rehabilitation. For Dr. Grace, this award is in recognition of her contributions promoting secondary prevention of heart disease.

Her research focuses on global cardiac rehabilitation access and delivery, as well as cardiac psychology. Dr. Grace's research also aims to address barriers for women when suffering from a heart disease. One of

these barriers is the women's mental health issues that often develop in these situations.

Dr. Grace has published more than 200 papers, and has also cmposed clinical practice guidelines.

In addition to these efforts, Dr. Grace acted as a leader in development of the Canadian quality indicators for cardiac



Dr. Sherry Grace (Photo: York University)

rehabilitation and the Cardiac Rehabilitation Barriers Scale. The latter has been translated into eight languages and is currently used in more than 20 countries around the world.

She will also be presenting a lecture at the Canadian Association of Cardiovascular Prevention and Rehabilitation Fall Conference after being awarded the Terry Kavanagh Lecture. The lecture is on Saturday, October 20, 2018 from 11am-12pm.

# **Developing individualized care plans for mental health patients |** UHN NEWS FEATURE *AUGUST 2018*

Featuring Joanna Lynch (psychosocial nurse in the transplant program at TGH), Dr. Susan Abbey (Psychiatrist-in-Chief, psychiatrist in the transplant program at TGH), Dr. Jonathan Downar (Neuroscientist and Psychiatrist in the rTMS Clinic), the rTMS Clinic and the Mindfulness-Based Stress Reduction program.

After being given what she describes as the "greatest gift," a new donor heart, Aisha Islam continued to be challenged by a set of health issues she wasn't expecting. Her mental health was deteriorating.

Aisha was a heart transplant patient at Toronto General (TGH) over a year ago, and was the recipient of a successful surgery. Though she had been introduced to the mental health services available to her prior to her surgery, she wasn't expecting just how important they would become to her post-surgery. Seven months later, she found herself back at TGH, but this time in the inpatient psychiatry unit in UHN's Centre for Mental Health.

Aisha was on prednisone, a common immunosuppressant used post-transplant. While depression is a common side effect of transplant medications, she wasn't entirely sure this was the sole root of her feelings.

"I've been down before, but this was a completely different feeling," she says. "I had zero hope. There was nothing motivating me to get up in the morning. There was nothing I wanted to do in life. I could imagine the best future for myself and I didn't want it."

Unable to cope with the way she was feeling, she stopped taking her medications consistently, at times going three days without taking them. She hoped it would somehow help her feel a bit of relief. When it



"This whole illness is just a little part of us. It doesn't define us," says Aisha Islam, heart transplant patient at Toronto General and psychiatry patient at Toronto General and Toronto Western

(Photo: Jasmine Sikand, UHN)

didn't, she found herself at a crossroads: either continue to feel this way, or go talk to someone.

For Aisha, that someone was Joanna Lynch, a psychosocial nurse working in the transplant department at Toronto General Hospital. As a part of Aisha's care team, Lynch crossed paths with Aisha while she was going through her heart transplant. From day one, Aisha was made aware that there was a team there for her that she could go to for any mental health support, including psychiatrists, inpatient nurses and specialists.

**READ THE FULL STORY** 

# Inpatient Psychiatry nurse named to Mental Health-focused group of RNAO *AUGUST 2018*

Ashley Davis, a registered nurse in inpatient psychiatry at Toronto General Hospital, has been named to the Mental Health Nursing Interest Group (MHNIG) of the

Registered Nursing Association of Ontario as a Policy and Political Action Executive. Davis has been an inpatient psychiatric nurse for one year. The MHNIG has many goals, one of which to aim to lobby for improved mental health and psychiatric care both in insititutions and within the community.

The group identifies and promotes partnerships working towards an improved approach to mental health care, as well as collaborating with comsumers and surivors, family groups and other mental health professionals to implement this change.

MHNIG also acts as a support system for mental health nurses, encouraging professional growth, implementations of standards of practice, and participation in education and research. "I'm excited to take on this role because policy is an upstream approach, and I am passionate about harm reduction and prevention," Davis says. "This opportunity allows me to expand my network, learn from a group of like-minded individuals, and support those who are living with mental illness in a meaningful way."

"Our political environment is changing, and along with this inevitably comes changes to healthcare policy and regulations," she says.

Davis says she hopes to expand her awareness of current and developing issues, and to be an advocate to ensure the changes seen are positive ones.

# Tackling the barriers of accessbiility in mental health care | UHN NEWS FEATURE AUGUST 2018

Dr. Jonathan Downar, neuroscientist and psychiatrist at Toronto Western, spent four years completing a PhD in brain imaging, but when it came time for him to practice psychiatry he was surprised to realize he could be a good psychiatrist without applying all of the anatomical knowledge he had obtained.

"'Where' is pretty irrelevant for most of psychiatry, because I can't make medications just go to the left frontal lobe, or therapy just to the right frontal lobe," he says.

While trying to figure out how to make his knowledge of brain anatomy useful in the clinic, it clicked to him: "I realized that really what I had to do is focus on treatments that were anatomically specific in their effects because then, 'where' matters," Dr. Downar says.

But when exploring options for depression treatment, people tend to focus on two things: therapy and medication. What often goes unacknowledged is the third – and possibly the quickest and most groundbreaking – option, rapid transcranial magnetic stimulation, or rTMS.

rTMS uses magnetic pulses to stimulate the brain in attempt to strengthen weak connections or weaken connections that are too strong. Dr. Downar says one of the biggest barriers in understanding rTMS as an option for depression treatment is that most people



Dr. Downar demonstrates the rTMS machine on a staff member. The procedure helps treat hard-to-treat depression and some other mental illnesses too. (Photo: Aisha Dar, rTMS Clinic)

haven't even heard of it, despite the fact that it has been approved by Health Canada since 2002.

The second barrier is accessibility, including both costefficiency and transportation to clinics. "One of the biggest issues with rTMS is that you still have to come into the clinics to get the treatment." While the quit rate for patients receiving rTMS treatment is only around five per cent, versus 25 per cent for those on medication, the reason for their quitting is often because of the commute to the clinic.

A major goal of the rTMS clinic, a part of the Centre for Mental Health at Toronto Western Hospital, is to find ways to make the treatment more accessible to patients seeking an alternative to medication and therapy.

READ THE FULL STORY

Dalglish Family 22q Clinic at International 22q11.2 Conference in Whistler B.C.

JULY 2018

Staff members from the <u>Dalglish Family 22q Clinic</u>, together with local and international colleagues, recently presented their findings at the  $\underline{11^{th}}$  <u>Biennial International 22q11.2 Conference</u> in Whistler, British Columbia, from July  $11^{th}$  to  $15^{th}$ , 2018.

The Dalglish Family 22q Clinic is the first clinic in the world to focus on adults with <u>22q11.2 Deletion</u> <u>Syndrome (22q11.2DS or 22q)</u>. 22q is an underrecognized condition that affects about 1 in 3000 live births. Most patients have associated developmental, medical, and psychiatric conditions that can be chronic and severe.

The multidisciplinary team at the Dalglish Family 22q Clinic provides care for patients and their families, and also focuses on two other important pillars of care: education and research. The team invites all patients and their families to take part in clinical research, because the more opportunities there are to learn about 22q, the better the Clinic is able to provide the best care.

The International 22q11.2 Society is a group of researchers and physicians who specializes in the conditions and the biology related to 22q and the chromosomal region 22q11.2. The Dalglish Family 22q Clinic Director, Dr. Anne Bassett, is a Trustee and a Founding Board Member of the Society.

Every two years, the Society organizes an international conference, this year with meetings for professionals and families. Members from the



In Whistler, team members from the Dalglish Family 22q Clinic with other Toronto colleagues.

(Photo: The 22q and You Center at the Children's Hospital of Philadelphia, USA).

Dalglish Family 22q Clinic gave a full 11 per cent of the presentations at the Professional Meeting and ten per cent at the Family Meeting on topics from molecular genetics to IQ scores to medical information cards for patients.

The team also learned from international participants from 16 countries through informative presentations, in-depth discussions, and valuable networking opportunities. Congratulations to Tracy Heung, Research Analyst affiliated with the Dalglish Family 22q Clinic, who received the <u>Junior Investigator Award</u>. Overall, the conference in Whistler was a very productive experience for the Clinic team and colleagues.

For presentations from staff and trainees affiliated with the Dalglish Family 22g Clinic:

<u>Presentations: Professional Meeting</u> <u>Presentations: Family Meeting</u>

### **ACHIEVEMENTS & RECOGNITION**

Congratulations and thanks to:

- Ashley Davis, an RN on 8ES who has been accepted to the policy committee of the Mental Health Interest Group of the Registered Nursing Association of Ontario.
- Dr. Jonathan Downar, Dr. Sidney Kennedy and Dr. Peter Giaccobe for receiving FDAapproval on the three-minute rTMS treatment they came up with in collaboration with their colleagues at CAMH and UBC, showing to be just as effective as the standard 37.5 minute treatment.
- **PESU Team** who have been accepted to present an oral paper at the 6<sup>th</sup> International Conference on Violence in the Health Sector: Advancing the Delivery of Positive Practice in Toronto from October 24-26.

#### Call for Clothing Donations

Do you have gently used fall or winter clothing you are looking to give a new home? The TGH 8

Eaton Inpatient Unit is looking for contributions to their donation cupboard.

They are accepting clothing and shoes of all sizes and shapes!

Clean clothes can be brought to the nursing station in TGH 8 Eaton Inpatient Unit.

### IN CASE YOU MISSED IT

**Residents 2018-2019:** The residents for the 2018-2019 academic year have been working across UHN sites since July 2018. <u>Click here</u> to see their academic backgrounds, goals for their time at UHN, aspirations for their future, and what they like to do on their free time!

## **MOVERS AND SHAKERS**

- Welcome & congratulations to Robert Flohr, Jessica Campbell, Clyde Sundaram, and Manvit Johal who have joined the 8ES nursing team.
- Best wishes and thanks to Dr. Jodi Lofchy who is leaving us at the end of September to take on leadership of adult acute care psychiatry at St. Joseph's Health Centre and in this role will also be developing a rapid access bridging clinic. Dr. Lofchy developed the Psychiatry Emergency Services at UHN following her arrival in 2002 and has been an active educator presenting nationally and internationally on emergency psychiatry.



## PROGRAM IN THE SPOTLIGHT

### WOMEN'S OWN WITHDRAWAL MANAGEMENT CENTRE

892 Dundas Street West | Monday-Friday from 8:00am-4:30pm

Women's Own, located off-site, offers withdrawal support to women from the age of 16+ who are experiencing effects of acute intoxication or withdrawal from alcohol or other substances and whose condition can be managed in a non-medical residential setting.

Women's Own provides various services through its programs such as Case Management, as well as Community and Day programs. Each of these also provide a range of different supports like:

- Detoxification
- Accompaniment
- Assessment
- Referral
- Group counseling
- Individual counseling



Women's Own recently received a \$1 million philanthropic donation. The funds will go towards enhancing the existing programs at the Centre.

### Mark Your Calendar

#### September 21/2018

GRAND ROUNDS from 12-1p.m. at TGH 1EN-429 & 430

GRAND ROUNDS CANCELLED ON SEPTEMBER 28<sup>th</sup> DUE TO CPA

#### September 26/2018

Canadian Academy of Psychosomatic Medicine Annual Meeting at the Westin Harbour Castle (1 Harbour Square, Toronto, ON MK5 1A6)

<u>Click here for program & registration</u>

#### September 27/2018

UHN's Open Forum with Dr. Kevin Smith from 12-1pm at the Michener Auditorium (222 St. Patrick Street, Toronto, ON)

### September 27-29/2018

Canadian Psychiatric Association's Annual Conference

Click here for registration

### Mental Illness Awareness Week: September 30-October 6

 On October 5th, the Mental Health Program Council will be hosting a bake sale and White Elephant Sale in the Eaton Lobby (TGH), to raise funds for patient programming.

#### October 5/2018

GRAND ROUNDS from 12-1p.m. at TWH Fell Pavilion 6-103 | Grand Rounds continue at same time & location October 12<sup>th</sup>, 19<sup>th</sup>, and 26<sup>th</sup>.

#### Look out for our next newsletter coming in October 2018!

Do you have comments, questions or feedback that you would like to send us? Please share your thoughts through our <u>anonymous online form</u> or email <u>jasmine.sikand@uhn.ca</u>.

