



Department of Psychiatry Newsletter



March 15, 2005 Volume 4, Issue 1

Update from Department Head **Dr. Athanasios Zis**

UBC Institute of Mental Health

University of British Columbia President, Dr. Martha Piper and Premier Gordon Campbell recently announced a \$20 million advance towards the creation of a UBC Institute of Mental Health (UBC-IMH). This was generated by a \$10 million gift, the largest ever to mental health, from a donor who wishes to remain anonymous. This gift has been matched by the Provincial Government. As a result of the commitment and generosity of the donor and the support of the Provincial Government, the UBC-IMH will place UBC and the Department of Psychiatry at the forefront of national and international efforts to enhance our understanding and improve the treatment of those afflicted by mental illness and will directly benefit the citizens of British Columbia. This will be achieved by (a) building on recent advances in the fields of neuroscience, brain imaging, molecular genetics and psychotherapy (b) translating these advances into clinically effective preventive and treatment strategies and (c) ensuring through training and education their application in everyday clinical practice throughout the Province of British Columbia.

Three new Chairs will be created in key areas encompassing a broad spectrum of diseases across the lifespan. The Chairs will bring outstanding clinician scientists to the Province and UBC. The three areas are (1) Child and Adolescent Psychiatry, (2) Geriatric Psychiatry/Depression and (3) Psychotherapy. They were chosen because of the significance of prevention, early detection and intervention; the rising needs of an aging population; and the importance of psychotherapeutic approaches to the treatment of mental illness. They are consistent with the priorities and recruitment plans of the UBC Department of Psychiatry and will fill existing gaps.

The new Chairs will join a team of clinical and basic science colleagues already in place in the Department including the Leading Edge Endowment Fund Chair in Depression Research, Drs. Raymond Lam and Lakshmi Yatham senior clinical scientists affiliated with the BC Credit Unions Centre of Excellence in Mood Disorders; three Tier I Canada Research Chairs: Dr. Brian MacVicar in Neuroscience, Dr. Adele Diamond in Developmental Cognitive Neuroscience and Dr. Ann Marie Craig in Cellular and Molecular Neurobiology; Dr. Steven Vincent the Louise Brown Chair in Neuroscience, Dr. William Honer the Jack Bell Chair in Schizophrenia Research and Dr. Weihong Song the Jack Brown and Family Professor in Alzheimer's Disease.

The UBC-IMH will be housed initially in renovated space within the Department of Psychiatry, Detwiller Pavillion UBC. A Canada Foundation for Innovation application will be prepared to provide new space. The Institute will be linked to the Brain Research Centre, the Vancouver Coastal Health Research Institute, the BC Institute for Children's & Women's Health, and teaching hospitals and mental health services throughout the Province of British Columbia. Ongoing research will be funded by successful peer-reviewed grants from Canadian Institutes of Health Research (CIHR), Social Sciences and Humanities Research Council (SSHRC), Michael Smith Foundation for Health Research (MSFHR), National Institute of Mental Health (NIMH), National Alliance for Research on Schizophrenia and Depression (NARSAD), Stanley Foundation and other sources. Institute membership will be interdisciplinary and will include, among others, faculty members in Psychiatry, Neurology and Genetics (Faculty of Medicine), Psychology (Faculty of Arts) and Graduate Studies (Neuroscience). Building on successful collaborations such as now exist with Cambridge University in the UK and Kochi Medical University in Japan, UBC-IMH will also promote international partnerships with major universities and mental health research centres in Asia, Europe and North America.

By combining strengths in basic and clinical science the Institute will ensure that innovation in evidence based practices can guide advances in the diagnosis and treatment of mental illness. As such, the UBC-IMH represents an unprecedented opportunity for members of the UBC Department of Psychiatry and affiliated groups to provide leadership in creating, applying and disseminating knowledge to improve the mental health care of the citizens of British Columbia, Canada and the World.



Event Calendar

Pacific Cinematheque and the UBC Department of Psychiatry present:

'Frames of Mind'

A Department of Psychiatry sponsored Mental Health film series held the 3rd Thursday of each month at the *Pacific Cinémathèque*

1131 Howe Street, Vancouver 7:30 P.M.
Tickets \$7.50/6.00 at the door or on-line at www.cinematheque.bc.ca

March 17, 2005

"Avdei Hashem (Slaves of the Lord)"
Director: Hadar Friedlich
Discussants: Rabbi P. Bregman & Dr. S. Taylor

April 21, 2005

"Asylum"
Director: Peter Robinson
Discussants: R. W. Adams and Dr. A. Feldmar

May 12-15, 2005

2nd Annual Frames of Mind Mental Health Film Festival—Stay Tuned!

Teaching Hospital/Division/Program Education Rounds

Information /details available at :
www.psychiatry.ubc.ca/cme/rounds/

Other Activities

April 7, 2005

Clinical Faculty Meeting & Dinner with Presentation by Dr. Jodi Lofchy
6:00 - 9:00 pm- University Golf Club
Info: 604- 822-7314

April 14, 2005

20th Annual Dept. of Psychiatry Research Day
Info: Barbara Humphries at barhumph@interchange.ubc.ca

June 10, 2005

4th Annual Dept. of Psychiatry Clinical Day
UBC Robson Square
Info: 604-822-7301

Editor - Dr. Harry Karlinsky

Managing Editor - Michelle Purcell

This newsletter is published quarterly as a vehicle to promote communication within the UBC Dept. of Psychiatry as well as with its wider community. Feedback and suggestions for invited submissions can be forwarded to the Editor at harryk@telus.net.

Dept. of Psychiatry, Royal Columbian Hospital

Drs. Terry Isomura & David Bond

Editor's Note: This article launches what will be a series of updates from each of the UBC Department of Psychiatry Teaching Hospitals.

Royal Columbian Hospital was founded in 1862. It is a 350 bed tertiary care facility serving the communities of New Westminster, Coquitlam, Port Coquitlam and Port Moody. The Department of Psychiatry at Royal Columbian Hospital has a vision of providing excellence in patient care, teaching and research. The Department offers comprehensive patient-centered service, integrating primary care, the community and the hospital.

The Psychiatry Department provides inpatient, outpatient, and emergency care. Our two 15-bed inpatient wards are staffed by five psychiatrists, David Attwood, David Bond, Raj Katta, Anson Koo, and Hem Phaterpekar. They work closely with five family physicians to provide psychiatric and medical care for acutely ill patients. The Department operates using a Shared Care Model of mental health service delivery, which involves close collaboration between psychiatrists and other physicians. Our shared care family physicians have been affiliated with the hospital for many years, and several of them trained at RCH. They include Peter Chung, Linda Curtis, John Edworthy, Martha McCarthy, and Doug Read.

David Attwood, Brian Scarth, and Agnes To oversee our busy Psychiatric Emergency Department, which assesses over 2200 patients per year. Addictions physicians Roy Morton, Paul Sobey and Sal Denny work closely with the emergency psychiatrists. Doctors Scarth and To also direct a consultation service, which provides psychiatric assessments for medical, surgical, maternity, and critical care patients.

The Psychiatry Outpatient Service sees over 1000 patients per year. Subspecialty outpatient clinics include Mood Disorders (David Bond and Judy Allen); Anxiety Disorders (Raj Katta); Reproductive Psychiatry (Tricia Bowering); Geriatric Psychiatry (Hem Phaterpekar); ECT (Peter Chan); Multicultural Psychiatry (Agnes To assesses Mandarin - and Cantonese-speaking patients, and Anson Koo sees Korean-speaking patients); and

an Urgent Referral Clinic (Brian Scarth and Agnes To). The Outpatient Service collaborates with the Psychology Department, which comprises Georgia Nemetz, Don Meen, Richard Freeman, Lanius Ulrich. A core philosophy of the Psychiatry Department is that coordinating services with the community provides the best care for our patients, and the outpatient department is organized with this in mind. Also in keeping with this philosophy, several department members also work in community mental health centres, and we have an active Day Program and Hospital Admission Diversion Program.

Several innovative programs have originated in the Psychiatry Department. David Attwood directs the Fraser North Early Psychosis Initiative, which provides assessments and multidisciplinary care for youth and young adults with first-break psychosis. Terry Isomura, has a special interest in Shared Care, and this program has expanded to involve four community family medicine clinics and a primary care obstetrics clinic. Most recently, we have received a grant from MHECCU for an 18-month pilot project to investigate the benefits of providing shared mental health care for children and youths. Three sites and numerous disciplines will be involved, including psychiatrists, pediatricians, primary care physicians, mental health counsellors and psychologists.

Medical education has a long and storied tradition at Royal Columbian Hospital, and with the expansion of UBC Medical School, the Psychiatry Department is becoming increasingly active in this area.

PGY-1 students (interns) were repatriated to the department several years ago after a brief absence. David Bond, the current Education Director, initiated a pilot project last year to examine the suitability of RCH as a teaching site for clinical clerks (senior medical students). The pilot was a resounding success, and two clinical clerks have been assigned to RCH on a regular basis since September 2004. This was only the beginning of what will be a dramatic increase in the role of the department in training physicians. In the next twelve months, PGY-2 residents (junior psychiatry residents) will be assigned to the department, and we will become involved in clinical skills instruction for first and second year medical students. Students rotate through all areas of the department, including the inpatient wards, the outpatient clinics, the psychiatric ER, and the consult service. The strengths of the psychiatry rotation at Royal Columbian Hospital include the enthusiasm of department members for teaching, and the breadth of clinical experiences available.

In short, the Department of Psychiatry at Royal Columbian Hospital strives for excellence in patient care, medical education and research. By providing comprehensive hospital-based services, and collaborating closely with other hospital departments, community physicians, and local mental health centres., we have developed a seamless and accessible patient-centered approach. The department actively embraces its expanding teaching role for medical students, residents, staff, colleagues and the community. We are proud to be of service to our hospital and our community.



How the filming of "Asylum" came about

Richard W. Adams

Editor's Note - This April 21st, as part of the Frames of Mind Mental Health Film Series, the film Asylum (Directed by Peter Robinson) will be screened at 7:30 pm at the Pacific Cinematheque theatre. In brief, Asylum was filmed over 6 weeks in 1971 and captures the day-to-day life of a unique residence for "mentally troubled" individuals established in London, UK, by the late radical psychiatrist R.D.Laing & colleagues.

The April 21st program will include a postscreening discussion with Dr. Andrew Feldmar (a local psychologist and Laing's student and friend) and Mr. Richard Adams. Mr. Adams, who lives in New York, was Asylum's cameraman and editor and what follows is his invited contribution to this newsletter - a very personal account of his involvement in the making of a remarkable film. To meet Richard and Andrew and to view a unique documentary, please join us April 21st.

In early 1970 a frequent partner of mine on film projects, the late Peter Robinson, was introduced by his wife to R. D. Laing's *The Divided Self* and *The Politics of Experience*. He was overwhelmed -- and determined, successfully, to contact Laing and persuade the famous "anti-psychiatrist" to let us film him discussing his work and his views on traditional treatments for schizophrenia. The result was a pair of short films called *Psychiatry and Violence* and *Breathing and Running* -- as well as Laing's blessing on Peter's wish to make a film about the therapeutic community that Laing had launched six years earlier on a five-year lease at Kingsley Hall, and which now was located in three condemned rowhouses in London's Archway district. In early 1971, Peter and I returned to London to film Laing offering some opening remarks for the proposed film, and to visit the community, with film equipment, to see whether the residents would take to us and give us their blessing.

Peter Beverly Robinson was one of several talented children of a colorfully prominent Canadian family, had been an R.C.A.F. fighter pilot over Dunkirk, survived getting shot down over France, showed great talent as a painter, moved to New York City, where as an actor he won minor parts in major Broadway plays, and then got into documentary filmmaking. When I met him he was production manager on a three-screen film project called *To Be Alive!* that became a hit of the 1964 New York World's Fair, won an Oscar, and was shown again at the Montreal Expo in 1967.

I had always felt comfortable working with Peter, but on seeing some murky black-and-white silent footage shot at Kingsley Hall, and hearing Peter's thumbnail sketches of some of the more bizarre residents, and knowing that at least two television crews had been thrown out or denied permission, and reading *The Politics of Experience*, and

having somnambulated wistfully through the 1960s as an utter square, I felt I was simply not hip enough to be the cameraman on such a project. But then my unconscious was startled by a far more personal encounter with Laing than I'd have thought possible. I had been reading *The Divided Self* in preparation for the filming, and one night I dreamt the door to my bedroom was opened and in peeked R.D.Laing himself. It was probably then that I began to feel a certain claim of my own on the project.

So on our second trip to London we filmed Laing explaining briefly the origin of his therapeutic community. He had apparently felt some embarrassment on seeing in the first two films his degree of unselfconscious glee in recounting primitive approaches to mental illness in the past. So he spoke this time with an uncharacteristically somber, dour mien. And then we spent an afternoon and an evening visiting the Archway community and giving the residents a chance to size us up. I was relieved that so many were so friendly and that some of the behaviors were only slightly and unthreateningly strange. I was more anxious about the apparent lack of activity throughout the day than about the heavy smell of incense in some of the rooms.

What would there be to film?, I wondered. As a sort of test for both us and them, and in order



Laing and Adams on subsequent U.S. tour

to be able to include a glimpse of Laing himself before his departure for a year's retreat in India, we filmed a smaller group in discussion, with Laing a characteristically passive presence (offering nothing but one magnificently sardonic smile that is itself worth the price of admission). I can't remember whether a vote was taken that night or the next day, but several residents came right out and said they liked us. Permission was soon granted, and before long it was no longer "us and them".

I think what had softened the corners of the square in me and prepared me best not to feel threatened was a short spate of Jungian dream analysis that had made me feel simultaneously more in tune with myself and more empathetic

toward those more troubled. I believe all three of us on that small crew - Peter as producer/director, William Steele as sound recordist and second cameraman (now a successful photographer), and I as cameraman/editor - were deeply touched by the experience, each in a different way.

What the first half of the film does is expose the viewer to some of the same disquiet and ambiguity that a visitor might feel, not knowing who the "patients" are and who the doctors. By the time a pillar of society bursts in (so to speak) to fetch his son for the holidays, one may have become sufficiently attuned to the spirit of the community to be able to observe "normal behavior" from a new perspective. The second half of the film, introduced by Laing again as he gives his, the community's, and the film's definition of "Asylum" as "a safe place to be", offers more comfortably articulated explanations of how the Archway Community worked.

It was not a treatment center but simply a residence, like Kingsley Hall, affording a haven from both mental hospitals and dysfunctional families. When it comes to harmony and longevity I suspect it fared as well as most counter-cultural communes of the 60s and 70s. It was a place where neurotic Americans and Canadians who had discovered Laing could try to find themselves, where more severely "disturbed" Brits on the National Health could afford the rent and out-patient therapy, and where one who felt the need (like the legendary Mary Barnes from Kingsley Hall), could "let oneself go" into a tunnel of madness from which one might emerge more whole in the end. Voluntary medication was encouraged but there were no men in white coats maintaining order through needles. It was an experiment that demanded massive personal commitment, and several years later one of the therapists admitted that it was an overwhelming task to attempt without some recourse to medication.

What I feel strongly as a mere layman is that the community as captured in the film demonstrates in vividly human terms that medication, by the same token, cannot work without a context of strong interpersonal support. That may be a truism, but a number of younger graduates of psychiatric training have told me after recent screenings of *ASYLUM* that the field is beginning to recognize that with the success of chemical treatments, the interpersonal element has tended to be underrated, but is now being re-appreciated. It is my belief that in its own way, *ASYLUM* is a reminder of one of the most important contributions of R.D.Laing's controversial legacy.

UBC Department of Psychiatry 4th Annual Clinical Day Conference



Friday June 10, 2005

UBC Robson Square
800 Robson St., Vancouver, BC



www.cme.med.ubc.ca Register Online!

Learn, excel, innovate.
For life.

Conference Overview

The fourth annual Department of Psychiatry Clinical Day will focus on providing updates on a diverse range of psychiatric topics. Participants will have an opportunity to choose from a wide-range of small group workshops for a hands-on practical learning experience. A keynote lecture, and panel will round out the day. All presentations will be as interactive.

Keynote Address

Somatization and Conversion:

How and Why It Occurs and How to Diagnose It

Dr. Trevor Hurwitz, Head, Neuropsychiatry Program, Dept of Psychiatry, UBC; Clinical Prof, Dept of Psychiatry, Faculty of Medicine, UBC

Panel

The Clinical Spectrum of Neuropsychiatry

Dr. Trevor Hurwitz, Moderator

Dr. Brenda Kosaka

Dr. Joseph Tham

Dr. Leon Berzen

Invited Speakers & Topics

- Exposure Issues Related to Medication Use in Pregnancy and the Postpartum Period
- Anxious Children, Anxious Parents: Treating Anxious Children in the Family Context
- Treating Exercise Abuse in Athletes and Nonathletes with Eating Disorders
- Substance Use Disorders and Concurrent Mental Illness: Determining the Best Treatment Options
- Human Gene Cures "Fierce" Mouse: A Paradigm to Evaluate the Role of Genes in Psychiatric Disease
- Psychiatry & Art: A Walkabout Tour at the Vancouver Art Gallery
- The Interface Between Religion, Spirituality and Psychiatry
- Treatment Alternatives for Psychosis
- Cognitive - Behavioural Interventions for PTSD: The Basics and Beyond
- Genetic Counselling for Major Mental Illnesses: What It's About, When It's Important
- "Nervous Shock": Causation and Damages in Law
- What to Do? Psychotherapist Reactions to Gifts, Forms, Lateness, etc.
- Sleep Disorders in the Elderly
- Compulsive Sexual Behavior - Theories & Management Approaches
- Learning to Speak CanMEDS - Utilizing CanMEDS in Teaching and Evaluation
- Residents' Workshop: Starting up a Clinical Practice - Billing and Other Practical Issues

Dr. S. Misri
Dr. J. Garland & Ms. N. Gregorowski
Dr. R. Manley
Dr. S. Kang
Dr. E. Simpson
Dr. O. Robinow and Docent
Dr. A. Grabovac
Dr. B. MacEwan
Dr. S. Taylor
Dr. J. Austin
Dr. R. O'Shaughnessy & Dr. M. Vallance
Dr. R. Weideman
Dr. A. Kang
Dr. G. Knudson & Dr. K. Riar
Dr. J. Fleming
Dr. A. Thibeault, Dr. S. Semrau,
& Dr. K. Bartok

Registration

Online - www.cme.med.ubc.ca

By Phone - 604-822-7301

By Fax - 604-822-1727 (registration form available for download at the CME website)

Target Audience

UBC Dept of Psychiatry Faculty and Residents
Community-based Psychiatrists
Community-based GPs and Family Physicians
Community-based Mental Health Professionals



The Division of
CONTINUING MEDICAL EDUCATION

#105 - 2194, Health Sciences Mall, Vancouver, BC Canada V6T 1Z3.

Tel: 604-822-7301; Fax: 604-822-1727; Email: cme@cme.ubc.ca; Web: www.cme.med.ubc.ca

Learn, excel, innovate.
For life.