

Women's Mental Health Fellowship

Name of Institution: Jewish General Hospital (principal site), Saint Mary's Hospital, McGill University Health Centre

Type of Fellowship: Clinical/Research

Fellowship Director: Dr. Karl Looper

Fellowship Research Supervisor: Dr. Phyllis Zelkowitz

Fellowship Staff: Drs. Barbara Hayton (JGH), Hannah Schwartz (SMH), Vi Nguyen (MUHC)

Number of Positions: 1

Length: 1 year

Mission Statement: The objective of this fellowship is to provide specialized training in the diagnosis and treatment of psychiatric disorders associated with different stages of a woman's life cycle, in particular those associated with childbearing, and with chronic illness. The fellow will gain expertise in the use of both medication and a variety of psychosocial treatments. Fellows will also consult with other health professionals involved in the treatment of female cancer patients as well as women with mental health problems during pregnancy and postpartum. In addition, the fellow will be trained to conduct research in the area of perinatal mental health, and will acquire skills in the critical evaluation of the literature, research design, data analysis, and the preparation of presentations and manuscripts.

Program Information

- Background:

Mental health problems during pregnancy and the postpartum period pose a significant public health concern for several reasons.

First, these disorders represent a broad range of psychopathology and affect a large number of childbearing women. Perinatal mental health problems are not only prevalent, but also

persistent, often lasting well into the first postpartum year, and recurrence rates during subsequent pregnancies are very high. The consequences of perinatal mental illness are not limited to the suffering of the affected women themselves, but extend to marital quality and the mother-infant relationship, with long-term effects on child and adolescent cognitive and socio-emotional development. Other health issues of relevance to women's mental health include infertility and specific cancers (breast and gynecological) as well as their treatments.

- Research activity:

Fellows will participate in the research of the CIHR Team in Perinatal Mental Health, which is comprised of researchers from the fields of psychiatry, psychology, nursing, obstetrics, public health, neuroscience, and medical anthropology. The research program integrates the investigation of sociocultural, psychological and biological factors related to psychiatric illness in pregnancy and postpartum. Research themes include 1) the role of oxytocin in postpartum depression; 2) the role of fatigue and sleep disorders in perinatal mental illness; 3) sociocultural variation in the prevalence, course, and sequelae of perinatal mental illness; 4) health care services needs among women with perinatal mental illness; 5) the nature of delusions in postpartum psychosis. Specifically, fellows can elect to participate in any of the following studies:

A. Neurohormonal factors: The role of oxytocin. We examine individual differences in oxytocin levels during pregnancy and postpartum, in relation to psychosocial risk factors such as past history of trauma, current life stress, marital discord and lack of social support. We also investigate the relationship between oxytocin levels, postpartum depression, and mother-infant interaction.

B. Sleep disorders and fatigue. We will investigate sleep disruption commonly experienced during pregnancy and postpartum. We will document the nature and timing of such disrupted sleep, evaluate experienced daytime sleepiness and daytime fatigue, and examine the relationship between disrupted sleep, daytime sleepiness and fatigue, relevant hormonal aspects, and perinatal

mental health.

C. Vulnerable populations: Sociocultural variation in illness perceptions and symptom expression, and needs assessment of mental health services. Our team will undertake culturally sensitive investigation of the ways in which socioculturally diverse samples of childbearing women define and manage emotional distress in the perinatal period, assessing not only psychological symptoms, but also psychiatric diagnoses. We will also examine access to health services, service utilization, barriers to treatment and preferred modalities of treatment.

D. The investigation of women at risk for PTSD following childbirth. We will examine the course of PTSD symptoms over the 1st year postpartum, investigate the relationship of PTSD to mother-infant interaction, and study the role of oxytocin in this relationship.

E. The study of delusions in postpartum psychosis. We will examine the prevalence of perinatal delusions, as well as their content. Cultural variation in presentation of delusions will also be examined.

- Publications: The following are selected recent publications by members of the CIHR

Team in Perinatal Mental Health:

Zelkowitz, P., Papageorgiou, A., Bardin, C., & Wang, T. (2009). Persistent maternal anxiety affects the interaction between mothers and their very low birthweight infants at 24 months. *Early Human Development*, 85, 51-58

Zelkowitz, P., Feeley, N., Shrier, I., Stremler, R., Westreich, R., Dunkley, R., Steele, R., Rosberger, Z., Lefebvre, F., & Papageorgiou, A. (2008). The Cues and Care Trial: A randomized controlled trial of an intervention to reduce maternal anxiety and improve developmental outcomes in very low birthweight infants. *BMC Pediatrics*, 8: 38.

Zelkowitz, P., Saucier, J-F., Wang, T., Katofsky, L., Valenzuela, M., Westreich, R. (2008). Stability and change in depressive symptoms from pregnancy to two months postpartum in childbearing immigrant women. *Archives of Women's Mental Health*, 11, 1 -11.

Groleau, D., Cabral, I.E., & Zolkowitz, P. (2009). Enhancing generalizability: moving from an intimate to a political voice. *Qualitative Health Research*, 9, 416-26.

Groleau, D., Pluye, P., & Nadeau, L. (2007). Mixed methods approach to the problem of understanding depression and health behavior. *Journal of Mental Health*, 16, 1-11.

Carter, C.S., Boone, E. M., Pournajafi-Nazarloo, H., & Bales, K.L. (2009). Consequences of early experiences and exposure to oxytocin and vasopressin are sexually dimorphic. *Developmental Neuroscience*, 31, 332-341

Carter, C. S., Grippo, A. J., Pournajafi-Nazarloo, H., Ruscio, M. G., & Porges, S. W. (2008). Oxytocin, vasopressin and sociality. *Progress in Brain Research*, 170, 331-336

Carter, C. S., Boone, E. M., & Bales, K. L. (2008). Early experience and the developmental programming of oxytocin and vasopressin. In R. S. Bridges (Ed.), *Neurobiology of the parental brain* (pp. 417-433). San Diego: Elsevier.

Feeley, N., Zolkowitz, P., Charbonneau, L., Cormier, C., Lacroix, A., & Papageorgiou, A. (in press). Post-traumatic stress among mothers of very-low-birthweight infants 6 months after discharge from the NICU. *Applied Nursing Research*.

Bailes, S., Baltzan, M., Rizzo, D., Fichten, C. S., Grad, R., Wolkove, N., Creti, L., Amsel, R., & Libman, E. (2009). Sleep disorder symptoms are common and unspoken in Canadian general practice. *Family Practice*, 26, 294-300

Abenhaim, H. A., & Fraser, W. D. (2008). Impact of pain level on second-stage delivery outcomes among women with epidural analgesia: results from the PEOPLE study. *American Journal of Obstetrics and Gynecology*, 199, 500.e1-500.e6

Tulandi, T., Huang, J.Y.J., & Tan, S. L. (2008). Preservation of female fertility: An essential progress. *Obstetrics and Gynecology*, 112, 1160-1172

Gold, I., & Olin, L. (2009). From descartes to desipramine: Psychopharmacology and the self. *Transcultural Psychiatry*, 46, 38-59.

Whitley, R. (in press). Mastery of mothering skills and satisfaction with associated health services: a socio-cultural study. *Culture, Medicine and Psychiatry*.

Whitley, R., & Kirmayer, L. J. (2008). Perceived stigmatization of young mothers: an exploratory study of psychological and social experience. *Social Science and Medicine*, 66, 339-348.

Whitley, R., Harris, M., & Drake, R. E. (2008). Safety and security in small-scale recovery housing for people with severe mental illness: an inner-city case study. *Psychiatric Services*, 59, 165-9

Schieir O, Thombs BD, Berkson L, Couture F, Fitzcharles MA, Gagné M, Garfield B, Gutkowski A, Hudson M, Kang H, Kapusta M, Ligier S, Mathieu J-P, Ménard H, Starr M, Stein M, Zummer M, Baron M. (2009). Symptoms of depression predict trajectory of pain among patients with early inflammatory arthritis: A path analysis approach to assessing pain. *Journal of Rheumatology*, 36, 231-239

Adeponle AB, Thombs BD, Adelekan ML, Kirmayer LJ. (2009). Family participation in treatment and post-discharge appointment and medication adherence at a Nigerian psychiatric hospital. *British Journal of Psychiatry*, 194, 86-87

Thombs BD, de Jonge P, Coyne JC, Whooley MA, Frasure-Smith N, Mitchell AJ, Zuidersma M, Eze-Nliam C, Bezerra B, Smith CG, Soderlund K, Ziegelstein RC. (2008). Depression screening and patient outcomes in cardiovascular care: A systematic review. *Journal of the American Medical Association*, 300, 2161-2171.

Berlim, M. T., McGirr, A., & Fleck, M. P. (2008). Can sociodemographic and clinical variables predict the quality of life of outpatients with major depression? *Psychiatry Research*, 160, 364-371

Berlim, M. T., Fleck, M. P., & Turecki, G. (2008). Current trends in the assessment and somatic treatment of resistant/refractory major depression: An overview. *Annals of Medicine*, 40,

149-159.

Other Teaching Faculty:

Haim Abenham MD, Department of Obstetrics/Gynecology, JGH and McGill University

Marcelo Berlim, MD, MSc, Douglas Hospital

Sue Carter, Ph.D., Department of Psychiatry, University of Illinois at Chicago

Nancy Feeley, Ph.D., School of Nursing, McGill University

Ian Gold, Ph.D., Canada Research Chair in Philosophy and Psychiatry, McGill University

Danielle Groleau, Ph.D., Department of Psychiatry, JGH and McGill University

Eva Libman, Ph.D., Department of Psychiatry, JGH and McGill University

Rosario Rodrigues, MD, Ph.D., Department of Family Medicine, McGill University

Brett Thombs, Ph.D., Department of Psychiatry, JGH and McGill University

Togas Tulandi, MD, Department of Obstetrics/Gynecology, JGH and McGill University

Rob Whitley, Ph.D., Dartmouth University Psychiatric Research Center

- Major Strengths: The Perinatal Mental Health Service and Psychooncology Service provide an excellent training opportunity in highly specialized clinics.

Opportunities for mentorship by experienced researchers from a broad range of disciplines makes the CIHR team an outstanding training environment, and will enhance the fellow's research capacity.

Academic Facilities:

The fellowship is based at the Institute of Community and Family Psychiatry at the JGH with additional training opportunities at Saint Mary's Hospital and the McGill University Health Centre. In addition to personal office space, the fellow would have access to facilities for data storage, computers and internet access, medical and psychiatry libraries, audio-visual equipment and the services of a-v and computer technicians.

Fellow Duties and Responsibilities:

- 1 day per week seeing patients with breast and gynecological cancers. The fellow may attend Psychosocial Oncology Program rounds and Tumor Board meetings concerning

these patients.

- 2 days per week seeing patients with perinatal mental health. These will include outpatient consultations, and inpatients on both the

postpartum ward and the psychiatry inpatient services. There will also be opportunities

to follow patients with psychiatric disorders throughout their pregnancy and postpartum

period. Fellows will be trained in a variety of treatment modalities, including both

medications and appropriate therapies.

- The fellow may also choose to attend NICU psychosocial rounds, and work with the postpartum nurses regarding cases of perinatal loss.

- The fellow will be expected to prepare and present at Department of Psychiatry clinical grand rounds once during the academic year.

- The fellow may also present at OB/GYN grand rounds.

- The fellow will supervise C-L residents who are doing a rotation in the Perinatal Mental Health Service and in Psycho-oncology

- The fellow will assist in the annual teaching for psychiatry residents (2 lectures) on psychopharmacology in pregnancy and postpartum. This will include updating the literature review and preparing the lectures.

- Supervising staff will guide the fellow's reading by suggesting appropriate references.

- Fellows will acquire skills in grantsmanship, manuscript preparation, and oral and poster presentations. Once a year, the bi-monthly meetings of the team will be devoted to presentations by trainees, who will be able to obtain feedback from all team members.

- The CIHR team grant will fund the fellow's participation at one academic conference.

- Support staff available: the Psychiatry Research Office provides administrative support.

In addition, the coordinator and research staff of the CIHR team are available to assist the fellow in his/her research activities.

Curriculum:

Percentage varieties of cases: The Perinatal Mental Health Service case load is generally as follows: Depressive disorders (40%), Anxiety Disorders (25%), Marital conflict (20%), Grief/bereavement (10%), Personality disorders/bipolar disorder/psychosis (5%).

Weekly schedules: The fellow will meet with the research supervisor on a weekly basis, with the time to be arranged. CIHR team meetings are held on Thursday mornings from 10 a.m. to noon. Psychiatry rounds are held on Thursday afternoon from 1:30 to 3 pm. New consultations to the Perinatal Mental Health Service are scheduled on Wednesday afternoons. The fellow would supervise the resident conducting these consultations.