

JGH Department of Psychiatry

...an example of excellence despite constraints



Participating in a simulated family therapy session are, left to right: Alice Dind, Dr. Mark Adams, Anna Seccareccia, Dr. Ron Feldman, Dr. Liliane Spector-Dunsky.

Psychiatric problems can strike at any time, affecting people throughout the life cycle, from early childhood to old age. Dr. Philip Beck, Chief of the JGH Department of Psychiatry, is quick to point out that severe forms of psychosis, schizophrenia, major affective disorders (e.g. depression), and personality and behavioral disorders are more common than most people realize.

The breakdown of the family and other traditional support networks has led to a situation where, having nowhere else to turn, people with emotional problems gravitate to the health care system. Coupled with a government trend towards shorter hospital stays, this has resulted in an overwhelming demand for hospital services on the part of the chronically ill.

Renovations urgently needed

Many of these patients wind up at the Jewish General Hospital's Department of Psychiatry which is responsible for a sector of 130,000 city residents. Since a full 25% of the 39 beds in Psychiatry (4E, 4NE and high care) are occupied by long term patients, renovations are urgently required to deal with this patient overload. Says Dr. Beck, "Given the very high volume of acutely ill patients, they could certainly benefit from additional space".

Renovations are also required in Child Psychiatry, while more space is needed to accommodate occupational therapy services, which provide job retraining,

community integration and assistance with daily living skills. The estimated cost of these renovations is \$500,000.

Emergency psychiatry overloaded

The situation is equally critical in the Emergency Psychiatry Service, which receives 4,000 patient visits per year. Patients are evaluated to determine whether they are suffering from a medical, organic or psychosocial crisis (including suicidal risk). Depending on the situation, they are either placed under observation, hospitalized or discharged and sent for follow-up care.

As one of the busiest psychiatric emergency departments in the city, this service must be expanded. "There has to be a better way of coping with this excessive demand," warns Dr. Beck. "These people are sufficiently ill that they cannot be sent home. But our space is cramped, our staffing is inadequate, and there are so few resources in the community that we cannot even transfer patients to other facilities."

Individual seen as part of community

The philosophy of the Psychiatry Department, according to Dr. Beck, is to treat the patient as an individual while never losing sight of the individual as part of a larger social system, "We've always had a strong academic and humanistic approach to health care, with a particular interest in the individual in the context of his or her family and the community."

Family Therapy Program accredited

In July 1991, the Institute's Couple and Family Therapy Training Program was granted accreditation as a Post-Graduate Training Program by the American Association for Marriage and Family Therapy (AAMFT). Dr. Beck considers this a "major coup", as only one other post-graduate program in Canada has similar accreditation. Moreover, the AAMFT, as the major voice for family therapy in North America, sets the standards for excellence in the field.

Family therapy is concerned with how problems faced by an individual affect the other family members. It involves dealing with problems as a group and trying to find solutions together. It is not about laying the blame

and pointing fingers at one another, explains Dr. Beck.

Under the leadership of Dr. Ronald Feldman, Director, and Dr. Liliane Spector-Dunsky, Co-Director, the Couple and Family Therapy Training Program is offered in English and French over a four year period to mental health practitioners who already possess a master's or doctoral degree.

In awarding accreditation, the AAMFT praised the Jewish General program for its orientation to the public sector, its bilingualism, the high number of AAMFT-approved supervisors in its faculty, and its long history of excellence in family therapy training and service. □

In fact, the department maintains close links with physicians as well as social service and health care agencies in the community, and has a consultation service available to all areas of the hospital. Members of this department also participate on government committees, helping to formulate general and specific policies regarding mental health.

Nurses in the Department of Psychiatry have a great deal of responsibility, including evaluating new patients, dealing with families of the mentally ill, creating and maintaining a therapeutic environment, delivering outpatient services, and assisting in the development of proper management plans.

Wide Range of outpatient services

A wide variety of treatment services is offered by the department on an outpatient basis at the Institute of Community and Family Psychiatry (ICFP). There are clinics to evaluate and assess patients, medication and subspecialty clinics (e.g. for treatment of problems such as manic-depression), behaviour therapy, a sexual dysfunction clinic, rehabilitation services, a day hospital, extended care services (long term care of chronically ill patients), services for children and youth, and a family therapy service which has gained an enviable reputation for excellence. The department also oversees a supervised apartment living project designed to foster independence in patients who are capable of functioning within the community.

Another active and highly successful project is the Psychogeriatric Treatment Program. By caring for often isolated elderly patients and providing them with much needed outlets for socialization, the program has effectively kept many of them out of the hospital. This is all the more remarkable considering that some of these patients have had longstanding psychiatric problems throughout their lives. For those who require it, home care is available.

Research: a priority

Dr. Beck, who has been with the JGH for over 20 years, was appointed chief of the Department of Psychiatry in 1988, succeeding Dr. Henry Kravitz, Chief Emeritus, who continues to maintain strong ties with the department. Dr. Beck has concentrated his efforts on reorganizing clinical services in the context of severe budgetary restrictions and personnel shortages, and increasing the department's academic and research activities.

The research section, directed by Dr. John Sigal, is gaining international recognition for its contributions to psychiatric thought and practice. Members of the department are routinely invited to edit books, write book chapters, give presentations at international conferences and work with study and policy making groups around the world.

This success is a source of great pride to Dr. Beck. "There has been a major effort to increase our commitment to research, to complement our strengths in clinical care and in teaching psychiatry at McGill University," he explains.

Members of the department are actively involved in research covering a broad spectrum of mental health issues. These include patient care; community, family, geriatric and transcultural psychiatry; psychodynamics and psychotherapy; emotional, personality and somatization disorders (presentation of

illness and body concept) sexual dysfunction.

For example, in the community psychiatry category, there is a research project on pregnancy and drug abuse, another on postpartum depression. Dr. John Sigal's book about the intergenerational effects of the Holocaust, *Trauma and Rebirth*, (co-authored by Morton Weinfeld), was based on detailed surveys of three generations of Jewish Montrealers. Dr. Jean Claude Lasry has done extensive research on cultural communities in Quebec, with a specific focus on Montreal's North African Jewish community.

Dr. Laurence Kirmayer, who was recently appointed Director, Division of Social and Transcultural Psychiatry, McGill University, is working closely with Inuit health care centres, studying the mental health problems of Eskimos. Dr. Kirmayer also is working on a study of individuals' concepts of mind, self and person, and has collaborated with Dr. Jim Robbins on a study of physicians' responses to patients' complaints of fatigue.

Other projects include a study of the quality of life in patients with breast cancer, an examination of the outcomes (results and benefits) of various forms of therapy, a follow-up investigation of the intellectual development of very low birth weight babies, and suicide in schizophrenics. □



Left to right: Drs. Ronald Feldman, Liliane Spector-Dunsky and Philip Beck.

Focus of the Department of Psychiatry

Clinical activities: The department provides treatment programs for individuals and groups of all ages - childhood to the elderly - on an in and outpatient basis. Urgent problems are treated in the high care ward and emergency psychiatry.

Research: Some of the research projects currently underway deal with community, family, geriatric and transcultural psychiatry, as well as emotional and personality disorders.

Teaching: Members of the Department of Psychiatry train residents and medical students from McGill University.

Funding for these essential teaching and research activities is NOT provided by the government.

Severe overcrowding necessitates renovations at a cost of \$500,000.