Endeavours such as epidemiology and mental health research can often be greatly enhanced by connections with like-minded peers and colleagues. Vygotsky, a Russian psychologist, described a zone of proximal development that he saw as a domain of learning that cannot be reached independently; it requires cooperative interactions amongst peers. Similarly, Ayers' notion of collaborative learning communities has become popular amongst healthcare organizations. The Institute for Health Improvement and other quality improvement organizations have championed the creation of collaborative learning communities for a wide range of healthcare topics.

One of the things that continually draws me to CAPE is the opportunity to interact with colleagues who share a passion for mental health epidemiology and related research and development. Many of us are fortunate to already have good colleagues and beneficial mentorship relationships in our own workplaces or universities. Nevertheless, there is something very meaningful in a joint learning experience with a group of people from various locations who come together because of their enthusiasm for and interest in similar areas of research. This is something that CAPE has always delivered to me and, in my conversations with others, holds appeal to many other “CAPERS” (a term of endearment popularized by past-president Julio Arboleda-Florez). A particularly wonderful characteristic of CAPE is its relatively small size, allowing for more intimate interactions and excellent opportunities to intermingle with colleagues.

Many valuable connections have either been initiated or strengthened through CAPE. These include large projects, such as the At Home/Chez Soi study that was funded by the Mental Health Commission of Canada and countless other initiatives. CAPE has also provided a forum to mobilize skilled individuals from across Canada to work on new datasets, such as the mental health supplements of the Canadian Community Health Survey.

In my view, CAPE’s model is simple. Pull together people with common interests for a full day. Select high quality presentations and posters and invite a keynote speaker and Alex Leighton Award winner to stimulate ideas and push boundaries. Have a dinner and social event where people can interact convivially and solidify their connections. Provide good opportunities for students, early career investigators and more seasoned colleagues to interact in a respectful and thoughtful exchange. When bundled together, these produce a marvelous alchemy that results in a valuable and rewarding experience for all.

In taking on the role of CAPE president, I am very fortunate to follow in the footsteps of many individuals who I admire greatly. I would like to express my gratitude to our immediate past president, John Cairney, for his stalwart leadership and his work to strengthen CAPE and ensure that our organization will continue to make a contribution.

Elliot Goldner, MHSc, M.D.
Director, Centre for Applied Research in Mental Health & Addiction, SFU
Professor Steven Kisely is a psychiatrist and public health physician with the University of Queensland in Australia, but he has maintained collaborations in Canada, and remains a member of both PHAC’s CCDSS Mental Disorders Working Group, and the editorial boards of Santé Mentale au Québec and the Canadian Journal of Psychiatry. He is a Distinguished Fellow of the Canadian Psychiatric Association.

Steve has made a significant contribution to Canadian psychiatric epidemiology through a 14-year association with Dalhousie University as either a full or adjunct professor. Steve served on several provincial and federal government committees including PHAC’s National Advisory Committee for Mental Health and the National Mental Illness Surveillance Working Group. This implemented the development and adoption of a case definition for the surveillance of psychiatric disorders in Canada.

Steve was also on CAPE’s national executive, and the Conjoint Working Group of the CPA and College of Family Physicians. In terms of activities in Canada and internationally, Steve has been a principal investigator on research and infrastructure grants provincially and nationally totalling 9.4 million, as well as co-investigator on grants worth another $3 million, including 10 years of continuous funding from the Canadian Institutes of Health Research, Australia’s National Health & Medical Research Council, and the Australian Research Council.

Steve is the author of 470 publications, 204 being full-length papers, on physical/psychiatric co-morbidity, psychiatric epidemiology/pharmacoepidemiology & health services research.

His work on administrative data won a Special Judges Award in the category of Best Use of IT in Clinical Care in Great Britain as part of the 1998 National Health Care IT Effectiveness Awards and the CPA’s R.O. Jones Award in 2008). He received the Senior Research Award of the Royal Australian & New Zealand College of Psychiatrists in 2015.

As just shown, Professor Kisely has made significant contributions in many different areas. The title of his Leighton Address. A Lethal Cocktail: the Life Threatening Co-morbidities of Mental Illness - harnessing big data to answer big problems, indicates that he is branching out yet again.
Oral Presentations: CAPE 2015

Andrea Jones
University of British Columbia
Mortality from treatable illnesses in marginally housed adults: A prospective cohort study

Carl D’Arcy
University of Saskatchewan
Profiles of use of emergency depts. by patients with mental health complaints in a Canadian prairie city

Paul Kurdyak
CAMH
Post-discharge physician visits and readmission rates in a population-based sample of patients with schizophrenia

Jitender Sareen
University of Manitoba
National time trends in suicidal ideation and attempts among Canadian Forces personnel and the general population

Jill Murphy
Simon Fraser University
Conceptualizing mental health in Viet Nam: Primary health care providers’ explanatory models of depression

Benajir Shams
University of British Columbia
Affect of adherence to intervention components of a Web-based weight management intervention …

John Cairney
McMaster University
Psychological distress and parent reporting on child health: The case of developmental delay

Joshua Aquin
University of Manitoba
Does housing first decrease suicidal behavior among homeless adults with mental disorders?
### Oral Presentations 2: CAPE 2015

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<td>Angela Russolillo</td>
<td>Simon Fraser University</td>
<td>A call for early intervention: Performance trends and predictors of hospital service use among homeless individuals …</td>
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<tr>
<td>Harmandeep Kalkat</td>
<td>University of Manitoba</td>
<td>Does Housing First increase self-reported prescription medication adherence?</td>
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<tr>
<td>Karen Urbanoski</td>
<td>University of Victoria</td>
<td>Effects of comorbid substance-related problems on outcomes in a Housing First intervention for homeless people with mental illness</td>
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<tr>
<td>Fiona Choi</td>
<td>University of British Columbia</td>
<td>Decrease of stimulant use in a substitution treatment RCT with potent opioids: History and patterns of stimulant use in SALOME</td>
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*The Haliburton Highlands*
## Student/Trainee Awards

Winners of the 2015 Jane Murphy Award for excellence in a poster presentation by a student or trainee.

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<td>Joseph Puyat</td>
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<td>School of Population &amp; Public Health, UBC</td>
<td>Community Health Sciences, University of Calgary</td>
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<td>Sup. Dr Carl D’Arcy</td>
<td>Sup. Dr Arminee Kazanjian</td>
<td>Sup. Dr Jianli Wang</td>
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### Honourable Mention
- **Muzi Li**
  - School of Public Health, University of Saskatchewan
  - Sup. Dr Carl D’Arcy

### Award Winner
- **Joseph Puyat**
  - School of Population & Public Health, UBC
  - Sup. Dr Arminee Kazanjian

### Honourable Mention
- **Dr Hongwei Liu**
  - Community Health Sciences, University of Calgary
  - Sup. Dr Jianli Wang

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Winner of the 2015 Roger Bland Award of Excellence for an oral paper presentation

**Jill Murphy**
Simon Fraser University

“Conceptualizing mental health in Vietnam: Primary health care providers’ explanatory models of depression”

**Supervisor:** Dr Elliot Goldner
Welcome to Toronto

The 2016 CAPE ANNUAL SCIENTIFIC SYMPOSIUM - SYMPOSIUM ANNUEL DE L’ACEP

Featured Speaker

Murray Stein MD, MPH
University of California San Diego

Dr Stein is Distinguished Professor of Psychiatry, Family Medicine & Public Health as well as Vice Chair for Clinical Research in Psychiatry, at UCSD. He is also a Staff Psychiatrist at the VA San Diego Healthcare System. Dr Stein’s studies took him to the University of Manitoba, University of Toronto, the NIMH, and Johns Hopkins University.

Research interests encompass the epidemiology, neurobiology & treatment of anxiety disorders, especially phobias, panic and PTSD, as well as the relationship of concussion to mental disorders. These and other topics have been illuminated in over 550 peer-reviewed scientific articles!

As if he didn’t have enough to do, Dr Stein is Co-Editor-in-Chief for UpToDate in Psychiatry, Deputy Editor of Biological Psychiatry, a member of the Scientific Advisory Board of the Anxiety & Depression Association of America, and a Fellow of the American College of Neuropsychopharmacology.

September 21, 2016
8:30 AM
University of Toronto Faculty Club
41 Willcocks Street

Call For Abstracts

Submit your paper or poster abstracts by May 30 to Carol Lane
clane@mcmaster.ca

Abstract acceptance after May 30 will depend on capacity

Highlights include the 2016 Leighton Award, the always strong array of paper and poster presentations from CAPE members, awarding of the top student oral & poster presentations, and dinner at a fine local restaurant.

Coordinator:
Dr Paul Kurdyak (paul.kurdyak@camh.ca)

Further Conference info is on the CAPE Website:
http://www.psychiatricepidemiology.ca/
Dr. Robert Leopold Spitzer
22 May 1932 – 25 December 2015

Dr. Robert Spitzer, a larger-than-life figure in the field of psychiatric diagnosis, died last Christmas in an assisted living facility in Seattle, where he was living with his wife.

He is best known for his leading role in the development of DSM-III, a position he assumed after a series of fortuitous accidents. Trained as a psychoanalyst but disenchanted with that approach, he looked for some other direction. A colleague of his was working on a new edition of DSM, and Spitzer took the job of taking notes for the committee. One of the first areas he looked into was homosexuality, and he decided it was not a mental disorder because it did not lead to measurable distress. He made what was at that time the very contentious decision to replace it with “sexual orientation disturbance,” which could apply to people regardless of their sexual orientation. Based on his skill negotiating with the gay and lesbian communities (what today we would describe as LBGT communities), he was asked to take charge of the entire enterprise.

Those who expected DSM-III to be a minor modification of the previous edition were greatly surprised at the result. His dissatisfaction with psychoanalysis resulted in it being purged from manual. Gone were such diagnoses as “hysteria” and “psychoneurosis,” to be replaced by atheoretical, presumably evidence-based concepts (avant la lettre). The emphasis was on the reliability of diagnoses, to be achieved through lists of (again presumably) observable behaviours, and was based, in large measure on the Research Diagnostic Criteria and the Schedule for Affective Disorders and Schizophrenia, which he developed with Jean Endicott and Eli Robins. The RDC itself was based on the 1972 Feighner criteria developed at Washington University by the "neo-Kraepelinean" school using a largely phenomenological approach.

How Spitzer will be remembered depends very much on how one views the impact of DSM-III. Much to his credit, it achieved its desired goal of vastly improving the reliability of diagnoses, although the validity of them still remains a topic of dispute. Some feel that collapsing melancholic and non-melancholic (or endogenous and reactive) depression into “major depression” was a major mistake, reflecting his lack of clinical experience. On the other hand, the proliferation of the types of anxiety and personality disorders has led to confusion and the assignment of multiple, overlapping labels to patients, especially given the fact that these various “types” tend to respond to the same treatments. Many new diagnoses were introduced, such as ADHD and PTSD, which are controversial in their own right. DSM-II listed 182 diagnoses, while DSM-III had 265, leading some to charge that it has led to the medicalization of everyday, human experiences and problems – a trend continued by DSM-IV, although reversed to some degree in DSM-5.
Even some prominent psychiatric researchers, such as Nancy Andreasen, have bemoaned the effects of DSM-III and its successors, stating that they have dehumanized the practice of psychiatry, replacing history taking – which she calls the “central evaluation tool in psychiatry” – with the completion of checklists. Nevertheless, the standard isolation of diagnostic criteria and the improvement in reliability of diagnosis have enabled major advances in research and in standardizing clinical work.

There is no doubt that Spitzer altered the course of psychiatry in a meaningful way. Whether this has been a positive or negative legacy is still a topic for debate.

Prepared by Dr David Streiner, with input from Drs Roger Bland and John Cairney

**Important Conference Dates**

Canadian Association for Suicide Prevention
Iqaluit, Nunavut, Canada – October 26 - 29, 2016.
Information: www.caspconference.com/

22nd World Congress of Social Psychiatry
Contact: drchavanbs@gmail.com
www.wasp2016.com

International Association for Suicide Prevention (IASP)
29th IASP World Congress
Preventing Suicide: A Global Commitment, from Communities to Continents
July 18 -22, 2017
Kuching (Sarawak), Malaysia
Contact : Prof T. Maniam
tmaniam@yahoo.com

CAPE/ACÉP was organized in 1984 by a multi-disciplinary group to: (1) facilitate communication among those involved in psychiatric epidemiology in Canada, (2) provide information & advice to policy makers, clinicians & scientists in the mental health field, and (3) support quality improvement in psychiatric epidemiology training in Canadian centres.

Visit the CAPE/ACÉP website:
http://www.psychiatricepidemiology.ca/

Send submissions & announcements to Gus Thompson, Editor
gthompson@ihe.ca

*The Faculty Club*