

FEMAP NEWSLETTER



FEMAP (First Episode Mood and Anxiety Program) TEAM: Elizabeth Osuch, M.D. FRCPC; Robyn Bluhm, PhD.; Roger Covin, PhD., Melody Chow, Research Assistant; Jo Anne De Pace, Research Coordinator; Jennifer Scott, Administrative Assistant

Program Development

FEMAP Has A New Look!

With the help of the Communications Department at London Health Sciences Centre and as part of the overall Communications Plan, a new “brand” for FEMAP has been created.



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We will be using the new logo for FEMAP on all our upcoming program materials.

The FEMAP team has grown. A new psychologist was hired, and officially joined the team on September 10th. Roger Covin is currently finishing his Ph.D. with the Clinical Psychology Program at UWO. His primary role within FEMAP is to (1) provide necessary clinical services to individuals suffering from Mood and/ or Anxiety Disorders, (2) support the development and evaluation of FEMAP, and (3) conduct research.

As a follow-up to the previous newsletter, there continue to be ongoing efforts to relocate FEMAP to a community setting. In fact, a house has been selected as a target location, and we may be able to have renovations begin in the near future, provided funding can be secured for this purpose. The move to a more “youth friendly” location than a hospital is considered an important “next step” in the continuing development of the program.

Clinical & Outreach

Both Roger Covin and Dr. Elizabeth Osuch have been working to establish a set of concrete referral guidelines to help both local practitioners and potential patients decide whether FEMAP is an appropriate program for their needs. The referral criteria are presented on the next page. We hope they are broad enough to serve a wide range of patients, but also specific enough to maintain the focus of the program on early identification and treatment of mood and anxiety problems. Early intervention can reduce the likelihood of relapse and recurrence and is a top priority for FEMAP.

FEMAP Postcard

To facilitate with self-referral, we have developed a postcard with program and contact information. These postcards will be distributed throughout the city to encourage self-referral and promote program awareness.



Research

New Entry Criteria to FEMAP

Individuals between the ages of 16 and 30, who are experiencing an early or initial episode of an anxiety and/ or mood disorder, are eligible for entry into FEMAP. There are two referral routes to FEMAP: 1) by a health practitioner (e.g., GP; psychiatrist), and 2) self-referral. A team member screens all referrals.

Anxiety disorders include: (a) Obsessive-compulsive disorder, (b) Social Phobia, (c) Generalized anxiety disorder, and (d) Specific Phobias. Individuals with Posttraumatic Stress Disorder should seek services at the specialized PTSD Program within LHSC. Individuals who present with sub-threshold variants of these disorders are also eligible for treatment, if there is serious concern that the problem could worsen if intervention is not provided.

Mood disorders include: a) Dysthymia, b) Major Depressive Disorder, and c) Bipolar and Cyclothymic Disorders. As with the Anxiety Disorder inclusion criteria, sub-threshold variants of the mood disorders are eligible for treatment if there is serious concern that the problem could worsen if intervention is not provided.

Exclusion Criteria:

- Individuals whose **primary** diagnosis does not involve any of the mood and/or anxiety conditions listed above are not eligible for entry, even if a comorbid mood or anxiety condition is present.
- Individuals who have had over 18 months of treatment with a psychiatric medication at any time in their lives or who are currently being treated with a psychiatric medication other than, or in addition to, an antidepressant.
- All individuals with a psychotic disorder that is not due to depression or mania are not eligible, and should be referred to the Prevention and Early Intervention for Psychosis Program (PEPP).
- Individuals with a serious learning disability (usually diagnosed in childhood) are also not eligible for entry into FEMAP even if they have mood symptoms. This is because of variations in brain function that precludes combining neuroimaging and cognitive research data from learning disabled and non-learning disabled individuals.

As previously stated, these criteria are an additional attempt to define the population we serve. If any stakeholders have questions or comments regarding these criteria, please feel free to contact us, as your input is valued.

Research Update

The FEMAP team recently submitted grant applications to OMHF and CHEO and an additional (team) grant will be going in to CIHR imminently. These grants, if approved for funding, will support research projects evaluating (1) the overlap between depression and heavy marijuana use on brain function in youth, (2) the experiences of youth with the diagnosis of a mental illness and how this affects their seeking care, and 3) the neurophysiology of “resilience” in a variety of psychiatric conditions.

We also continue to be involved in multiple research projects involving a number of professionals across academic disciplines. We are continuing to collect data from an exciting research study that examines whether individuals with depression exhibit abnormalities in the neurocircuitry associated with the processing of reward information.

With the addition of new team members we anticipate increasing our capacity to investigate meaningful ways of improving the lives of youth with mental illness and decreasing the total lifetime burden of psychiatric illness.

Due to modifications in MRI scanning equipment, the research study of Self-Injurious Behaviour has been delayed in starting until the new 3 Tesla Lawson Imaging scanner is installed. This is anticipated to be May of 2008.

*If you have any questions regarding FEMAP or would like to make a referral to the program please contact:
(519) 685-8500 ext. 32165*