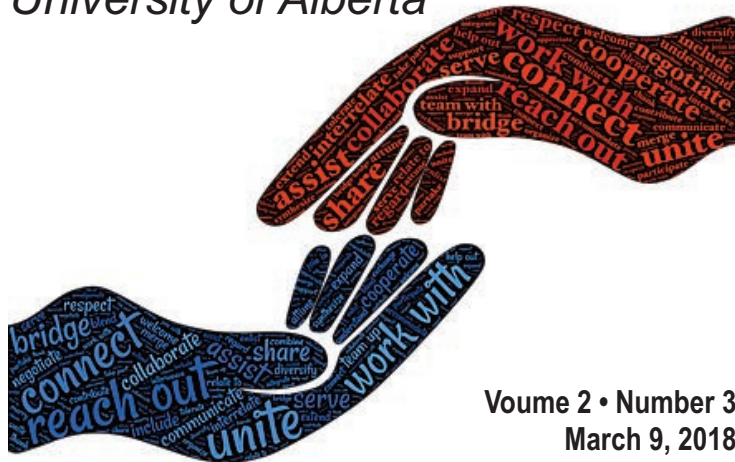


CONNECTIONS

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Message from the Chair

Dr. Xin-Min Li

Chair, Department of Psychiatry

As Chair of the Department of Psychiatry, it has been my great privilege over the past five years to work alongside many dedicated and talented colleagues as we seek to strengthen our position at the heart of Alberta's leading Academic Mental Health Centre.

The responsibilities of the Chair are complex, as you know, involving sometimes conflicting roles and responsibilities. The path ahead is not always clear, unanimously endorsed, or without obstacles.

Given these challenges, I am delighted to receive a renewed mandate through the work of the Chair Review Advisory Committee, from the Dean of our Faculty of Medicine and Dentistry. It is a privilege to be entrusted with the opportunity to continue to lead the Department for the next five years.

The constructive criticism and other feedback I received during the recent Chair Review process was extremely helpful and will assist in guiding me as I seek to further expand the profile and reach of the Department over the next five-year term.

I also wish to offer heartfelt thanks to the overwhelming number of faculty members who expressed their support for my leadership, through countless letters and phone calls. I was deeply touched by their expressions of confidence, and it has only strengthened my resolve to continue to pursue the important goals so many of us share.

Those goals include an even greater emphasis on engagement and communications. That applies both internally, with faculty and other valued staff in the Department, as well as externally, through the development of even stronger links with Alberta Health and Alberta Health Services (AHS).

On your behalf, and as head of our Department's leadership team, I am more committed than ever to pursuing additional key educational partnerships, securing more world-class collaborative research projects, and capturing additional sustainable funding streams.

With the provincial government facing intense fiscal pressures, most public sector agencies and institutions will be looking at ways to tighten their belts in the coming budget year. As a result, our national and international partnerships are likely to become even more important sources of funding for the Department, our residents and our graduate students.

That said, I firmly believe that we have already put the foundation in place to deliver on the ambitious agenda I presented to you during the Chair Review process, and I am truly excited about the many growth opportunities that lie ahead.

As we move toward the impending launch of Alberta's first-ever Academic Medicine and Health Services Program (AMHSP) for psychiatrists, I'm confident that our resources, reputation and capabilities can only grow from here.

Apart from all this, I'd like to take this opportunity to update you on some recent internal developments of note.

The Department has recently received the accreditation report from the Royal College of Physicians and Surgeons of Canada for our

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Message from the Chair *continued from page 1*

main Residency Program, as well as Child and Adolescent Psychiatry, headed by Program Directors Dr. Ron Oswald and Dr. Beverley Stich, respectively.

The Program Directors have reviewed the specific citations and are in the process of preparing a response. I will do my best to provide further updates as the process unfolds.

I would also like to congratulate the Department of Psychiatry Resident Program and personally thank Drs. Oswald and Brown, for completing the CaRMS (Canadian Resident Matching Service) process and AIMG (Alberta International Medical Graduate) selection process so quickly and successfully with full matches on the first round. It provides further evidence of the growing national and international reputation of our Resident Program.

Last but not least, I'd like to highlight the importance of our growing relationships with key community mental health organizations including CASA Child, Adolescent and Family Mental Health.

As you know, a global search will soon begin to identify a top-level candidate for the newly created CASA Research Chair in Child and Adolescent Mental Health. The recruitment effort follows a 10-year, \$5 million funding commitment to the Department of Psychiatry by CASA.

We fully expect to build on the success of the new CASA Research Chair and are already engaged in discussions on new opportunities for additional research endowments, with CASA and other key players.

This is an integral part of our ongoing efforts to expand the De-

partment's investment of resources in the broader community, alongside all of our provincial, municipal and other community partners. Key Edmonton-area institutions like Alberta Hospital Edmonton (AHE) are doing an amazing job for the Zone, and the Department will continue to offer its support for AHE's activities whenever possible.

Besides playing an integral role with the delivery of vital mental health services in the Zone, our broader educational objective is to play a more influential public role in shaping how issues around mental health are publicly perceived and portrayed.

As with all of our initiatives, I'm confident that we are more than up to the task. In a very real sense, the Department belongs to each one of us. It is the tangible, real-world expression of our collective values, our vision and our passion.

Whatever our personal circumstances, wherever we were born, and however life led us to this place at this point in time, each one of us entered the healthcare profession in order to improve the lives of our patients and enrich our community. That is what we do every day.

I look forward to continuing that mission as your Chair and as a trusted colleague, as we work to transform our Department into a nationwide leader in mental health care. **C**

Sincerely,

Dr. Xin-Min Li
Chair, Department of Psychiatry
University of Alberta

In The Spotlight:

Demand for Dr. Lara Ostolosky's Eating Disorders Program Continues to Soar

It's a dark and frigid February evening as I scurry across the icy parking lot at University of Alberta Hospital (UAH), enroute to an evening interview.

Inside the front door I take the escalator to the second floor, then turn left and follow the signs to the Eating Disorder Program. All is quiet tonight, and the hallways are almost empty.

The unit entrance door is locked so I ring the buzzer. After waiting for a couple of minutes, I debate whether to ring it again. Finally, I do. This time a smiling young woman emerges.

"She asked me to come out and get you," she says with a conspiratorial grin, as if addressing a lost puppy. "She's waiting in her office. It's at the end of the hallway."

Dr. Lara Ostolosky peeks out her door, and motions me in. She has agreed to do this interview tonight because there was no

other time she could fit me into her hectic workday. Little wonder.

For seven days a week – including holidays – and 12 to 14 hours every day, the Eating Disorders Program buzzes with activity. Roughly 60 patients attend the program each day, as day patients or inpatients.

The vast majority are young females in their teens and 20s, although it's not unusual for young men to get treated here as well.

"A few years back we used to see people from 14 years of age and up. But over the past few years patients are coming in younger and younger, some as early as age 11. I even had one 10-year-old," says Ostolosky.

Since eating disorders like Anorexia Nervosa and Bulimia Nervosa are often lifelong conditions, there is no limit on how old a patient might be. Nor is there a cap on how many times a person can be treated. Relapses are common, so some patients re-

turn for "tune ups" several times.

"Once a patient is seen in our program we'll continue to see them indefinitely. They are always welcome back," says Ostolosky. "We have patients that we have seen for years, and data going back many years on people, including all the dieticians' data."

Dr. Henry Piktel, a Clinical Professor in the Department of Psychiatry since 1979, launched the program in the early 1990s. Ostolosky, an Assistant Clinical Professor in the Psychiatry Department, came on board in 2004.

From humble beginnings, the Eating Disorders Program has grown into the largest program of its kind in Western Canada. Its dedicated team of more than 30 staff includes two psychiatrists, five dieticians, five psychologists, a recreational therapist, 20 nurses, three unit clerks and a unit manager.

Continued...

In the Spotlight: Dr. Lara Ostolosky

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The demand for treatment is enormous, and seemingly endless. When I ask Ostolosky how many patients she has treated here, she reaches into a drawer, and pulls out a thick stack of papers. She plops it on her desk with a thud.

"This is my patient list alone. I'd say that's a thousand names or more, past and present. Dr. Pikel has been in practice twice as long as I have, so the full list would be in the thousands," she says. "The number of referrals we get are just ridiculous."

It's a big load to carry, particularly since Pikel is approaching the end of his long and distinguished career. But Ostolosky remains deeply committed to the young patients she serves and is obviously touched by the life-and-death struggles so many of them face.

The growing collection of Yoda figures that fill a bookshelf in her office reflects the emotional bond she has with her patients. "A patient gave it to me because they thought I was wise, and it grew from there," she says. "I'm not really a Star Wars fan at all but Yoda is kind of endearing."

Levy is a rarity for those who suffer from Anorexia Nervosa, which afflicts 0.5 per cent of the general population. Studies show it has the highest mortality rate of any psychiatric disorder. As many as one in five with chronic Anorexia die from the effects of the illness, either through malnutrition or suicide.

So what accounts for the growing numbers of patients who suffer from this alarming illness? Well, it's complicated. Environmental factors and genetics both play a role, says Ostolosky.

"When I was young, the stresses were there in junior high and in high school. But I think the expectations for kids and young adults are a lot higher now. To stay on the straight and narrow, kids need a lot of support," she says.

"And I definitely think genetics is a huge thing as well. Anorexia is somewhat predetermined, although not always. I'm always amazed when I do an interview with a patient, almost every time – whether it be Anorexia or Bulimia – there is a family member who has

it, a cousin or a grandmother or whatever."

Since the Eating Disorders Program views eating disorders as a brain-based illness, it employs multiple therapeutic tools and strategies to help patients normalize their eating habits, restore body weight, and most critically, address the distorted thought patterns that compel them to engage in self-destructive behaviours.

"With eating disordered girls it's not just a phase. They really are ill. The development of body image in the brain is a very



Dr. Lara Ostolosky

complex thing. If any one of these processes is dysregulated, you end up with this distorted image of yourself. It's very much like schizophrenia. Schizophrenia is not caused by any external factor, it's predetermined," she notes.

"So a lot of cognitive work is done on the patients, in terms of building flexibility in their rigid thought patterns and learning emotional regulation skills. We use DBT (Dialectical Behaviour Therapy), CBT (Cognitive Behavioural Therapy), Psychodynamic Therapy, and the Maudsley approach to refeeding," Ostolosky explains.

The latter engages the patient's parents,

who, with support and guidance from the Eating Disorders Program, are assigned the responsibility of "refeeding" the child at home. "It's a scary thing when your child is starving and you see them shrinking and you don't know what to do. So we want to empower the parents to be parents in this area," she says.

"I also want to get pet therapy and recreational therapy, so we can really give our patients the best possible chance to get healthy. We have a very cohesive team that thinks outside the box. Yes, we follow clinical practice guidelines but we do a lot of extras too," she says.

"The dieticians are always creating new things, so we have a lunch group and patients learn how to cook. We have a food science program where kids can get credit from their high school. It's all self-driven, nobody tells us to do these things. We think of these things and implement them as pilot projects. And if they work we keep them going."

Inpatients can attend daytime classes at the Stollery School, located within the nearby Stollery Children's Hospital, so their education doesn't suffer while they're in treatment.

"Our teachers are very dedicated and they liaise with the child's regular school. We keep the child going in their courses so they don't get behind. They have school blocks like regular school. They come back for their lunch and the teachers supervise them after lunch or breakfast so they don't go off and escape on us."

The "success rate" for patients – defined as those who are able to function normally after being treated – is at least 50 per cent, says Ostolosky. That makes it the most successful program of its kind in North America. But not all patients succeed. Some young lives end tragically.

"We've had some suicides. They are very difficult. You always think you could have done more, or you wish you could have done more, but realistically, things happen and you can't always foresee them coming," she says.

"Our death risk is very low, actually.

Continued...

In the Spotlight: Dr. Lara Ostolosky

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We're hyper-vigilant. I know what's happening with my patients all the time. We are getting better at being very cognizant of the patient's mood. That is always on our minds, so we pay very close attention to that."

As for Ostolosky's long-term vision for the Eating Disorders Program, she has a ready answer. It's obviously something about which she has given considerable thought.

"The very first thing is we'd really like to accelerate our research. We have a very good database from the 20-plus years this program has been in existence, so there is a great deal of opportunity for research. It's something we're really wanting to facilitate amongst the psychologists, dieticians, and any others that care to do research with us," she says.

"We'd also like to have a clinical fellowship program here. We think we have a lot to teach individuals trying to work with this

population. Most of the people who come here – whether they're dietician residents, psychology residents or psychiatric residents, have a very good experience," she adds.

"And in terms of patient care, what we want to do is expand outpatient programming to reduce hospital dependence. We'd like to see more groups and more help outside of the hospital setting so people don't lose sight of what's happening in their life by being in the hospital all the time." **C**

Harnessing Technology for Better Health

Graduate Researcher Jasmine Brown once Advised Politicians; Now She's Focused on Helping Pregnant Women Stay Healthy

Before she moved west in the fall of 2014, Jasmine Brown spent long work days on Parliament Hill, toiling alongside the two most powerful political leaders in Canada.

As Special Assistant to Prime Minister Stephen Harper, and Principal Secretary and Policy Advisor to late federal Finance Minister Jim Flaherty, Brown was fully immersed in the daily cut-and-thrust of national politics.

"In working for (Harper and Flaherty) I was able to directly witness and actively participate in the development of Canadian history," says Brown, who holds a Master of Public Policy degree from the University of Calgary.

"We worked long days, for months and years on end, under pretty unforgiving, fast-paced conditions. But getting to work at that level under the leadership of two outstanding, very unique individuals was a complete privilege and honour."

When Brown left Ottawa to accept a post with the Institute of Health Economics (IHE) in Edmonton, she assumed it would be a less pressure-packed life. One that allowed her to catch a regular night's sleep, for example.

Alas, it wasn't meant to be.

These days, Brown lives an equally frenetic existence, shuttling between her home in Victoria and an apartment in Edmonton, while juggling her full-time job as Director of Communications at IHE and pursuing a Graduate Degree in the Department of Psychiatry at the University of Alberta.

"I thought that time in my life (in Ottawa) would be the most sleep-deprived I would ever be," she jokes. "I was corrected when I started graduate studies while working full-time. But both experiences have fed my mind and soul in a way that makes me happier and more fulfilled."

While in Ottawa, Brown advised Flaherty on critical files including natural resources, environment and international trade. In terms of subject matter, the focus of her graduate research is a 180-degree turn.

It involves harnessing innovative digital technologies to help pregnant women with addiction issues measure and manage their alcohol consumption, helping them reduce the risk that their babies might develop FASD (Fetal Alcohol Spectrum Disorder).

"FASD is caused by the consumption of alcohol while a woman is pregnant. It's a medical term to describe a range of physical and mental problems that can occur, some more severe than others," says Brown.

"In Canada there are approximately 300,000 people living with FASD, and in Alberta it's about 46,000, based on the last set of numbers I've seen. Put differently, an estimated nine of every 1,000 babies in Canada are born with FASD annually."

FAS, or Fetal Alcohol Syndrome, is the most severe form of FASD. It often leads to facial deformities, reduced birth weights and a smaller head circumference, among other things.

Less severe forms of FASD include pFAS (Partial Fetal Alcohol Syndrome), which is associated with some but not all of the physiological symptoms associated with FAS; ARND (Alcohol Related Neurodevelopmental Disorder), which is linked to intellectual disabilities and damage to the central nervous system; and ARBD (Alcohol-Related Birth Defects), which presents with physical defects such as malformations of the heart, bone, kidney, vision and/or hearing systems.

"With our study, we set out to look at ways that prevention interventions might support the maternal health of women with histories of alcohol abuse. That is, help a pregnant woman abstain from drinking, or reduce the level of alcohol consumption during pregnancy," Brown explains.

"The women we enrolled were quite vulnerable. They were women who admitted to having a history of problems with alcohol, specifically. To recruit them, we blanketed the city with posters with our phone number on it, and we did a lot of presentations to different groups," she says. "But we found the most effective way to reach potential participants was through word of mouth."

Continued...

Harnessing Technology for Better Health

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After the study was funded in April 2015, a year-long recruitment drive began in March 2016, and was completed by March 2017. By August of 2017 the last of the 19 study participants had given birth. Collection of all related study data was completed last month.

Aside from Brown, the other members of her study team included Enrollment Coordinator Nicole Riley, an IHE staffer and Bachelor of Arts (Economics and Psychology) student at the University of Alberta; Dr. Egon Jonsson, former CEO of IHE and Adjunct Professor of Health Economics in the Department of Psychiatry; and Principle Investigator Dr. Andrew Greenshaw, Associate Chair-Research, Department of Psychiatry.

Three times each day, study participants were asked to blow into a mobile alcohol-measuring breathalyzer device that incorporated specialized facial recognition technology, developed by a U.S. firm called Soberlink. The technology was used to confirm participants' identities.

"The hope was that by monitoring their own sobriety it would help them maintain that sobriety and be more aware of it. We wanted to know if that form of self-monitoring would help change their behavior around drinking," Brown explains.

And what were the findings? For that, we'll have to wait a bit longer.

"We haven't released them yet," says Brown. "But we found there were some really interesting unintended benefits to the intervention that we might actually base future studies on. We hope to release our findings in a peer-reviewed publication in the spring or summer of 2018."

Specific study outcomes aside, Brown is convinced that preventive health care measures are the way to go.

"Whether you look at it from a quality-of-life perspective or a cost

reduction perspective, preventive health care is really important. The Institute of Health Economics did a study showing the short-term costs of FASD are between \$48 million and \$143 million per year," she says.

"That includes incremental medical costs, education costs, social service costs, direct costs to the patient's family, productivity losses and behavior-related issues. Those are all additional costs to the Albertan economy, and that doesn't include costs to the judicial system."

As if she doesn't have enough on her plate already, Brown recently agreed to serve as manager of the provincial evaluation process for Alberta's recently launched supervised drug consumption sites.

In October, Health Canada approved four supervised drug consumption sites in Edmonton, one site in Calgary and another site in Lethbridge. Three of the Edmonton sites will be located in the downtown core and operated by Access to Medically Supervised Injection Services Edmonton (AMSISE). Alberta Health Services (AHS) will operate a fourth local site at the Royal Alexandra Hospital, starting this spring.

"These are sites that allow people to use drugs under the supervision of health care professionals, so if someone has an overdose they can respond immediately," says Brown.

"The province contracted the Institute of Health Economics to run an Alberta-wide evaluation of all of the sites. There are a couple of them now in operation so we're working closely with them to create this provincial evaluation."

And what is Brown's ultimate career goal? For that, she has a ready answer.

"My dream is to work on prevention interventions with the World Health Organization. I'd love to work on implementation-related projects for prevention intervention. That would be my dream job, just to go and try to help populations be healthier and stay healthier." **C**



Jasmine Brown

Probing the Fort McMurray Fire's Aftermath

Silverstone Hoping EMPATHY Might be Reborn in Fort McMurray As Students Struggle to Cope in Aftermath of 2016 Fire

The record-breaking wildfire that tore through Fort McMurray in the summer of 2016 left Alberta's oilsands capital looking like a scorched war zone.

Roughly 2,400 homes and buildings were destroyed, thousands of vehicles were torched and personal property losses

reached \$2.4 billion.

With production from nearby oilsands facilities halted or curtailed for weeks, the unprecedented disaster also cost the oil industry and the Alberta government billions of dollars in lost revenues.

Those were just the visible scars, how-

ever. The raging inferno – nicknamed The Beast – also left plenty of unseen devastation in its wake, as residents battled with lingering issues like depression, anxiety and Post-Traumatic Stress Disorder (PTSD).

Over the past year and a half, a team

Continued...

Probing the Fort McMurray Fire's Aftermath

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including the University of Alberta Department of Psychiatry's Dr. Peter Silverstone and Dr. Vincent Agyapong has studied how the disaster affected the mental health of Fort McMurray's residents, particularly the city's school children.

With \$500,000 in funding from a partnership including the Canadian Institutes of Health Research, the Canadian Red Cross and Alberta Innovates, Silverstone and Agyapong have studied the physical, emotional and psychological after-effects of the wildfire on 3,200 students, aged 5 to 18.

Their goal? To use the assembled data to generate a detailed portrait of the mental health issues and related needs of children and youth in Fort McMurray, and beyond that, to use the findings to advocate for more mental health resources to support them.

(Silverstone previously applied that approach in Red Deer, by implementing the EMPATHY program. The results were impressive, as outlined below.)

In the weeks after the fire, Agyapong found that roughly 80 per cent of all Fort McMurray residents faced some type of mental health issue. Even six months later, a third continued to grapple with mental health issues, and the rate of PTSD among adults reached 12.8 per cent, up from less than half of one per cent previously.

In particular, Agyapong and Silverstone have been studying PTSD rates among Fort McMurray's children and adolescents.

"We're working with both the Fort McMurray Public Schools and Fort McMurray Catholic Schools, and they have both been tremendously supportive," says Silverstone.

"We hope to have first data from this study fairly soon. We're hoping everything we've learned will translate into some positive outcomes for students. My strong suspicion is that there will be significant increases in the number of mental health problems for children and youth in Fort McMurray."

It's a subject Silverstone knows a lot about.

The EMPATHY program, which he spearheaded in Red Deer Public Schools over a 15-month period between 2013 and

2014, involved more than 6,200 students from Grades 6 through 12. It was created with the support of the then-superintendent of public schools in response to a rash of teen suicides.

EMPATHY employed a novel, multi-pronged approach to screening students for mental health issues, using both universal and targeted surveys to identify kids who were struggling with anxiety and depression, or abusing alcohol and drugs.

"There are pros and cons to each ap-



Dr. Peter Silverstone

proach, so we used both. The universal approach has not been shown in the literature to be very effective. The percentage of kids who need it is very small. To measure a change in 100 kids when only 10 have problems is hard," says Silverstone.

"With the targeted approach, whatever your threshold is, you're always going to miss kids. And as it turned out, several of the youth in Red Deer who had committed suicide weren't on anybody's radar. So we used both approaches."

The results were disturbing. "From Grade 6 up to Grade 12, it was really striking how many children and youth felt awful. About 10 per cent of them suffered from depression, and about 25 to 30 percent had anxiety issues, so it was really worrying."

The key to the EMPATHY program's success, as it turned out, was something quite unexpected.

"We hired a series of wonderful individuals we called Resiliency Coaches. None were highly trained, they weren't teachers or psychologists, but they were good at being empathic with children and youth. That was the real strategy," says Silverstone.

Junior high students were offered mental health training courses, while secondary school students struggling with depression or suicidal thoughts had quick access to trained support, and professional help as needed. Students were also offered online interventions with therapists after their parents were notified.

A follow-up study was done in 2015, 15 months after the program ended. Silverstone's findings? The percentage of students who were suicidal dropped from 4.4 per cent to 2.8 per cent, and reported rates of depression, anxiety, and self-harming all fell sharply. In addition, drug and alcohol use as well as the rate of bullying incidents declined.

"Our ongoing analysis shows that this program doesn't only help with depression, anxiety and suicidality, but also reduces drug and alcohol use. That's exciting," says Silverstone.

"In the end, Red Deer went from half a dozen student suicides in these schools over 15 months to none over the past three years that I am aware of. So EMPATHY made a big difference to suicidality, to anxiety, to depression, to drug and alcohol use, and bullying. That's pretty comprehensive."

The cost of the program per student: about \$150 per year. Funding for the EMPATHY program ended following the 2015 provincial election.

"We've been using some of these same screening tools in Fort McMurray and the results I expect to show will include high rates of depression and PTSD. So there are likely to be major problems there in the wake of the fire," he says.

"We hope to report first data from the Fort McMurray study fairly soon, which we hope will ultimately translate into some beneficial outcomes for students. Prevention is the way forward, we should be spending more money on prevention, and EMPATHY is a program that works. There's nothing like it anywhere else in the world." **C**

Fighting for Improved Mental Health Services

Former Sports Reporter Tom Shand Now Fights for Better Services for the Mentally Ill as Chair of AAMIMH

As a Queen's University undergrad student in the 1970s, Tom Shand's extracurricular activities revolved around his first love: sports.

He was sports editor of the student newspaper, The Queen's Journal, and sports director of the campus radio station, 101.9 FM, where he often did play-by-play commentaries for the school's hockey team.

After earning a degree in geography and economics, Shand landed a newspaper job in Portage la Prairie, Man., where he covered everything from murder trials to Pierre Trudeau's 1980 election victory.

But he still had the sports itch, so when an opening came up in the Edmonton Sun's sports department, Shand jumped at it.

He soon found himself writing about a young hockey phenom named Wayne Gretzky, who went on to lead the Edmonton Oilers to four Stanley Cup wins while setting a string of NHL scoring records.

Still, Shand wasn't happy. He felt his life lacked balance, and he didn't always feel healthy. He'd find himself watching mindless daytime TV shows while waiting for his evening shift to start. "Ironically, as a sports reporter, you could never play any sports except golf because you worked every night," he says.

Eventually, a disagreement with an editor prompted him to pull the plug on his newspaper career. He went to work in the nonprofit sector, using his communications skills in a public relations role for such organizations as the Alberta Lung Association and Canadian Diabetes Association.

That soon expanded to include fund development activities for various nonprofits including the Spirit of the North Healthcare Foundation in Prince George, B.C.; the Glenrose Rehabilitation Hospital Foundation in Edmonton; and the Canadian Mental Health Association (CMHA), Alberta Division, where he was named Executive Director in 2006.

"The CMHA was looking for someone with a different kind of background than the usual Executive Director. Although I had no experience in mental health – aside from some projects within the hospitals I had been working for – they hired me, and I really became fascinated by the people in the mental health field. They really had a passion for it," he says.

"Now it may seem odd to an accountant or an engineer for somebody to go off in a totally different field a couple of times in their career, as I've done. But you're still dealing largely with relationships, as I did when I was a journalist," he says.

"In the fund development field, I'd meet with premiers or ministers, and other times I'd meet with a person who was benefiting from a new MRI. No matter who it was, it's all about communications."

While he was still at the CMHA, Shand was named Chair of the Alberta Alliance on Mental Illness & Mental Health (AAMIMH), a post he held for six years before he was appointed Executive Director in mid-2016. That opened a new door for him, into the world of mental health advocacy and policy development.

The Alliance doesn't provide mental health services. It represents various professional, not-for-profit and family or consumer organizations, all seeking to develop common positions on mental health and mental illness, while identifying gaps in services and opportunities for research. As such, it is often consulted by government.

"We respectfully critique the government. That's our advocacy role. We also have a consultation role, where we'll add our voice and that's largely where we participated in the discussions on issues like medical assistance and dying, and the marijuana debate," he says.

The Alliance currently has 15 member organizations, including the Alberta Psychiatric Association (APA), the Psychologists' Association of Alberta (PAA), the Alberta College of Social Workers (ACSW), the College of Registered Psychiatric Nurses of Alberta (CRPNA), the Schizophrenia Society of Alberta (SSA), and others.

"Basically, what we try to do is move the mental health needle forward. We don't feel that it's currently equitable in terms of funding or treatment relative to the severity and immensity of the mental health problems we see, or ultimately, to the benefits society receives if people with mental illnesses are treated," says Shand.

"Mental health is also underfunded relative to other conditions that have a significant impact on peoples' health, such as heart disease, cancer, lung disease, or orthopedics."

One of the big challenges in attempting to quantify the overall societal cost of mental illness – or the economic benefits of intervention and treatment – is that many of the costs, and the consequences for individual human lives, occur outside the health system.

"To paraphrase (former) Senator Michael Kirby, who served as Chair of the Mental Health Commission of Canada, two-thirds of mental health isn't in health. It's in the social determinants of health. That includes issues like employment, housing and justice – areas where a person who isn't in good mental health is subject to suffering," says Shand.

Continued...



Tom Shand

Fighting for Improved Mental Health Services

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"For example, one of the issues being dealt with by AHS is when someone (with a mental illness) is picked up by police and taken to a hospital emergency ward. Unless your life is at risk or someone is being threatened, you'll be one of the last people treated," he explains.

"As a result, police don't like dropping you off because they end up having to stay with you for hours. So they'll often take you to jail instead," he adds.

"Well, people who have a mental health breakdown or who cause a public disturbance don't need jail, and they don't need to clog up our court system. They need treatment. But there just isn't enough good treatment available for people who are clearly diagnosed with a major mental health illness like schizophrenia."

On the positive side, the Alliance has scored some successes as well.

"We helped keep Alberta Hospital Edmonton (AHE) open during the Stephen Duckett period, when he was the head of AHS, and we also helped with the introduction of Community Treatment Orders (CTOs) when Dave Hancock was Minister of Health," he says.

"To do that, we worked collaboratively to bring people together to form a consolidated voice on the issue. Then we worked with the government to influence the legislation. We also worked with AHS, the Mental Health Patient Advocate and others to go out and talk to community, explaining what it was about, and how it would impact people."

The Alliance is now providing input on potential changes to the Mental Health Amendments Act, he adds. "They're still working on it but there is agreement that the Community Treatments Orders have been largely successful, and have helped the families of people living with mental illness to have some peace of mind that their loved one is getting treatment."

The Alliance has plenty of other issues on its plate too and is now immersed in mapping out a three-year plan to prioritize its efforts.

"There's a recognized lack of support for mental health therapy or mental health counselling. So should we put our emphasis there, or on other specific issues? How much time do we spend on the collaboration role of bringing people with mental health illness into the mental health research arena? These are some of the questions we're asking," he says.

"We've also been asked by Dr. Xin-Min Li, Chair of the Department of Psychiatry, to travel with his group to China. He sees a role for us because China is interested in how to involve the community more in supporting mental health. This is one of the trends at the U of A, to pursue that type of engagement and make their research more beneficial to the community. So certainly, Dr. Li, Dr. Andy Greenshaw and others have been instrumental in engaging us."

Partly as a result of its ties with the Department of Psychiatry, the Alliance has gotten involved in national programs such as CRISM (Canadian Research Initiative in Substance Misuse) and CDRIN (Canadian Depression Research and Intervention), says Shand.

As for his own personal career plans, he says it's hard to see beyond the next 12 months or so.

"I've got a contract that expires when our current grant with Alberta Health expires in April of 2019. Beyond that, who knows, it's hard to tell what the future will look like," he says.

"People have often asked us, after having a Progressive Conservative government in Alberta for so long, how has working with the NDP government impacted us. Well, this may not be what people expect to hear, but I haven't felt that in our field the impact has been that different, from a mental health perspective," he adds.

"A lot of the same leadership within the departments is still there. So we're dealing with many of the same people as before. We had lots of ministers and deputy ministers changing under the PC government too. In my view, in terms of mental health issues, that kind of change is far more significant than this latest change of government." **C**

Research News

Global Search Set to Begin for CASA Research Chair in Child and Adolescent Mental Health

An intense global search is about to get underway to identify a top-level candidate for the newly created CASA Research Chair in Child and Adolescent Mental Health.

The recruitment effort, which is expected to take six months to a year to complete, follows a 10-year, \$5 million funding commitment to the University of Alberta's Department of Psychiatry by CASA, Child, Adolescent and Family Mental Health.

"Our expectation is that in the coming month we're going to do a joint posting be-

tween CASA, the Department of Psychiatry and Alberta Health Services (AHS)," says Scott Phillips, the Department's Assistant Chair, Administration.

"The position is going to be posted globally in leading periodicals, with the goal of finding someone who is at the very least in their mid-career. Our top priority is to find someone with an international reputation and a strong translational research background who has worked closely with clinicians in child and adolescent psychiatry."

Since the posting is bound to attract

qualified applicants from around the world, Phillips says the successful candidate may have to obtain a Canadian work permit or visa before relocating to Edmonton. If so, this could delay the actual appointment by a few months, he notes.

CASA, a pioneering, uniquely-structured, community-based provider of mental health services for infants, children, adolescents and their families, offers 22 programs that serve the needs of more than 4,300 children and families annually. With four Edmonton-

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Global Search Set to Begin

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area locations, CASA is the primary teaching site for child psychiatry at the University of Alberta.

The much-anticipated \$5 million funding announcement, made in early February at CASA Centre in Edmonton, was attended by an enthusiastic throng of guests from CASA, the University of Alberta, Alberta Health Services, the Edmonton Public School Board, and other key local organizations.

"Here at CASA we pride ourselves on using the best research possible so that we can inform our clinical care. We also pride ourselves on conducting evaluations of each program that CASA runs in order to make sure we are providing the best possible care and making changes when we need to,"



Dr. Denise Milne

CASA CEO Dr. Denise Milne told the crowd.

"But we know more resources are needed and we know we cannot do this alone. Our partnership with the University of Alberta will help us find answers to the questions that improve care for our children and families," she added.

"The CASA Research Chair will be a 10-year position bringing top research talent to Edmonton to work on projects that align with both the Government of Alberta's renewed focus on quality mental health, as well the specific program needs of CASA and our families."

Brandy Payne, Alberta's Associate Minister of Health, was among the distinguished guests on hand to celebrate the creation of the new CASA Research Chair. Payne extolled the benefits of CASA's partnership with the University of Alberta's Department of Psychiatry.



Brandy Payne

"The establishment of a new Research Chair in Child and Adolescent Mental Health provides a fantastic opportunity for CASA and the University of Alberta to advance evidence-based mental health care for young people in our province," Payne said.

"The children and families who enter CASA's care can already expect to have a skilled team that takes a coordinated approach to help them manage their mental health. This new collaboration with the University of Alberta is a wonderful opportunity to bring leading edge research to the front lines."

CASA's relationship with the University of Alberta dates back to an affiliation agreement that was struck in 1997. More than two decades later, the new CASA Research Chair represents the fulfillment of a dream that flowed from that partnership.

"Today marks a giant step forward for the province of Alberta to become an international leader in child and adolescent mental health research, and CASA is at the centre of it," said Dr. Xin-Min Li, Chair of the Department of Psychiatry.

"There is a need for research with a specific focus on our younger generations. They should not be diagnosed and treated the same way as adults. Having the support of CASA, an amazing organization, we'll bring in more talented scientists, scientists' methodology, and committed health professionals to investigate these important subjects."

Once they're in place, CASA's new Re-

search Chair, along with two clinician-scientist associates, will be located at CASA Centre in Edmonton, where they will work closely with the organization's existing staff of clinicians. CASA already boasts an impressive multi-disciplinary team of psychiatrists, psychologists, pediatricians, social workers, nurses and behavioural specialists.

"Our dream is that the CASA Research Chair will work on projects of immediate importance to Edmonton families, by working closely with CASA and our various community partners. When we join forces to answer important questions about children's mental health, our care, our families, and our communities will grow stronger," said Milne.

Other prominent guest speakers echoed those sentiments, including Dr. Dennis Kunitomo, Acting Dean of the University of Alberta's Faculty of Medicine & Dentistry; Michelle Anderson-Draper, Chair of the Edmonton Public School Board; Faye Parker, CASA's Board Chair; and Candace Fehr, Co-Chair of the CASA Family Advisory Council.

But perhaps the most compelling comments came from Caleb Chomay, a 19-year-old member of the CASA Youth Council. Chomay relayed the intensely personal and painful story of his own lonely childhood battle with depression and anxiety issues. It was only after he engaged in self-harm at



Caleb Chomay

the age of 14 that his illness was diagnosed, he said. That's when he began taking anti-depressant and anti-anxiety medications, while undergoing years of therapy that eventually brought him back to a state of mental health.

"I believe research into mental health is incredibly important. If society, teachers, doctors and parents had a better understanding of mental health then there wouldn't have to be children that suffer from mental illnesses alone," he said.

"Most importantly, we can reduce the stigma around youth mental illness, and let our teachers, parents, and doctors know that it does exist," he added. "Hopefully, some day kids will not have to grow up the way I did." **C**