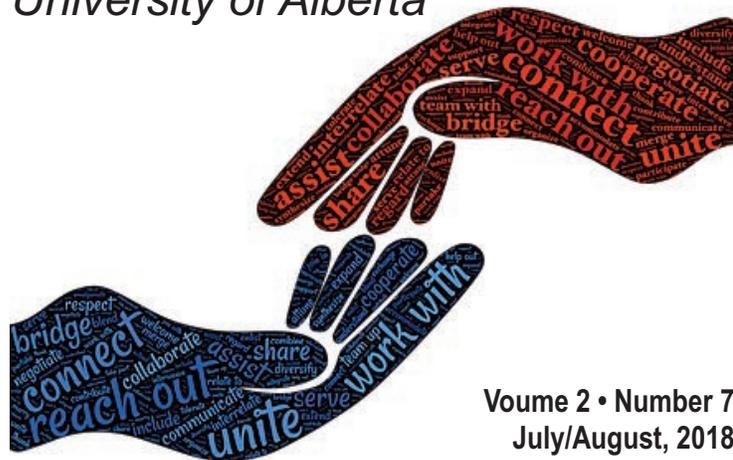


CONNECTIONS

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Message from the Chair

Dr. Xin-Min Li, Chair,
Department of Psychiatry, U of A

Few individuals have contributed more to the evolution of psychiatry, the promotion of mental health, or served as a more committed and effective advocate for the mentally ill than Dr. Roger C. Bland.

He inspired us, he guided us, he mentored us and enriched us. He was a father figure to many – a voice of experience, compassion, reason and intelligence we could always count on.

Simply put, Dr. Bland was a great man.

After a valiant months-long battle with cancer, Dr. Bland – or simply Roger, as most of us knew him – passed away at his home in Edmonton on July 31. He was surrounded by loving members of his family including his two daughters, Fiona and Amanda.

As colleagues and friends, we mourn his passing. We shall miss his ready smile, his dry wit, his encyclopedic knowledge, his unfathomably boundless energy, his brilliant and incisive mind, and his unwavering devotion to serving the needs of others.

In honour of the lasting imprint Dr. Bland has left on our lives, on the University of Alberta's Department of Psychiatry and on the field of mental health, we devote this issue of our newsletter to celebrating and reflecting on the life of our late colleague, friend and mentor.

Born in England in 1937 and trained as a medical doctor at the University of Liverpool in the late 1950s, Dr. Bland and his wife Fredrika (Riet) moved to Canada in 1966. After a short period in general practice in a small prairie city, he joined the Department of Psychiatry as a Resident the following year.

In the decades to follow he served as a valued Professor, an internationally recognized epidemiological researcher, a mentor to generations of Residents, and as a respected Chair of the Department (1990-2000), among many other key roles.

He was an academic builder who helped to create many of the key, nationally recognized sub-specialty programs the Department now offers.

As an Assistant Deputy Minister of Health, Mental Health Division with the Alberta government in the 1980s, Dr. Bland was a thoughtful, determined and well-respected policy adviser who constantly fought to improve programs and services for the mentally ill.

Dr. Bland also served on countless local, regional, provincial and federal committees, constantly advocating for improved mental health care in the Edmonton Zone and far beyond. He was unrelenting, passionate and selfless, devoting thousands of hours of his time without compensation for his efforts.

Right up until the end, Dr. Bland served as Deputy Editor of the Canadian Journal of Psychiatry, as Resident Research Director, and he also ran the Resident Schizophrenia Clinic, among other things.

Although he never sought fame or recognition for his lifelong devotion

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Message from the Chair

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to public service, Dr. Bland was awarded the prestigious Order of Canada in 2012 by the nation's then Governor-General, David Johnston, for his work in advancing policy changes to mental health care.

"As executive director of Alberta Mental Health Services, Dr. Bland promoted a community-based approach that integrated mental health care with primary health care services," a spokesman for the Governor-General said at the time.

"As a Professor at the University of Alberta, he has researched the epidemiology and long-term outcomes of psychiatric disorders, increasing our understanding of mental illness and how to support those affected by it. He is an inspiration to his colleagues and to advocates working in this field."

Through it all, Dr. Bland never lost touch with patients. He was a widely admired clinician with an understated manner, a gentle touch, and a seemingly limitless capacity for insightful, patient-centered compassionate care.

In the weeks before his death, Dr. Bland granted a series of interviews in which he discussed the course of his incredibly productive life, his career in psychiatry, the growth of the Department of Psychiatry, his thoughts on the evolution of mental health care, and the challenges we all face as we grapple with the realities of life in the 21st century.

A slightly condensed version of those interviews appears in the pages that follow, along with the comments of many of Dr. Bland's current and former colleagues.

Roger, thank you for everything. We miss you already. **C**

In a lengthy farewell interview, Dr. Roger Bland discusses his life, his 51-year career in psychiatry, and his lifelong commitment to the field of mental health

Q Tell me about your early childhood in England, were you a happy child?

A I spent most of my childhood in Barnsley, a town in Yorkshire. It's between Leeds and Bradford to the north and Sheffield to the south. My father was a bank manager and my mother was a housewife. I was an only child. For the most part, I was happy. I was well taken care of. I had friends, I was busy. I did lots of things like camping and things associated with school. At school I was reasonably happy. I'm no sportsman so I never fitted in there. I collected stamps for a while but I didn't do a great deal of collecting. I was always a big reader. I read some biographies. Later on I spent a summer reading translations of novels by Tolstoy and Dostoevsky like *War and Peace*, *Anna Karenina*, *The Brothers Karamazov*, *The Idiot*, and *Crime and Punishment*. I read all of those. I was probably in first year university at that point.

Q You would have been about seven years old when the Second World War ended in 1945. Do you have any memories of it?

A Oh yeah, lots. Our town wasn't heavily bombed. But there were bombers. I remember as a little kid we had total blackouts and you could open the windows and see the



Dr. Roger Bland

*September 27, 1937
~ July 31, 2018*

planes overhead, all going across the sky. I can remember my grandmother saying 'They've all got their lights on so they must be ours.' Well, they weren't. (laughs)

Q Did you have nightmares about that as a kid?

A Not nightmares, no. But I remember hav-

ing to go to school with our 'Mickey Mouse' gas masks and you had to carry an identity disk so you could be identified if you were bombed. We also had evacuation practices at school when I was about five years old. When I was in grade two or three, there was this little girl, Merle. Her father was in the navy and he was coming home. She was so excited, so she rushed off at lunch time to go home and meet her dad. She got hit by a truck and was killed. That's something you remember.

Q No doubt. What an awful story. So tell me where you went to university and how you got into medicine.

A I went to medical school at the University of Liverpool. I graduated in 1960 and did the usual six months of medicine and six months of surgery in local hospitals. I got married and after that year, I did another nine months of obstetrics, gynecology and neonatal care. Then I went into general practice for four years in England.

Q What was that experience like?

A It was difficult, because a lot of the work involved house calls. In four years there I did 10,000 of them. You learn more on a house call than by seeing patients in a

Continued...



Dr. Andrew Greenshaw

Professor & Associate Chair

– Research

Department of Psychiatry

When I came to this continent in 1986 there was a cohort of European-trained psychiatrists who formed the core of the Department of Psychiatry and Roger was one of them. He was a British-trained general practitioner and one of the senior people in the department at that time.

He was the leading researcher in the clinical group and he really focused on issues like the incidence rates of psychiatric disorders, what time they start, the course of the illness, how many people are affected, and the diagnostic issues. And he really did a fantastic job.

There are some very prestigious American studies Roger was involved in back in the 1980s or 1990s, associated with an American epidemiologist named Myrna Weisman, a very eminent person. Roger collaborated with Myrna when she was doing the ECA studies – the Epidemiological Catchment Area studies – in the U.S. So he was internationally recognized as a leading psychiatric epidemiologist.

The Alberta Heritage Foundation for Medical Research was established in 1980 and really revolutionized medical research in Alberta. We suddenly became a tour de force in medical research, and Roger was ahead of his field because he was right there as an important player and he brought that right into the Department of Psychiatry.

Around 1988 when Roger was the Residency Program Director, he gave the Residents an opportunity to do research. He had a lot of data that had been collected when he was Assistant Deputy Minister of Health with the Alberta government. At the same time he was ADM, he was a Professor in the Department and he had collected a lot of data on the incidence of psychiatric disorders in Edmonton.

He published a whole supplement to a prestigious Scandinavian medical journal called *Acta Psychiatrica Scandinavica*, on the epidemiology of psychiatric disorders, and he invited residents to take responsibility for different disease areas, if you like. It was a very good and detailed supplement, and on every paper a Resident is credited as a senior author on the paper. So Roger gave these Residents that opportunity, and he worked with them. Many published these seminal papers on epidemiology in *Acta*, which was and still is an excellent journal.

I don't think anybody has realized that kind of output from our Residents before or since then, and now we have a lot more research going on. But Roger is great at getting things done and engaging people. He gave those Residents really great value by giving them authorship of those papers. They worked for it – it wasn't a token – but he worked with them.

One of the many things I really value about Roger is, to be an effective leader you can't be liked by everybody. Some people think

Roger is the best thing since sliced bread. Others found him a bit testy. He wouldn't just give people things. He led effectively and he made objective, evidence-based decisions for the good of the Department, so he supported things when they were appropriate.

Roger is a Yorkshireman. He can give very direct feedback. I would say he doesn't intend to be really diplomatic. He intends to be supportive but effective, so he'll deliver constructive criticism. In many parts of medical research people just don't do that. They'll avoid conflict. He was a very effective Chair of the Department of Psychiatry for 10 years. He built our research and hired some key people, so he supported our research endeavours very well in that time.

On the policy side, I think you see in the newsletter interview his frustration coming through about what can be done, what could be done, and what hasn't been done, whether you're talking about Capital Health, Alberta Health Services – Edmonton Zone or province-wide. We're not so different from other jurisdictions. The poor cousins of medicine for many years have been Psychiatry, Geriatric Medicine and Children's Health. Now there's an understanding that these areas really need to be funded because of the societal impacts, and they've all emerged as high-priority issues.

So Roger was ahead of the game. There was a recent WHO (World Health Organization) assessment of the global burden of disease. You'll see if you look at those reports that the WHO was looking at big, nasty diseases like cancer and cardiovascular disease, and they included mental health as a comparison in looking at the economic burden of disease. Well, mental health came out as number one in terms of the future global burden of disease, in terms of the economic cost.

It was frightening. And this is an area that historically has not been really well-funded or taken seriously. Now there's a huge, burgeoning interest in this because of the economic knock-on effects. In Roger's interview he talks about all of those issues, he talks about working with the aged, he talks about community health, shared care. So he really tried to rationalize and improve the system in broad-brush strokes.

He also worked locally. How many people do you know in their 70s who would work on a crisis team that goes out in the early hours of the morning to deal with some psychiatric crisis? In his interview he talks about how he missed the close relationship he had dealing with patients in their family context as a GP, and how different things were then. That's a natural transition from being a general practitioner to being a specialist, but Roger has kept that community connection.

One of the things that left the biggest impression on me happened relatively recently. Roger and I were at a meeting on mental health downtown and I was taking a lift with him back to the university. When we passed the 108th St. clinic he said he just wanted to pop in and check on some things. When we walked on to the floor where there were lots of clinical staff, lots of nursing staff and man-

Continued...

Dr. Andrew Greenshaw continued

agers and so on, and a ripple ran around the room. It was like: 'Oh it's Dr. Bland.' He was obviously so loved and valued by these people it was quite moving.

Roger really is somebody who is known for being a caring, effective person. A lot of people get these accolades like the Order of Canada, but we know there are some people in the background who are kind of looking for that recognition and being self-promotional.

But that's not Roger. It was his community that did this, and pushed for him to be recognized. He had no idea. He didn't engage in any self-promotion. People just got together and said 'This is somebody who really has made an impact and deserves the Order of Canada.' I think his Order of Canada is among the most valuable because it's so well-deserved by someone who didn't put

himself forward, but put his work forward for the public good.

I've worked all over the world. I've had many leadership positions, I've been on many international boards and I've had the pleasure of meeting lots of really great people who have made big national and international contributions. And I'd have to say in my life so far – and I'm in my 60s now – I've only met a few really great people. When I say great people, I mean people who are great in terms of being towering figures who made a contribution and changed things societally.

Roger is one of the few people locally I could really put in that category. Roger is a great man, and I think he is recognized for that by many people who know about his work. It has been a privilege to have worked with him. **C**

Dr. Roger Bland continued

sterile office. You see their home, what it's like, you see their relationships, you see the kids, so you understand what is going on with this family. I missed that to some extent in Canada.

Q Were there some particularly memorable house calls?

A Some things stand out. In England we had Romani people, who were then referred to as gypsies, driving around with horses in old-fashioned caravans. In the midst of a horrible rain storm, I was asked to go and see this girl in a camp. She was about 12 or 13. The Romani were very protective of their women and girls. I drove out there. It was belting down rain. The caravan was in this muddy field, and when I got out I was drenched in seconds. They escorted me into this caravan, and in this bunk at the end was this girl. They were all watching me like hawks, making sure I didn't assault their women or something. Turned out she had appendicitis. She did okay. But it was an interesting experience.

Q Any other memories from those days?

A One Saturday morning my wife got this phone call. She said it sounded fairly desperate and I should go as soon as I could, so I did. I met this young married woman in her 20s. She was in bed and complaining about a lot of abdominal pain. She was in shock, her blood pressure was down and

her pulse-rate way up. I rapidly concluded that she had a ruptured ectopic pregnancy. Her life expectancy could be measured in minutes to maybe an hour at that point and they didn't even have a home telephone. At that time and for whatever reason I used to carry around in the trunk of the car some crystallized plasma, left over from the Second World War, along with a bottle that you mixed it in. I also carried Dextran, a plasma volume expander. So we got that out and I got the husband to phone the local hospital and tell them to send out the Obstetrics Flying Squad with all the O Negative blood they've got. Meanwhile we elevated the foot of her bed, we had the tourniquet on, we were forcing the plasma and the Dextran in, having taken some blood for a cross match. Well, the ambulance came and by the time she got to the hospital I think she needed eight pints of blood, but she survived. That was big drama, that day.

Q So how did you get from Liverpool to a remote town like Flin Flon, Manitoba?

A After being in general practice in England for four years I decided that the prospect of going to Canada looked very good. I had been to Canada when I was 17 or 18 with the Boy Scouts. We had also contemplated going to Australia, but it was a hell of a long way away and Canada was a lot more accessible. Since I had been here before and liked it, that's why we chose Canada. I also had a family physician in England, Dr. Taylor, who was a wonderful guy. He had con-

siderable influence on me and he said 'You should get out of here and move to Canada.' We kept in touch until his death some years ago.

Q What was your initial impression of Flin Flon?

A We flew from Manchester to Winnipeg. At the time Canada was keen on immigrants, they had special deals and it was quite cheap to fly. So we landed in Winnipeg, we booked a motel near the airport, and the next morning we flew to The Pas on a Trans Air DC-4, a plane that was left over from the Second World War. At The Pas we transferred to a DC-3 to Flin Flon. We landed in an airfield that was just a field. The airport was a little hut. It was the 4th of April and it was snowing. Brilliant sunshine, snow and freezing cold. But by August 1st you could fry an egg on the sidewalk.

Q Did you know that Flin Flon is the home of NHL Hall of Famer Bobby Clarke, the former captain of the Philadelphia Flyers?

A We were there when he played junior hockey in Flin Flon. We used to go to the games. I think the tickets only cost a dollar. The team was owned by Hudson Bay Mining & Smelting (later renamed Hudbay Minerals). I was in general practice in Flin Flon back then.

Q What was it like working as a general

Continued...



Dr. Gary Hnatko

Professor Emeritus, Department of Psychiatry

Consulting Psychiatrist, CASA

Chair, Specialty Committee on Child & Adolescent Psychiatry, Royal College

Roger was instrumental in so many ways with the development and progression of psychiatry in this region and in this country. We've lost a key figure in Edmonton, in Alberta and in Canadian psychiatry.

We first met when I joined the Residency Program at the University of Alberta in 1981, and from that time forward we had a very close working relationship, first as a Resident under his tutelage and guidance, later as a junior colleague and eventually as senior colleagues and friends, and it continued throughout my career.

Roger was a remarkable clinician. He loved what he did. He was very patient-centered and he had a very strong community focus. We saw it in the clinical work he did throughout his career and in the activities he pursued, whether he was organizing outpatient community clinics at University Hospital, doing work with emergency psychiatric outreach teams in the community or doing home visitations late into his career.

All of this was influenced of course by his early educational and clinical background, and his evolution as an epidemiologist. He was internationally regarded for his epidemiological work. It was always influenced by a strong public health focus, resulting in collaborative work across medical and non-medical disciplines to improve the quality of patients' lives.

I told Roger this over the last few weeks, and I've said it to him before. I had two fathers. I had my own father, who was a physician and who taught me about medicine, and life, and patient-centered care. And I also had my father in psychiatry, Dr. Bland. He was very instrumental in my life and took great care and interest in me and all of those around him.

He also had a great sense of humour. He was direct but it was done in a way that was beneficial and helpful. There was an honesty and genuineness and a supportive way about him. He always had

a great smile. When you walked up to greet him he always had a handshake and a warm smile and he was just very welcoming.

When we'd meet I always ask him about his children, his two daughters, and he beamed when he talked about them. He warmed right up. He was very proud of his children and their accomplishments. You'd see the joy in his eyes as he talked about his two daughters and his grandchildren and their accomplishments.

Roger's wife Riet was also a wonderful person. My wife and I loved Riet. She was as down to earth as you could get. She and Roger seemed to me to be remarkably compatible, a wonderful couple.

Roger didn't need to get accolades for anything he did. If they came he was grateful, but he certainly wasn't hunting or fishing for them. What gave him pleasure was the success of the people under his tutelage, his guidance and his mentorship. If you did well he was honoured by that, and I think that's what makes a really good leader. And he was, locally nationally and internationally. Roger was an instrumental figure in Canadian psychiatry.

Roger knew that Child Psychiatry was important, and of course, I'm a Child and Adolescent Psychiatrist. He thought it was important to facilitate training so when he had the opportunity, that's how I got the opportunity to go to Toronto. Then, very strategically, he knew there needed to be a greater Child Psychiatry presence within the department. He looked at creating a Division of Child Psychiatry, and eventually I became the first Division Head and Program Director of Child Psychiatry.

Roger Bland's record of public service is remarkable and if you look at the roles he has taken and the jobs he has had, many of them if not most of them were pro bono work. And if you look at Roger's career and you look at the amount of community service and dedicated service and program design and development that he did, and the impact he made, it's remarkable. **C**

Dr. Roger Bland continued practitioner in Flin Flon in the mid- 1960s?

A There was a single clinic with 11 doctors. It was a well-organized clinic, with nurses, treatment rooms, all this sort of thing. But in England the system is operated by the National Health Service. Everything is covered so there is nothing to bill for. It was different here. I had to record everything for the people who did the actual billing. So there was more procedural stuff and less socio-economic stuff to deal with in Canada.

Q What prompted you to leave Flin Flon and head to Edmonton in 1967?

A My wife Frederika, who passed away last year – she was Dutch and went by the name Riet – said to me: 'I'm not staying here. You can if you want. But I'm not.' So that was that.

Q But why pursue Psychiatry?

A I had always been interested in Psychiatry. I thought about doing Obstetrics or Gynecology, which I had also been interested

in. But I wasn't sure I wanted that life. So in 1967 I applied for the Residency Program in Psychiatry at the University of Manitoba in Winnipeg, and the University of Alberta in Edmonton. Manitoba said 'No we can't take you. We've got no positions available.' But I got a phone call back from the University of Alberta right away. So we drove the (590) miles from Flin Flon to Edmonton, on gravel roads. I did the interview and Keith Young, who was the Chair of the department, said

Continued...



Dr. Angus (Gus) Thompson

Clinical Psychologist (retired)

It's been around 40 years that I've known Roger. I was working as a clinical psychologist and doing a bit of research in Northern Alberta and I noticed at senior meetings when Roger was there that he didn't suffer fools. If you were being a horse's ass you wouldn't feel very comfortable in his presence.

Later in life he mellowed a bit but he was still formidable. Somebody who is that intelligent and who has a sense of humour is pretty good at – I wouldn't call them barbs – but he would just make a quiet little ironic comment and people would get the message.

I got transferred to Edmonton from Grande Prairie in about 1980 and I was pretty sure we were going to fight. I was a little worried about it but it never happened, not once. Roger has this really agile mind. I mean, really smart. And we just hit it off. Over the years we became colleagues and worked together on a fair bit of research. As it evolved we became good friends.

Roger loved research too, but he liked the administration side as well as clinical work. So in the late 1980s he ended up becoming Alberta's Assistant Deputy Minister of Health, Mental Health Services, and Executive Director of Alberta Mental Health Services.

Roger was really strong in supporting people in their work. Even

though he was smart as a whip and could recognize B.S. he left everyone feeling good. He was very supportive of people who were developing in their careers. Everybody understood they had to pull their weight. But there was very little of the kind of pressure you might expect. Still a lot happened and people from other departments would try to get jobs in mental health because it was a desirable place to be.

Roger was confident about his ability but he wasn't self-directed. He was more externally directed, which is a mentally healthy sign. He didn't get ahead by walking on peoples' backs. In terms of research he gave a lot of other people – if they were up-and-coming co-authors and if they needed the recognition – he'd give them first authorship. He shared the wealth.

Roger lost his wife Riet about a year ago. She devoted her life to Roger. Modern women might say she was more of a traditional housewife. In many ways she was. But she was awesome at it. And a big part of Roger's own strength was due to her.

I got to know her reasonably well over the years while I was with Roger. She was totally supportive of him and they did a great job raising their two daughters, Amanda and Fiona. If somebody had a different feminist opinion about what she was doing, she would have been a good strong feminist in response, and told them to bugger off. Roger was pretty lost after his wife died, but his daughters gathered around and spent a lot of time with him. That's testimony to the parenting they had. **C**

Dr. Roger Bland continued

'Do you want to start now or wait until July?' We had a few things to finish up so I said I'd wait until July. That's how we came to Edmonton.

Q What did the city of Edmonton look like when you arrived?

A You could drive around Edmonton easily then. The city didn't hate motorists in quite the same way it does now. You could park anywhere and you only needed dimes and nickels for parking meters. The city's population at that time was about 250,000, and the population of Alberta was about 1.3 million. Commonwealth Stadium didn't exist and neither did the Oilers' old arena at Northlands.

Q How about University of Alberta Hospital. What did it look like in 1967 when you first arrived in Edmonton?

A When I came to Edmonton it was a fully operational hospital, and Psychiatry had of-

fices in the hospital at the time. It wasn't until the early 1980s that the hospital was demolished and rebuilt (as the W.C. Mackenzie Health Sciences Centre, which opened in 1983). Then the Clinical Sciences Building was built and our offices moved over there.

Q Who was your first supervisor in the Psychiatry Residency Program?

A The first Chair of the Department was Dr. Keith Young and he was the Chair when I arrived. On my first clinical rotation he was my supervisor and he was a very good teacher, very kind, very supportive and considerate. He had a psychotherapy background but he was pretty eclectic in his approach.

Q Were you attracted to the clinical side of Psychiatry from the start?

A Well that's what the Residency Program was then. There was very little emphasis on research at that time. It was a four-year program and everyone had been in general

practice before doing Psychiatry. Nobody came straight into it from medical school. Residents did four-month rotations then over a two-year period. I was at University of Alberta Hospital but I also did four months at the Royal Alex, with Dr. Julius Guild. That was also a very good learning experience. In 1969 I went to Alberta Hospital Edmonton, I spent six months at the Child Guidance Clinic and the rest at Alberta Hospital on different services. It was a very interesting time because they were in the midst of de-institutionalization. Both of the Alberta Hospitals – in Edmonton and Ponoka – had a maximum of 1,500 patients each, and remember, Alberta's whole population was only about 1.3 million people in the late 1960s. By the time I went to Alberta Hospital it was down to 1,000 patients. But it was still really overcrowded.

Q What were your duties there?

A One of the tasks I was given was to set

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Dr. Richard Fedorak

*Dean, Faculty of Medicine
& Dentistry*

First, I want to talk a little bit first about Dr. Bland's accomplishments with regard to University of Alberta Hospital. As you know he was the Chair of the Department of Psychiatry (from 1990 to 2000) and he had a big role to play there. I'm sure many others have talked about that but it was also a pivotal time for University of Alberta Hospital.

There were budget cuts in the 1990s, at the time Ralph Klein was Alberta Premier, and a lot of turmoil. We had a medical staff executive made up of a few selected Chairs. The President and Vice-President of the hospital sat on it, and so did Roger.

It was a decision-making body with 22 or 23 members. Roger would always listen carefully to complex issues and often bring clarity to the discussion, and ultimately, a solution. He would mold what he heard through the discussion and it became the motion. I saw that time after time.

So I just saw Roger as someone who is a leader, working outside his field of psychiatry, stewarding this huge hospital and trying to make difficult decisions around budget cuts and staffing. I'll always remember him for that. We often get trapped in pushing our own agendas. He could have pushed the Psychiatry agenda, but he didn't.

People gravitated to him. The younger, more junior people would watch him and you could see them trying to emulate his approach to listening carefully, to summing up, and then out of that put on the table a draft motion.

While we've had some great Chairs of Psychiatry in the interim, Roger was greater. When you think about what he actually pulled together and started to build, he brought together what I think is really the first academic department we had.

We had a lot of clinical psychiatrists and we still do in the city. But Roger realized that scholarly activity could come out of it, and we could have a Residency training program that's among the best in Canada.

That's very impressive. Now Psychiatry is one of the biggest Residency programs we've got. It's bigger than Pediatrics or Surgery. To set that up, somebody had to have the vision and foresight, and that was really Roger. **C**

Dr. Roger Bland continued

up a rehabilitation program, set up a team. We developed some community services and had a social worker set up an approved home program to take people out into the community. We also had a follow-up program in the community and about eight outpatient clinics around the city to follow up on people who had been discharged. We had a number of nurses working in the community and following up on people. I continued in that role after finishing my Residency until 1972, when the Assistant Deputy Minister told me Dr. James Byers was retiring as Medical Superintendent at Alberta Hospital Ponoka. He asked if I could go down and take over. So we bargained a bit and I went down to Ponoka from 1972 to 1975.

Q In general terms, how would you describe how psychiatry was practiced in the early 1970s? How advanced was it?

A It wasn't so much different. We had antipsychotics, we had antidepressants. There have been some improvements since but it's the same drugs, basically. We also had the benzodiazepines as anxiolytic drugs and we had ECT (Electroconvulsive Therapy), but the philosophy of care was differ-

ent. Before de-institutionalization there were at least 3,500 psychiatric beds in Alberta in 1970. Now there are far fewer, even though we have more than doubled our population. The length of stay has decreased and the emphasis is much more on treatment in the community. A lot of community services have been developed. Of course, the promise from government is always that if you close inpatient beds we'll put the money into community services. Well, only the first part of that happens. The other thing is, going back to 1970 there were two mental hospitals, some other long-term care facilities and eight guidance clinics, that was it. And there were about 60 psychiatrists in the province. Now we're approaching 400. There was also very little in the way of private practice psychiatry at the time. Here at University of Alberta Hospital we've had a psychiatric unit since the 1930s, when it was the only one in the province. I think it did a reasonable job for the time. Then Calgary General Hospital developed a program too.

Q When you first arrived at Alberta Hospital, were there patients who had effectively lived their entire lives there?

A Yes.

Q So when you look back on that, do you think of it as a kind of 'Dark Age' for psychiatry?

A Psychiatry has been through a number of 'Dark Ages.' I mean, the American data at the time showed that if they went on hospitalizing people at the same increasing rate they were doing, then all of the American population would be living in a mental hospital by the year 2000 (laughs). That was obviously an untenable proposition.

Q In retrospect, was de-institutionalization the right approach then?

A I think handicapped services took it too far with the concept that nobody should ever be in an institution. Some people are so physically and mentally disabled that to suggest they can be managed at home is almost inhumane. There are probably still instances where handicapped services are spending a million dollars a year on a single patient to keep them at home with marginal care. You could probably provide more humane care in an institution where they have

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Dr. Ronald Dyck

*Former Provincial Suicidologist
CEO, InnovaWay Inc.*

I was the provincial Suicidologist in Alberta from 1984 to 1995. The position was created by former Alberta Premier Peter Lougheed but it was phased out in 1990s under the Klein government. That's when Roger and I worked closely together, especially (in the late 1980s) when he was part-time Assistant Deputy Minister of Health.

He was a working psychiatrist with a hospital-based practice in the mornings, and the ADM for Mental Health in the afternoons. All the regional mental health clinics were under the rubric of the Mental Health Division so Roger would have oversight of all these clinics in Edmonton, Calgary, Red Deer, Medicine Hat and other places.

I'm by training a social psychologist. I'd done a lot of clinical work and by then I was doing a lot more epidemiological research. Roger and I and several other people did this massive study on parasuicide – or attempted suicide – which was probably the largest study of its kind in the world. From that we developed a suicide prevention training program that was offered to everyone – including police, ambulance, teachers, physicians, nurses, you name it.

Roger had a phenomenal amount of energy and a lot of reach. He had the energy to make a difference, the energy to really drive

forward and to drive the mental health agenda. And it wasn't just psychiatry. It's a broader concept than just psychiatry. It was a very strong push for mental health and what we need to do, not just from a clinical perspective, but a societal perspective, to promote and support mental health.

The beauty of our team, led by Roger when he was ADM, was that every time somebody came along and wanted to burn and slash something we had the data to support it. And that actually scared people half to death, because if that data goes public you're dead. So you couldn't just go and slash a bunch of programs in mental health. In the upper echelons of government, that really annoyed people.

But that's something Roger was instrumental in creating. He understood the politics. He's a Brit and he has that British dry wit. He wasn't somebody who took a lot of crap from people without being very clear, very focused, and very rational in his responses. And for us as staff it was great because he always backed you up.

There is still a group from back in the 1980s when Roger was ADM that still gets together for all our birthdays. It's a group of maybe eight to 12 people and we've all stayed in contact. That was the kind of team spirit we had. Not that Roger was a big team builder, so to speak, but he certainly generated that desire to work together.

We still meet and he is still invited every month. It's testimony to the kind of man Roger is, and the kind of camaraderie he instilled within the Mental Health Division. **C**

Dr. Roger Bland continued

all the services available for far less money, or for far more people, for the same amount of money. Putting everybody in an institution is not a good solution, just as saying nobody should be in an institution is also not a good solution, in my view. But it appeals to politicians of course because they can appease the advocacy groups and it can be made to look cheaper.

Q My impression is that you've always had an interest in the socioeconomic issues affecting mental health, not just the neurological or physiological factors. Is that correct?

A Yes. At that time (in the 1970s) diagnoses were very different between different places. The same thing was being called different names in different places, which made research into outcomes very difficult when we're talking about your eggs and my bacon. When I was in Ponoka I got a research project to follow people for 10 years

after their first admission, and that was all published. Later, we did the same thing at Alberta Hospital Edmonton. We re-did the diagnostic criteria and followed everybody up we could find in the community, and we were very successful in contacting people.

Q Was the focus on schizophrenia?

A Yes. We later did a 15-year follow-up with some of them and then we did a 30-year follow-up that extended into the 1990s.

Q What key findings came out of that research?

A Initially people seemed to improve. At least for the first 10 years. But it's a struggle having a chronic illness and I think the struggle overwhelmed many people. Their resilience diminished and from there, instead of improving many deteriorated. Overall, you could say about one-third did very well, one-third did reasonably well with management, and about one-third didn't do very well, whatever you did.

Q So over time, many suffered a decline in their standard of living and their overall quality of life?

A That's true to say. Many were dependent on programs like AISH (Assured Income for the Severely Handicapped). It's a little better now but then it really provided a fairly marginal income. The government has now made AISH applications for people with mental illness rather difficult. If you look through the forms you'd probably need a Master's degree to complete them. People with mental disorders are not the best at interpreting and filling in forms, or understanding their meaning, and it seems that if you apply for something like AISH the instant reaction is rejection. So, you have to appeal, and some people get really put off because they think they're being rejected. But the appeals, if they're properly done, are largely successful. Our clinic nurse over much of that period was Jocelyn. She estimated

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Dr. Denise Milne

CEO, CASA Child, Adolescent and Family Mental Health

Dr. Bland is the history of psychiatry in Alberta, specifically in the Edmonton area. He is such a phenomenal, sound, expert, caring individual.

I first met Dr. Bland when I was in my early 20s and I was working at the Edmonton Youth Development Centre (YDC) or what we now know as the Edmonton Young Offender Centre, which works with youth who are in trouble with the law. I dealt with many of Dr. Bland's cases and got to know him as a result.

I followed him to government when he became Assistant Deputy Minister of Health, and worked with him there for about five years.

Then I moved on to Alberta Hospital – Edmonton. I've always stayed in touch with him throughout my career. He was ADM when CASA was created from the Child Guidance Clinics, so obviously that history was exceptionally important to CASA.

Whether you're talking about his work on the Alberta Alliance

on Mental Illness and Mental Health, or the Valuing Mental Health stakeholder group, or his work with CASA, Dr. Bland is just a phenomenal man. He has such a wise and good heart.

He has always been a mentor for me and always had so much wisdom and insight into the mental health system, the politics related to the mental health system, the personalities within the mental health system, and the changes in the system. He speaks with evi-

idence, he speaks with insight, and he speaks with knowledge.

To honour Dr. Bland's many important contributions, CASA recently announced the four-part Dr. Roger Bland Lecture Series on Improving Children's Mental Health, which begins Sept. 20th at the McCauley Chambers on Kingsway Ave. Dr. Bland was also nominated for the Dr. Myer Horowitz Book Award, to be presented at CASA's Annual General Meeting on Sept. 26th.

Our board has such deep re-

spect for Dr. Bland. His life has been devoted to improving mental health, and his contributions are deep. He is such a phenomenal person, such a warm and caring person, and he has always supported people he believed and felt were going to make change in a positive way, for patients and their families. **C**

Dr. Roger Bland continued

she'd spend about 60% of her time helping patients fill in forms. Is that a constructive use of time? Probably not. But it's necessary.

Q Why were you particularly interested in schizophrenia?

A At the time it was a disorder about which we knew quite a lot. But we were unsure about the best way to arrive at a diagnosis, what the familial distribution was, the likelihood of having it in families, the response to treatment and long-term outcomes. All of that was pretty vague, so to me it was perhaps the most interesting area to study at that time.

Q You also had a keen interest in the epidemiology of schizophrenia, is that right?

A Yes. When I was a resident it was a

standard belief that 1% of the adult population had schizophrenia. But as we got better research criteria for diagnosis that dropped to about 0.6% to 0.7%, and that's what our studies showed too. We weren't just interested in a group of patients and following particular patients up, but in knowing whether they were representative of (the broader societal population).

Q When you look back at your long career in psychiatry and all of the research you've been involved with, what are you proudest of?

A Well there have been quite a few lately in terms of developing some of the things that AHS (Alberta Health Services) is doing. There was the 2016 Swann report, Valuing Mental Health, which included 32 recommendations (on how to improve mental health and addictions services in Alberta). The initiative in implementing anything

seems to come largely from Alberta Health, not AHS. If AHS had worked with Alberta Health they could have achieved a lot more than they have, which at this point is I think not a great deal, although they'll come up with a few things for sure.

Q In your view where did the implementation process fall down?

A They didn't pick it up. The same sort of things appear in the Alberta Auditor General's report too. The 2014-2015 report had a whole list of recommendations on mental health, but one year after the other they're not doing much about them.

Q Why the lack of follow through, in your view?

A How important do you think mental health is within AHS? There was a clear recommendation in Dr. Swann's report to

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Scott Phillips

*Assistant Chair – Administration
Department of Psychiatry*

Roger had an amazing work ethic. I can't say I've met anyone who surpassed his work ethic on a regular basis. His hobby was his work. Roger loved his job. He had the greatest thing one can get – the idea that your job is your hobby. He's someone who got into what he did because he wanted to do it. It wasn't for money. And he continued to do it until the day he died.

Roger's character was stronger than anyone I've ever met. If you make a commitment you do it. A friend of mine just asked me when I mentioned that Roger had passed away: 'Are you doing okay? Are you going to take the day off?' And I said: 'That's the one thing you wouldn't do in honour of Roger Bland.' You wouldn't take the day off. You'd go in and you'd do your work. I admired that greatly about Roger.

I also admired his intelligence and breadth of knowledge. It's rare that anybody understands their industry as well as he did. He understood everything, he read everything, he was a part of everything. He wasn't just going through the motions.

He was focusing on the grander 'economy' of mental health, for lack of a better term. And he understood all of the moving pieces. He was the one person – better than anyone I know – who was able to build a collage of what is currently going on, what has been, and what can be.

A lot of what Roger did was at great sacrifice to himself, from a financial perspective. He's a fee-for-service physician so every hour you commit to something else, is one less hour you're being paid. If you take on the role of an ADM (Assistant Deputy Minister) as he did, or any other role along those lines, you're not going to make

the kind of money you would by seeing patients. So he sacrificed that. He also sacrificed time with his family, time pursuing hobbies, time with friends or enjoying certain experiences.

Roger's family had to sacrifice too, all for the greater good. We wouldn't be where we are now in this province without Roger's sacrifice. In his interview he says we're not as far along as he'd like us to be. But as Carl Amrhein mentioned in his comments, we're much further along than we would be if not for the sacrifices Roger made.

You might find people who disagreed with Roger. You might find people who just didn't care to work with him. But you're not going to find people who didn't respect him. And to have the respect of your peers is one of the hardest things anyone could ever achieve. That says something about his integrity.

He also had a rare combination of traits. To play politics you have to understand it, you have to understand governance, you have to understand certain strategies. To be a visionary you have to be more on the creative side rather than the analytical side. But he was great at both.

I knew it when I'd say something he disagreed with because he'd kind of cock his head a little. He wouldn't jump down my throat. He'd just cock his head a little bit and let me finish what I was saying. It was always conversational. There were times that I didn't necessarily fully agree with him. But there were other times when I completely changed my mind about something too.

We would go out for lunch, we would be at the same dinners, he'd stop by and chat and tell me an anecdote or three. In many ways it was like sitting at your grandfather's knee, and I absolutely adored it, because in every anecdote and every story you'd learn something. And the more you listened to him the more you were able to understand why things are the way they are. Every time I walked away from a conversation with Roger I walked away with something new. **C**

Dr. Roger Bland continued

increase the proportion of healthcare spending on mental health from about 6% to about 9%. That's 50% more. I don't see it. So, I'm not sure whether there is much of a drive from the top within AHS to pursue these things. Maybe as they don't hit the front page of the newspaper, they're okay with that.

Q Why the unwillingness to put more funds into improving mental health and addictions services as opposed to say, cardiac care?

A I've got nothing against these other areas of healthcare. But they're all technical, they're all procedural. Cardiac care is very

much a technical procedure or specialty. Mental health is largely about interpersonal issues.

Q So you're saying mental health is generally considered a 'softer' area of healthcare?

A They would put it that way, yeah. You don't require an incredible amount of fancy machinery when you're dealing with mental health or addictions, and you can't go to the newspaper and say we've developed this new procedure that is going to alter the life outcome of people with this disease. On the flip side, we haven't found the cure for schizophrenia and we're probably never going to find it. We've vastly improved treat-

ment and we've had medication improvements, yes. But they're mostly fairly marginal.

Q What about ECT (Electroconvulsive Therapy) as a treatment for major depressive disorder? There have been major improvements in how it's administered, correct?

A It does have immediate side-effects in some people, and for a small proportion of people it has long-term side-effects. But so does the damn illness. The technique for administering ECT has vastly improved over the years, so it's safer and with less side-effects, and depression is the diagnosis for

Continued...



Dr. Carl Amrhein

Provost
Aga Khan University

I knew Roger far better in my role as Deputy Minister of Health (2015-2017) than I knew him as Provost at the University of Alberta.

Roger was the conscience of mental health, he held the government to account and was constantly reminding government of its responsibilities.

He played a key role in the evolution of the Department of Psychiatry, in bringing research into mental health and in mentoring a generation of health care professionals.

But there was also this community piece, way before it was on anybody's radar. He and a relatively small group of people were pushing Alberta constantly. He never gave up, and I can imagine even 10 years ago he would have had any number of reasons to give up.

But he always came back for the next set of meetings, the next report to the government, the next opportunity to ask people like

me: 'What is the government doing? What is the government thinking? Does the government understand the issue?'

And he made progress. If he wasn't the Godfather of Psychiatry in Alberta, he would certainly be one of the parents.

When I was in government there were public advocates who never missed an opportunity to try to embarrass you in public. In health that's not all that hard to do, considering all of the pressure points. But I would always accept any invitation from Roger because he would not do that.

There are 'gotcha' public advocates, and Roger is not a 'gotcha' public advocate. He is focused, he is ethical, he's got a very strong sense of moral obligation that society bears in the healthcare context, and he would always ask the hard, probing questions. But he never crossed that line to embarrassing the public official.

He would listen and say: 'That's nice Mr. Deputy Minister but what are you going to do next month?' And he also mentored others like Dr. Denise Milne (the CEO of CASA Child, Adolescent and Family Mental Health.) I think one of the reasons CASA is so successful is that she is a trusted, reliable, focused and unrelenting public advocate. Government needs those public advocates. **C**

Dr. Roger Bland continued

which it's most effective.

Q What are your views on Transcranial Magnetic Stimulation (TMS) therapy? Some say it looks very promising and less invasive than ECT.

A I'll keep an open mind on it. Evidence is accumulating on it. I can't say I've looked at both sides carefully but beware of those who are too enthusiastic about something new. The other side (of the argument) being: you use a new treatment while it's still new and it still 'works.' It's like buying something from Microsoft and then finding out you are the beta tester. (laughs)

Q As you know, there's now a wide variety of academic sub-specialties and specialized clinical programs in the field of psychiatry. Were there many such programs when you first came to the University of Alberta?

A There was Child Psychiatry but that was probably about it. The Eating Disorders Program at University of Alberta Hospital is a good example of why we need specialized programs. Patients in that program are almost impossible to manage on a general

hospital unit because of their behaviours. So I think we've been very fortunate in Edmonton with Dr. Henry Piktel and Dr. Lara Ostolovsky who have developed what may well be the best Eating Disorders Program in Canada.

Q You've been a mentor to hundreds of people in the Department of Psychiatry's Residency Program over the last 30 or 40 years. Have the residents changed over that time?

A In many ways, no. But they come into the Residency Program now from medical school. That's about the only way. When I was in Residency we had people who had been in general practice for a number of years who then decided to do specialty training. That gave them a different background experience before they started. So I don't know. Maybe we ask people to choose a specialty career too early now. The other thing is with this horrible Canadian Resident Matching Service we send all these graduating medical students on cross-country tours for interviews at considerable expense and they may well end up getting placed in a specialty that they didn't particularly want. Then they're stuck with it for the rest of their

careers, with very little opportunity to change. So I think it's not the individuals who are different today. It's the system that's different, and the medical profession is not noted for treating its young kindly.

Q After all you have experienced since you came to Canada and became a practicing psychiatrist almost 50 years ago, how would you rate the Canadian healthcare system?

A We don't have a Canadian healthcare system. We have 10 provincial and three territorial systems, which share some similarities. But I'd rate it as mediocre.

Q In terms of what?

A In terms of outcomes. In Alberta we have the most expensive per capita healthcare system in Canada, but we produce modest outcome results in terms of wait lists and such measures as infant mortality. For the money that's spent we should be right on top, but other countries produce better outcomes with lower expenditures.

Q Which healthcare systems do you admire most then?

Continued...



Dr. Klaus Gendemann
Clinical Psychiatrist & Professor
Department of Psychiatry

Roger has made an immense contribution to the Department of Psychiatry. He has probably been the pillar, the foundation for the Department since the 1970s.

He was a one-man band for a long period of time. He was coordinating and running a good portion of Alberta Hospital, even in Ponoka, back in the 1970s. So he drove down there regularly. He could have said, 'I'll just stay in Edmonton, I can find enough work here.' But in those days there were a lot of family docs who were running those units and they needed guidance, so he'd go down to provide that.

Psychiatry never used to get a lot of Residents. But during my time as a Resident in the early 1980s, when Roger was the Resident Coordinator, we suddenly got this big influx. The Department would typically get one or two Residents a year before that.

But in my era they started getting 12 or 14 Residents, so it was a massive spike. Psychiatry wasn't viewed as much as a mainstream medical career previously, but it changed and I think Roger was a major contributor to that change of perception.

You've also got to remember that Roger has been a great advocate for the mentally unwell through various organizations, back to his days as a Deputy Minister of Health in the 1980s. He brought it from the Stone Age, as I'd call it, to the forefront.

It has been a big transition and I think Roger has been instru-

mental in increasing the awareness of politicians and others about mental health. He was always willing to donate his time to various organizations and various committees. I don't know if the guy ever went home. He was an endless advocate for mental health and I have great respect for Roger in that regard.

As Chair of the Department, Roger was very empathetic when empathy was required, but also very direct. He had no problem putting expectations on his subordinates. He had good leadership skills. He would say 'Here's the role and here are the expectations. How you go about it is up to you. You're a bright enough guy. Figure it out.' He didn't like to just pull you along. He left you with some independence.

Sometimes people didn't like what they were asked to do, but they did it because they respected Roger. It's very evident that he was exceptional in those skills because we didn't have many of the issues that we're confronting now.

Roger has a very dry sense of humour. He's got that old British wit. People sometimes tend to misinterpret it – even colleagues who didn't really look at what he was trying to allude to. He'd make these dry, humorous comments that some people interpreted as being a bit inappropriate. But I never thought they were. It just depended on your interpretation.

Life for Roger was his work. I don't have any other way of putting it. He has continued to be involved, right up to his recent health misfortune, and was still the Deputy Editor of the Canadian Journal of Psychiatry. He didn't view it as punching the clock. He had a passion for it. He felt he needed to get the message out. It was a mission. For Roger, it's not a career – it's his life. **C**

Dr. Roger Bland continued

A No particular one. There are things that work very well in the National Health Service in Britain. Scandinavian countries have tried most solutions and have a good record of being innovative and producing good outcomes. The Netherlands, France and Germany all produce pretty good results with sometimes very different organizations and systems of payment.

Q What are your views of healthcare in the U.S.?

A One could look to the Americans in terms of how not to do most things. Their per capita expenditures are probably approaching twice what ours are, and their results are worse. However, if you're a rich American you can probably get everything you want. But if you're a poor American you should see your bankruptcy adviser.

Q Should Canada pursue a national healthcare system, in your view?

A Yes, but they'll never get that through the provinces. The federal government can't control the provinces very well, can it? They all want the money with no strings attached and the federal government wants to put strings on it but can't do it very effectively. So you have this conflict going on all the time which is not constructive.

Q It always seems to come down to money. Is that the best way to create a better healthcare system, by simply increasing funding for it?

A Definitely not. Alberta has the most expensive per capita healthcare system in Canada but it doesn't deliver the best results. Why not? I don't know. Andre Picard, the healthcare reporter at The Globe & Mail,

said a major problem with Canada's healthcare system is, one, we don't have a national healthcare system. We have 10 provincial and three territorial systems. And second, we have well-trained and qualified professionals and reasonably good facilities, but we have lousy administration and management.

Q Can you elaborate on what that means to Alberta?

A Every hospital used to have its own board. Then we moved to regional healthcare organizations, like Capital Health. Well, part of the problem with that was the provincial government hadn't put a system in place for controlling the regions, and the Calgary Health Region was totally out of control. So the solution from the govern-

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Dr. Maryana Kravtsenyuk

*Forensic Psychiatrist & Assistant
Clinical Professor
Department of Psychiatry*

I met Dr. Bland when I moved to Edmonton to study psychiatry and when I started my training at the university. From the very first minute he was so kind. The amount of kindness he has is even difficult to put into words.

When people talk about mentorship in psychiatry we have many programs that try to teach the skills of mentorship, and how to mentor trainees. For me Dr. Bland has been a mentor in my field, in psychiatry, a mentor in my career, and a mentor in my life. And it all happened so naturally because he's just a natural role model.

Part of the reason why I'm now a forensic psychiatrist is that Dr. Bland inspired me to always strive to do more, to seek more education, and to be inquisitive about what we do in psychiatry. He was very supportive of me going to Toronto for my sub-specialty training. But I always kept in touch with him and asked for his advice.

He is just an incredibly kind psychiatrist, academic and researcher. He always found time and a piece of his heart for me. He is truly the mentor we always try to describe in medical training. Dr. Bland is a natural mentor because he is a role model in his life and in his research.

During my training we both happened to sit on the Canadian Psychiatric Association Research Committee. I was a resident at that time and he was the editor of the CPA journal. He always amazed me with the questions he was looking to answer. He was always so inquisitive, asking what should we be doing better. And it was never good enough for him.

Despite all his experience, despite where he was in life and all his achievements, he never stopped. He always wanted to do better, to look for the answers that are so much needed in psychiatry. And with him things just happened when you'd meet him casually, in conversation.

It didn't have to be in any way formal or official, because he is so authentic in who he is. Dr. Bland is my role model – in my career, in research, and in my clinical work. **C**

Dr. Roger Bland continued

ment's point of view was to blow up the system and create Alberta Health Services, which is still trying to understand where it fits.

Q How so?

A Healthcare policy should be set by the government, which is Alberta Health, the government department. But they formed Alberta Health Services to keep it at arm's length. That way if there's a problem it's not a direct political problem, so it's an avoidant management system. Is that a good thing or a bad thing? Well if you're a politician it may be a good thing. But if you want to have control of the system it's a bad thing. Other places exercise more direct control or have more regional control. With AHS, it serves a little over four million people in Alberta, but we live in a province that's the size of France. Which means the management problems you're going to have are going to be different because of the geographic distribution of the population. Sure, we're not going to have cardiac transplants done at every Greyhound Bus depot. But I don't know that we've thoroughly got it worked out in terms of what we do where and how. And I think mental health has not been a winner in all of this.

Q Based on all your work in the academic, clinical, research and policy areas of psychiatry, on a practical level, what do you think mental health clinicians could be doing better?

A We could integrate our care better. There is a lot of discussion about it, not just here. Do we have inpatient psychiatrists and outpatient psychiatrists? Or do we have psychiatrists who follow patients through both areas of the system? I think most are feeling at the moment that it's better to have people who follow things through. And if so, what could we do? Certainly, for the more severe disorders who are going to require long-term follow up, we need treatment teams so you never lose a patient. You keep them and you don't shift them between pillar and post. But you have a team that looks after them wherever they are. They've done this pretty successfully in the Netherlands, perhaps more than anywhere else. We could learn a lot from the community teams they have.

Q So they don't get so hung up on issues around jurisdiction, whether it's in terms of geographic or institutional jurisdiction?

A No they don't. I mean if patients move

geographically then maybe you hand them over to a different team, but you don't lose them. So that's one thing. The other thing is, we don't do very well necessarily with our housing options and alternatives for people who need sheltered accommodation. We tend to have developed lots of ad hoc solutions, some of which are okay. But we need to ask ourselves, would you want your family member living there? Would you want your wife, your kid or your parent in this program? If the answer is no, then we're doing something wrong.

Q Another major issue is the lack of mental health services on reserves. What can be done to address that? Should there be special inducements for psychiatrists to serve First Nations communities?

A Well, whose jurisdiction is it? Reserves if I remember rightly fall under federal jurisdiction and the federal government and the provinces don't seem able to reach a collaborative arrangement to make sure those services are delivered. So, you have a whole different health care system (on reserves). The list of approved drugs is different and some of the professional staff are

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Kathy Ness

*Alberta Health Advocate
& Interim Mental Health
Patient Advocate*

I've probably known Roger for a good 20 years. In my most recent role as Assistant Deputy Minister, Health Service Delivery, I was responsible for the Addiction and Mental Health portfolio so we often connected to discuss best evidence and related issues.

Dr. Bland really dedicated his life to making the lives of others

better. His excellence in research and his passion for patients and their well-being were a winning combination.

He not only used evidence to make patients' lives better, he was really passionate about advocating for patients as well.

He was always kind, respectful and knowledgeable, but he was also passionate and driven to do things better.

I've had a career of 30 some years in health, and of all of the clinicians I've worked with – and I've worked with many – he has always been someone you could phone, you could trust and you could rely on, knowing that he's weighing in on making sure that we're doing the right things from a policy perspective. **C**

Dr. Roger Bland continued

federal government employees, not provincial. I don't really understand all the details but certainly the Indigenous population is a disadvantaged group. On the other hand, on some reserves they create some of the disadvantages themselves, so it's not quite as simple as saying just give them more money and everything will be okay. There are reserves which have benefited from having oil and they've used the money wisely. There are also examples where they've obviously misused the funds and there has been corruption and this sort of thing.

Q On a happier note, tell me what it was like when former Governor-General David Johnston recognized your lifelong contributions to advancing mental health policy by honouring you with the Order of Canada in 2013?

A That was really a very good experience. First of all you get the phone call to inform you, but you're not allowed to tell anybody anything. And that call came in about May. And then the award was announced on Canada Day. They do it twice a year and mine was announced on Canada Day. And then you're invited to go and receive it. A limited number of family members can go, and my wife Riet joined me for the dinner. It was very organized, very formal. David Johnson was an excellent Governor General. After the awards ceremony there was a

reception. The Governor General talked to everybody. There was none of this 'your excellency' business. He just said, 'Call me David.' His wife is equally informal. We sat at her table for dinner but she was up and down all the time talking to various people. It



Dr. Bland receives the Order of Canada from (Former) Governor-General David Johnston.

takes place at Rideau Hall and you get to be shown around, so it was a very nice experience.

Q So you're a big fan of David Johnston?

A Yes. As a former law school dean his views on society are very progressive. The federal government extended his appointment to take him into Canada's sesquicentennial year (150th anniversary) in 2017. I have two wonderful daughters, Amanda and Fiona. Amanda and I went to a garden

party at Rideau Hall last fall and there were probably a couple of thousand people there, all on the grounds of Rideau Hall. Once again it was a beautiful, great experience.

Q As a British transplant, what did it mean to you to be given the highest honour this country can bestow on a citizen?

A It meant a great deal, actually. There's the personal side of it but then the 'why' makes you think well maybe I did do something worthwhile for mental health. Having spent most of my life in this area, to be recognized in such a way was really pretty remarkable. The Order of Canada is not awarded for a single act of bravery or something. It's more about a lifetime or long-term commitment to something.

Q When you look back at all the initiatives and activities you have been involved in over the years, whether it's in the clinical, academic, research or policy areas, what gave you the greatest pleasure?

A I don't know. I mean, for research, the fundamental requirement is curiosity. So if you're not curious why bother? And then, an intent to try and find a few answers. People often think 'Oh, I'd love to do research.' But it comes down to: about what, how, can you get the instruments and the tools, is it feasible, is it possible, and has it been done before? You have to investigate all these

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Dr. Michele Foster

Resident, Department of Psychiatry

I had the pleasure of working with Dr. Bland during my second year of Residency in his clinic at the University of Alberta. Dr. Bland was heavily invested in teaching Residents and making sure we felt supported.

He was always approachable and available if we had questions, of which there were many since I was early in my training. But the thing that truly made Dr. Bland special, and the thing I will remember the most about my time with him, was how personable and caring he was with his patients.

He knew every detail about every single patient, many of whom

he had been following for a number of years. He knew their family members and children by first name, their life stories, and had been with them through many significant life events.

Dr. Bland has been a fixture in Psychiatry Resident research. He has helped many residents to complete projects and is heavily invested in our success.

There were several instances where I received an email from him at 11:30 p.m. on a Sunday about a conference that might interest me because it related to a project I was working on.

It has been a true honor to meet and work with such a knowledgeable and dedicated teacher, as well as a member of the Order of Canada.

I will miss seeing Dr. Bland around the department, always dressed in his impeccable blazer and stopping for a chat with him in the hallways about the exciting events he recently attended and his upcoming travels. **C**

Dr. Roger Bland continued

things before you start, or you're just going to reinvent the wheel. And a lot of research is reinventing the wheel. We need to do that too, because a single finding needs confirmation by others doing similar work. But in recent years much of the research has been driven by industry wanting to flog drugs. That's not necessarily that productive but that's where the money goes, because that's where the sales are.

Q Some criticize the pharmaceutical industry for 'inventing' new disorders to treat. Is that a valid complaint or is it wrong-headed?

A It's valid but you have to take it in context. Does it produce something worthwhile or not? Social Anxiety Disorder has been described as Paxil Deficiency Disorder (laughs). Well, (GlaxoSmithKline, which markets Paxil) was the only company to really research it, so they can say 'Well, our drug worked, right?' That doesn't mean other similar drugs wouldn't. But other companies didn't put their money into doing the research.

Q In general, do you think we have gotten better as a society at being more aware of our own mental health issues and those of the people around us?

A I don't know. I remember a quote I read recently that said, 'For the last 2,000 years,

every new generation of young people have said they've had it worse than the preceding generation.' If that was the case, it should be a hell of a disaster (laughs). There is little evidence that really is the case. Of course the crises and situations that young people are facing today are not the same as you faced or I faced, but that doesn't mean that they are fundamentally different. It just means that we're having to grow through different crises. When I was younger, imminent nuclear war was a big issue. Now people would just laugh at that. They don't think about it much anymore. They don't think much about Rocket Man (North Korean leader Kim Jong-un).

Q We hear a lot of talk these days about maintaining a healthy work-life balance. Is that really achievable in this hyper-competitive 21st century world, or is it a myth?

A Well, I suppose it's not a myth if you're a workaholic and you never do anything else, or alternatively, if you're such a lazy bum that you never do anything (laughs).

Q And what about those of us who don't fit in either camp, but are just trying to keep our jobs, pay our mortgages and raise our families?

A But even those are current issues. If you were wondering how you were going to support your kids, or on the other hand, if

you were wondering where the next potato was coming from, you might be in a different situation. You wouldn't be thinking about work-life balance.

Q So are you saying that life effectively imposes those choices on you?

A Certainly, to some degree. I mean, we're far better off today. Average life expectancy in the last 50 or 60 years has increased more than in the whole previous history of mankind.

Q So why do you think so many 20-somethings are apparently so anxious and depressed about the future? Is it because media types like me have fed them a lot of B.S.?

A Well, you do (laughs). I think perhaps economic necessity doesn't force them to get on with things. Either to get further educated or to find a job to support yourself or to starve – which was the situation a hundred years ago for sure.

Q So, having too much time to ponder looming Armageddon is a bad thing?

A Probably. I mean, you've got to get on with things.

Q I'd like to focus now on some of the other research you've done over the years, including your research on the in-

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Orrin Lyseng

Psychiatric Nurse & Former Executive Director, Alberta Alliance on Mental Illness & Mental Health

I had the pleasure of working with and for Dr. Bland when he was assigned to become Medical Director for Alberta Hospital – Ponoka (later renamed the Centennial Centre for Mental Health and Brain Injury) in the early 1970s.

I didn't have a close interaction with him but we all knew that there was this Englishman who had assumed responsibility for the department and for the hospital. I encountered him on a more regular basis when I transferred to Edmonton. I was working in community psychiatry and Roger had assumed the medical directorship for the community psychiatry program.

Roger didn't have a pretentious manner, and he had this remarkable quiet wit. The first little while it was hard to get a handle on him. He had this strange British standoffishness. But once you get to know him he's actually quite funny.

A lot of times in psychiatry – as with any health profession – you can fall into the trap of just playing a role. Sometimes you don't see the people who come to you for service as personal. But Roger had a personal touch with clients.

That's what I learned from him: That people are still people, whether they're asking for your help or whether they're your friends. They are still people. He also had a willingness to go out and help people in crisis. You see the quality of the person when you watch them dealing with people in crisis. That's where Roger was really strong.

As Executive Director of the Alberta Alliance on Mental Illness & Mental Health a number of years ago I deliberately sought Roger out and said we would really appreciate him becoming an individual associate member of the Alliance. These are people who have a lengthy and remarkable history as advocates for mental health in Alberta.

In this way we got great advice from a very knowledgeable person. But Roger also lent tremendous credibility to our organization. If we went and made a presentation to government, we'd often bring Roger along because he provided instant credibility, just by his presence.

Another thing about Roger is that he is a walking library of research on mental health. Not only does he know his own stuff, he knows everybody else's too.

He could quote his own work but also that of leading researchers around the world. So Roger was not only recognized for his clinical work, his policy work, his academic work and his political work, but also for his strength in research. **C**

Dr. Roger Bland continued cidence of dementia and what links dementia may have to factors like cognitive impairment. Can you elaborate on that?

A This was part of a larger study, a national study in Canada on health and aging. The principal investigators were in Ottawa. We had the Edmonton base for it and we had to select a random sample of elderly people. And if you think about it, how do you collect a random sample of elderly people? It's not easy. We can use voters lists and all that. But in the end we went to Alberta Health registrations. At that time they couldn't release a person's age or identity let alone their medical information. It wasn't permitted under the legislation unless you had ministerial approval. So we got the minister to agree, and then we pulled a random sample of names of people over age 65. You know what we found? That 10% of them were dead (laughs). That tells you something about registering for health care, right.

Q Well, it would certainly make for shorter interviews.

A Very short. However, having overcome that we then had to interview them and do some cognitive tests and screen them in or out. Then we looked at what proportion showed evidence of some cognitive decline. And then we looked at what the possible causes would be with more clinical examination, which was quite interesting. We were lumped in with the prairies and if I remember rightly, fairly typically anyway, we found the same rates as most other places. The incidence of dementia increases with age, of course. Age is the principal risk factor. We also looked at admissions to long-term care facilities, which were usually on the grounds of physical disability. But when you looked at it more closely, mental disability was often the critical factor.

Q You also studied the prevalence of psychiatric disorders in Edmonton. What were the key findings there?

A They're much more common than you'd expect. Now, for most psychiatric disorders clear criteria have only become widely used in the last 40 years or so. So we started in

the early days of that. And you can argue that the criteria were right or wrong, or that there were problems with all of that. So if you're not using criteria that are comparable to what other people used you can't compare results. However, what we did find is that psychiatric disorders are much more common than you would expect. Many people make spontaneous recoveries. Many go untreated. For the more severe disorders, they tend to show initial improvement and then often they decline as things don't improve in their lives. That's sort of sad, because your initial prospects with medications and so on look pretty good, but the issue is, can you maintain it? In many cases the answer is yes. But with a proportion of them, no.

Q But let me clarify this. Did you find that the prevalence of psychiatric disorders in Edmonton was higher than elsewhere in Canada?

A Yes, particularly in terms of substance use disorders at that time. But remember

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Dr. Roger Bland continued

that was a time when the economy was boom-and-bust. Everyone was working out in the oilpatch, making loads of money and getting hammered on weekends. I don't know if that's been maintained or if it's now somewhat less of an issue. Drug use is interesting as a disorder because it follows fashion. And you know, eight or nine years ago it was all about crystal meth. Now you don't hear a word about crystal meth, it's all about fentanyl.

Q So true. I've been told Sherwood Park is a hot spot for fentanyl use, even though it's a pretty affluent community. In your view, is there any correlation between income levels and the prevalence of illicit drugs like fentanyl?

A I don't know. You may get schools where there is a culture of use, and you may get schools where there is a culture that says it's a big no-no, and the social influences from peers and others in your social circle will be incredibly influential. Some schools have done a really good job in making themselves – I won't say drug-free, because obviously they're not – but in not becoming part of a culture of drug use, in the same way that some have far lower rates of attempted suicide than others.

Q That reminds me of a project I was involved in a few years ago in Nunavut. As you know, suicide rates there are incredibly high among the young. How would you account for that?

A Well, what does the future look like for youth growing up in Nunavut? What are your friends doing? What does the culture tell you to do? What do we offer Nunavut youth in

terms of economic and other opportunities? Do we manage to put them into a culture that encourages education, professional development or trade development? Or do we just send them to school with no future? I don't know all the answers, unfortunately.

Q When you look back at all the initiatives you've been involved in over the years, are there particular colleagues, past or present, whom you admired greatly or whom you felt made important contributions to mental health?

A Oh, there were a lot of them. At the University of Alberta, I admired Dr. Keith Young

who particularly impressed you?

A Actually quite a few. Neil Crawford I thought was a very bright guy and from the mountain top he had a good view. He had no prejudice against the mentally ill and he tried to do what he could. Helen Hunley – for whom the Helen Hunley Forensic Pavillion at Alberta Hospital Edmonton is named – was another. She had an enduring interest in mental health, and despite being a rural farm equipment and insurance agent she took a great interest in research and really pushed that. Neil Weber, who came from the telecom sector



Dr. Li (left) & Dr. Bland (centre) in China, with Dr. Tao Li (right), Director, West China Institute of Mental Health

as I said, who was the Chair of the Department of Psychiatry when I first came to Edmonton. But there were many other people who were excellent teachers, mentors and clinicians. When I worked with the government I had a good set of colleagues there, including Gus Thompson, a psychologist. We developed some research and some programs together. Ron Dyck was a PhD in Educational Psychology and a provincial suicidologist when we had one, who really developed excellent programs. Give me a while and I could think of 20 more.

Q What about the politicians you've dealt with over the years. Were there any

to health was an excellent person. He was a bright guy with a good perspective on things, as was Dave Russell.

Q Let me ask a different question. Would you go into psychiatry again if you knew then what you know now?

A Oh, probably.

Q Do you think you'd have the same passion for it?

A Well, an interest became more than an interest, right? Knowing what I do now, why not? You can always keep hoping that there will be different things happening and that things will change for the better. So why not? **C**