Dear colleagues and friends,

As 2018 draws to a close and a new year dawns, this seems like an appropriate time to reflect upon some of the key developments of the past 12 months.

In looking back, this was indeed a year of dramatic change. Important new academic, research and clinical programs were launched; key leadership changes occurred; promising clinical initiatives and drug trials were unveiled; and last but not least, we bid a final farewell to two of our most influential, beloved and respected colleagues.

Here’s a recap of some of the highlights from 2018:

In February, the Department of Psychiatry, in partnership with Alberta Health and Alberta Health Services (AHS), launched the first Gender Program in Canada’s prairie provinces. Dr. Michael Marshall was appointed Program Lead, overseeing the pioneering program’s clinical, research and teaching arms.

Also in February, a new CASA Research Chair in Child and Adolescent Mental Health was announced, and a major international recruitment effort was launched to fill this prestigious post.

The announcement followed a 10-year, $5 million funding commitment to the Department of Psychiatry by CASA, Child, Adolescent and Family Mental Health, an innovative community-based provider of mental health services for infants, children, adolescents and their families.

In March, Alberta’s first-ever conference on addressing the mental health challenges of those with Developmental Disabilities including Intellectual Disabilities and Autism Spectrum Disorder took place at the Delta Edmonton South Conference Centre. It was a huge success.

The ground-breaking Innovations In Practice Conference attracted about 320 attendees, raising public awareness of a vulnerable but often overlooked high-needs population group, while highlighting current best practices in the field.

In the same month, following an extensive review process by the Chair Review Advisory Committee and the Dean of the Faculty of Medicine and Dentistry, Dr. Xin-Min Li received a renewed five-year mandate as Chair of the Department of Psychiatry.

In April, Mark Snaterse, Alberta Health Services’ Executive Director for Addiction and Mental Health, AHS, Edmonton Zone; Dr. Xin-Min Li, Chair, Department of Psychiatry, U of A; and Dr. Daniel Li, Interim Zone Clinical Department Head – Addiction and Mental Health, AHS.
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for Addiction and Mental Health, Edmonton Zone, announced plans to launch the new Addiction and Mental Health Access 24/7 Centre, which is set to open its doors next month.

The new central information, assessment and navigational hub for the region’s addictions and mental health clients will be located in the renovated Anderson Hall building, just east of the Royal Alexandra Hospital’s Emergency Department.

Also in April, Edmonton Mental Health Court (EMHC) – the only court of its kind in Alberta and one of a very few in Canada – opened its doors, following months of intensive planning by Forensic Psychiatrist Dr. Peter Rodd, Lead Psychiatrist for EMHC, and Assistant Chief Judge Larry Anderson.

In May, the Department of Psychiatry’s annual Research Day event drew over 100 participants, and featured a keynote speech by Dr. Jane Foster – an Associate Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University – on the relationship between gut bacteria and brain function.

The day-long event, designed to celebrate and showcase the research of the Department of Psychiatry’s Residents and Graduate Students, took place at Bernard Snell Hall.

Also in May, University of Alberta Hospital was chosen as one of 50 international research centres to participate in a Phase II clinical trial of a promising new compound being developed as a potential treatment for Attenuated Positive Psychotic Symptoms (APPS), a condition that is regarded as a potential advance indicator of Schizophrenia.

Dr. Pierre Chue, a Clinical Professor in the Department of Psychiatry, is the trial’s Principal Investigator at UAH.

During the same month, the Alberta Alliance on Mental Illness & Mental Health (AAMIMH) approved a new strategic plan, and named Lee Hall as the organization’s new Interim Executive Director. Dr. Judi Malone, CEO of the Psychologists’ Association of Alberta, was appointed Chair.

As a story in this issue of Connections explains, the Alliance is now redoubling its efforts to solidify its role as a vital voice for change in Alberta’s addictions and mental health system.

In June, AHS officials announced plans for a purpose-built Child and Adolescent Mental Health (CAMH) Centre, as part of Phase One of the Royal Alexandra Hospital’s ambitious 16-year, $4.5 billion master redevelopment plan.

The proposed facility’s functional programming plan has been completed, and consultations with various stakeholders have begun while detailed design work continues. Construction of the new CAMH centre is expected to start sometime in 2019.

Also in June, Alberta Hospital Edmonton (AHE) Medical Director Dr. P.J. (Patrick) White unveiled AHE’s Ambition 2023 Plan.

The plan, introduced after more than a year of discussion and planning, calls for major enhancements to addictions and mental health patient care across the Edmonton Zone, including a new Day Hospital on the AHE campus.
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into a world-class clinical and research unit. Dr. Fedorak also established the Zeidler Gastrointestinal Health Centre.

Finally, by the end of December, the province’s first Academic Medicine and Health Services Program (AMHSP) for Alberta’s practicing psychiatrists is expected to be implemented.

The pending launch of the AMHSP follows more than a year of intense negotiations involving the University of Alberta’s Department of Psychiatry, the University of Calgary Department of Psychiatry, representatives from Alberta Health, AHS, and the Alberta Medical Association (AMA).

The objective with AMHSPs is to ensure that physicians who teach, do research, or assume leadership and administrative roles at Alberta’s faculties of medicine are not financially penalized for taking on such activities, compared to traditional fee-for-service work.

Once it’s finalized, the first AMHSP position is expected to be filled early in 2019.

Of course, many other important events, programs and initiatives occurred in 2018 within the Department of Psychiatry, at AHS, and throughout many of our community partner organizations.

What we have achieved over the past calendar year is impressive. But as Dr. Bland and Dr. Fedorak would surely remind us, our work is never done. There are many more hills to climb, as we seek to improve the lives of those struggling with mental health and addictions issues.

With your support, we look forward to meeting those challenges in the new year. Until then, let us wish you and your families a joyous holiday season, and a healthy, happy, fulfilling 2019.

Profile: Dr. Daniel Li
He May Not See Himself as ‘A Natural Leader,’ But Dr. Daniel Li has a Knack for Leading the Parade

It’s a big job, one requiring ongoing engagement with the Edmonton region’s 240 psychiatrists and hundreds of allied professionals at dozens of diverse clinical sites.

As Alberta Health Services’ newly named Interim Zone Clinical Department Head – Addiction and Mental Health, Dr. Daniel Li has his hands full.

Besides collaborating with medical staff across the Zone, he is responsible for overseeing the department’s strategic direction, its operational planning, evaluation and quality management functions.

Ironically, it wasn’t until his final year of medical school at the University of Alberta that the avid skier, cyclist and father of two even considered a career in Psychiatry, let alone a key leadership role.

“I thought I’d go into Internal Medicine, and I had preceptors who were trying to steer me into Obstetrics or Surgery. But I just couldn’t see myself doing those things,” he says, during a wide-ranging interview at his downtown Edmonton office.

“It wasn’t until I asked myself what I’d enjoy doing in 20 or 30 years, and what I could grow old with, that Psychiatry leapt off the page for me,” he says. “I really wanted to be able to journey alongside people in their places of need, as opposed to only treating them for their diabetes or their blood pressure or whatever.”

Once he decided on his career path, he says, he had no shortage of great mentors. He rattles off a list of names – Dr. Pierre Flor-Henry, Dr. Roger Bland, Dr. Bernard Sowa, Dr. Lorne Warneke, Dr. Glen Baker, Dr. Allan Gordon, Dr. Klaus Gendemann, Dr. P.J. White and Dr. Richard Hibbard – all of whom, he says, played pivotal roles in shaping his views and guiding his Residency training, which he completed in 2001.

“They treated their patients with such dignity, and displayed such great interest not only in their patients’ lives, but in the clinical Neuroscience of Psychopathology,” he says.

“Looking back, I think I was drawn to both the art and the science of Psychiatry. It wasn’t just the frontier of Neuroscience that intrigued me, but the importance of being adept at connecting with patients in an artful way.”

Over the past decade and a half, Dr. Li has served in a string of key leadership roles at Alberta Hospital Edmonton (AHE), while sharing his knowledge and experience with new generations of Residents, as a Clinical Associate Professor in the Department of Psychiatry.

In addition to his front-line clinical work, he has served as President of AHE’s Medical Staff Association, as Acting Medical Director and Acting Clinical Director. He has also re-
Profile: Dr. Daniel Li
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received a string of awards, including Physician of the Year (from the Edmonton Zone Medical Staff Association), the Preceptor Excellence Award (from the Medical Students’ Association), and the Alberta Medical Association’s 2017 Award for Compassionate Service.

More recently, he was named Co-Chair of a committee overseeing plans for a Zone-wide Day Hospital at AHE — a key element of the hospital’s Ambition 2023 Plan. Despite his extensive resume, however, Dr. Li doesn’t see himself as a natural leader. In fact, he admits to being pretty shy as a young physician.

“I’ve had to push myself, and certainly, leadership roles don’t come naturally to me at all,” he says. “But when I’ve been put in a position to lead, I’ve always found it to be a privilege. I see it as a stewardship, being called into roles of leadership, and to serve on behalf of my colleagues and physician teams.”

One of the most high-profile public challenges Dr. Li had to face during his tenure at AHE was a highly contentious plan — unveiled in 2009 by then-AHS President and CEO Stephen Duckett — to close hundreds of hospital beds province-wide, including nearly 250 beds at AHE.

It was akin to a nuclear explosion. Duckett’s controversial plan triggered a media firestorm, sharp criticism from the opposition parties in the provincial Legislature, and a fierce backlash throughout the province’s healthcare system.

Less than 18 months after he arrived, in November of 2010, Duckett and AHS mutually parted ways and his plan was shelved.

“That whole episode was an earthquake and a period of intense anxiety for the medical staff and the entire hospital staff,” recalls Dr. Li.

“I was one of the front-line psychiatrists at Alberta Hospital but I was also President of the Medical Staff Association, so I had a duty to represent my colleagues well during that crisis. In response, we learned a lot about coming together, putting together a vision, and coming up with creative grassroots solutions. We had to take our anxiety and even a mistrust of leadership, and find a way to collaborate and engage each other. Through that, I learned a lot of lessons about leadership.”

Although tensions sometimes ran high, Dr. Li is proud of the fact that discussions remained productive and civil.

“What I’m so happy about is that we took the high road throughout that process. We did not de-educify our leaders and we found that we were able to develop a good partnership between the administration and the physicians. We were just very fortunate that our message was heard when we shared it in a respectful way, and that it made sense in terms of the population’s needs.”

The threat to AHE’s future also served to unify clinicians from around the region who recognized the critical role the hospital has long played in meeting the complex needs of long-term mental health patients.

“One of the ‘aha’ moments for me was just seeing the amount of support we had from the other sites, and a recognition of the importance of the services we offered for the severe and persistently mentally ill. It was really gratifying to watch how our colleagues rallied around us from all the different sites. That’s something I’ll never forget, and it really shaped how I see the whole Edmonton Zone.”

It’s clear that experience also influenced how Dr. Li sees his new role at AHS, and how he intends to approach it.

“I have a fervent belief in the ability and excellence of the people and the teams we have around the Zone. There is just so much diversity and creativity here,” he says.

“So as I see it, the first step is spend the time to listen and to allow a system of engagement to take place, so we become a culture where we can continue to foster listening, engagement, and collaboration that honours the unique DNA of each of the sites. Once we do that, and bring all of that together, we’ll be able to come up with the grassroots solutions we need to help solve more Zone-wide strategic issues.”

Spotlight: Department of Psychiatry’s Gender Program

Global Professional Association for Transgender Health to Hold First-Ever Conference in Canada at UAH in February 2019

The Department of Psychiatry’s Gender Program and the World Professional Association for Transgender Health (WPATH) will hold the first-ever Global Education Initiative (GEI) conference in Canada to help train clinicians in the competent care of transgendered individuals.

The ground-breaking conference, scheduled for Feb. 1-3, 2019, will take place at Bernard Snell Hall in the Clinical Sciences Building adjacent to University of Alberta Hospital.

Dr. Michael Marshall, inaugural Program Lead for the Department of Psychiatry’s recently established Gender Program, which serves the needs of the gender diverse and trans-identified population, unveiled plans for the conference in early November.

“With so few trained clinicians on the ground in Alberta, the Gender Program has been working hard to break down barriers and expedite access to quality care. The conference we’re planning in February is a major part of that ongoing effort, and I’m really excited about it,” he says.

Continued...
The Gender Program, which includes core components in the clinical, educational and research areas, was launched in February in partnership with The University of Alberta and Alberta Health Services (AHS).

Dr. Marshall is currently one of just two psychiatrists in Greater Edmonton, and one of a few in all of Alberta, who specialize in serving the needs of transgender individuals.

Guest speakers at the conference will include some of the leading transgender health specialists in the world. One or more of the Montreal-based surgeons who perform gender confirmation surgeries are also expected to attend, along with providers from across Alberta and Canada wide.

WPATH, a nonprofit, interdisciplinary professional and educational organization devoted to transgender health, has developed a specialized core curriculum for training clinicians in competent, compassionate, culturally sensitive transgender care.

Known as the Global Education Initiative (GEI), it is built around a series of courses, which will be integrated within the conference agenda. These courses include:

**Foundations in Transgender Health:**
A two-day training course that addresses what all clinicians should know about gender development, related mental health issues, legal, policy and ethical issues, and hormonal and surgical interventions.

**Advanced Medical Treatment:**
A full-day training session focused on advanced hormonal treatment and complications, co-occurring conditions, ongoing primary care and aging.

**Advanced Mental Health:**
A full-day session that dives into advanced psychotherapy topics and navigating issues like countertransference, children of transgendered people, re-identification and trauma.

**Workshops:**
These are specialized four-to-eight-hour interactive and/or case-based sessions that focus on specific areas of interest. Workshops are aimed at those who have completed the Foundations in Transgender Health course.

In addition to the above, the WPATH Certification Program is an optional benefit that is offered to association members. It signifies that a provider is a WPATH member in good standing who has completed an additional rigorous educational curriculum focused on the most current Standards of Care.

The Certification Program’s extensive 50-hour core competencies-based training program includes course work, mentorship and a minimum membership requirement. Those who complete the program must also pass a certification exam.

“Our objective in bringing the WPATH GEI program to Alberta is simple and straightforward. We aim to provide more high-quality, transgender-focused training to clinicians, so there will be more of us on the ground in Alberta, reducing wait times and increasing access to compassionate, competent health care professionals,” says Dr. Marshall.

“We won’t overcome these challenges overnight, of course. It will take time. But we have begun the journey toward making Alberta a more welcoming, caring and supportive home for transgender people. I’m hoping many of my fellow physicians and other healthcare professionals will consider joining us at the conference in February as we take this important next step.”

Dr. Marshall notes that the Gender Program’s clinical arm receives many new persons who are referred every day. The program has about 600 active persons at present, and it has engaged with well over 1,000 individuals since the Gender Program was launched in February. The wait time for persons will increase without increasing capacity province wide.

“Since Edmonton has a metro population of 1.3 million and Alberta is home to 4.3 million residents, we must build more system capacity to address the health and wellbeing needs of the underserved transgender population,” says Dr. Marshall.

“As it stands, feelings of isolation and lowered mood are common among some transgender individuals in Alberta. People are at the most risk in the period before getting the help they need. This distress is preventable. But we’re finally moving forward as a province and as healthcare professionals in addressing these unmet needs, and I feel very gratified to be a key part of this effort.”

Dr. Michael Marshall
Operational Stress Injury (OSI) Clinics Offer Mental Health Treatment Programs for Canada’s Wounded Warriors

It’s a quiet, comforting, welcoming place, tucked inside the south-side entrance of Edmonton’s Northgate Centre shopping mall. Although a staff of 22 psychiatrists, psychologists, social workers, psychiatric nurses and others work at Edmonton’s Operational Stress Injury (OSI) Clinic – one of 10 such sites across Canada – the hallways are quiet this late November morning.

Kelsey Clelland, the affable and informative OSI Clinic Manager, gives me a brief tour of the facility’s comfy, family-friendly meeting rooms and well-equipped boardroom, where team meetings, case conferences and even therapeutic yoga sessions are regularly held.

After we adjourn to her office for an hour-long chat, Clelland tells me she spent seven years in Winnipeg and Edmonton working for Veterans Affairs Canada before she was hired by Alberta Health Services (AHS) to manage the OSI Clinic, which is fully funded by Veterans Affairs.

It’s clear she loves what she does, and is deeply committed to the hundreds of clients who walk through the clinic’s doors each year, seeking help with their struggles over Post-Traumatic Stress Disorder (PTSD), depression, anxiety, and substance use.

Clients include Veterans, Canadian Armed Forces members, and active or retired members of the Royal Canadian Mounted Police (RCMP), along with their families.

“The average age of our clients is in the mid-40s, but we see people as young as 19 and all the way up to their 80s. So it’s a wide age range with a mix of males and females, although there are more males just based on the populations we serve. It’s not unusual to see people who have been dealing with their symptoms for a long time,” she explains.

“Most of our clients are married or in common-law relationships, so we work with their families too. They can attend intake, treatment sessions, treatment overviews, and caregiver support groups. We also offer couples’ therapy as long as the couples’ issues are related specifically to the operational stress injury.”

Since Edmonton’s OSI Clinic services a huge catchment area, extending from Red Deer to the Northwest Territories, many clients travel long distances to appointments.

In such cases, the referral organizations – whether it’s Veterans Affairs, the RCMP or the Canadian Armed Forces – will often cover travel costs.

“All of our referrals come from these three sources. There are no walk-ins, no GP (General Practitioner) referrals, nothing like that. We work closely with our partners so they’re only sending clients to us who they believe are a good fit with our services.”

Besides Canada’s network of 10 OSI Clinics, a string of OSI satellite sites in smaller centres offer similar services. Meanwhile, the Department of National Defence (DND) offers its own Operational Trauma and Stress Support Centre (OTSSC) programs at seven DND bases across Canada.

The OTSSC programs provide assessment, individual and group treatment for individuals dealing with PTSD or other mental health issues related to their operational duties. Like the OSI Clinics, OTSSC programs employ multi-disciplinary teams that include psychiatrists, psychologists, social workers, mental health nurses and addictions counselors.

“In Edmonton we have both an OTSSC and an OSI Clinic, so they (OTSSC) would primarily see the still-serving members of the military, and we would see the folks who are releasing (from service) and the Veterans,” says Clelland.

The OSI Clinic offers Prolonged Exposure Therapy (PE), Eye Movement Desensitization Reprocessing (EMDR) Therapy, Cognitive Processing Therapy (CPT) for individuals or groups, as well as Cognitive Behavioural Therapy (CBT) for anxiety and depression, and targeted programs to address issues around anger management and emotional regulation.

“We also offer therapeutic yoga. It’s not so much focused on the pretzel twisting exercises but it’s more about breathing and relaxation. We also recently started a caregiver support series. It’s information-based and runs for three sessions. Family members, typically spouses, can attend to learn more about operational stress injuries, how to support their spouse and also how to support themselves,” she explains.

Dr. Atif Ijaz, a Clinical Lecturer in the Department of Psychiatry at the University of Alberta, is one of three psychiatrists who...
The OSI Clinics aren’t designed or funded to treat members of municipal or provincial police forces, local fire departments, or federal agencies such as Corrections Canada or the Canadian Border Services Agency (CBSA). But if individuals currently employed by such organizations also have prior military or RCMP service they may qualify for treatment.

“Each of the municipal police services, fire departments and EMS (Emergency Medical Services) tend to set up their own in-house treatment programs. Some contract these programs out as well, so there is a real mixed approach. Each group is looking at what best meets the needs of their members,” says Clelland.

“One of the other programs that has been successfully rolled out across the country is the Road to Mental Readiness (R2MR). It was originally developed by DND and it’s more of a pro-active, awareness-building approach to give people the language and tools to discuss mental health issues. It has since been modified and delivered to a number of fire and police services including the RCMP. So it’s really about getting the conversation going and making the topic of mental health more front of mind for people.”

As for the impact of the OSI Clinic’s various treatment programs on clients, Clelland says they are overwhelmingly positive.

“We have a lot of clients who finish services here under what we call ‘goals met,’ which means based on their treatment plan and the goals they identified, they feel like they’ve met them and they’re happy with where things are at. That could mean a reduction in symptoms for some, or the elimination of symptoms for others. It could be about the quality of sleep or mood, or around feeling comfortable in the community or around different triggers. So I’d say there’s a large number of folks who are happy with what happens while they’re here.”

Not surprisingly, Dr. Ijaz says clients who have strong family and social support networks tend to do better than individuals who don’t. “The more supports they have, the better the prognosis, although personality attributes also play a role,” he says.

Although societal awareness of mental health issues has grown exponentially over the past decade or two, and there is now a greater willingness to discuss such issues openly, prejudice and negative stereotypes around mental illness still remain, he adds.

“I would say it is still a big problem. I have Veterans who experienced some trauma 30 years ago, or going back to the 1960s even, and they are only now talking about it. They felt that vocalizing their symptoms was a sign of weakness, and it could cost them their service. They struggled privately with symptoms all their life. So yes, we have come a long way from where we were 10 or 15 years ago, but we still have a ways to go.”
It’s a new beginning for the Alberta Alliance on Mental Illness & Mental Health (AAMIMH), which marks its 20th anniversary in 2019 as the province’s largest mental health advocacy organization.

After completing an extensive organizational review last spring, the 18-member Alliance has unveiled a new strategic plan and a new Interim Executive Director.

Now, the reenergized organization – which represents a broad cross-section of professional associations, nonprofit service providers, academic programs and other partner organizations – is redoubling its efforts to solidify its role as a powerful voice for change in Alberta’s addictions and mental health system.

“We took a hard look at what the Alliance does really well, what we could improve on and where we needed to go from here to set the stage for future success,” says Lee Hall, the Alliance’s new Interim Executive Director and a former Provincial Program Director for the Alberta Government’s Primary Care Initiative.

As part of that rigorous process, Hall interviewed virtually all individual and organizational members of the Alliance – including professional associations like the College of Registered Psychiatric Nurses of Alberta, the Alberta College of Social Workers and the Psychologists’ Association of Alberta – as well as mental health advocacy groups like the Schizophrenia Society of Alberta and other provincial partners for mental health and addictions.

Hall, who served as a surveyor and educator for Accreditation Canada for 18 years, where she completed large and small-scale evaluations of health systems, public health services and community partners, also met with officials at Alberta Health and Alberta Health Services before presenting the new strategic plan to the Alliance Council in May.

“Our members felt the Alliance had to a degree lost its momentum over the years, and from all the interviews I did there was clearly a consensus that we needed to reenergize, revitalize and rebuild. Now that our new strategic plan has been endorsed by our members, that’s what we plan to do,” she says.

Dr. Judi Malone, the Alliance’s newly appointed Chair and the CEO of the Psychologists’ Association of Alberta, shares Hall’s upbeat outlook for the Alliance, which was founded in 1999.

“I think our new focus is really exciting. We now have a united voice and we’re really focused on coming up with solutions. What we had been doing in recent years was pointing out problems, but that doesn’t get you anywhere if you are in any type of advocacy role,” she says.

“If you want to impact change on policy, on systems or on governance, you need to come up with solutions, not simply complain about problems. Since the Alliance reflects such a wide range of views – including mental health professionals, service providers and consumers – we’re uniquely positioned to offer credible solutions on policy, governance or leadership. That’s really our new focus and the direction we’re going in now.”

Under its new plan, the Alliance has identified four strategic priority areas to focus on. The priorities, briefly explained, include:

**Advocacy through engagement:**
Our strength lies in the collective expertise, knowledge and passion of our members, partners, clients and families. A strong shared voice ensures mental health and addictions are a provincial priority.

**Collaboration/Consultation:**
Working collaboratively with current and new partners we strive to identify and effect improvements in the addictions and mental health system for Albertans.

**Communication:**
Effective communication ensures our collective voices are recognized and have impact, as provincial systems and services are improved.

**Organizational Excellence:**
As a strong and effective hub, representing provincial mental health and addictions, we create the needed foundation for a strong and effective provincial mental health and addictions system.

“As we move forward, I think we have to increase our credibility, Continued...
leadership and our reputation around the province, so we are seen and recognized as the hub of expertise for mental health and addictions, from research to service providers to nonprofit advocacy organizations,” says Hall.

“Our member organizations really comprise the collective expertise and wisdom of mental health and addictions in Alberta. When the province is trying to create new mental health infrastructure or move forward with new policies, and they need to understand where the mental health and addictions community sits on an issue, we need to ensure that we are viewed as a key go-to source of expertise.”

One specific client engagement initiative that Hall expects the Alliance to launch over the coming year is a new Voices Committee.

“Besides our many professional associations and other organizations, the Alliance has a category for individual members. Typically, these are people who have special interest and experience with mental illness and addictions or who serve as caregivers. As the bylaws of the Alliance currently stand, they can come for lunch and network but they don’t actually have a vote in decision making at the table,” Hall explains.

“What we are exploring in the new plan is something called a Voices Committee. It will be our individual members, coming together as a unique committee, so we can better understand client and family needs in order to provide strong advocacy. They would collectively have one voice at the table and be a key part of the Alliance’s decision-making process,” she explains.

“The Voices Committee will have an instrumental role in planning and assisting in conducting focus groups, public awareness activities and other events to ensure the voice and perspective of clients and families is considered in our advocacy and decision-making process.”

As hot-button issues like medical assistance in dying, or the impact of cannabis use continue to evolve, Dr. Malone notes, the Alliance also aims to play an increasingly influential role in helping to shape related public policy.

“We’re seeing a real reinvigoration and reconnection with our key stakeholders and partners in the Alliance, so this is an exciting time for us to walk our talk. Change begets change, so if we want things to happen we now have the potential to help make it happen. It just really takes a concerted effort,” says Dr. Malone.

“Besides Lee Hall as our new Interim Executive Director, we also have an extremely active Executive Committee and Council. We’ve all had to invest a lot of extra time on this over the past few months but we’re all very committed to making the Alliance a real force for public good.”

In addition to Dr. Malone, the other members of the Alliance Executive Council include:

**Past Chair:** Dr. Denise Milne, CEO of CASA, Child, Adolescent and Family Mental Health

**Vice Chair:** Rubyann Rice, Executive Director, Schizophrenia Society of Alberta

**Treasurer:** Marlene Morin, Executive Director, Alberta Students’ Executive Council

**Secretary:** Carmela Hutchison, former President, Alberta Network for Mental Health

“We have a very diverse range of professionals on both the Executive Council and the Council, with providers of services like Dr. Denise Milne from CASA, as well as consumer representatives like Rubyann Rice from the Schizophrenia Society. Moving forward, we want to be able to speak with a very clear voice for clients and their families as well as mental health professionals,” says Dr. Malone.

“Sometimes the views of our 18 member organizations are not always going to align, but they will make up that tapestry or richness of experience that is needed to find viable potential solutions. I may be a bit Polyanna-ish on this, but if we properly sourced and funded mental health treatment, and if it wasn’t the poor sister of physical health, we would at least put a dent in some of the bigger societal issues like homelessness,” she adds.

“So I’m excited about the Alliance’s new direction. These are exciting times if you want to feel like you’re contributing to something that may really make a difference in peoples’ lives. After all, that’s why we work in this field.”

Says Hall: “The Alliance’s plan to revitalize, refocus and reenergize with stronger linkages to partners, clients and families will pave the way for improved mental health and addictions care for our Albertans.”

Dr. Judi Malone