Welcome to the inaugural issue of Connections, a new monthly newsletter published by the Department of Psychiatry at the University of Alberta.

Our goal in launching Connections is to improve communications and foster a greater sense of community, not only among faculty members, clinical faculty, staff, residents and graduate students, but with key government organizations and community partners in the Edmonton region.

Each issue of Connections will feature news updates on important issues – such as the status of the current AMHSP discussions, which you’ll find in this month’s edition – along with profiles of faculty members and their many important research and clinical programs.

In this issue, for instance, you’ll find a feature piece on Dr. Alice Leung, who on Sept. 1 was named AHS clinical section chief of child and adolescent mental health and addictions for the Edmonton zone, as well as division director, child and adolescent psychiatry for the department.

The newsletter will also keep you informed about the department’s ongoing collaborations with Alberta Health Services (AHS) on devising more innovative and effective ways to reach out to the community, and deliver services more effectively to those who need them.

Dr. Pierre Chue, clinical department head, Edmonton zone, and program lead, intensive community transition services for addictions and mental health, provides an update on several important AHS programs in the current issue of Connections.

One of them is Access Open Minds, a ground-breaking national mental health services program targeting those aged 11 to 25 years. There are currently six participating sites in Canada, two of which are located right here in Edmonton, headed by Dr. Adam Abba-Aji.

You’ll also find in the current issue a profile of CASA and its respected CEO, Dr. Denise Milne. CASA, a unique, not-for-profit mental health services organization run by a volunteer board of directors, provides assessment and treatment services at several Edmonton-area locations for more than 4,000 infants, children and adolescents each year.

Dr. Milne discusses CASA’s multi-faceted operations and the exciting potential for conducting world-class research on child and adolescent mental health issues at its sites, once the new CASA Research Chair is in place in 2018.

We hope you embrace the newsletter as an important new venue for exchanging stories, information and observations about these programs and many others that are underway, under the auspices of the Department of Psychiatry and its various partner organizations.

We also welcome your feedback on the format and content of the newsletter, and we will do our best to respond to your suggestions or concerns by adding new sections or features as warranted.

Please direct your comments to Mr. Scott Phillips, assistant chair, Department of Psychiatry, at scott.phillips@ualberta.ca.

In the months ahead, we expect to share more exciting news.
Message from the Chair continued from page 1

around issues such as recruitment, opportunities for student supervisors, innovations in medical education and new fellowships.

We are also looking forward to sharing news on new specialty programs that will create additional capacity and opportunities for residents.

As chair of the Department of Psychiatry, I feel very fortunate to be working with such a talented, dedicated and diverse leadership team. We’re looking forward to celebrating the accomplishments and highlighting the important activities of our faculty members and residents in the pages of this newsletter over the coming year.

With your support, we are confident we will create an even brighter, more stimulating and rewarding future for psychiatry professionals and their multi-disciplinary partners in the Edmonton region. C

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

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Update: AMHSP Talks

Talks on new formula for AMHSP moving forward

The Departments of Psychiatry at the Universities of Alberta and Calgary, Alberta Health and Alberta Health Services (AHS) continue to make steady progress toward hammering out the details of a proposed Academic Medicine and Health Services Program (AMHSP) for Alberta’s practicing psychiatrists.

That’s the word from Dr. Alberto Choy, who is participating in the multi-party talks as Associate Chair, Academic Affairs, at the University of Alberta’s Department of Psychiatry.

“The health ministry and AHS know there needs to be an incentive to shift over to an AMHSP from the traditional fee-for-service payment model. Right now we’re in the midst of working out the details of what that package might look like,” says Choy, who also serves as Director, Division of Forensic Psychiatry.

Pursuant to the terms of the 2016 Amending Agreement – which reset the relationship between the province’s 10,000 physicians and Alberta’s NDP government, as part of an effort to slow the growth of health care costs – representatives from Alberta Health, Alberta Health Services, the Alberta Medical Association (AMA) and the province’s universities have been discussing how to design AMHSPs for psychiatry professionals for the past year.

The Amending Agreement gives the AMA a seat at both the provincial strategy and operations committees for the AMHSP talks.

The objective with AMHSPs – traditionally referred to as Academic Alternative Relationship Plans (AARPs) – is to ensure that physicians who teach, conduct research, or assume leadership and administrative roles at Alberta’s faculties of medicine are not unduly financially penalized for taking on such activities.

“AARPs – or AMHSPs – have been around for many years in other specialties, but this time around, what the government has done is to unify the principles for the whole province, so there aren’t individual AARPs.

They know there needs to be an incentive to come over to an AMHSP,” says Choy.

Although the principle components of the AMHSP have been established for the whole province, negotiations are currently underway to determine the base rate for psychiatrists interested in the AMHSP payment option. Alberta Health is in the process of finalizing its initial assessment for the range of remuneration and is expected to engage all parties in negotiations by the end of the calendar year, with the aim of meeting an April 1 start date.

“Under the old model, moving to an academic position meant you would likely be taking a major pay cut,” says Choy. “But with the new AMHSP the government realizes that is probably not going to fly, so they want to make it less of a disincentive to move over to academia by making the pay rates competitive.”

Specific details aren’t yet available, but the department is doing all it can to ensure a strong remuneration number, and Alberta Health has stated that no physician should suffer any salary loss.

For many professionals, lifestyle issues are also a growing factor. Although most new psychiatry graduates, especially those with young families, opt to enter the fee-for-service system, at least until they are financially well established, attitudes may slowly be changing.

“I think more new grads don’t see themselves working 70 or 80 hours a week anymore. Lifestyle issues are becoming a lot more important,” says Choy. “Physicians also don’t want to be unduly financially penalized if they see education, research, innovation or leadership as part of their professional identity.”

Despite the challenges, Choy says both sides are motivated to come to some kind of accommodation.

“From the government perspective, they want increased budget stability, and from a university perspective, AMHSPs could bring in a whole new group of people who are currently restricted to seeing patients, but who also want to do some teaching, take on leadership roles or do research.” C

Note: Physicians who have questions on AMHSPs or the current negotiations are advised to contact either Scott Phillips scott.phillips@ualberta.ca or Dr. Alberto Choy Alberto.Choy @albertahealthservices.ca.
Dr. Alice Leung has always had a soft spot for the underdog. She knows what it’s like to grow up as an outsider in an economically disadvantaged area.

“I was born in Hong Kong and we moved to the Norwood neighbourhood in Edmonton when I was five,” she says. “I actually had to repeat kindergarten because we arrived in March, and my English wasn’t good enough to start grade one by September,” she recalls, with a rueful laugh.

Leung’s father, a butcher, landed a job at Gainers, a meatpacking company then owned by Peter Pocklington. Her mother, a kindergarten teacher in Hong Kong, found menial work as a hotel housekeeper.

“I didn’t know we lived in a poorer neighbourhood,” she says. “They’d feed us snacks at school. Only later did I realize: ‘They’re feeding us because we live in an underprivileged area. It was a very grounding experience. I guess that’s why I feel very connected, not just to the immigrant population, but to the underprivileged.’”

Despite the challenges, Leung’s family worked hard and prospered in their adopted homeland. Leung, a talented student, went on to earn a medical degree from the U of A in 1995, and she completed her residency in psychiatry in 2000.

A year later she completed a fellowship in child and adolescent psychiatry, with a focus on assessment and psychotherapies for children, adolescents and their families, at the University of Toronto’s Hincks-Dellcrest Institute & Centre (now the SickKids Centre for Community Mental Health).

“By then I had met my husband. We didn’t have kids, so we could have uprooted and moved to Toronto. When you’re young you think you want to live in a place that’s cosmopolitan and exciting,” she says.

“But once I was there I looked at Edmonton as a very comfortable place to live. There’s lot of opportunity here, it’s friendly and not too big. So we returned in 2001 and I started working at CASA, both with outpatients at CASA Downtown, then later, at CASA Ford Road, and with inpatients at CASA House.”

She found CASA’s work with troubled children, adolescents and families stimulating, rewarding and challenging, offering plenty of scope for professional growth.

“At CASA House, in addition to providing psychiatric consultation I could do family therapy, group therapy, multi-family therapy, parent support groups, some individual therapy and of course my outpatient practice, which is assessment and follow-up – currently at CASA Ford Road and the Morinville Mental Health Clinic - but also for many years telepsychiatry to remote families in northern Alberta.”

Leung was appointed Medical Lead at CASA House in 2009 – a position she continues to hold – and in 2016, Chair of CASA’s medical staff. Leung resigned as Chair after starting her new AHS and Division roles.

“The interesting thing about working at CASA House is you find at the end of the day that yes, medications are significant. But there are a lot of family dynamics behind why kids end up in residential care, including inter-generational trauma.”

Challenges at school are another big factor. “For kids, school is akin to adults’ work. If you spend six hours a day at school and it’s in an unpleasant environment, where you feel bullied or socially anxious, that’s going to affect how you function.”

In 2013, after working as a psychiatrist for a dozen years, Leung went back to study for the new subspecialty child and adolescent psychiatry exam from the Royal College of Physicians and Surgeons, becoming one of just half a dozen practicioners in Edmonton and 27 in Alberta to earn a subspecialty certificate in child and adolescent psychiatry.

On Sept. 1st, Leung was named Alberta Health Services’ Clinical Section Chief of Child and Adolescent Mental Health and Addictions for the Edmonton Zone. She is also Division Director of Child and Adolescent Psychiatry at the U of A, which just graduated its first subspecialty resident in child and adolescent psychiatry this year.

“It’s actually quite a big portfolio because it’s both academic and clinical,” says Leung.

“Part of my role is to help ensure we work together and communicate better, and we’ve already begun meeting to discuss this. My goal is to make all parts of children’s mental health and addictions work together in a more seamless, collaborative and effective way.”

That means ensuring there is better differentiation and movement between primary, secondary and tertiary levels of care, she says. “It’s a hierarchy of care, so we want people to start in primary care and as needed, to flow up or flow down through these levels of care, depending on their needs. Right now, people just plug into the system wherever they can because they’re so desperate.”

Although it has been just a few weeks since Leung assumed her new role as AHS Clinical Section Chief of Child and Adolescent Mental Health and Addictions for the Edmonton Zone, she is quick to cite her top immediate priorities.

“Number one, would be for the patient, with their family, to Continued...
Interview Spotlight: Dr. Alice Leung
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receive the right service at the right time in the right place,” she says. “Part of that is to ensure better understanding and collaboration between services, but we also have to help families navigate the system better.”

Priority two, she says, is to increase system capacity. “That’s where I think the role of the Division of Child and Adolescent Psychiatry is really important. Yes, we can recruit from abroad or the rest of Canada, but realistically we aren’t going to get many people via those routes, so we need to train more medical students and residents, and increase consultation and training for physicians working in Primary Care Networks. That’s where I think the Division can play a significant role.”

Her third key priority, she says, is to make sure child and adolescent psychiatrists don’t feel isolated or unsupported, but part of a bigger team. “These people are often really swamped, so it’s really about how I can help them do the good work they want to do. I want them to feel engaged, part of the team and part of a larger vision.”

Profile: Dr. Denise Milne Discusses the New CASA Research Chair

With CASA Centre Marking its 1st Anniversary, CASA CEO Dr. Denise Milne Sets Her Sights on the Launch of a New CASA Research Chair

In 1987, Mary Hyndman, Margaret Shone and a few like-minded parents came up with a revolutionary idea. They proposed that a new community board be set up to assume responsibility for delivering mental health services to children and adolescents in the Edmonton area.

Their dream: to create a top-notch, family centered, community-based mental health and addictions services organization for Alberta’s children and families. CASA, Child Adolescent and Family Mental Health, was born.

In 1991, backed by an operating grant from the Alberta government, CASA opened its doors to 450 children and adolescents who had previously been enrolled in a variety of residential and outpatient programs across the city.

CASA’s unique, family-focused, community-based approach quickly caught on. Admissions soon doubled. Then they doubled again, as demand for its services soared.

In 1997, CASA formed an affiliation agreement with the University of Alberta and the forerunner of Capital Health. A year later, the CASA Foundation – now a formidable fundraising machine, with hundreds of generous donors – was formed.

In 2003, it was clear CASA had outgrown the ability to provide its residential program in the antiquated Yellowhead Youth Centre facility, or its clinic and day programs in the crumbling, half-century-old building that once housed St. Agnes School. Once again, its loyal supporters rallied to the cause, and CASA purchased St. Agnes in 2008 from the Edmonton Catholic School Board.

One year later, CASA House – a specially designed 19-bed residential treatment facility – opened in Strathcona County, and in 2010, design work began on a brand new facility to replace St. Agnes.

Fast-forward to September 2016: the impressive $24 million, 43,000-square-foot CASA Centre facility opened its doors in Edmonton’s leafy Allendale neighbourhood, where St. Agnes once stood.

Backed by $17 million in funding from the Alberta government and a further $7 million raised through the efforts of the CASA Foundation and its many donors – including George and Teresa Cantalini, co-chairs of the CASA Capital Campaign – CASA Centre is the culmination of a 30-year dream.

“A school (St. Agnes) built 62 years ago and not designed for year-round occupancy stood on the site of the CASA Centre,” CASA CEO Dr. Denise Milne told a crowd of 300 guests who attended the opening ceremony last fall.

“We purchased the school eight years ago and demolished it two years ago. It is now a unique trauma-informed facility designed specifically for the mental health treatment of children.”

Staffed by teams of psychiatrists, pediatricians, psychologists, nurses, social workers, child care counsellors, occupational therapists, speech language pathologists, classroom behavioural specialists, teachers and others, CASA Centre’s warm, homely atmosphere is the antithesis of a sterile hospital setting. The building features lots of colourful art (including that of local artist Vera Kennedy), rounded walls, oversized windows, a big kitchen and a full-sized gym.

“We do everything here in a team approach. So on your team you might have a psychologist, social worker, occupational therapist, a speech therapist if necessary, nursing, and the psychiatrists work in partnership with all these people,” says Milne.

“We have 22 programs serving kids from
Continued...
Profile: New CASA Research Chair continued from page 4

age zero to 18, although we often have kids over 18 as well, even though we’re not mandated to. What happens for the psychiatrists here, which I think is very different from other organizations, is that we’re family-centred. So the family is very involved, whatever that family makeup is,” says Milne.

The growth of CASA’s facilities – there are now four CASA locations, including CASA Downtown and CASA Fort Road – and the commensurate growth of its staff, which now exceeds 130 professionals and support staff, reflects the explosive growth in demand for its services.

CASA served more than 4,300 children and their families in the Edmonton area last year. That’s nearly a 10-fold increase since 1991.

“There is nothing like CASA anywhere else in Canada. Other programs such as the CAMH (Centre for Addiction and Mental Health) and SickKids in Toronto are mainly hospital-based with community outreach programs. But there is nothing like CASA that is situated out in the community.”

Despite the organization’s growing reputation, Milne and the CASA board, led by Chair Faye Parker, felt there was still one big missing piece: incorporating a bigger mental health research component in CASA’s operations, in partnership with the U of A’s Department of Psychiatry.

Now, that dream is also about to become reality, with the creation of the CASA Research Chair in Child and Adolescent Mental Health. This new 10-year position is expected to attract top international research talent to work on projects that align with the province’s renewed focus on quality mental health care for children and youth.

“We’re very excited about this,” says Milne. “In 1997 we signed an affiliation agreement with the U of A and what was the AHS of the day, regarding a research agreement. What the new CASA Research Chair represents is the fulfillment of that agreement 20 years later.”

There is currently a gap between the appropriate translation of research into frontline clinical practice. The CASA Research aims to close the gap in published research in children’s mental health through community-focused, leading-edge research, in collaboration with community partners, CASA’s own frontline workers, and the families CASA serves.

“The idea of the Research Chair is to be community situated. So the Chair and the two associates would be located at CASA Centre, and we’d wrap our clinical teams around them. We anticipate the Chair will be an internationally well-recognized individual in the field,” says Milne.

CASA has agreed to raise up to $500,000 per year over the next 10 years, for a total of $5 million, as its financial contribution to supporting the new CASA Research Chair, says Milne. The U of A’s Department of Psychiatry has agreed to shoulder $7 million of costs in the form of full professorships under the pending AMHSP funding structure.

CASA is currently the primary teaching site for child psychiatry, notes Dr. Xin-Min Li, Chair of the U of A’s Department of Psychiatry.

“CASA is an ideal research lab. We have 12 child psychiatrists on board, a number of pediatricians, and we’re multi-disciplinary, including psychology, social work, nursing, classroom behavioural specialists, the whole gamut. And we have partnerships with Edmonton Public School programs,” Milne explains.

“So it’s going to be really fascinating to start answering good research questions on what’s going to make a difference for individuals with mental health challenges and disorders, and their families. We’re very excited about this. It is long overdue.”

ACCESS Open Minds Clinics Are Changing the Way Young People View Addictions and Mental Health

It’s a frigid November day in downtown Edmonton. The temperature has sunk to -15 C, but a brisk wind makes it feel even colder. Office workers and students with backpacks scurry along the frozen sidewalks, their hoods pulled tightly around their faces.

Inside the Bill Rees YMCA, a handful of young people lounge about, some munching on snacks while they wait to see a counsellor at the ACCESS Open Minds clinic, which runs weekday afternoons.

This innovative national addictions and mental health program is aimed at those aged 11 to 25, but most who show up looking for help are in their late teens or early 20s.

It’s a relaxed atmosphere today, at least on the surface. The waiting area feels like a college student dorm, with comfy sofas to sit on and a big-screen TV at one end, which sits unused.

In a small meeting room down the hall, Dr. Adam Abba-Aji, the lead psychiatrist and a co-investigator for the program’s two sites in Edmonton, chats with Katherine Hay.

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Access Open Minds Clinics
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There are no big desks or bright overhead lights, just comfortable armchairs and stuffed pillows. The implicit message: relax, you are safe and welcome here.

“As you can see, this is more homey than a typical hospital or clinic environment. I don’t sit behind a desk here,” says Abba-Aji, a faculty member in the U of A’s Department of Psychiatry.

“We’re trying to create a more relaxed atmosphere so patients feel comfortable sharing information with us. We want them to see this place as a sanctuary. They don’t need an appointment. We’re trying to change the way mental illness is perceived by young adults.”

That message is echoed by Hay, who oversees all young adult community programs in the city for Alberta Health Services, including ACCESS Open Minds.

“Our intention is to create a really positive, welcoming, non-judgemental space for our clients,” says Hay, whose easy laugh and casual manner radiates warmth and friendliness.

“So even if they’re not in need of really intensive psychiatric interventions right now, they’ll know where to come in future if they need more help.”

More than 700 young people struggling with mental health or addictions issues have visited the ACCESS Open Minds clinics in Edmonton since the program kicked off in April, says Abba-Aji.

“Access Open Minds does focus on early psychosis, but early psychosis can take many forms and have many causes. It can be schizophrenia, it can be a bipolar illness, it could be depression or it could be drugs,” says Dr. Pierre Chue, AHS’s addictions and mental health chief for the Edmonton zone.

“All of those things can play a role in terms of developing early psychotic symptoms. So ACCESS Open Minds is both a screening system and a service, as well as a triage to other services, if they’re required.”

Before the program was launched, there was no obvious place for troubled young people to go for help because the youth mental health system was fragmented. Many, struggling with untreated psychoses or addictions to alcohol, opioids or methamphetamines, simply wound up in hospital emergency wards.

“That’s not normally the best place for them. So they’d either struggle along or try to connect with family or friends, or maybe counsellors at school, or try to figure it out on their own,” says Hay.

“And then they’d probably deteriorate over time and wind up going to the hospital emergency. So we’re really trying to change that.”

The YMCA clinic in downtown Edmonton is the largest of the 14 ACCESS Open Minds sites in Canada, which span six provinces and one territory.

The goal in all sites is to arrange a mental health assessment within 72 hours for all those seeking help, followed by facilitated access to any required support services within 30 days, if possible.

“I’m one of five addictions counsellors on the young adult team. Everyone takes turns attending the ACCESS clinic and being part of the intake process,” explains Clay Hoffman, who works with AHS.

“It’s an open-door policy here. People coming in are looking for a point of contact to receive services, whether it’s for mental health and addictions – the two primary ones – or things like housing or employment support. We’re the first point of contact to get the process going.”

The ACCESS Open Minds program is based on five key pillars: Early identification, Rapid access, Appropriate care, Continuity of care beyond age 18, and Youth and Family Engagement.

“One of the real risk factors for young people is that all of our services are based around this strange idea that at 18 you become an adult, so your service providers are all supposed to change at age 18 as well,” explains Hay.

“That creates a big risk factor for individuals who are accessing addiction and mental health services. Everything they had working suddenly may change to an adult system where things are very different. So that’s why our program goes up to age 25.”

ACCESS Open Minds is supported by $25 million in funding, through 2020, from the Canadian Institutes of Health Research (CIHR) and the Graham Boeckh Foundation.

The program’s goal: to harness research-based evidence to fundamentally improve the way young people suffering from mental illness are cared for in Canada.

Those are worthy sentiments, of course. But it’s only when one hears about the real-world experiences of actual patients that the value of these clinics becomes clear.

“I’ll tell you about one patient I saw here” says Abba-Aji.

When a local news show reported plans to launch the ACCESS Open Minds program, the patient showed up at the Bill Rees YMCA to ask about it. “We hadn’t really started the program at that point, but he kept coming until he met Steve, one of our counsellors,” says Abba-Aji.

“Steve linked him with support services, he’s now off the street, and for more than a year he has not been readmitted to hospital. He just can’t stop talking about this program, and through him, two other people he recommended have also come here for help.”

Dr. Adam Abba-Aji
Dr. Pierre Chue Steers wide range of Community-Based Programs in Conjunction with Dyad Partner Mark Snaterse

As Clinical Department Head for Addictions and Mental Health, Edmonton Zone, Dr. Pierre Chue oversees a wide range of AHS programs that touch the lives of thousands of patients every year.

“With my Dyad partner Mark Snaterse, we are charged essentially with running all of the programs pertaining to Addictions and Mental Health for the Edmonton Zone. That involves about 250 psychiatrists and approximately 500,000 patient contacts a year,” he says.

“We probably serve at any given time about 10 per cent of the population of Edmonton, in some mental health capacity.”

It’s a demanding role, one that takes Chue all over the city and region, to homeless shelters, group homes, hospitals, and community clinics.

“Even though it’s not as high-profile a program as say, cardiac transplantations, we’re actually a very busy, busy program. We have 11 community mental health clinics reporting to Dr. Vincent Agyapong and three clinics reporting to Dr. Avininder Aulakh in Edmonton alone, with somewhere around 20,000 patients who are seen annually in those programs.”

On a typical Saturday, Chue and other fellow Intensive Community Transition Team members often visit patients at inner-city homeless shelters including the Women’s Emergency Accommodation Shelter and the George Spady Shelter and Detox.

“We’ll see any patients there who have mental health issues. If we can keep them out of hospital by providing the care that’s necessary, we’re doing a good job in my view,” he says. The same team also provides support to individuals with mental health issues being discharged from Alberta Correctional facilities.

“It doesn’t really matter where they are, we’ll see them anywhere to provide mental health care,” says Chue.

“Many of them don’t want to be in hospital, and don’t want to come to the hospital. So we try to ensure that the locus of care remains in the community. We’ll see them every day, provide them with proper medications, and connect them to resources.”

Access Open Minds, run by Dr. Adam Abba-Aji, is another unique community-focused program. It focuses on providing better access to mental health services for teens and young adults.

“It’s really quite an innovative national project. Edmonton is the only city with two participating sites, one at the Bill Rees YMCA on 105 Street, and the other at the U of A,” says Chue. “So this is quite an achievement, both for Dr. Abba-Aji and for the Edmonton Zone.”

To better oversee delivery of these many varied programs, while taking on related teaching and research roles, Chue is now based in the Psychiatry Department at University of Alberta Hospital. He also retains his primary AHS community office location on 108 Street, near the legislature.

“These are examples of zonal programs that have different components in different parts of the system, but we’re very excited to be coordinating them out of the university. It’s in keeping with the university being at the forefront of research and innovation, while continuing to maintain high standards of teaching.”

So what prompted Chue to pursue a career in psychiatry in the first place?

“Number one, I was interested in neurology and neuropsychiatry when I was a resident. There was still a huge amount that wasn’t known about the workings of the brain, so opportunities for research, discovery and development were far greater than in other specialties,” he says.

“The other thing was the opportunity to make extraordinary changes in the quality of an individual’s life,” he adds. “Every patient who has depression or schizophrenia is different. So you have to understand how people think, how they behave and how you can influence that,” through therapy and medication.

Chue’s coordinating role in the Edmonton zone also entails regular presentations to other mental health professionals and government agencies.

“I’ve worked with Alberta Justice and given presentations to Community and Social Services, but mostly to other health professionals, specifically mental health professionals,” he explains.

“I recently presented to a national diabetes conference in Edmonton. There is a significant link between depression and diabetes, on a neuro-biological level. We know that high blood sugar affects the sensitivity of the serotonin receptor, which is one of the receptors that controls mood, and the prevalence of depression in diabetics is much greater than in the general population,” he says.

“We also suspect there might be some genetic vulnerability to developing both schizophrenia and diabetes, since we see a very high prevalence of diabetes in patients with schizophrenia.”

Chue says one of the key organizational challenges he and Snaterse face is to improve the flow of patients through the whole system, and to ensure that there is proper follow-up and continuity of care.

“That’s one of the reasons why we developed a mood and anxiety program and a complex psychosis program in the zone. Everyone does great work in their own area, but it’s all too easy for things to fall apart at hand-off from one program to another,” he says.

“So if you have to take responsibility for that person in the next step of the process, you’re going to work very hard to make sure it goes smoothly. Of course, we don’t have all the resources we need,” he concedes.

“But the hand-off tends to be better because you remain responsible for all the patients.”