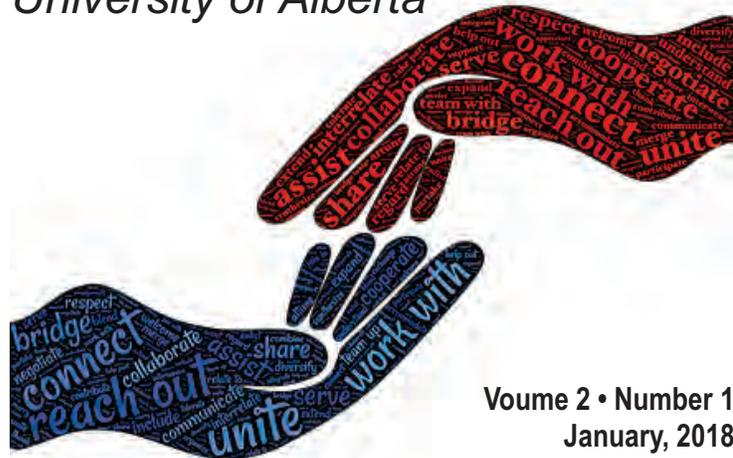


# CONNECTIONS

A monthly newsletter published by  
the Department of Psychiatry,  
University of Alberta



Volume 2 • Number 1  
January, 2018

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## Message from the Chair

Dr. Xin-Min Li

Chair, Department of Psychiatry

First of all, let me wish all of you a belated Happy New Year. I look forward to another exciting year for the Department of Psychiatry, and the opportunity to share important developments with you in this and future issues of Connections, our new monthly newsletter.

By presenting regular profiles of our talented academic and clinical faculty members, as well as their many vital programs and research activities, my hope is that we can all come to a greater shared appreciation and understanding of what the Department is all about today, and what we hope to achieve.

By positioning the Department at the heart of Alberta's leading Academic Mental Health Centre – through the pursuit of key educational partnerships, increased engagement in innovation, involvement in world-class collaborative research projects, and by securing sustainable multi-sourced funding streams – I believe we have already established a robust foundation for future growth.

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

As I outlined in my recent presentation, attended by Acting Dean Dr. Dennis Kunimoto and many of the Department of Psychiatry's 170 clinical faculty members, the position of the Chair is a complex one, involving multiple key roles and responsibilities. In my view, that includes:

- Strategically positioning the Department for success
- Creating a positive and motivated working environment
- Managing the Department within the parameters set by the University of Alberta and the Faculty of Medicine and Dentistry
- Maintaining positive, forward-looking internal and external relationships
- Effectively developing and evaluating staff
- Proactively planning for the future growth of the Department
- Building our academic programming
- Improving transparency, public communications and fund development activities
- Remaining engaged in scholarly pursuits

In all of these areas, I believe the Department has made impressive and consistent progress. I'm unable to catalogue all of the important steps we have taken over the past four years in the limited space I have here, but here are a few of the highlights:

We now have an integrated Academic and Health Sector Leadership Team at both the University and at the AHS Edmonton Zone level. The Department's reach now extends well beyond University of Alberta Hospital (UAH) to the four affiliated hospital programs and numerous community programs in the region.

Our Department Leadership Team is led by five accomplished

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**Message from the Chair** *continued from page 1*

Associate Chairs with portfolios in Clinical Affairs, Academic Affairs, Research, Education and Administration. We have also established a prestigious team of Education Leads, as well as Division and Program Leads, some of whom are doing pioneering academic and clinical work in such areas as Addictions, Sleep Disorders, Transcultural Psychiatry and Child and Adolescent Psychiatry.

We have aligned our strategic goals with those of the Faculty Strategic Plan, which in turn reflects many of the goals of the City of Edmonton, the Government of Alberta and Government of Canada. As a result, the Department is now playing an increasingly vital and visible role in helping to shape public policy.

Some examples of this include the Department's input on the Valuing Mental Health report, the Edmonton Community Action Plan, and Edmonton Suicide Prevention Advisory Team.

An important goal when I became Chair was to build stronger ties with Alberta Health Services (AHS). I'm pleased to say that has been achieved. We are close to finalizing the new AMHSP, which is expected to launch on April 1, 2018, and the Department and AHS are now more tightly integrated. We have secured agreements with AHS and the Faculty of Medicine and Dentistry (FoMD), enabling the Department to manage its space in pursuit of its strategic goals.

Several members of the Department are now key participants in high-profile regional, provincial, national and international projects. For example, Dr. Abba-Aji is provincial lead on the national ACCESS Open Minds project; Dr. Serdar Dursun is co-leader of a new computational psychiatry group that's working with the Alberta Machine Intelligence Institute and IBM's Thomas J. Watson Research Centre in New York; and Dr. Andrew Greenshaw is Scientific Director of the Canada-led APEC Digital Hub for Mental Health, an ambitious 21-nation initiative profiled elsewhere in the current newsletter.

The Department signed a Memorandum of Understanding (MOU) with CASA, Child Adolescent and Family Mental Health (profiled in the December newsletter), to establish the first CASA Research Chair, backed by a funding commitment of \$5 million. The Department also secured \$70,000 in funding from Pfizer, the U.S.-based pharmaceutical giant, and the FoMD for a resident research initiative, and formed an agreement with China's Chongqing Medical University to build on the first phase of the CQMA-UA Mental Health Data Centre. The latter is consistent with my role as Special Advisor to the Dean on China Research Initiatives.

The Department is also engaged in several important national and provincial initiatives, including the Indigenous Mentorship Network Program and the Canadian Research Initiative in Substance Misuse (CRISM), both of which are funded through the Canadian Institutes of Health Research (CIHR).

The Department continues to have an internationally recognized Graduate Program, which is now in the final stages of completing a successful and rigorous program review, the first in 15 years. In the face of limited budgetary resources, Dr. Esther Fujiwara has done an excellent job of shepherding the program and the promising research activities of many graduate students.

Despite a challenging fiscal environment, the Department's budget is in very good shape. We have managed to reduce operating costs by renegotiating contracts, reviewing our spending policies and negotiating the transfer of some costs to FoMD and AHS.

One of my programming priorities when I first assumed the role of Department Chair was to increase the number and range of academic programs, based mainly on bottom-up, staff-initiated proposals. That's a key reason why I pursued increased collaboration with AHS, ensuring that any new programs would be properly resourced.

Among the many new divisions and programs proposed and developed over the past three years, in collaboration with AHS, are:

- Division of Consultation Liaison (Dr. Brian Stonehocker)
- Division of Psychotherapy (Dr. Laura Stovel)
- Division of Addictions (Dr. Krishna Balachandra)
- Division of Community Psychiatry (Dr. Vincent Agyapong)
- Sleep Disorders Program (Dr. Lawrence Pawluk)
- Eating Disorders Program (Dr. Lara Ostolosky)
- Metabolic Program (Dr. John Chiu)
- Mood and Anxiety Program (Dr. Adam Abba-Aji)
- Complex Psychosis Program (Dr. Pierre Chue)
- Transcultural Psychiatry Program (Dr. Daniel Li)
- Gender Program (Dr. Michael Marshall)

In summary, the Department now has a very solid foundation in place. Based on our shared strategic vision, we will continue to enhance the Department's emerging areas of strength in ways that align with Faculty, University, Provincial and National priorities.

We will continue to identify and develop individuals who can play key future leadership roles. Our intensified recruitment efforts have led to the appointment of Dr. Ian Winship as Director of the Neurochemical Research Unit (NRU); the transfer of Dr. Pamela Brett-MacLean into the Department; and the recruitment of two high-profile assistant professors in priority areas, including Dr. Bo Cao in Computational Psychiatry / Machine Learning, and Dr. Allen Chan in Optogenetics.

Since the Department still has just eight clinical GFTs, or roughly a quarter the number of GFTs at the University of Calgary's Department of Psychiatry, the pending new AMHSP agreement will be critical to the future success of our Department, and our ability to create excellent career opportunities for our residents and Clinical Faculty members.

The AMHSP's potential benefits are numerous. It will help us address accreditation issues and enhance all of our education programs; increase the research and education footprint of the Department; enable us to appoint Program Leads based on individual skill sets; position us to more effectively align education and research with our new AHS partnered clinics; and it will give us the ability to create new subspecialties, thereby fostering a new generation of specialty psychiatrists.

We are also formalizing some important inter-departmental partnerships (in areas including the Neuroscience and Mental Health Institute, and the Alberta Machine Intelligence Institute) while strengthening partnerships that align with the Faculty's social accountability mandate.

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**Message from the Chair** *continued from page 2*

In order to advance our innovation agenda, we're building on research 'health and wellness', and 'consumer' partnerships with key international agencies including the 21-member Asia-Pacific Economic Cooperation (APEC) countries; we're building our partnership with IBM in the context of developing computational psychiatry in collaboration with the Alberta Machine Intelligence Institute and others; and we're exploring the value of e-health tech tools such as the Text4Mood app.

Clearly, our work is not done yet. Although the Department of Psy-

chiatry has matured immensely over the years, expanding its activities and the scope of its academic and clinical activities, there is much work yet to be done. As Chair over the past five years, it has been my privilege to work closely with many of you. With your support, I hope to continue that work in the years ahead. **C**

Sincerely,

Dr. Xin-Min Li

Chair, Department of Psychiatry  
University of Alberta

**Overview:****Psychiatry Department Grad Programs on Track to Wrap up Positive Program Review**

**J**anuary marks the start of a new year, but for the Department of Psychiatry's Graduate Programs, it's expected to mark the culmination of the first program review in 15 years.

"I'll be really happy when it's over, it's been a lot of work. I'm a bit obsessive about these kinds of things," chuckles Dr. Esther Fujiwara, Program Director, who is nonetheless confident the final results will be positive. Tara Checknita is the Graduate Program Administrator.

The review of the non-clinical research programs for PhD and Masters students is being conducted as part of a quality assurance audit mandated by the University of Alberta, under the auspices of Campus Alberta and the Office of the Provost and Vice-President, Academic, Dr. Steven Dew.

Although such reviews are generally scheduled every five to seven years, this is the first such review for the Department of Psychiatry's Graduate Programs since 2002, one year after the PhD program was established, and a decade after the Masters program began.

"We're the first department in the Faculty of Medicine to go through the process this time," says Fujiwara, who has been Program Director since 2012. "It encompasses a fairly standard set of criteria, so we had to fill out a self-study on the status, shortcomings and potential improvements to the Graduate Programs in general."

The review also involves comparisons with the only two other Graduate Programs in Psychiatry in Canada, at McGill University in

Montreal and Dalhousie University in Halifax.

Applicants to the University of Alberta's Graduate Programs, which are offered on a part-time or full-time basis, are admitted from a wide variety of backgrounds including those with undergraduate degrees in such fields as biochemistry, neuroscience,



*Tara Checknita, Graduate Program Administrator and Dr. Esther Fujiwara, Program Director.*

psychology, or medicine.

"Between 18 and 25 graduate students are enrolled annually, the majority of them in the PhD program, and in a typical year, two or three students graduate," says Checknita. "The highest number of graduates we've had in a single year was five."

The program does not provide clinical training but offers advanced research training in any of the basic and applied sciences

that are relevant to aspects of psychiatry.

"If you look at the CIHR (Canadian Institutes of Health Research) research pillars, we really have all four of them covered, including biomedical, clinical, health services, and population health research," says Fujiwara.

At present, graduate students are conducting human and/or animal research in areas including Schizophrenia, Stroke, Alzheimer's, Big Data, Machine Learning, Computational Psychiatry, Metabolic Syndrome, cognitive functionality in those with Human Immunodeficiency Virus (HIV), and art as a form of knowledge translation.

"This program review is different from a clinical accreditation process, where they (the Royal College of Physicians and Surgeons of Canada) can decide whether you can continue to educate future physicians or not. Our review is a bit different. It's more about the overall quality of the program and how we can make it better," Fujiwara explains.

Nonetheless, the review process is quite rigorous.

"I had to produce a self-study report basically, with input from lots of other people, that was submitted to the Provost's office, the Faculty of Graduate Studies and Research (FGSR) – which oversees all the graduate programs at the university – and the External Review Committee," says Fujiwara. The latter is a three-person panel, chaired by a professor in psychiatry from Dalhousie University.

The self-study report outlines the number of students in the program, program

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## Psychiatry Department Grad Programs

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funding and structure, and areas of potential improvement, among other things. A student satisfaction survey was also conducted along with a student town hall meeting. Graduate students subsequently filed their own report on the program with former PhD graduate from the program, Dr. Yasmeen Krameddine, now Adjunct Professor in Psychiatry.

"It's all included in the final report we produced. The review committee just visited the department on Dec. 5th, so the reviewers now have our self-study report. They have already given us some preliminary comments and they were quite positive," says Fujiwara.

"So that's basically where we are at right now. We don't have the final word yet but

the committee will send us back their own report in January. I believe we'll have an opportunity to respond to that, and then there will be a final version of this self-study report that becomes public."

Although Fujiwara says it's inappropriate to pre-judge the final outcome, she says she is confident it will be positive.

"I think the overall satisfaction level is pretty good in terms of how the program is run and overseen. Overall, most of the students were quite happy with the kind of supervision they're getting and the work they are doing in their labs," she says.

"In terms of areas for improvement, the criticism was mostly on the financial side. We run on a budget of about \$15,000 per year for the entire program, so that's very little and there's not much else that we can do from a program perspective. It would be

nice to be able to offer studentships rather than having to rely on individual supervisors to have sufficient grant funding, which is the current model. So that is also one of the main comments that will likely come back from the reviewers," Fujiwara says.

"On the positive side, the review committee agreed we are running a unique and interdisciplinary graduate program that strives to promote clinical-academic integration. Even though the program is relatively small, our graduate students are one of the major drivers of departmental research output," she notes.

"For example, in the last five years our graduate students wrote close to 80 journal articles, and presented their work at national and international conferences more than 100 times. That is quite substantial and we are very proud of that." **C**

## Status Update:

### Negotiators aim for deal in principal on new AMHSP framework

**T**alks are moving ahead on a proposed Academic Medicine and Health Services Program (AMHSP) for Alberta's practicing psychiatrists, with negotiators hoping to reach a deal in principal in early 2018.

"The AMHSP talks are continuing to progress very well," says Dr. Alberto Choy, Associate Chair, Academic Affairs, at the University of Alberta's Department of Psychiatry, and one of the department's participants in the talks.

"We've been called to a meeting early in the new year. They're really into the nitty gritty of looking at the numbers at this stage, as well as the number of FTEs (full-time equivalents) the department will be allocated," he says.

"What we're expecting is that we should be getting very close to finalizing them. They're very much pushing for an April 1st start date."

In addition to the University of Alberta's Department of Psychiatry, the multi-party talks involve representatives from Alberta Health, Alberta Health Services (AHS), the Alberta Medical Association (AMA) and the Department of Psychiatry at the University of Calgary.

Dr. Xin-Min Li, Chair of the University of Alberta's Department of Psychiatry, and Dr. Beverly Adams, Interim Head of the University of Calgary's Department of Psychiatry, are among the participants.

Pursuant to the terms of the 2016 Amending Agreement – which reset the re-



*Dr. Alberto Choy*

lationship between the province's 10,000 physicians and Alberta's NDP government, as part of a plan to stabilize rising health care costs – negotiators have been discussing how to design AMHSPs for psychiatry professionals for the past year.

The objective with AMHSPs – tradition-

ally referred to as Academic Alternative Relationship Plans (AARPs) – is to ensure that physicians who teach, do research, or assume leadership and administrative roles at Alberta's faculties of medicine are not unduly financially penalized for taking on such activities, versus traditional fee-for-service work.

To reach an appropriate compensation formula for AMHSPs, the government has surveyed comparable pay structures in other jurisdictions.

"Alberta Health is working very hard at coming up with benchmarks that are reflective of the actual activities and the work of the psychiatric staff both in Calgary and in Edmonton. They've also looked across the country and have tried to nail down some benchmarks about what similar programs look like elsewhere," says Choy.

"I think it's fair to say – and I believe this – that the people working with psychiatry and speaking to Alberta Health understand that this is something they need to invest money in. They understand the great need for mental health services in the province. This isn't just a process for keeping the budget neutral."

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## AMHSP Framework

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Once negotiators settle on an AMHSP formula, the next step will be to design Individual Service Agreements (ISAs), says Choy.

“ISAs are contracts that are reviewed annually, and that outline in detail the tasks and duties for which an individual psychiatrist is remunerated. Those tasks and duties are generally split up into clinical work, research work and leadership or administrative work,” he says.

“The neat part is the Individual Service Agreements are truly that – they’re designed on an individual basis. In the old system you could teach and also perform leadership or administration roles, but that was time you weren’t spending with patients and earning income from that. Now, rather than being penalized, we can build those activities into an Individual Service Agreement that works for the clinician and the university.”

In tandem with the AMHSP talks, Choy says the Clinical Academic Promotions Committee for the University of Alberta’s Department of Psychiatry has been restruc-

tured, to better support the goals of the new compensation policy.

“We’ve brought new members into the committee to represent a wider base of clinical academic faculty, which includes individuals from different hospitals and specialties,” he explains.

“The committee is the mechanism by which clinicians who want an academic affiliation with the university get recognized, and are awarded their clinical-academic appointments. These are people who might be lecturers or assistant or associate professors in the clinical stream, rather than full-time academics. So I’ve just spread the representation on the committee throughout the entire zone, to better represent more of the people around the city who do teaching,” he says.

Although there are only six members on the committee, Choy says each has a very different background profile.

“We’re revising the committee’s terms of reference partly due to what’s happening at the faculty level – because of their new representation structure for clinical-acade-

mic staff – and partly because we want to make sure the process is clearer for new staff members,” he explains.

“We’re also updating how the committee operates to ensure potential promotions aren’t missed and the requirements are better understood by everyone. A more fulsome overview of promotion requirements, new appointments and related issues will be coming out in the next few months.”

In addition to Dr. Choy, who also serves as the department’s Director, Division of Forensic Psychiatry, the other committee members include: Dr. Jan Banasch, Clinical Professor; Dr. Nicholas Mitchell, Assistant Professor; Dr. Andrew Greenshaw, Associate Chair, Research; Dr. Adam Abba-Aji, Associate Chair, Clinical Affairs; and Dr. Alice Leung; Division Director, Child and Adolescent Psychiatry. **C**

**Note:** Physicians who have questions on AMHSPs or the current negotiations are advised to contact either Scott Phillips [scott.phillips@ualberta.ca](mailto:scott.phillips@ualberta.ca) or Dr. Alberto Choy [Alberto.Choy@albertahealthservices.ca](mailto:Alberto.Choy@albertahealthservices.ca).

## In the Spotlight:

### Dr. Andrew Greenshaw, Dept of Psychiatry Associate Chair, Helps Launch New APEC Digital Hub

It’s a bold, ambitious initiative, encompassing 21 countries and 2.8 billion people who collectively generate 60% of the world’s economic output and nearly half of all global trade.

The APEC Digital Hub for Mental Health – backed by the Asia-Pacific Economic Cooperation, one of the world’s largest intergovernmental organizations – is the brainchild of three Canadian experts in the field, including:

- Dr. Andrew Greenshaw, Associate Chair, Research, at the University of Alberta, and Professor and Associate Chair, Department of Psychiatry;
- Dr. Raymond Lam, Professor and Head of the Mood and Anxiety Disorders Program, Department of Psychiatry, University of British Columbia; and
- Phil Upshall, National Executive Director, Mood Disorders Society of Canada, and Adjunct Professor, Department of Psychiatry, Dalhousie University.

The goal of the APEC Digital Hub? To harness the innovative power and research potential of digital technology to promote, support and improve mental health, which is increasingly viewed by

APEC’s 21 members – including such nations as China, Australia, Japan, Canada and the U.S. – as a critical factor as they pursue sustainable economic growth.

Depression and anxiety disorders alone cost the global economy roughly \$1 trillion US annually, the World Health Organization (WHO) estimates, with nearly 10% of the world’s population directly affected. Although the projected annual cost of ramping up related treatment is high, at \$147 billion US, the estimated returns are even loftier.

A modest 5% gain in labour force participation rates and productivity levels would generate nearly \$400 billion of added economic activity per year, the WHO says, with improved health outcomes adding a further \$310 billion US in returns.

“Mental health has become a major priority globally, not only in terms of the human health impact but also economically,” says Greenshaw, who serves as Scientific Director of the APEC Digital Hub for Mental Health

“The WHO’s analysis of the global burden of disease initially used mental health as a kind of control factor, expecting that cancer and cardiovascular disease would come out on top,” he says.

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## Spotlight: Dr. Andrew Greenshaw

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“But mental health came out as an even bigger issue. And the biggest condition, one that is going to be a major economic challenge by 2020, is depression.”

Greenshaw, who heard about the request for proposals from APEC in 2015 to address the member states’ surging mental health challenges, realized it was a huge opportunity to launch something innovative and ground-breaking for a big slice of the world’s population.

“Phil (Upshall) and I decided it would be great for Canada to push for the creation of a Digital Hub for Mental Health. Phil and I discussed this with Ray (Lam), because he is very focused on e-health, and of course Vancouver would be a good location for this, since it’s on the Pacific,” says Greenshaw.

“From there, we persuaded Dr. Lam that we’d like the main office to be in Vancouver. It was a competitive process and there were competing proposals from other countries, but ours was the only Canadian proposal,” he explains.

“We put a Letter of Intent together based on our collective resources, submitted our application, participated in various international teleconferences to explain the nature and scope of the project, and ultimately, APEC chose us to develop and lead the Digital Hub. We had enough experience and resources that they felt we were the right people to run it.”

The Psychiatry Departments at the University of Alberta and University of British Columbia, along with the Mood Disorders Society of Canada, a Belleville, Ont.-based national advocacy and educational group, play equal roles in the three-way partnership. The Mood Disorders Society administers the funds, UBC runs the Digital Hub office, and the U of A’s Greenshaw heads the research activities.

“We often say we come from a massive country with a small population, but Canada has an interesting makeup with urban, rural, remote, Indigenous and multicultural populations. So when you look at mental health solutions that are relevant for Canada, many are likely to be transferable to our APEC colleagues,” says Greenshaw.

“Some of our partners have come on board in a very significant way, like China. Australia is also very heavily engaged in areas like e-mental health. But some of our most active and enthusiastic supporters are from places like the Philippines, which isn’t as prominent in using advanced technologies.”

The APEC Digital Hub held its inaugural international meeting in Vancouver last July, with 18 member nations participating.

“Looking ahead, we’ll obviously have to hire an executive director, some program managers and various other people. We’re form-

ing our international advisory board at the moment and we already have a number of meetings planned for this year,” he says.

The group’s first priority is to address workplace mental health or workplace wellness and resilience, which is also a key focus of one of our key partners, the Mental Health Commission of Canada. “All of the countries are waking up to this because they realize that the impact of people who can’t work for mental health reasons is very significant in socio-economic terms. It’s massive lost potential,” says Greenshaw.

Other key areas of focus for the APEC Digital Hub for Mental Health include:

- Integration with primary care and community settings;
- Advocacy and public awareness;
- Vulnerable communities and children;
- Mental wellness of indigenous communities;
- Disaster resilience and trauma; and
- Data collection and standardization.

“People all have the same basic vulnerabilities. Internationally, you see the same clusters of symptoms and problems. Sure, they differ a bit in different regions, but we believe problems around mental health and addiction are fundamentally brain problems. We’re all humans, so it makes sense there is that commonality,” says Greenshaw.

Government of Canada support is strong, and the Digital Hub’s partners are working collaboratively with several government ministries in relation to priorities and support. Although the partners have

largely relied on public funding to date, they expect the Digital Hub will attract significant private sector investment and development in health-related digital technologies.

“We really welcome that. If it’s Canadian development, that’s good for the Canadian economy. But we have partners all over the place, and we’ve come to the attention of some very big players in the field. For example, our group here has collaborated extensively with IBM Canada, and some major pharmaceutical companies are also interested and involved.”

One of the biggest benefits of the Digital Hub is the access it will provide to an enormous population base, and the research discoveries that is expected to yield.

“As things become more global the solutions become more global too, and by interacting we can benefit more. In Canada we have extensive patient data, but it’s nowhere near as large as in China. In just one institution in China that serves a catchment area of 35 million people, the solutions we can generate from the power

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*Dr. Andrew Greenshaw*

**Spotlight: Dr. Andrew Greenshaw***continued from page 6*

of that analysis are going to be amazing. We'll be able to bench test our technology against massive populations," he explains.

"The Digital Hub is also a place where we'll be able to bring evidence to practice, sharing things between different economies and coming together to create something new. We'll be able to share training programs, best practices, and ideas about online applications. Australia for instance has developed some great online therapy programs," he notes.

If it's as successful as Greenshaw and his colleagues hope, what might the APEC Digital Hub become over the course of the next decade or two? That's a question that draws a long, thoughtful response.

"Well, there would be full-time data scientists working around the Hub and there would be multiple projects taking advantage of the opportunity to examine large data sets from various sectors," he says.

"There would also be exchanges around training programs and innovation; private sector partners coming on board and using the Hub's data to bench test their technology for the public good; and we'd be seeing more commercialization, prompting governments to line up and explore the kinds of initiatives they'd like to implement."

For patients themselves, "it would mean mental health care – in terms of more effective, objective treatments – would be much more accessible and we'd have really good outcome measures. The ultimate goal is delivering really good-quality, personalized medical and mental health services," he says.

"Think of the APEC Digital Hub as a solution for the modern equivalent of the railway gauge system problem. In the early days of the railroads everybody had different gauge sizes. But the moment things were standardized, the system worked a lot more effectively. In the same way if we have more effective instruments for measuring symptoms and more consistent approaches to prevention, treatment and support, everyone is going to benefit." **C**

**Conference Preview****March 1st-2nd Innovations In Practice Conference Promises to Break New Ground in Alberta**

It's an Alberta first: a conference focused exclusively on the unique mental health issues of those with developmental or intellectual disabilities and autism spectrum disorder.

The ground-breaking Innovations In Practice Conference ([www.innovations2018.com](http://www.innovations2018.com)) is slated for March 1st and 2nd at Edmonton's Delta by Marriott Hotel on Gateway Blvd., and is expected to attract some 300 attendees, organizers say.

The event is aimed at participants from a wide range of backgrounds, including mental health and healthcare services, social work, occupational therapy, behavioural therapy, disability services, front-line workers, group home operators, families and the general public, organizers say.

Registration is open until Feb. 1st, and conference fees range from a low of \$75 for students and residents, to \$100 for families and a high of \$175 for regular attendees.

The overriding goal: to share knowledge, recent innovations in the field and success stories around themes such as behaviour, well-being, hope and transition.

"The conference is about raising awareness of this population, what current best practices are in place, and highlighting some current innovative practices as well," says Clayton Kleparchuk,

Program Manager, Tertiary and Residential Services – Addiction and Mental Health at Alberta Health Services (AHS).

"We also want to develop some momentum to help further the cause of so-called 'complex service needs' individuals within our

system, and how to most effectively support them," adds Kleparchuk, a plenary speaker at the conference.

"With that in mind, we are delivering three streams of content. One is mainly directed at health professionals, while the other two are aimed more at families and caregivers. Our hope is to be more inclusive and supportive of people who are in regular contact with this population."

Event sponsors include the Government of Alberta, AHS, the University of Alberta's Department of Psychiatry, Edmonton-based Rohit Group of Companies, and The Sinneave Family Foundation of Calgary.

"Just to give you a bit of context, there is a cross-ministry, government-led

initiative backing this conference known as the Complex Needs Initiative," says Kleparchuk.

"It's focused on individuals with developmental disabilities who also have a co-occurring mental illness or behavioural challenge. So that really opens up an entire spectrum, including those who

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*Clayton Kleparchuk, and Dr. Yogesh Thakker*

## Conference Preview *continued from page 7*

may not have a significant mental health component but may have a developmental disability such as autism or Fetal Alcohol Spectrum Disorder (FASD), which make it difficult for them to be supported in community.”

Dr. Yogesh Thakker, a Consultant Psychiatrist with AHS and Clinical Lecturer at the University of Alberta's Department of Psychiatry, is the conference committee planning chair.

Other committee members include Dr. Xin-Min Li, Chair of the Department of Psychiatry; Scott Phillips, Assistant Chair; Sandy Marcynuk, Provincial Complex Needs Coordinator, AHS; and Dr. Pierre Chue, Edmonton Zone Clinical Department Head, Addictions and Mental Health, AHS.

“When you talk about intellectual disabilities you're talking about people with an IQ of less than 70 as the cutoff, technically speaking. But the world is moving away from that simple definition, so someone could have an IQ of let's say 71, and still have significant functional impairment,” Thakker explains.

“Having said that, the focus of the conference is on people with complex mental health needs along with intellectual disabilities. Some people with intellectual disability live perfectly normally, with a bit of support,” he notes.

“But others – especially those on the severe end of the scale who are typically non-verbal – have a high prevalence of mental health problems, or exhibit challenging behavior that requires intervention from professionals.”

In all, between 1% and 2% of the overall population have developmental or intellectual disabilities, or autism spectrum disorder. Those who are characterized as severe cases account for about 0.3% of the general population, says Thakker.

Despite their relatively small numbers, however, these individuals require a significant level of care and support from the health-care system.

“It may seem as though this should be a relatively small issue just based on the population size,” says Kleparchuk. “But if you look at how the system currently struggles to effectively support these individuals – in terms of the multiple system involvement, the risk of hospitalization, the different teams that are needed and the challenges of trying to maintain them in community – it's a big issue. It

can be quite costly, not only in terms of system resources, but in terms of the individual's quality of life.”

Although the conference is a first of its kind for Alberta, a lot of bridge-building has already occurred to improve support and inter-agency coordination efforts to serve this vulnerable population.

“We're seeing a number of different partners working together to more effectively support these individuals. One example is the HUoS (Heavy Users of Service) project. It's not tied to the Complex Needs Initiative and doesn't solely serve our target population, but it does reflect this growing trend of ministries and services working together to support like individuals,” says Kleparchuk.

“It's a partnership that was formed in 2013 between AHS, the City of Edmonton, Edmonton Police Service (EPS) and about a dozen community organizations, such as the Hope Mission and Homeward Trust Edmonton. So they're all working together as partners and breaking down some of these traditional silos.”

Thakker, who spent a decade working in the United Kingdom and completed three years of subspecialty training in the psychiatry of developmental disability, is also playing a key role in boosting awareness of the needs of this specific population group. Among his multiple current roles, he is Lead Psychiatrist for the Community Outreach Assessment and Support Team (COAST) in Edmonton.

“Eventually we'd like to develop a number of subspecialist services within the field of intellectual disabilities,” he says.

“For example in the U.K., there are acute assessment and treatment units, rehabilitation units and secure units for people with intellectual disabilities and autism spectrum disorders. I think services like these serve this particular population in the best possible way, and in a more evidence-based manner. That's what I'd like to see in the future.”

Thanks partly to Thakker and his colleagues' efforts, it's also now mandatory for residents in the University of Alberta's Department of Psychiatry to complete a week-long placement with a psychiatrist specializing in developmental disabilities.

“So this conference is a very important step forward. We'd like to develop a good profile in this field and do some more educational activities of this nature. This will definitely help us to develop more needed programs like this,” he says. **C**

**Conference on Developmental Disabilities,  
Intellectual Disabilities and Autism Spectrum Disorder**

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# INNOVATIONS IN PRACTICE



## Edmonton Conference 2018

Welcome to Alberta's first Innovations in Practice conference!

As a health professional, a family member or a community based service provider supporting individuals with a dual diagnosis (developmental disability and a mental health concern), come join Edmonton's specialty developmental psychiatrists and the Complex Needs Initiative community support team members at this exciting conference which will:

- ✓ Present best practices in serving individuals with a dual diagnosis involved in multiple systems such as mental health, specialty healthcare, human services, and community based services
- ✓ Continue to advance the Alberta cross-ministry Complex Needs Initiative with improved partnerships, continued development and progression of relevant education
- ✓ Build momentum in Alberta for the joint delivery of healthcare and service systems
- ✓ Make lives better across our province for individuals with developmental disabilities with the use of innovative and useful practices

Sharing successes and bringing together other jurisdictions doing similar work is what you will find at this two-day conference. Innovations in Practice...more than a catchy title!

Join us to find out what is informing practices across Alberta but also learn how other jurisdictions are finding success.

Participants may include

- allied health staff professionals,
- mental health clinicians,
- psychiatrists, physicians,
- disability service providers,
- front-line staff members,
- community care providers,
- students of any discipline,
- families and other supports,
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## Feature Profile:

# Community Mental Health Action Plan Gaining Traction in Edmonton

An estimated 7.2 million Canadians grapple with depression, anxiety and other mental health issues every year. Yet, most suffer in silence, or fail to get the help they need.

The underlying causes are complex, but are often tied to trauma, whether it's related to family dysfunction, physical or sexual abuse, homelessness, poverty or other factors. Some sample statistics tell the story:

- One in five Canadians will face a mental health issue or mental illness this year, yet 60% won't seek appropriate help, often because they fear being stigmatized.
- Nearly 30% of the respondents in a recent Alberta survey say they faced abuse of some kind by the age of 18.
- Three-quarters of all victims of spousal violence say they were first sexually victimized as children.
- Of the 1,752 people who were identified as homeless in Edmonton in 2016, 70% were long-term, chronically homeless. Roughly a third of all homeless people suffer from some form of mental illness.

As the above stats show, the challenges are enormous. But at least the path forward is becoming clearer.

One of the fundamental issues that have been identified is a lack of coordination, communication, and collaboration within the mental health system as a whole, the 2016 Community Mental Health Action Plan report states. "Only through collaboration and collective work can we begin to improve the mental health and addiction services available in the community."

The goal of the Action Plan – backed by hundreds of community and government champions, including the University of Alberta's Department of Psychiatry, Alberta Health Services, the City of Edmonton and the United Way of the Alberta Capital Region, among many others – is to boost cooperation, coordination and utilization of

existing mental health and addictions services in the Edmonton region, so those in need can get help, faster and more easily.

Those are laudable sentiments, of course, but as Project Manager for the Action Plan, it's Kahn Lam's job – along with David Rust, the Project Lead – to turn those words into concrete steps that will start to yield positive results.

After spending four years with The Support Network and the Canadian Mental Health Association – Edmonton Region,



*Kahn Lam*

Lam was hired, along with Rust, to oversee and coordinate the rollout of the Action Plan about a year ago.

"The conversation actually started around 2013, on how to address poverty," says Lam, a friendly and articulate University of Alberta psychology graduate who minored in art history.

At the time, the United Way of the Alberta Capital Region was working on a plan to mobilize collective action to create Pathways Out of Poverty, while the City of Edmonton was behind a community initiative called EndPovertyEdmonton.

Those efforts in turn led to an increased focus on the relationship between poverty

and mental health, Lam says, and subsequent talks between the United Way and City of Edmonton on how to improve access to related services. Soon the province got involved, and the concept of the Action Plan was born.

"We know there isn't an abundance of financial resources available, so this is all about trying to make practice shifts with what we have," says Lam. "It has evolved from small working groups trying to achieve quick wins into something much bigger."

How big? Following large-scale community consultations and an analysis of relevant local and provincial reports, three areas of focus were identified – namely, system integration, service delivery and evidence foundation – and three related leadership teams were formed.

"We now have about 50 regular committee members, and our steering committee as well. They meet monthly, pick a focus in their area of work, and identify actions they can implement toward reaching the goals listed in the Action Plan," Lam explains.

There are also hundreds of other diverse stakeholders involved. Some are not regular committee members, but all are engaged in efforts to support the Action Plan.

"There are many interacting pieces of work, and the committees are just one avenue where changes in the mental health system are occurring," says Lam. Throughout the community, many people have read the Action Plan and are taking the initiative to make changes in their areas of work."

Those efforts are clearly turning heads, and gaining momentum.

"We had a gathering on Oct. 4th of this year at the Santa Maria Goretti Centre in Edmonton, where we engaged about 250 to 270 stakeholders. These are people who are really interested in learning more about the Action Plan, and finding ways to work together to create a better mental health system," says Lam. "From there we got about

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## Community Health Action Plan

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100 people who signed up to be involved in implementing various parts of the plan.”

So what are the Action Plan’s key priorities for 2018?

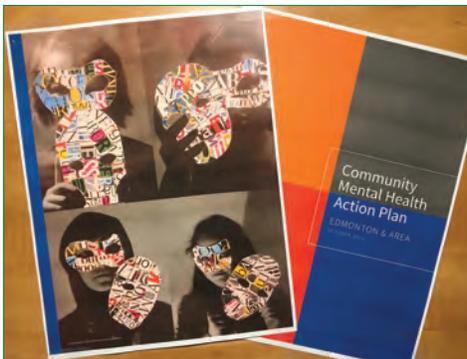
“That’s the big question we’re asking ourselves,” says Lam, who self-identifies as a trans, non-binary person. “In 2017 we did a lot of the ground work, trying to pick out priorities in terms of goals and actions. There was also a lot of relationship building and trying to get the teams to a place where they feel comfortable and trusting of one another.”

Now, Lam says the focus will shift toward creating tool kits and other tangible resources to help people access appropriate mental health services more easily and efficiently. Some of the specific Action Plan initiatives include:

- Promoting 211 as a one-stop number

for service providers to use when they’re looking to direct clients to appropriate community or government services.

- Creation of a catalogue of mental health literacy training that maps out what training is available, with specific recom-



mendations based on key target groups.

- Project Lead David Rust will continue to train students at the University of Alberta’s School of Medicine on social issues such as homelessness, addiction,

and mental health. Rust is also involved on a U of A committee that looks at increasing diversity among medical students to ensure better representation in the field.

- Training non-traditional service providers such as coaches and teachers in mental health literacy.

“Our Service Delivery team is focusing on creating seamless navigation for individuals and caregivers, not only for mental health resources but for other things like housing,” Lam says.

“There hasn’t been a lot of research about navigators in the mental health system. It’s typically about navigators in primary health care or cancer. So it’s quite innovative, and they’ll be looking at what makes a good navigator. That will inform the work of service delivery, the creation of a tool kit, as well as better training for professionals.” **C**

## Appointment News

### AHS’s Pierre Chue Announces New Staff Appointments

In tandem with the recent approval of the Addiction Psychiatry Program for the Edmonton Zone, and development of the Academic Division of Addiction Psychiatry, several current or pending staff appointments have been announced. The appointments, announced by Dr. Pierre Chue, Alberta Health Services’ Clinical Department Head for Addiction and Mental Health, Edmonton Zone, reflect a specialized recruitment initiative to meet the expected service demands, he says.

The list of new appointees and their affiliations includes:

**Dr. Avi Aulakh**, Section Chief ODP/ASE

**Dr. Charl Els**, UA/AHE/HTC/ASE/ODP

**Dr. Roshan Hegde**, ASE/HTC

**Dr. Loveneet Hayer**, ODP/ASE/RAH

**Dr. Mohit Singh**, ODP/ASE/UA/RAH

**Dr. Tim Gillese**, ASE/HTC/AHE

**Dr. Serdar Dursun**, HTC/GNH

**Dr. Doug Spaner**, EMHC

**Alberta Hospital Edmonton (AHE)**

**Henwood Treatment Centre (HTC)**

**Opioid Dependency Program (ODP)**

**Addiction Services Edmonton (ASE)**

**Edmonton Mental Health Clinic (EMHC)**

**Royal Alex Hospital (RAH)**

**Grey Nuns Hospital (GNH)**

**University of Alberta (UA)**