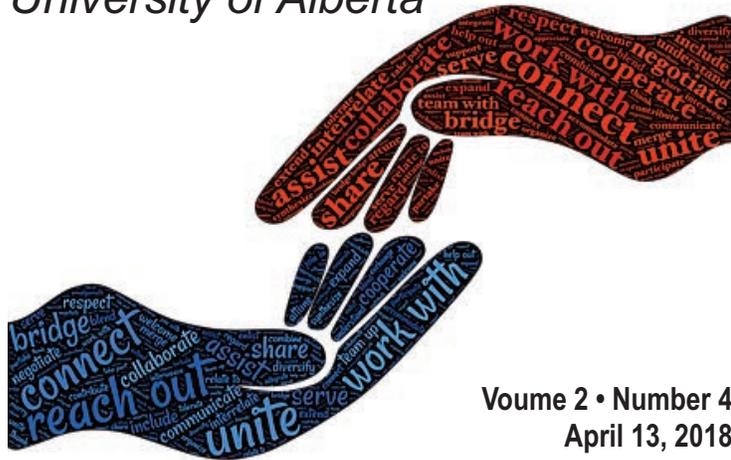


# CONNECTIONS

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## Message from the Leadership Team



Mark Snaterse



Dr. Xin-Min Li



Dr. Pierre Chue

The April issue of *Connections* marks a small but significant change for the Department of Psychiatry. Instead of our traditional monthly Message from the Chair, this issue opens with a Message from our whole Leadership Team. In addition to Department Chair Dr. Xin-Min Li, our team includes:

- Mark Snaterse, Executive Director for Addiction and Mental Health, Alberta Health Services, Edmonton Zone; and
- Dr. Pierre Chue, Clinical Department Head for Addiction and Mental Health, Alberta Health Services, Edmonton Zone.

Since the Department and AHS now work on such a close, cooperative and interdependent basis on many important community initiatives, we felt the time had come for us to speak with one voice.

Simply put, the Department of Psychiatry is now an integral part of Alberta Health Services, and vice versa. We are one.

In addition to driving the Department's key academic and research activities and enhancing our profile at the heart of Alberta's leading Academic Mental Health Centre, our faculty is increasingly engaged directly in delivering vital mental health and addictions services throughout the community.

As part of our push to engage on a more direct and regular basis with psychiatrists, allied professionals and other front-line AHS staff across the Edmonton Zone, we intend to be far more visible in the broader community over the coming year.

In practical terms, that means we'll be doing more site visits, where we'll be meeting, talking and listening to the perspectives of psychiatrists, allied professionals and other mental health caregivers in Edmonton and surrounding areas.

We'll also be conducting more of our regular monthly Departmental / AHS executive leadership meetings away from University of Alberta Hospital and the University of Alberta campus, at various sites around the city.

Our goal is to become more visibly immersed and engaged in the daily life of such key institutions as Grey Nuns Community Hospital, Alberta Hospital Edmonton, The Royal Alexandra Hospital, and the Glenrose Rehabilitation Hospital.

We'll also endeavor to spend time at such vital, high-traffic Edmonton Zone clinics as the 108 St. Mental Health Clinic, the Northgate Centre, the Rutherford Health Centre and the East Edmonton Health Centre.

It is our hope that these meetings will give those involved in delivering mental health and addictions services more opportunities to engage face-to-face with our Leadership Team, so they can share their valuable insights, observations and daily challenges with us.

Although we may not be able to visit every important site in the

*Continued...*

## Message from the Leadership Team

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Edmonton Zone in 2018, we intend to make ourselves as accessible and available as humanly possible. If we aren't able to meet directly with you, please feel free to call us or email us with your concerns, your comments and feedback.

With budgetary pressures on the rise in Alberta, we are looking for new ideas and innovations that might help us better meet the needs of our academic and research programs, as well as our vital clinical services.

Our Leadership Team is also seeking ways to engage in a more

substantive way with residents as well as Sectional leadership, possibly through a series of regular dinner meetings or other events.

Last but not least, we would like to reiterate the importance of our growing, mutually beneficial relationships with key community mental health organizations such as CASA Child, Adolescent and Family Mental Health.

In short, the Department and AHS are now one team. Along with our provincial, municipal and community partners, our goal is to better serve and support the mental health needs of our fellow citizens.

We look forward to taking on this challenge. **C**

## In The Spotlight:

### Psychiatrist and Geneticist Dr. Katherine Aitchison Brings a Unique Perspective to Research in Addictions and Mental Health

Since Dr. Katherine Aitchison arrived at the University of Alberta as the 2011 Alberta Centennial Addictions & Mental Health Research Chair, and a Professor in the Department of Psychiatry, she has won increasing recognition for her work.

Dr. Aitchison, who spent the previous decade on the Faculty of King's College London, has served in various capacities, including:

- Associate Director, Mental Health, Neuroscience and Mental Health Institute (2018)
- Adjunct Professor, Department of Medical Genetics, University of Alberta (2013 to present)
- Director, Resident Research in Psychiatry, University of Alberta (2015-2017)
- Lead Psychiatrist, Edmonton Early Psychosis Intervention Clinic (EEPIC)
- Nomination of EEPIC for an AHS President's Excellence Award in the Outstanding Achievements in Patient and Family-Centred Care category (2018; <https://ahspea.tumblr.com/post/171834569315/edmonton-early-psychosis-intervention-clinic>)
- Campus Alberta Neuroscience 2017 Symposium, Scientific Program Committee
- Canadian Consortium for Early Intervention in Psychosis (CCEIP) Research Committee (June 2017 to present)
- Invited by the Indo-Canadian Psychiatric Association to give a presentation at their Annual Meeting as a Distinguished Speaker (2015)

- Member, Society of Biological Psychiatry (SOBP) Women's Leadership Group Steering Committee (2015 to present)
- Canadian Psychiatric Association Research Committee (2013 to present)
- Alberta Psychiatric Association Scientific Program Committee Co-Chair, North (2014 to present)



*Dr. Katherine Aitchison*

- Jury member, Consensus Development Conference on Improving Mental Health Transitions (Edmonton, Alberta, November 2014)
- Alberta Psychiatric Association Executive Committee (March 2013 to present)
- Addiction and Mental Health Community Joint Physician & Leadership Committee, Alberta Health Services (April 2012 to present)
- Fellow of the Royal College of Psychiatrists (FRCPsych), London, UK (2012 to present)

Get the idea? Dr. Aitchison's interests

and the scope of her research are broad and diverse.

"An important starting point is to say I'm both a psychiatrist and a geneticist. I had the privilege of being a faculty member for 10 years at Kings College London, working at the MRC Centre for Social Genetic and Developmental Psychiatry Research, where genetics and psychiatry are integrated," she says.

"From there I was able to bring those skills to the Department of Psychiatry at the University of Alberta."

Among other things, Dr. Aitchison's research and policy work focuses on the role that environmental factors (such as cannabis use, adverse childhood experiences and recent adverse life events) and genetic factors play in psychosis among young people.

Among her many related activities, she contributed to the Canadian Psychiatric Association position statement *Implications of Cannabis Legalization on Youth and Young Adults*. The publication is freely downloadable at:

<https://www.cpa-apc.org/wp-content/uploads/Cannabis-Academy-Position-Statement-ENG-FINAL-no-footers-web.pdf>

Dr. Aitchison also studies the genetic predictors of adverse drug reactions (such as metabolic dysfunction) to the medications commonly used in treating psychiatric patients.

Suicide prevention – including in Indige-

*Continued*

## In the Spotlight: Dr. Katherine Aitchison

*continued from page 2*

nous communities – is another key focus of Dr. Aitchison's research.

"The way that I conceptualize what I do is 'precision health.' It's a bit of a buzzword these days – I call my research precision health for mental health," says Dr. Aitchison, who clearly cares about mentoring her team of trainees and giving them opportunities to participate in research partnerships regionally, nationally and inter-nationally. Team members have won 15 awards to date.

"It's really aimed at prevention, detection and intervention. Prevention includes all of

the work I do on genetic factors affecting vulnerability to the effects of cannabis. Detection includes all the addiction genetics work, and intervention includes the pharmacogenetics work," she explains.

Although her dual background in psychiatry and genetics is still fairly rare, Alberta has others with complementary expertise, she notes.

They include Dr. Paul Arnold, an Associate Professor in the Department of Psychiatry and Medical Genetics at the University of Calgary's Cumming School of Medicine. Dr. Arnold, a Child and Adolescent Psychiatrist, is focused on the genetics and neurobiology of childhood Obsessive Compulsive Disorder (OCD) and related neuropsychiatric disorders.

A second recent addition is Dr. Chad Bousman, who moved to Canada from Australia. Dr. Bousman is an Assistant Professor in the Department of Medical Genetics, as well as Psychiatry, Physiology and Pharmacology, at the University

of Calgary. His main focus is on reviewing currently available technologies that are offered for optimizing the selection and dosing of drug therapies used to treat depression and schizophrenia.

"We are beginning to build up a core of people who can work in a relevant manner together and collaboratively, along with individuals in different academic centres across Canada and abroad," she says.

"We are part of the Genome Canada Large Scale Applied Research Project in Genomics and Precision Health led by Dr. Bruce Carleton (University of British Columbia), and we look forward to working more with other Canadian leaders in the field,

bilities to early onset psychosis, has focused on several genes.

These include *COMT* (a gene coding for a protein that is closely linked to the metabolism of dopamine, a chemical messenger that transmits signals between neurons in the brain). *COMT* has been related to vulnerability to the effect of adolescent cannabis usage on age of onset of psychosis (Lodhi et al., 2017, open access publication: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5698868/>).

"The main message I'd now give in terms of these genes and cannabis studies is that they do show an association signal. But we need more research in the area, and

more collaboration with more research groups. Otherwise we won't get the sample sizes we need. Whenever you're looking at genes and any interaction with environmental factors,

you need much larger studies," she says.

"The key thing is whether this may lead to an earlier age of onset than if they didn't have the genetic vulnerability and didn't use cannabis in their teenage years. That's important because if you have psychosis at a younger age, that may interrupt crucial social transitions such as going to college, finding a partner and being able to live independently."

In the area of pharmacogenetics research (the study of inherited genetic differences in pathways relevant to both the effect one's body has on a drug and the effect the drug has on the body), Dr. Aitchison and her team are also moving ahead, after securing a JELF (John R. Evans Leaders Fund) grant from the Canada Foundation for Innovation, with provincial matching funds.

"In collaboration with Delta Genomics (a  
*Continued...*



*Dr. Katherine Aitchison (centre, rear) and her research team.*

such as Drs. Jim Kennedy and Daniel Mueller (University of Toronto)."

Dr. Aitchison's research is aimed at identifying etiological and vulnerability factors that may contribute to an individual's likelihood of developing addictions or mental health conditions. She also studies the factors that help to predict an individual's response to related treatments.

Her research in collaboration with Dr. Scot Purdon (Alberta Hospital Edmonton, and Bebensee Schizophrenia Research Unit at the University of Alberta), Dr. Phil Tibbo (a University of Alberta alumnus now holding the Dr. Paul Janssen Chair in Psychotic Disorders at the Department of Psychiatry, Dalhousie University), and Dr. Gina McIntyre (University of Alberta) on cannabis use among the young, and the possibility that some individuals may carry genetic vulnera-

## In the Spotlight: Dr. Katherine Aitchison

*continued from page 3*

U of A spinoff company and genomics service provider) we are now beginning to make some progress in a more realistic manner. We're also collaborating with Dr. Martin Somerville's lab (Genetic Laboratory Services, which is part of Alberta Health Services). They can do clinical reporting to patients," she notes.

"So far we've done a lot of etiological and vulnerability factor studies as well as building up our capacity locally for pharmacogenetics and pharmacogenomics to look for factors predicting response to treatment, toxins or dietary substances."

In addition to their research in genetics and genomics, Dr. Aitchison's team is also starting to focus on epigenetics and epigenomics, in collaboration with Dr. Igor Kovalchuk, a Professor in the Department of Biological Sciences at the University of

Lethbridge, and Dr. Lynne Postovit, an Associate Professor and the Sawin-Baldwin Chair in Ovarian Cancer in the Department of Oncology at the University of Alberta.

"Dr. Postovit and I have a PhD student we're both working with who is beginning to learn Dr. Postovit's epigenetic techniques. I'm really excited about that because epigenetics is something we've been long seeking to look at from the perspective of mental health and addictions," Dr. Aitchison explains.

"There is a huge amount of need locally in the area of addictions and mental health. In particular, there is a lot of interest in trauma and how that pertains to one's vulnerability to addictions, and how that in turn may relate to alterations in one's epigenetic profile."

Dr. Aitchison's research on suicide prevention is also making progress, with a particular focus on the factors around Indigenous suicide rates.

"I had a student who was conducting a Capping project for his Masters degree in Public Health, on Indigenous suicide, and he's gone on with me to be a part of a working group of the Canadian Psychiatric Association Research Committee. This year, one of the things we're working on in that committee is a position statement on Indigenous suicide," she says.

"I took that role on because I had him as a trainee. I wouldn't have done it without him because this project really calls for an Indigenous person with a passion about the subject to bring together the right people to work on it. And I'm pleased to say we now have a draft which has circulated around our working group."

As if the above list of initiatives isn't enough to keep her busy, Dr. Aitchison is also conducting a research project on sexual addictions. Watch for *Connections* to profile that work in a future issue of the newsletter. **C**

## AHS Unveils Big Plans for Anderson Hall

### New 24/7 Access at Anderson Hall Will Improve Coordination of Mental Health & Addictions Services Throughout the Edmonton Zone

**M**ark Snaterse has served as Alberta Health Services' Executive Director for Addiction and Mental Health, Edmonton Zone, for the past nine years. It's a big job that touches the lives of thousands of people every day.

From his 6th floor office on 108 St., a short walk from the iconic Dome atop the Alberta Legislature Building, Snaterse oversees dozens of programs that deliver specialized inpatient or community-based addiction and mental health services for the young, the old, and everyone in between.

Snaterse, who has a clinical background in psychiatric pharmacy practice with a focus on acute adult mental health, forensic psychiatry and geriatric psychiatry, oversees a program with roughly 3,000 AHS staff members and 240 psychiatrists along with his dyad partner and Zone Clinical Department Head, Dr. Pierre Chue.

Only a handful of private companies in the Edmonton region are larger than that.

"Most of the psychiatrists who work in our programs are also part of the Department of Psychiatry at the University of Alberta," says Snaterse, who has also served as an Adjunct Clinical Professor with the Faculty of Pharmacy.

"Since (current Psychiatry Department Chair Dr. Xin-Min Li) was appointed, we've been meeting almost weekly. There's very little we can do without engaging and involving our psychiatrists

and bringing them on board with us. It's vitally important that the academic vision and programs of the Department of Psychiatry is aligned with, and supportive of, the clinical programs administered by AHS."

Improving coordination and communication between hospitals, clinics and other mental health service providers across the Zone is a major focus for both of them, says Snaterse.

"Having a communication and engagement strategy is critical for Xin-Min, and it's also critical for me. We both struggle with that. For Dr. Li, his psychiatrists work all over the Zone, in different inpatient units, emergency departments, outpatient clinics, community practices and sometimes in private practice," he explains.

"It's the same with my program. We're geographically distributed in a hundred different locations. So when you offer a huge breadth of programs that span everything from primary care to specialized community care, to acute care, tertiary, and quaternary services, it's hard to ensure that everybody is on the same page."

That fragmentation has also posed challenges for those seeking help with addictions or mental health issues, he notes.

"Although we deliver a lot of services, the public really struggles to find the right service for them. It's not unusual for patients and their families to have to tell their story five or six times before they

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## AHS Unveils Big Plans for Anderson Hall

*continued from page 4*

get into the right team for them. Nobody is aware of all the services AHS provides," he says.

"Right now, we have a whole bunch of 'front doors.' But those front doors are not very well coordinated, and even after you get inside one of those doors, no one is really aware of all the services that are available across our system."

In other words, he says, the mental health and addictions system he oversees for AHS in the Edmonton area doesn't currently function as a well-integrated system, but as a series of often disparate and disconnected services.

"We have a whole bunch of service providers, programs and people doing really great things. We have a tremendous number of great doctors, nurses, therapists, psychologists, social workers and treatment teams. But we're not really behaving as a coordinated system," he says.

Snaterse and his team have been working hard to fix that, beginning with the launch of an electronic medical record.

"Now, instead of every individual psychiatrist, therapist, or counsellor having their own paper-based chart that only they see, we have an enterprise-wide electronic medical record that everyone has access to. That was a huge enabler for us," he says.

That was just the first step, however. Over the next five years, AHS intends to roll out its Connect Care electronic records system, a consolidated province-wide clinical information system that will give healthcare providers in every corner of Alberta access to the same comprehensive system of patient information.

By providing healthcare staff in all locations with a complete picture of each patient's health care history, AHS hopes to foster best practices and better patient outcomes right across the system.

"Edmonton is where we'll start rolling it out in about two years – specifically on the University of Alberta Hospital campus," he says. "Once it's fully implemented over the next five years, Connect Care will provide instant access to vital information for inpatients, outpatients, community services, ambulatory services, addictions, mental health – everything. Every hospital and every clinic will rely on the same electronic medical record."

Snaterse sees another key element of his campaign to improve the quality and coordination of mental health and addictions services coming to life in the next year: Anderson Hall.

By January of 2019 a new 24/7 Access Centre – exclusively dedicated to addictions and mental health patients – is slated to open its doors in the renovated Anderson Hall building, located di-

rectly across the street from the Royal Alexandra Hospital's Emergency Department, at 10959 102 St.

"It's important to understand what it is, as well as what it isn't. We're not branding it as a Psychiatric Emergency Department, and we're not branding it as a Mental Health Urgent Care Centre. For now, we're referring to it as 24/7 Access," Snaterse explains.

"We want it to be a warm, welcoming environment and an alternative for many people to a hospital Emergency Department. A lot of people who go to an Emergency Department aren't necessarily in a mental health crisis, but don't know where else to go. And most of our doors in the community close at 4:30 p.m. on weekdays. So potentially, we think 40-45% of people who currently try to access

care in a hospital Emergency Department could more appropriately be offered services in a location like this."

A lot of work needs to be done first to make Snaterse's vision a reality, of course. Various working groups have been formed to address such issues as developing protocols for Emergency Medical Services (EMS), Edmonton Police Service (EPS), RCMP and a vast number of other programs and agencies.

"The ambulances will need to know who to bring to Anderson Hall versus an Emergency Department. Police also convey a lot of people under the Mental Health Act to hospital, but some of those people can be better served at Anderson Hall. So we'll need to work with our partners to help them understand what it's all about."

As Snaterse envisions it, Anderson Hall will be a place where those with mental health or addictions issues can seek advice or information 24 hours a day, seven days a week. Family physicians will be able to refer their patients to Anderson Hall where their needs will be assessed by qualified staff, and they'll get streamlined access to the service in the Zone that is most appropriate for their needs.

It's also important to ensure that patients are offered choices and are involved in the decision-making around the service that they receive, he says.

The new 24/7 Access will occupy the entire main floor of Anderson Hall. Staffers will also occupy one of the upper floors of the 50-year-old building.

"We'll have a little bit of new money for this, but most of it involves moving existing teams there from other locations. Right now we have a 24/7 crisis team, a community stabilization team, police and crisis teams, an urgent community clinic, and people who handle intake, all in different locations and attached to different services," he says.



*Mark Snaterse*

*Continued...*

## AHS Unveils Big Plans for Anderson Hall

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“We’re going to take many of those clinicians and relocate them into this building. We are actively recruiting psychiatrists who may have an interest in being part of this exciting new service. We still have to identify all of the people who will be involved, but when we first looked at how many staff in our system are predominantly involved in intake, we found almost 40 people performing that role.”

Once it’s up and running, Snatarse expects Anderson Hall’s on-site staff to include psychiatrists, nurses, addictions counsellors, mental health therapists, social workers, peer support workers and other specialists.

“The work we’re doing at Anderson Hall is to create a welcoming, well-staffed physical environment with a clinical team that’s highly skilled and aware of everything we offer across the Zone,” he says.

“But the real culture change will involve the rest of our community programs. They’ll need to give up the autonomy to pick and choose who comes into their programs. If we’re going to do a comprehensive assessment at Anderson Hall, we don’t want that patient or family to have to retell their story when they see the next psychiatrist or therapist,” he adds.

“We want the receiving clinician to build on the assessment that’s already been done, so our patients and families can receive the specialized care they need faster.” **C**

## Research News

### Could Machine Learning Analysis Guide Psychiatrists’ Prescription Choices? Grad Student James Benoit Thinks So, and Pfizer is Watching

**A**s a boy growing up on the west coast in White Rock, B.C., James Benoit loved to go fishing. In fact, it’s still his favourite way to relax.

“I love fly fishing, and there are lots of great lakes near Edmonton, such as East Pit Lake, which is ironically west of the city,” says Benoit, a graduate student in the Department of Psychiatry whose PhD research is focused on precision medicine, combining machine learning analysis and digital mental health.

“I also love the area around Nordegg (west of Rocky Mountain House). You’ve got these beautiful emerald green lakes that are glacially fed. The trout in them are gorgeous, they’ll bite on anything,” he says, smiling at the thought. “If I need to relax, that’s my idea of Nirvana, right there.”

Since we’re meeting this chilly March day in Benoit’s tiny office in the RTF Building, where he worked until 10:30 p.m. the previous evening, thoughts of fly fishing on a warm summer day must seem pretty appealing.

But Benoit – a self-described “technology guy” who holds degrees in Integrated Sciences and Applied Ethics from the University of British Columbia, and has worked in Sustainable Development at Simon Fraser University – gets equally enthused when talk turns to his current research.

With support from pharmaceutical giant Pfizer, and a database of more than 10,000

clinical trial subjects worldwide who used the company’s antidepressant drug Desvenlafaxine (brand name: Pristiq), Benoit is developing what he hopes will become a groundbreaking digital mental health diagnostic tool.



*James Benoit*

In essence, the digital tool – which Benoit envisions as a simple downloadable app – would help psychiatrists decide which specific antidepressant drug offers the greatest likelihood of therapeutic success for a patient, based on a computer-generated analysis of 59 factors linked to the patient’s personal profile.

If successful, such an app could help to move personalized mental health treatment to a whole new level, Benoit believes.

“The 59 factors in our model include lab measures like blood glucose and white blood cell counts, as well as demographic information, age, height, weight and sex. We also include standard psychiatric scales such as the Hamilton Depression Scale and the Montgomery-Åsberg Depression Rating Scale,” he explains.

“Each scale contains certain items that try to get at different aspects of depression, such as anxiety, sleep and suicidality. We’ve also included the Clinical Global Impression Scale – a more general assessment of function – and information on other medications a patient is taking, including supplements.”

All of the above information was collected by Pfizer during its clinical trials for Pristiq. After anonymizing the data with a simple six-digit code to ensure patient confidentiality, Pfizer agreed to share it with Benoit and his research supervisory team at the University of Alberta, who have been working on the project since 2015.

“We’re currently the only lab in Canada that has access to Pfizer’s clinical trial data, and it’s been a real gold mine for our research,” he says.

Benoit’s supervisory team includes Dr. Andrew Greenshaw, Associate Chair – Research in the Department of Psychiatry; Dr. Serdar Dursun, a Professor in the Department of Psychiatry; Dr. Russ Greiner, a

*Continued...*

## Research News

*continued from page 6*

Professor in the Department of Computing Science; and Dr. Matthew Brown, an Adjunct Professor in the Department of Computing Science.

“Ideally we hope to create a simple app that runs a patient through a short set of questions so we can create a decision-support tool – as opposed to a decision-making tool – for psychiatrists. We don’t want to be stepping on psychiatrists’ toes or getting in the way of their experience. What we want to do is develop a short list of predictive tests to help inform them, in as little time and with as little additional cost as possible,” says Benoit.

“This is all geared towards the clinic. Today, prescribing is done based on experi-

ence. Once you’ve had hundreds and hundreds of patients you start to get an idea of what will and what won’t work. If you look at the data for treating depression, psychiatrists currently hit the mark about 50 per cent of the time. That’s quite good, since there are now 12 or 13 first-line treatments,” he adds.

“For us it comes down to teaching a computer how to tell you whether somebody fits into category A or category B, so a psychiatrist can improve how to predict which treatments would be efficacious on the first try.”

The results of Benoit’s analysis look promising thus far. In roughly two of every three cases, he says machine learning analysis will indicate whether a patient will do well on Pristiq or not.

“What we’re trying to get down to here is

a list of 10 questions you can ask to determine which medications someone should take. That’s kind of the Holy Grail. If you can do that, you’ve advanced clinical practice. You’d have more people getting the right medication and not choosing to stop their meds, which is a major problem.”

Benoit is hoping to publish his research findings and complete his PhD in Psychiatry by the end of this year. Beyond that, he’d like to see his digital diagnostic support tool used to assess the efficacy of a broad range of drugs, not just Pristiq.

“Ideally what we’d like to do is take all of the major psychiatric drugs and include them in a simple recommender system, so once a patient responds to the questions on the app, a psychiatrist can prescribe more quickly and accurately.” **C**

## Research Day set for May 30

### Dr. Jane Foster to make Keynote Address at 17th Annual Research Day Event

**D**r. Jane Foster, whose research focuses on the role of immune-brain and gut-brain interactions on neurodevelopment, behaviour, and brain function, will be the keynote speaker at the University of Alberta’s 17th annual Department of Psychiatry Research Day.

The day-long event, which is designed to celebrate and showcase the research of the Department of Psychiatry’s residents and graduate students, will take place May 30th at Bernard Snell Hall in University of Alberta Hospital.

“The main focus of Research Day is to highlight the trainees’ research and work over the year. But it’s also an educational opportunity, and Dr. Foster’s focus on gut microbiome and how it can impact mental health is an emerging, cutting edge field of research,” says Wesley Paylor, one of the graduate students involved in organizing Research Day.

Foster, an Associate Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University in Hamilton, ON, will discuss *Microbes and Mood: Microbiota-Host Interactions in Mood and Mental Health*, in her luncheon presentation.

Foster’s research is aimed at developing a better understanding of how immune-brain and gut-brain interactions may contribute to psychiatric disorders such as anxiety, depression and neurodevelopmental disorders.

“On Research Day, we usually invite an internationally or nationally recognized speaker in a particular field who delivers the keynote address. In addition to Dr. Foster we’ll also feature two other speakers that we’ll name soon,” says Paylor, who earned a Master’s de-

gree in the Neuroscience and Mental Health Institute at the U of A.

Paylor entered the PhD program in the Department of Psychiatry in early 2016, where he has continued his Master’s research on the neurobiological origins of schizophrenia.

“In total there are about 18 to 20 of us who will be presenting on Research Day. That includes any residents who are also in the Masters Program, so it’s all the trainees in the Psychiatry Department,” says student organizer Daniela Gomez, whose PhD research is focused on neurocognitive changes in HIV (Human Immunodeficiency Virus) patients.

Students from other departments who wish to attend and make presentations on Research Day are also welcome, organizers say. In all, some 200 attendees are expected to participate in the event.

“All of the graduate students in the Psychiatry Department are going to give a series of five-minute presentations – a short thesis talk – about the research they’ve been doing, and students will also submit a poster to present,” says Gomez, who completed an Honours Neuroscience undergraduate degree before entering the Masters program in Psychiatry two years ago, and the PhD program last May.

“So we’ll have two competitions going on during Research Day, including the five-minute thesis talk award, and the poster award. Our judges will be reviewing all the poster submissions before May 30th.”

Paylor says the brief thesis talks are designed to give Research Day attendees a broad overview of the wide range of research currently being conducted by residents and graduate students in the Department of Psychiatry.

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## Annual Research Day

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“We sort of model it after the three-minute thesis, which is a common competitive style for doing really short presentations, so everyone can get a snapshot of what each person is doing. And then typically they’ll have a poster that accompanies it,” he says.

“After a three-minute talk – which doesn’t really allow you to explore the research in immense depth – you can go to the poster afterwards and discuss it a bit more. It’s a sort of rapid-fire presentation that includes three minutes of presenting followed by two minutes of questions about what you’re doing now, and any updates on your work.”

Since the University of Alberta is one of just two universities in Canada that offers a PhD program in Psychiatry – the other is McGill University in Montreal – the U of A Department of Psychiatry’s annual Research Day takes on added national significance for all researchers in the field.

“I graduated last year with a Bachelor of Science degree, majoring in Biology and minoring in Psychology. I was actually planning

to apply to do my Masters in Psychology when I saw on the U of A website that the university also has a Psychiatry program,” says Jessica Luki, a graduate student who is also helping to map out plans for Research Day.

Luki says the clinical aspect of the Psychiatry program is what convinced her to make the switch.



Students (from left) Jessica Luki, Daniela Gomez and Wesley Paylor

“I decided it might align with my interests more to apply for the Psychiatry program, and I was surprised to see that it’s only offered here and at McGill. It’s nice to have this more research-focused approach to Psychiatry besides the clinical focus you get through medical school.”

Although Luki hasn’t begun her research project yet, her plan is to focus on measuring the neu-

rotransmitter levels in women with perimenopausal depression.

“When women are approaching menopause they are at high risk of experiencing depression,” she explains. “So we’ll be measuring some of the chemicals in the brain in comparison to women without depression, to see what is the difference there and whether that can be a target for treatment or some preventative measures.” **C**

## Ground-Breaking Conference Draws Packed Crowd:

### Ground-Breaking Conference on Developmental Disabilities Draws A Full House; Keynote Speaker Karyn Harvey Inspires Audience

**A**lberta’s first-ever conference on addressing the mental health challenges of those with Developmental Disabilities – including Intellectual Disabilities and Autism Spectrum Disorder – was a major success.

The ground-breaking Innovations In Practice Conference, held in early March at the Delta Edmonton South Conference Centre, attracted about 320 attendees, says Dr. Yogesh Thakker, conference committee planning chair.

The two-day gathering was held to raise public awareness of a vulnerable but often overlooked high-needs population group, while highlighting current best practices and innovations in the field.

“It was completely sold out just a few days after we opened it up for registration. We’re very happy with the results,” says

Thakker, a Consultant Psychiatrist with Alberta Health Services (AHS) and a Clinical Lecturer in the University of Alberta’s De-



Dr. Karyn Harvey

partment of Psychiatry.

“In addition to the 320 people who attended, there were at least 40 or 50 others on the waiting list, but due to logistical reasons we

couldn’t accommodate all of them,” he adds.

Other members of the conference organizing committee included Dr. Xin-Min Li, Chair of the University of Alberta’s Department of Psychiatry; Scott Phillips, Assistant Chair; Sandy Marcynuk, Provincial Complex Needs Coordinator, AHS; Dr. Pierre Chue, Edmonton Zone Clinical Department Head, Addictions and Mental Health, AHS; Gloria Wesley, Alberta Health; Jennifer Sadowski, AHS; and Sue Gross, AHS. Committee member Clayton Kleparchuk, Program Manager, Tertiary and Residential Services – Addiction and Mental Health at AHS, was also a plenary speaker.

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## Ground Breaking Conference

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Although most attendees were from Alberta, some travelled from as far away as Prince Edward Island, and work in such related areas as mental health and healthcare services, social work, occupational therapy, behavioural therapy and disability services.

Family members and caregivers supporting people with developmental disabilities were also in attendance.

on day two of the conference, on the theme of Positive Identity Development.

“I’ve always been very passionate about trauma and disabilities but all of a sudden I’m sensing that people want to hear more about it, so there’s a change happening now,” says Harvey, a clinical psychologist.

“I think people know that our traditional approaches haven’t worked and we’re starting to realize we’ve got to do more.

Also, the individuals who are coming into

and they’ll want to purchase something, and the clerk won’t talk to that person, they’ll talk to us. So they’re still invisible in so many realms, and that’s got to change,” she told the conference.

Harvey said the pioneering work of Erik Erikson – a long-deceased German-American developmental psychologist whose Theory of Psychosocial Development contends that all well-adjusted individuals must overcome or resolve a series of challenges or



*From left to right: Dr. Karyn Harvey, Sandy Marcynuk, Scott Phillips, Clayton Kleparchuk, Dr. Yogesh Thakker, and Crystal Grunling.*

“In general, the feedback from those who attended the sessions was very positive,” says Thakker.

“A lot of people also requested that the conference be held every year. But it’s a big piece of work to organize it, so the conference organizing committee is still debating whether it will be held once a year or once every two years,” he adds.

“It was a really collaborative approach between Alberta Health Services, Persons with Developmental Disabilities, the service providers, and various not-for-profit organizations. We all got together and contributed to its success.”

Dr. Karyn Harvey, who serves as Assistant Executive Director of Clinical Services at The Arc in Baltimore, MD, and who has worked in the field of Intellectual and Developmental Disabilities for over 30 years, offered a highly engaging keynote presentation

the adult system are more complex. There’s a lot more people with drug exposure, alcohol exposure, or combinations of the two. So we have to do things differently,” she adds.

Harvey has a Ph.D. in Applied Developmental Psychology from the University of Maryland and consults regularly with various state and individual agencies. She also trains staff, administrators and clinicians on trauma-informed care, and has authored two books on the subject: *Positive Identity Development*, and *Trauma – Informed Behavioural Interventions*.

Although the range of programs and services for those with intellectual or developmental disabilities has improved, Harvey says many are still treated as if they are invisible in everyday social situations.

“We still have experiences where we’ll take somebody with disabilities to the mall,

conflicts in life in order to evolve – still has resonance.

It helps to explain why those with disabilities are often stymied by those around them in their quest to achieve their full potential.

“Erikson talked about life span development, and that at each stage of life we have to struggle with challenges along the way to develop the strength and wisdom to move forward, and become a happy, healthy adult,” she told the audience.

“But if you don’t have any opportunity to develop a sense of identity or self, you won’t be able to do that. In many cases, for folks with intellectual disabilities, it’s not about role confusion, it’s that they lack any identity at all. Many are told: ‘Oh no you can’t have sex, and you can’t get married, and you can’t do this or do that,’” she explained.

“So for them, there isn’t any role confusion. There is no role, no identity, or a negative

## Ground Breaking Conference

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identity. And that's devastating."

Harvey told the inspiring story of an intellectually disabled man named James, whose family abandoned him at the age of three. He grew up in an institution where residents were often mistreated, physically, sexually and psychologically.

"This is how they cleaned up every night. Everyone lined up, stripped down naked, and then the staff hosed them down. Every night. It was a big gymnasium with a drain in the middle. That's what I call a negative identity. The message is: You can't even be in society," said Harvey.

On one occasion a staff member broke

James's arm and left it untreated, maiming him for life. For these reasons and others, he was often angry, antisocial and hostile to those around him.

Then one day, he met a woman with Down Syndrome named Sarah, and it changed his life, Harvey said. "I'm happy to tell you they got married. So he got a sense of self, first as somebody's boyfriend and then as her husband. And it transformed him."

In fact, although Sarah eventually passed away, James became an outspoken advocate for those with disabilities, Harvey said, and he was part of a group that successfully fought to close the institution where he had once been victimized.

"Every person I know with a disability who advocates is a hero and a civil rights worker, and that's what James became. He kept going to the state legislature, he kept speaking everywhere he could, and he was part of a core group of people who got the institution shut down," she said.

"He led such a noble and beautiful life, because it was a life about finding an identity by overcoming trauma. And the key to overcoming trauma was having that positive sense of self. When we support people with intellectual disabilities that's the way we should be supporting them, to help them find that sense of self and that identity, rather than to understand everything they do wrong." **C**

## Department Awards Winner

### Dr. Vincent Agyapong Honoured as Physician Innovator of the Year at 2018 EZMSA Awards

**D**r. Vincent Agyapong, a Clinical Associate Professor in the Department of Psychiatry at the University of Alberta, was among those honoured March 22nd at the 2018 Edmonton Zone Mental Health Staff Association (EZMSA) Awards.

Agyapong, who also serves as Alberta Health Services (AHS) Edmonton Zone Clinical Section Chief for Community Mental Health, was named Physician Innovator of the Year.

The award is intended to honour the physician who, in their daily medical practice:

- Adopts and implements new concepts, research, or technology to improve previous practices of medicine;
- Is recognized as a pioneer in their field;
- Changes how medicine is practiced; and
- Injects creativity and/or fun into their work processes to devise better ideas and ways of doing things.

The annual EZMSA Awards event was held this year at Ernest's, a restaurant on the campus of the Northern Alberta Institute of Technology (NAIT).

Agyapong was honoured for his work in developing the Text4Mood program, a daily supportive text messaging service for patients struggling with depression and anxiety. Since it was

launched by AHS in January 2016, Text4Mood has attracted roughly 20,000 subscribers.

The Text4Mood program has since been recognized by the Mental Health Innovations Network, headquartered at the World Health Organization's Department of Mental Health and Substance Abuse.

Text4Mood was first devised as a means for residents of North-

ern Alberta to overcome typically long wait times and geographical barriers to accessing psychological counselling for addiction and mental health issues.

Patients who subscribe to the program receive regular supportive text messages for six months, starting a day after they subscribe.

Patients are able to self-subscribe to the program by simply texting the word 'mood' to a designated phone number. They can unsubscribe from the program by texting the

word 'stop' to the same number.

Before launching the Text4Mood program, Dr. Agyapong led a team of researchers who demonstrated, through a randomized controlled trial in Fort McMurray, that daily supportive text messages are an effective adjunct psychological treatment for patients with major depressive disorder. **C**



*Dr. Vincent Agyapong (left) named Physician Innovator of the Year*