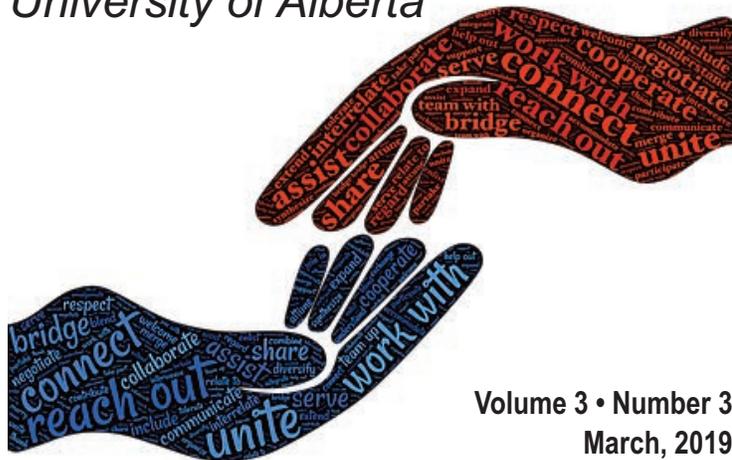


# CONNECTIONS

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



Volume 3 • Number 3  
March, 2019

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## Message from the Leadership Team



(From left) Mark Snaterse, Executive Director for Addiction  
and Mental Health, AHS, Edmonton Zone;  
Dr. Xin-Min Li, Chair, Department of Psychiatry, U of A;  
and Dr. Daniel Li, Interim Zone Clinical Department Head  
– Addiction and Mental Health, AHS.

### Dear colleagues and friends,

After more than a year of negotiations, consultations and infor-  
mation-sharing sessions, the wait is over. Alberta's first Aca-  
demic Medicine and Health Services Program (AMHSP) for  
practicing Psychiatrists is here. It was officially launched on April 1st.

As you know, the overriding objective of the AMHSP is to ensure  
that Physicians who teach, do research, or assume leadership and  
administrative roles at Alberta's faculties of medicine are not financially  
penalized for taking on such activities, compared to traditional fee-for-  
service work.

It has taken a lot of work and patience to get to this point, but we're  
confident the effort was well worth it. We are excited about the possibil-  
ities the AMHSP will create as Psychiatrists across the Edmonton Zone  
assess how this new remuneration structure may better serve their car-  
eer objectives, interests, personal goals and lifestyle preferences.

For both the Department of Psychiatry and Alberta Health Services  
(AHS), the rollout of the AMHSP is a crucial next step in our joint, on-  
going efforts to ensure that strong academic programs and strong clin-  
ical practice progress hand-in-hand.

In particular areas of AHS's Addiction and Mental Health (AME)  
system – such as our Urgent Care Clinics, the Inner City Team, and  
the Community Outreach or Crisis Teams – we expect the AMHSP to  
foster closer linkages with Psychiatrists, ensuring more ready access  
to community-based assessments.

On the academic side, the paramount priority of the AMHSP is to  
more effectively meet the needs and enhance the teaching programs  
for Undergraduate Medical Education, Psychiatry Residency and Sub-  
specialty Training. The AMHSP structure is also expected to encour-  
age Psychiatrists to become more involved in program development  
and in Quality Improvement initiatives, while bringing more clinically-  
based research into the Zone's unique practice environments.

Now, with the AMHSP structure formally in place, we're preparing  
to move into the implementation phase, as Dr. Alberto Choy, Associate  
Chair, Academic Affairs, in the Department of Psychiatry, explains on  
page 3 of this issue of *Connections*.

"We are hoping that the AMHSP job postings – which will be joint  
and parallel postings with Alberta Health Services (AHS) – will go up

*Continued...*

## Message from Leadership Team

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imminently,” he says. “Once that happens, we’ll work quickly so hopefully we can get applicants for these positions in front of the interview committees within a couple of weeks after that.”

As previously reported in *Connections*, the compensation grid structure for the AMHSP will apply province-wide. Equitable budgets have been established by AHS for the Calgary and Edmonton Zones, although each Zone has the autonomy to determine its own processes, priorities and staffing needs.

By making remuneration levels consistent for both of Alberta’s major cities, this will ensure both Zones remain competitive for recruitment purposes, while enhancing the sustainability of the AMHSP program.

In addition to the new AMHSP, other important changes are pending. As detailed on page 5 of this issue of *Connections*, the University of Alberta’s Faculty of Medicine and Dentistry (FoMD) plans to introduce a standardized system under which all appointments, renewals and promotions for Clinical Academic Colleagues (CACs) will be determined.

The tentative goal is to roll out the changes across all 13 clinical

departments – including the Department of Psychiatry – by the summer of 2020, says Dr. Jonathan Choy, the FoMD’s Associate Dean, Clinical Faculty, who is spearheading the review.

“The clinical faculty outnumbers the tenure track faculty here by a ratio of four-to-one, or 2,800 to 700, so these changes will affect a lot of people,” notes Dr. Choy, who also serves as a Clinical Professor in the Department of Medicine, Cardiology Division.

Until now, every department – whether it’s Psychiatry, Medicine or Surgery – has had its own internal processes for dealing with appointments and promotions for CACs, including Clinical Lecturers, Assistant Clinical Professors, Associate Clinical Professors and Clinical Professors, the highest rank.

“There is now a desire to harmonize the process and ensure there is a common understanding that for those who achieve the rank of Clinical Professor, for example, the standards and the rigour by which those standards are applied are consistent,” Dr. Choy explains.

Clearly, these are exciting times for Psychiatrists and Residents. The operative word for the year ahead is change. We welcome it, and we look forward to providing further updates on the rollout of the AMHSP and the CAC enhancements in the months ahead. **C**

## AMHSP Rollout Begins

### AMHSP Job Postings to be Announced as U of A, AHS Committees Gear Up for first Applicant Interviews

**T**he province’s first Academic Medicine and Health Services Program (AMHSP) for Alberta’s practicing psychiatrists has now been officially launched, effective April 1st.

As detailed in previous issues of *Connections*, the launch follows more than a year of intense negotiations and detailed planning, followed by a series of Town Hall information meetings attended by Department of Psychiatry Faculty and Residents.

Dr. Alberto Choy, Associate Chair, Academic Affairs, in the Department of Psychiatry, has been deeply involved in planning for the launch of the AMHSP for well over a year. We asked Dr. Choy to provide a brief overview of the next steps in the rollout of the AMHSP. Here’s an edited version of that conversation:

**Q:** Now that the April 1st launch date has arrived for Alberta’s first Academic Medicine and Health Services Program (AMHSP) for practicing psychiatrists, can you tell us what the next steps are in this process?

**A:** Sure, so just to update you, we are hop-

ing that the AMHSP job postings – which will be joint and parallel postings with Alberta Health Services (AHS) – will go up imminently. Once that happens, we’ll work quickly so hopefully we can get applicants for these positions in front of the interview committees within a couple of weeks after that.

**Q:** So who sits on these interview committees?

**A:** The process involves both the University of Alberta and Alberta Health Services (AHS), each in a somewhat different fashion. So applicants will first need to go through the university’s search and selection process, and then it’s referred to AHS, which will conduct its own search and selection process.

**Q:** Why is it a two-step process?

**A:** Well, for AHS, obviously their domain of responsibility is on the service aspects of the position, while the university’s mandate and interests are of course focused on its academic mission. So although it may seem like a bit of an extended process, it makes sense

when we’re bringing two different organizations together in order to run the Academic Medicine and Health Services Program.

It’s also worth noting that the AMHSP is different from prior alternative funding programs. For most if not all of the previous programs, the head on the services side was also the head of the university department. So there are some unique wrinkles to this AMHSP in terms of how the process will actually roll out.

**Q:** Where exactly will the new AMHSP positions be posted?

**A:** On the AHS side, applicants would apply online at the following website: [www.doctorjobsalberta.com/](http://www.doctorjobsalberta.com/), and through the University of Alberta, the site is: [www.careers.ualberta.ca/MedDent/](http://www.careers.ualberta.ca/MedDent/)

**Q:** So how many AMHSP job postings are we talking about?

**A:** We have funding for up to 20 AMHSP positions. Now, it’s not clear to us as yet whether we’re going to fill all 20 positions.

*Continued...*

**AMHSP Rollout***Continued from page 2*

But the level of interest that's been expressed so far is significant. So ideally, we could see 18 or even all 20 positions filled. But realistically, in terms of timing, it's likely going to be staged and we'll be bringing people on a few at a time, just because of the procedural issues involved.

**Q:** So you're saying this could take two or three months to roll out?

**A:** Yes.

**Q:** Is there anything else you want to clarify in terms of say, which areas the postings are likely to be in?

**A:** We came up with the postings based on joint meetings and discussions – and there were a number of them – focusing on



*Dr. Alberto Choy*

the priority areas for both AHS and the university. As I mentioned, they have slightly different mandates that don't necessarily cross over 100 per cent. So it would make sense that they might have different priorities. But interestingly enough, in our discussions, it was amazing how well aligned AHS's service needs were with the discussions about the university's needs.

**Q:** I know you've been working hard on the launch of the AMHSP for well over a year now. So to use a sports analogy, does it feel like you're finally in the ninth inning of the game?

**A:** This might be the ninth inning, but then the playoffs start. If we were talking about hockey, the NHL playoffs don't wrap up until June. So I guess you could say we're about to start a whole different season now. **C**

## Research Focus

### Researchers to Study Severity & Impacts of Burnout on Alberta Physicians, Residents and Medical Students

**B**urnout is a serious risk for many professionals, as they struggle to balance intense workplace pressures and endless social or family obligations with their own personal needs.

Indeed, studies show that Physicians experience the crippling symptoms of burnout – emotional exhaustion, chronic overstress, depersonalization, shrinking levels of personal accomplishment – at even higher rates than most people.

According to a 2012 study of nearly 7,300 Physicians in the U.S., 45.8% reported at least one symptom of burnout, with the highest rates recorded among front-line practitioners in areas like emergency medicine.

“One study I read cited physician burnout rates as high as 85%, with most averaging around 70%. Whatever the actual numbers are, they are very, very high,” says Dr. Adam Abba-Aji, Associate Clinical Professor in the Department of Psychiatry at the University of Alberta.

Dr. Abba-Aji, Co-Investigator of a new study on Physician burnout in Alberta, says one of the serious effects of burnout is that it increases the likelihood of medical errors.

“There are several studies that have related Physician burnout and wellness to medical errors. As a matter of fact, more than 50% of medical errors have been indirectly or directly related to Physicians' wellness or burnout,” he says.

Since most studies on medical doctors' burnout rates and the related risks of medical errors have been done in the U.S., Europe or Asia, it's still unclear how Physicians stack up on these metrics in Alberta.

Dr. Abba-Aji is a member of a team of researchers who hope to answer that question. Dr. Vincent Agyapong, a Clinical Professor in the Department of Psychiatry at the U of A and Edmonton Zone Clinical Section Chief, Community Mental Health, with Alberta Health Services (AHS), is the study's Principal Investigator.

Co-Principal Investigators include Dr. Robert Mallet, a Psychiatry Resident at the U of A who will focus on the impact of burnout on Physicians; Dr. Marianne Hrabok, a medical student at the University of Calgary whose key focus is burnout rates among medical students; and Dr. Esther Kim, a Psychiatry Resident at the U of A who will examine burnout rates among Residents.

The study's team of Co-Investigators also includes: Dr. Chantal Moreau, Associate Clinical Professor of Psychiatry, U of A; Dr. Liana Urichuk, Adjunct Associate Professor of Psychiatry, U of A; Dr. Shireen Surood, Manager, AHS Addictions & Mental Health (AMH) Decision Support Unit; Dr. Maryana Kravtsenyuk, Director, Psychiatry Residents Research, U of A; Wesley Vuong, Evaluations Coordinator, AHS AMH Decision Support Unit; Dr. Daniel Li, Associate Clinical Professor, U of A Department of Psychiatry; Dr. Izu Nwachukwu, Assistant Clinical Professor, Department of Psychiatry, U of C; and Dr. Melanie Marsh, Assistant Clinical Professor of Psychiatry, U of A.

“A large number of Physicians and Residents have struggled with burnout without necessarily even knowing it. So this study will attempt to identify those silent features of burnout so Physicians,

*Continued...*

## Research Focus

*Continued from page 3*

Residents and students are more aware of it, and what symptoms to look for," says Dr. Abba-Aji.

"The goal of our study is to look at the prevalence of burnout among students, doctors and Residents. That is number one. The second key question we will look at is, how does this group perceive the impact of burnout on their personal and professional lives? And the third question is, what interventions can we recommend? These are the three main objectives of the study."

Researchers will use the Maslach Burnout Inventory, a short questionnaire-based tool designed to measure the symptoms and severity of burnout.

"It examines questions like: What are your goals? What have you achieved? How difficult is it for you to achieve your goals? What are your coping strategies? What do you use to cope? What sort of support do you have? What is your relationship with others? Are you having problems sleeping? Do you feel sad? Do you get angry easily? These are some of the things we'll be looking at."

The researchers hope to obtain responses from a minimum of 777 of Alberta's 1,148 medical students; at least 959 of the province's 1,594 medical Residents; and 1,961 or more of Alberta's 10,674 Physicians.

"We will be working with the Royal College of Physicians and Surgeons of Canada. They have all the contact names of Alberta's Physicians, Residents and medical students. So we'll be working through them and sending out the questionnaires by regular mail. We had thought about sending electronic questionnaires but we've decided to use printed and mailed questionnaires," says Dr. Abba-Aji.

Other study Collaborators include: the College of Physicians and Surgeons of Alberta's Physician Wellness Program; the Alberta Medical Association's Physician and Family Support Program; the U of A's Faculty of Medicine & Dentistry, Office of Advocacy & Well-being; and the U of C's Department of Medicine, Physician Wellness & Vitality Program.

The Project Coordinator for the study is Alicia Yang, Physician Resources Coordinator, AHS Edmonton Zone; the study sponsor is

Dr. Daniel Li, AHS's Interim Zone Clinical Department Head – Addiction and Mental Health.

"Once we get the results we intend to analyse them from a variety of perspectives, including by medical specialty, by gender, by the level of support respondents have outside or inside the hospital, and by years of work experience. This should give us a very broad-based picture of the differences and the degrees of burnout across various demographics," he explains.

"Ultimately, our intentions are to come out with recommendations

that could be taken directly by Physicians, as well as recommendations to the universities so they can include resilience training in the curriculum for medical students. For the Residency programs the study findings might help to guide them on how to manage frequency of calls, the needs for protected times or the length of work shifts for Residents."

For Physicians, the recommendations might focus on how to identify the symptoms of burnout or how to access resources you may need to address it. As for the symptoms, they can vary widely, he notes.

"If you didn't file your taxes on time it may be a sign of burnout. If you've had two or three patient relations complaints about your professionalism, it may be due to burnout. Or if the amount of alcohol you've been drinking has increased it may be due to burnout.

So we'll highlight all the factors that people need to watch for."

For Dr. Abba-Aji, burnout isn't just an abstract concept. It's a reality. He relays a story about his own experience with burnout.

"I was here at University of Alberta Hospital covering for a colleague who was away at the time. So I saw all my own patients at UAH, and then I went to a clinic and finished there. After that I came back here and did my rounds. Then I went into a meeting," he recalls.

"It was a very long day and I was really tired. It was about 7 p.m. and I was driving home. I went through two red lights without noticing them, so I parked my car, called my wife and I said I'd be home late. I took a walk, and went into Tim Hortons for some hot chocolate and a rest before I drove the rest of the way home. I was burnt out." **C**



*Dr. Abba-Aji*

## CAC Overhaul Underway

### FoMD to Launch Standardized System for Appointing, Promoting Clinical Academic Colleagues by 2020

**A**fter a year of consultations, the Faculty of Medicine and Dentistry (FoMD) plans to introduce a standardized system under which all appointments, renewals and promotions for Clinical Academic Colleagues (CACs) will be determined.

The tentative goal is to roll out the changes across all 13 clinical departments – including the Department of Psychiatry – by the summer of 2020, says Dr. Jonathan Choy, the FoMD's Associate Dean, Clinical Faculty, who is spearheading the review.

"Our Clinical Faculty Committee was struck a year ago and includes representatives from every clinical department. They're providing me with advice on the issue, but the process of driving harmonization has really been on my plate. The clinical faculty outnumbers the tenure track faculty here by a ratio of four-to-one, or 2,800 to 700, so these changes will affect a lot of people," notes Dr. Choy, who also serves as a Clinical Professor in the Department of Medicine, Cardiology Division.

The range of positions for clinical faculty includes Clinical Lecturers, Assistant Clinical Professors, Associate Clinical Professors, and Clinical Professors, the highest rank.

"Up to now, every department – whether it's Psychiatry, Medicine or Surgery – has had their own way of dealing with appointments and promotions for Clinical Academic Colleagues," says Dr. Alberto Choy, Associate Chair, Academic Affairs, Department of Psychiatry, and a participant in the CAC review process.

"The CACs are not full-time university employees and they aren't paid a salary for teaching. They're basically volunteer teachers, clinicians who enjoy teaching at medical school and educating students. Jonathan's work is aimed at harmonizing the process so there is greater consistency in the way all departments identify, manage and promote their clinical colleagues."

In many departments, the Chair has traditionally exercised authority over CAC ap-

pointments and promotions. In others, a Promotions Committee has overseen the process. But beyond that, there has been little uniformity.

In some departments, CAC appointments were made every year and required a



*Dr. Jonathan Choy*

renewal every year. In others, appointments were renewed every three years or even every five years.

"So there is now a desire to harmonize the process and ensure there is a common understanding that for those who achieve the rank of Clinical Professor, for example, the standards and the rigour by which those standards are applied are consistent," Jonathan explains.

A document outlining the proposed changes to CAC appointments and promotions has undergone multiple drafts by members of the Clinical Faculty Committee over the past year. Their primary focus has now moved to the implementation phase.

One of the key proposed changes is that Clinical Lecturers will automatically be con-

sidered for advancement after three years, without having to undergo the traditional application process.

"The implications of these changes for the Clinical Chairs are also substantial. We're saying that you have to meet with all of your clinical faculty a minimum of twice in every five-year period, and if you are not used to that, you're going to have to figure out how that piece is going to work," Jonathan adds.

"These changes reflect the university's desire to recognize those who have made a major contribution to teaching and / or administrative leadership, research or clinical innovations. Those are the four pillars if you will, and Clinical Professors will need to demonstrate consistent and continued excellence in (at least) two of these four areas."

Although clinical faculty members are not paid to teach, there are some modest perks that go with the positions.

"With the clinical faculty appointment you get a University of Alberta email address and a computing ID, which allows you access to the library and thousands of online journals, which would otherwise cost tens of thousands of dollars in subscription fees," Jonathan explains.

Additional perks include access to a Staff ONEcard, which entitles holders to free use of Edmonton's LRT system between South Campus and Royal Alexandra Hospital stations, as well as access to Google Drive storage products and the full suite of Microsoft Office products, at discounted rates.

Clinical faculty also qualify for CAUBO discount rates at Fairmont Hotels in Canada.

"There is also access to the U of A's athletic facilities, at affiliate rates, and academic discounts at the Apple store. So there are some benefits for our CACs. But what really compels most people to become involved in teaching is the concept of paying it forward. We all learned and were taught, and now it's our turn to pay it forward." **C**

## Spotlight: NRU Director Dr. Ian Winship Honoured as Recipient of 2019 Great Supervisor Award

**D**r. Ian Winship, an Associate Professor in the Department of Psychiatry and Director of the Neurochemical Research Unit (NRU), has been honoured with the 2019 University of Alberta Great Supervisor Award.

The awards, sponsored by the Faculty of Graduate Studies and Research (FGSR), are bestowed annually on supervisors in all departments who have demonstrated exceptional skill and dedication at guiding research activities and enhancing the mentorship culture for graduate students.

Nominees are selected by individuals who work closely with graduate students, including Department Chairs, Associate Chairs, Professors, and Graduate Program Directors.

Dr. Winship, an Alberta Innovates Health Solutions Scholar, leads a diverse group of scientists who are investigating the fundamental neurobiology of the Central Nervous System (CNS) and developing new therapies for psychiatric and neurological disorders such as Schizophrenia.

"The award was a surprise but it is very rewarding to be honoured in this way. When I started my lab I made a commitment that I wanted to primarily train students as opposed to Postdoctoral Fellows or technologists, although I have trained them as well," says Dr. Winship.

"For somebody like me who doesn't do as much course lecturing as some of my colleagues, I think it's still important to be involved in the education of the next generation of scientists. But you never exactly know how you're doing at it, how you're perceived by your trainees, and whether your students find the way you provide supervision beneficial. So it's a good feeling to receive this award."

"Since 2007, (Dr. Winship) has been supervisor to 11 graduate students (six PhD, five MSc), and all of his students are highly pro-



*Dr. Ian Winship*

ductive, they have won multiple local, provincial, and national scholarships, they complete(d) their degrees in time, and find employment after completion – often pursuing further Postdoctoral training," the Department of Psychiatry stated, in its nomination letter to the FGSR.

Dr. Winship was also praised in the letter by John Wesley (Wes) Paylor, a PhD student in the Department of Psychiatry who is conducting research at the NRU on the neurobiological brain structures associated with Schizophrenia and Alzheimer's.

"Dr. Winship is a superb supervisor for a number of reasons. Perhaps his best trait is his ability to balance an appropriate level of oversight while still giving students space to conduct their work," Paylor wrote, in the nomination letter to the FGSR.

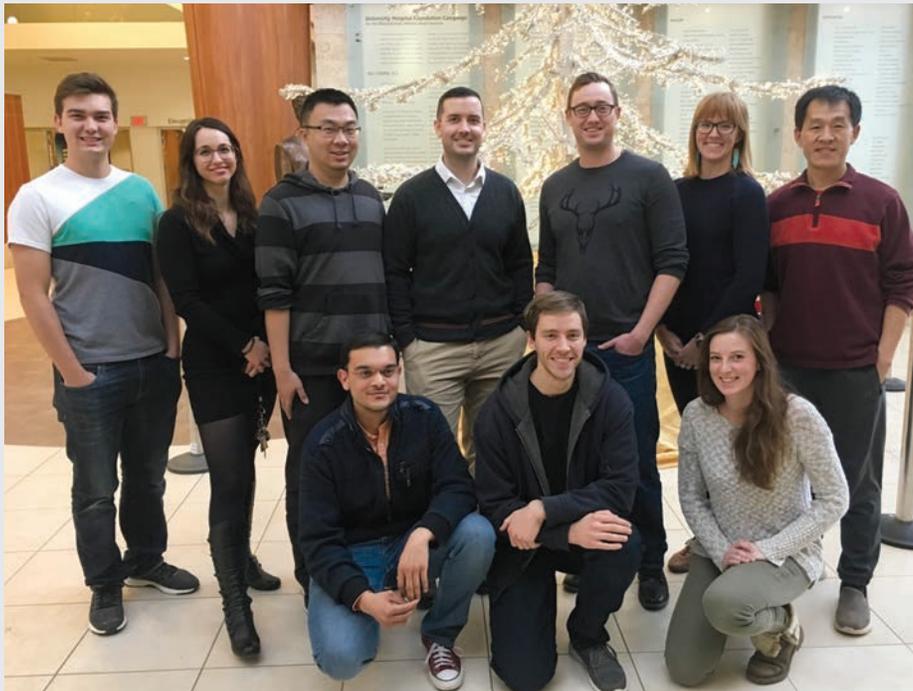
"Ian gives us space while still keeping in touch frequently to see how things are progressing and his door is always open if we have

questions. He also strikes a healthy balance in the feedback he provides, he supports and encourages the work we do, but he will still challenge and push our abilities to improve."

Research in the Winship Lab combines advanced imaging and behavioural neuroscience to define how the integrated CNS functions and how to identify key pathophysiological or adaptive processes in brain disease. These insights are used to de-

velop new therapies for disorders including Stroke, Multiple Sclerosis, and Schizophrenia.

"It's nice to get some positive feedback that the way I supervise my students and try and help them is appreciated," adds Dr. Winship. "A big part of my job is supervising the graduate students, so it's a good feeling to be honoured for my work with them." **C**



*Rear from left: Easton, Eszter, Junqiang, Wes, Ian, Tricia, and Yonglie;  
Front from left: Somnath, Mischa, and Amelie.*

## Advocacy News

### Alliance Seeks Broader Role for Families, Those with Lived Experience in Advocating for Improved Mental Health Services

**T**he Alberta Alliance on Mental Illness & Mental Health (AAMIMH) says it's time for families and those with lived experience to play a far bigger role in advocating for improved mental health services in the province.

After unveiling a new strategic plan and hiring a new Interim Executive Director last year, the Alliance – now celebrating its 20th year as the province's largest mental health advocacy organization – recently secured a new three-year funding agreement from Alberta Health.

With its full funding request granted, the AAMIMH is now mapping out plans to engage organizations supporting clients and families, including FAMI-Alberta (Families supporting Adults with Mental Illness in Alberta) and others. FAMI-A is a grassroots group that supports family members who are dealing with serious mental health conditions, such as Schizophrenia and Bipolar Disorder.

Discussions are underway with Alliance members and FAMI-A to explore greater collaboration opportunities, including a potential family-centred conference focusing on mental illness and mental health early next year. "We need to find ways to ensure that families and those with lived experiences are included and heard in all of the Alliance's future consultation, priorities and communications activities," says Lee Hall, the Alliance's Interim Executive Director.

"A big part of the Alliance's focus, moving forward, is on giving families and those with lived experience a bigger voice in advocating for policy and mental health service improvements. We are looking at creating our new Voices Committee – part of a larger Voices strategy – as a more formal opportunity for family members and those with lived experience to share their experiences, insights and recommendations," Hall explains.

The Alliance's 18 members include professional associations such as the College

of Registered Psychiatric Nurses of Alberta, the Alberta College of Social Workers and the Psychologists' Association of Alberta, as well as mental health advocacy groups like the Schizophrenia Society of Alberta and individuals who are advocating for more effective mental health and addictions services. In order to be strong advocates, says Hall,



Lee Hall

the Alliance needs to ensure client and family perspectives are reflected in all of its priority areas.

Hall, who has been involved with Accreditation Canada as a surveyor and educator for nearly two decades – where she oversees large and small-scale evaluations of health systems, public and mental health services and community organizations – says she is excited about the Alliance's opportunities with a grassroots organization like FAMI-A.

"In keeping with best practices both nationally and internationally, we need to recognize the unique perspective families and those with lived experience bring to the

table, and embed this in our advocacy work," she says.

"Let's face it, providers and funders play a key role in developing and providing services. But we are missing a critical voice if we don't ensure client and family voices are at the table when those decisions are made. Families have got to be involved at every level. We're going to take that to heart and embed family dialogue and engagement in all of our activities," she adds.

"FAMI-A has been organizing workshops or Boot Camps for its members – which they call *Love You Forever* – for some time. Thanks to our introduction to FAMI-A by Alberta Health Services (AHS), we are excited by the potential this new relationship brings, and we certainly see benefits here for both of us. It's an opportunity to bring family voices to an advocacy level so they can speak to government policy makers and service providers as well as to each other," says Hall.

FAMI-A's origins trace back to 2016, when Edmonton lawyer Averie McNary and a close friend realized they were both struggling to access appropriate mental health services for their two adult children.

"As parents of adult kids with serious mental illnesses, we discovered our mutual anger and frustration in trying to get support and help for our kids from the system, as well as support and help for ourselves. So the two of us got together and started making some cold calls, and we found that there was tremendous interest in this issue. We weren't alone," says McNary.

Soon after they connected with the Canadian Mental Health Association (CMHA) Edmonton Region office, which offered them free space and administrative support. From there, they received further support from staff at AHS Addictions and Mental Health, Edmonton Zone. FAMI-A's founders then began planning mental health training sessions for other parents and caregivers.

*Continued...*

## Advocacy News

*Continued from page 7*

“That morphed into the first *Love You Forever* Boot Camp event, which we held in November 2016. We’re now working on our sixth event which is coming up on May 4th. So it’s all about the education of families, including siblings, spouses, and natural supporters like close friends and neighbours, who are dealing with the impact of serious mental illness on a family member,” says McNary.

FAMI-A’s May 4th Boot Camp will be held at the Edmonton Law Courts, where attendees will have an opportunity to learn how Edmonton Mental Health Court (EMHC) functions. Launched last April – thanks largely to the efforts of Forensic Psychiatrist Dr. Peter Rodd, Lead Psychiatrist for EMHC, and Assistant Chief Judge Larry Anderson – the Court is in session three days a week and deals with individuals accused of committing offences due at least partly to mental health issues.

Although FAMI-A now has its own website, monthly newsletter and Twitter account, it has little in the way of a formal organizational structure. “There are now 275 people on our mailing list but we’re not incorporated. We have tried to keep it simple. It’s really a core group of family members who are keeping it going, with some administrative support from the CMHA’s Edmonton Region office,” says McNary.

More recently, FAMI-A has also begun to recognize the value of advocacy issues, and is exploring how to play a bigger role on that front by working in tandem with Hall and the AAMIMH. “It’s really exciting, this whole move toward creating more of a provincial hub through the Alliance, and we see a lot

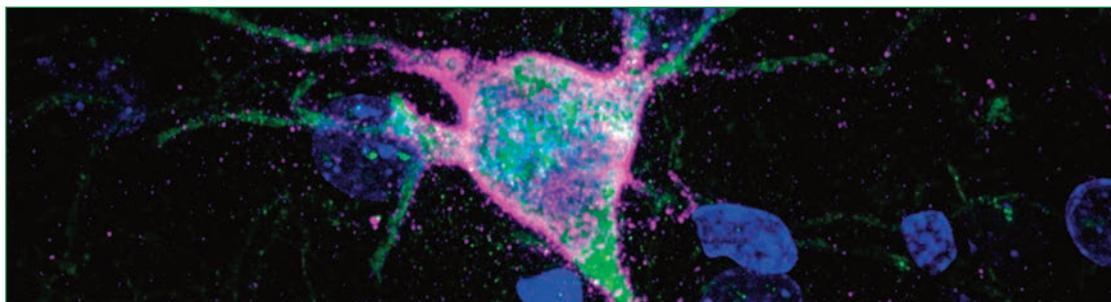
of mutual benefits from it,” says McNary.

“One of the biggest issues for us is the sharing of information between healthcare professionals, providers and family members. So we’re working slowly on that. We also have ongoing monthly meetings which are a combination of education sessions, business sessions and support sessions.”

“The early discussion regarding a conference has begun, with the Alliance, FAMI-A and other potential partner organizations.

It would feature a major focus on family engagement, services and support,” says Hall.

“AAMIMH is also planning a Board retreat for its members in the near future to move forward on their new strategic plan. We will be consulting with our members on how to embed families and those with lived experiences in all of our priorities, our advocacy work and our communications. The bottom line is, they’ve got to be at the table with us at every level of the process.” **C**



**UNIVERSITY OF ALBERTA**  
FACULTY OF MEDICINE & DENTISTRY

18th Annual  
Department of Psychiatry  
Research Day  
*“Precision Medicine in Mental Health”*

Keynote Speaker  
**Dr. Raymond Lam**  
University of British Columbia

**SAVE THE DATE**  
Wednesday, May 15, 2019

Bernard Snell Hall