Conference Program

A Consensus Development Conference on

Depression in Adults:

How to Improve Prevention, Diagnosis, and Treatment

October 15-17, 2008

The Westin Calgary, Calgary, Alberta

Jury Members

Hon. Michael Kirby, *Jury Chair*
Dr. Roger Bland
Dr. Carolyn Dewa
Ms. Madeleine Dion Stout
Dr. Elliot Goldner
Dr. Nancy Hall
Dr. Alain Lesage
Dr. Glenda MacQueen
Dr. Ian Manion
Dr. Garey Mazowita
Mr. Rod Phillips
Ms. Shelagh Rogers
Mr. Phil Upshall

Expert Speakers

Dr. Scott B. Patten, *Scientific Chair*
Dr. Glen Baker
Mr. Leonard Bastien
Ms. Mary Ann Baynton
Dr. June Bergman
Dr. Dan Bilsker
Ms. Lauren Brown
Dr. Patrick Corrigan
Dr. Janet M. de Groot
Dr. Keith Dobson
Dr. David J. A. Dozois
Dr. Nady el-Guebaly
Dr. Vincent Felitti
Ms. Zorianna Hyworon
Dr. Philip Jacobs
Dr. Sidney H. Kennedy
Dr. Raymond W. Lam
Dr. Sonia Lupien
Dr. A. Donald Milliken
Ms. Shelagh Rogers
Dr. Harold A. Sackeim
Dr. Eldon R. Smith
Dr. David L. Streiner
Dr. Angus H. Thompson
Dr. Thomas Ungar
Dr. Patrick J. White

Hosted by

With support from
the Alberta Depression Initiative

According to most recent estimates, nearly 1.2 million Canadians aged 15 and older suffer from depression.[1] With approximately 4% of Canadians reporting having had a major depressive episode within the past 12 months,[2] depression is the most prevalent mental health condition in Canada, and is projected to be the leading cause of burden of disease in high-income countries by the year 2030.[3]

Despite these high rates of prevalence, many of us are not seeking treatment; a 1997 study revealed that only 43% of individuals having suffered a major depressive episode consulted a physician – this despite the fact that having one bout has been found to be predictive of future episodes.[4] In Alberta, an encouragingly large percentage of the public can identify depression, but results suggest that additional educational efforts are needed to improve general mental health literacy and to clarify specific misunderstandings about seeking treatment.[5]

With so many existing treatments for depression, it is imperative that we examine their effectiveness and determine whether system level changes could improve access to these various treatments. With this, there is a potential to drastically improve the mental well-being of individuals across Alberta and all of Canada. Most importantly however, in order to increase the number of individuals who are willing to talk about their disorder and get the appropriate treatment, the stigma surrounding this issue must be addressed.

The Consensus Development Conference on Depression in Adults invites participants to bring their perspectives and gain insight on depressive disorders in adults. The sharing of knowledge and expertise will support the creation of a consensus statement on the prevention, diagnosis, and treatment of depression. The distribution of the consensus statement to a wide audience has the power to immediately influence current perceptions and practice, and is essential in shaping future policy development.

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[1] Canadian Council on Social Development. A Profile of Health in Canada. Retrieved June 10, 2008, from http://www.ccsd.ca/factsheets/health/.
[2] Gilmour. H., Patten, S. (2007). Depression at work. *StatsCan Perspectives*, November, 19-33.
[3] Mathers, C.D., & Loncar, D. (2006). Projections of Global Mortality and Burden of Disease from 2002 to 2030. *PLoS Medicine*, 3(11), e442.
[4] Beaudet, M.P., & Diverty, B. (1997). Depression an undertreated disorder? *StatsCan Health Reports*, 8(4), 9-18.
[5] Wang, J.L. (2007). Depression Literacy in Alberta: Findings From a General Population Sample. *The Canadian Journal of Psychiatry*, 52(7), 442-9.

The Consensus Development Conference Format

The purpose of a Consensus Development Conference is to evaluate available scientific evidence on a health issue and develop a statement that answers a number of predetermined questions. A group of experts present the evidence to a panel, or "jury", which is an independent, broad-based, non-government, non-advocacy group. The jury listens to and questions the experts. The audience is also given the opportunity to pose questions to the experts. The jury convenes and develops the consensus statement, which is read to the experts and the audience on the morning of the final day. The statement is widely distributed in the Canadian health care system.

OBJECTIVES

- To develop a consensus statement on how to improve prevention, diagnosis, and treatment of depression in adults.

Participants will be able to:

- Describe the various types of depression and prevalence in Canada and Alberta
- Outline the key impacts of depression on individuals, families and society (including workplace)
- Outline the risk factors of depression including genetics, childhood experiences and relation to substance abuse
- Outline the most appropriate ways of diagnosing depression
- Describe the current treatments for depression and what evidence is available for their safety and effectiveness
- Describe the obstacles for effective management of depression
- Identify key research gaps in the field of depression

MAINTENANCE OF CERTIFICATION (MOC)

Canadian College of Health Service Executives
Collège canadien des directeurs de services de santé

Attendance at this conference entitles certified Canadian College of Health Services Executives members (CHE / FCCHSE) to 8 Category II credits toward their maintenance of certification requirement.

Questions

1. What is depression and how common is it?
2. What are the effects of depression for the individual, family, and society?
3. What are the risk factors for depression, and how can prevention of these be improved?
4. What are the most appropriate ways for diagnosing depression?
5. What are current treatments for depression and what evidence is available for their safety and effectiveness?
6. What are the obstacles to effective management of depression and strategies to overcome them?
7. What further research is needed in the field?

Committee Members

CONFERENCE ORGANIZING COMMITTEE

Dr. Egon Jonsson – Chair, Organizing Committee
Executive Director and CEO, Institute of Health Economics

Hon. Michael Kirby – Jury Chair
Chair, Mental Health Commission of Canada

Dr. Scott Patten – Scientific Chair
Professor, Depts of Community Health Sciences and Psychiatry, University of Calgary

Dr. Ray Block
Former President and CEO, Alberta Health Services/ Alberta Mental Health Board

Mr. John Warrington
Manager, External Affairs, West, Wyeth Canada

Dr. Roger Bland
Executive Medical Director, Alberta Health Services/ Alberta Mental Health Board

Dr. Steve Newman
Professor of Psychiatry, University of Alberta

Ms. Lisa Bergerman
Research Coordinator, Alberta Health Services/ Alberta Mental Health Board

Mr. Steve Clelland
Director of Research, Alberta Health Services/ Alberta Mental Health Board

Mr. Steve Long
Executive Director, Pharmaceuticals and Life Sciences, Alberta Health and Wellness

Dr. Craig Mitton
Assistant Professor, Health Studies, University of British Columbia

Mr. John Sproule
Senior Policy Director, Institute of Health Economics

Ms. Rhonda Lothammer
Communications Manager, Institute of Health Economics

Ms. Judy Wry
Project Manager, BUKSA Associates Inc.

CONFERENCE COMMUNICATIONS COMMITTEE

Ms. Rhonda Lothammer
Communications Manager, Institute of Health Economics

Mr. Mike Pietrus
Communications Director, Mental Health Commission of Canada

Ms. Josephine Lamy
Communications Coordinator, Alberta Health Services/ Alberta Mental Health Board

PARTNERS

INSTITUTE OF
HEALTH ECONOMICS
ALBERTA CANADA

Alberta Health
Services
Alberta Mental Health Board

With support from
the Alberta Depression Initiative

Conference Program ** All sessions will take place in Britannia/Belaire/Mayfair*

WEDNESDAY, OCTOBER 15, 2008

7:00 – 8:15 am	Breakfast and Registration – *Bonavista/Lakeview Endroom*s
8:15 – 8:30 am	Opening Remarks – *Britannia/Belaire/Mayfair*
8:30 – 9:00 am	**Question 1: What is depression and how common is it?** • **Depressive disorders, symptoms, prevalence, and incidence** Scott B. Patten MD FRCPC PhD, Professor, Faculty of Medicine, Departments of Community Health Sciences and Psychiatry, University of Calgary Panel Question and Answer
9:00 – 10:20 am	**Question 2: What are the effects of depression for the individual, family, and society?** • **The perspective of the individual and families** Shelagh Rogers, Broadcast Journalist, CBC Radio • **Impact on mortality and morbidity including other diseases** Eldon R. Smith OC MD FRCPC, Emeritus Professor, University of Calgary; Chair, Canadian Heart Health Strategy and Action Plan Lauren Brown BScPharm MSc ACPR, PhD Candidate, School of Public Health, University of Alberta • **Impact on the workplace and society** Zorianna Hyworon, Chief Executive Officer, InfoTech Inc. • **Economic impact and utilization of health services** Philip Jacobs DPhil CMA, Director, Research Collaborations, Institute of Health Economics; Professor, Health Economics, Faculty of Medicine, University of Alberta Panel Question and Answer
10:20 – 10:45 am	Break – *South Foyer*
10:45 am – 12:20 pm	**Question 3: What are the risk factors for depression, and how can prevention of these be improved?** • **Age, sex, race, and genetics** Sidney H. Kennedy MD, Professor of Psychiatry and Psychiatrist-in-Chief, University Health Network, University of Toronto; Founding Chair, Canadian Network for Mood and Anxiety Treatments (CANMAT) • **Adverse childhood experiences in relation to depression in adult ages** Vincent Felitti MD, Clinical Professor of Medicine, University of California; Founding Chair of Preventative Medicine, Kaiser Permanente, San Diego • **Factors that cause different forms of stress and its relation to depression** Sonia Lupien PhD, Scientific Director, Mental Health Research Centre, Fernand Sequin Hopital Louis-H Lafontaine, Université de Montréal • **The abuse of alcohol and other substances** Nady el-Guebaly MD DPsych DPH FRCPC, Professor and Head, Addiction Division, Department of Psychiatry, University of Calgary; Medical Director, Addiction Program & Centre, Alberta Health Services/Calgary Health Region

WEDNESDAY, OCTOBER 15, 2008 (continued)

- **Work related risk factors**
  Mary Ann Baynton MSW RSW, Director, Mental Health Works, Canadian Mental Health Association; Ontario Program Director, Great-West Life Centre for Mental Health in the Workplace

  Panel Question and Answer

12:20 – 1:30 pm Lunch – *Bonavista/Lakeview Endrooms*

1:30 – 2:15 pm

Question 4: What are the most appropriate ways for diagnosing depression?

- **Early detection, screening and other diagnostic methods**
  David L. Streiner PhD CPsych, Professor, Department of Psychiatry, University of Toronto; Assistant Vice President, Research Director, Kunin-Lunenfeld Applied Research Unit, Baycrest

- **Diagnosis and follow up from a family practitioner's perspective**
  June Bergman MD CCFP FCFP, Associate Professor, Department of Family Medicine, University of Calgary

  Panel Question and Answer

2:15 – 3:25 pm

Question 5: What are current treatments for depression and what evidence is available for their safety and effectiveness?

- **Pharmaceutical treatment: Benefits and risks**
  Raymond W. Lam MD FRCPC, Professor and Head of the Division of Clinical Neuroscience, Department of Psychiatry, University of British Columbia; Director, Mood Disorders Centre of Excellence, University of British Columbia Hospital, Vancouver

  Panel Question and Answer

- **Cognitive Behavioral Therapy**
  Keith Dobson PhD, Professor and Head of the Department of Psychology, University of Calgary; Executive Director, Council of Canadian Departments of Psychology; President-Elect, Academy of Cognitive Therapy; President-Elect, International Association of Cognitive Psychotherapy

  Panel Question and Answer

3:25 – 3:55 pm Break – *South Foyer*

3:55 – 4:50 pm

Question 5: What are current treatments for depression and what evidence is available for their safety and effectiveness? (continued)

- **Psychotherapy**
  Janet M. de Groot BMedSc MD FRCPC, Associate Professor, Departments of Psychiatry and Oncology and Associate Dean, Equity and Teacher-Learner Relations, University of Calgary

- **Self-management**
  Dan Bilsker PhD, Adjunct Professor, Faculty of Health Sciences, Simon Fraser University; Clinical Assistant Professor, Faculty of Medicine, University of British Columbia

  Panel Question and Answer

THURSDAY, OCTOBER 16, 2008

7:15 – 8:30 am	Breakfast and Registration – *Bonavista/Lakeview Endrooms*

8:30 – 9:45 am

Question 5: What are current treatments for depression and what evidence is available for their safety and effectiveness? (continued)

- **Electroconvulsive therapy**
  Harold A. Sackeim PhD, Professor, Departments of Psychiatry and Radiology, College of Physicians and Surgeons of Columbia University; Emeritus Chief, Department of Biological Psychiatry, New York State Psychiatric Institute
- **Non-traditional forms of treatment of depression**
  Raymond W. Lam MD FRCPC, Professor and Head of the Division of Clinical Neuroscience, Department of Psychiatry, University of British Columbia; Director, Mood Disorders Centre of Excellence, University of British Columbia Hospital, Vancouver
- **Healing practices in the Aboriginal community**
  Leonard Bastien, Elder and Consultant, Native Multi Service Team, Calgary and Area Child and Family Services Authority

Panel Question and Answer

9:45 – 10:05 am

Question 6: What are the obstacles to effective management of depression and strategies to overcome them?

- **Stigma**
  Patrick Corrigan PsyD, Professor and Associate Dean for Research, Institute of Psychology, Illinois Institute of Technology

10:05 – 10:35 am Break – *South Foyer*

10:35 am – 12:30 pm

Question 6: What are the obstacles to effective management of depression and strategies to overcome them? (continued)

- **Health care structure, financing and reimbursement systems**
  A. Donald Milliken MB MSHA FRCPC, Advocacy Committee Chair and Past-President, Canadian Psychiatric Association; Affective Disorders Clinic, Victoria
- **Mental health literacy: Tools for individuals and family**
  Thomas Ungar MD MEd CCFP FCFP FRCPC DABPN, Chief of Psychiatry, North York General Hospital
- **Access to health care for people with depression**
  David J. A. Dozois PhD CPsych, Associate Professor, Department of Psychology, Faculty of Social Science, University of Western Ontario
- **Waiting times and shortage of personnel**
  Patrick J. White PhD, Clinical Professor and Chair, Department of Psychiatry, University of Alberta; Regional Clinical Program Director, Mental Health, Alberta Health Services/Capital Health

Panel Question and Answer

12:30 - 2:00 pm Lunch – *Bonavista/Lakeview Endrooms*

THURSDAY, OCTOBER 16, 2008 (continued)

2:00 – 3:15 pm

Question 7: What further research is needed in the field?

- **Biomedical**
  Glen Baker PhD DSc, Professor and Vice-Chair (Research) and Director, Neurochemical Research Unit, Department of Psychiatry, University of Alberta
- **Clinical**
  Sidney H. Kennedy MD, Professor of Psychiatry and Psychiatrist-in-Chief, University Health Network, University of Toronto; Founding Chair, Canadian Network for Mood and Anxiety Treatments (CANMAT)
- **Population Health**
  Scott B. Patten MD FRCPC PhD, Professor, Faculty of Medicine, Departments of Community Health Sciences and Psychiatry, University of Calgary
- **Economics**
  Philip Jacobs DPhil CMA, Director, Research Collaborations, Institute of Health Economics; Professor, Health Economics, Faculty of Medicine, University of Alberta
- **Policy**
  Angus H. Thompson PhD, Department of Psychiatry and Alberta Centre for Injury Control & Research, University of Alberta; Research Associate, Institute of Health Economics

Panel Question and Answer

3:15 – 4:00 pm Open discussion on all conference topics

FRIDAY, OCTOBER 17, 2008

7:45 – 9:00 am Breakfast – *Bonavista/Lakeview Endrooms*

9:00 – 9:30 am Reading of the Consensus Statement

Consensus Panel Chair:
- Honourable Michael Kirby, Chair, Mental Health Commission of Canada

9:30 – 10:30 am Open Discussion

10:30 – 11:00 am Closing Remarks

- Honourable Michael Kirby, Chair, Mental Health Commission of Canada
- Egon Jonsson PhD, Executive Director and CEO, Institute of Health Economics
- Scott B. Patten MD FRCPC PhD, Professor, Faculty of Medicine, Departments of Community Health Sciences and Psychiatry, University of Calgary

11:00 – 11:30 am Media Conference – *Britannia/Belaire/Mayfair*

Jury Members

JURY CHAIR

Michael Kirby

Mental Health Commission of Canada

The Honourable Michael Kirby was Secretary to the Cabinet for Federal-Provincial Relations and Deputy Clerk of the Privy Council from 1980 to 1983. In this capacity, he was deeply involved in the negotiations which led to the patriation of the Canadian Constitution and the inclusion of the Charter of Rights in the Constitution. He was summoned to the Senate on January 13, 1984. From 1999 to 2006, Senator Kirby was the Chairman of the Standing Senate Committee on Social Affairs, Science and Technology which resulted in a major two year study of the health system in Canada. He retired from the Senate on October 31, 2006. In May 2006, under Senator Kirby's chairmanship the Committee completed a study of Mental Health, Mental Illness and Addiction. The first three reports were released in November 2004, the final report, *Out of the Shadows at Last* was released on May 9, 2006. In March 2007, Michael Kirby was appointed Chair of the Mental Health Commission of Canada.

Roger Bland

MB ChB, FRCPC, FRCPsych
Executive Medical Director, Alberta Health Services/Alberta Mental Health Board; Professor Emeritus, Department of Psychiatry, University of Alberta

Dr. Bland obtained his medical degree from Liverpool University and after a period in general practice, trained in Psychiatry at the University of Alberta. He has held academic appointments at the University of Alberta, Department of Psychiatry for over 30 years. He was Chair of the Department of Psychiatry from 1990 to 2000 and currently holds an appointment as Professor Emeritus. Dr. Bland currently works as Executive Medical Director with Alberta Health Services/Alberta Mental Health Board and was a former Director and Assistant Deputy Minister for Mental Health for Alberta.

He has had appointments in a variety of settings including Alberta Hospital Edmonton, Alberta Hospital Ponoka, community clinics of the mental health service, general hospital inpatient and outpatient services, and providing mental health services in a primary care clinic.

Dr. Bland has been involved in research in psychiatry epidemiology and the cause and outcome of psychiatric disorders for many years. He is currently a member for the CPA of the Shared Care Working Group and collaborated with Dr. Marilyn Craven in the publication of a bibliography on shared care.

He has received the Alberta Medical Association's Medal of Distinguished Service, the Alexander Leighton Award from the Canadian Academy of Psychiatric Epidemiology and Canadian Psychiatric Association, and the Michael Smith Award from the Schizophrenia Society in 2000. He was awarded Honourary Life Membership of the Schizophrenia Society of Alberta, and received the Canadian Medical Association's Senior Member Award.

Carolyn Dewa

MPH PhD
Program Head, Work and Well-Being Research and Evaluation Program, Centre for Addiction and Mental Health; Associate Professor, Department of Psychiatry, Department of Health Policy, Management and Evaluation, University of Toronto; CIHR/PHAC Applied Public Health Chair

Carolyn S. Dewa is an Associate Professor in the Departments of Psychiatry and Health Policy, Management and Evaluation at the University of Toronto. She is also the Program Head of the Centre for Addiction and Mental Health's Work and Well-being Research and Evaluation Program and is a Senior Scientist/Health Economist in the Centre's Health Systems Research and Consulting Unit (HSRCU). She currently holds a Canadian Institutes of Health Research IPPH/PHAC Applied Public Health Chair.

She received her doctoral degree in health economics from Johns Hopkins University School of Hygiene and Public Health and her MPH in health services administration from San Diego State University School of Public Health. She did a fellowship at the Harvard Medical School Department of Health Policy and Management. Since joining the Centre for Addiction and Mental Health in 1998, she has become a national leader in workplace mental health research, particularly in disability related to mental illness among workers, the effects of mental illness on productivity and interventions to improve disability outcomes.

Jury Members

Madeleine Dion Stout

President, Dion Stout Reflections; Inaugural and Vice-chair, Board of Directors, Mental Health Commission of Canada

Madeleine Dion Stout, a Cree speaker, was born and raised on the Kehewin First Nation in Alberta. After graduating from the Edmonton General Hospital as a Registered Nurse, she earned a Bachelor's Degree in Nursing, with Distinction, from the University of Lethbridge and a Masters Degree in International Affairs from the Norman Paterson School of International Affairs at Carleton University. She serves on several Aboriginal and non-Aboriginal boards and committees including the B.C. Women's Health Research Institute, the StreettoHome Vancouver Foundation and the Aboriginal Women's Health Program and was President of the Aboriginal Nurses Association of Canada and member of the National Forum on Health. In August 2007, Madeleine was appointed to the Mental Health Commission of Canada as an inaugural member and Vice-chair of the Board of Directors. Madeleine was a Professor in Canadian Studies and founding Director of the Centre for Aboriginal Education, Research and Culture at Carleton University in Ottawa. Now self employed, she continues to work as a researcher, writer and lecturer and is currently affiliated with three CIHR research grants. She has received the Assiniwkamik Award from the Aboriginal Nurses Association of Canada twice; a Distinguished Alumnus Award from the University of Lethbridge; and an Honorary Doctor of Laws by the University of British Columbia. The Canadian Nurses Association of Canada has selected Madeleine for the Centennial Award to be awarded to 100 outstanding Canadian nurses later this year.

Elliot Goldner

MD MHSc FRCPC
Professor, Faculty of Health Sciences, CARMHA, Simon Fraser University; Chair, Advisory Committee on Science, Mental Health Commission of Canada

Dr. Goldner is a Professor at Simon Fraser University's Faculty of Health Sciences where he founded the Centre for Applied Research in Mental Health & Addiction (CARMHA), a research unit designed to provide research support to government ministries, health authorities and community agencies in their efforts to advance the quality of mental health and addiction services.

Before joining the Faculty of Health Sciences at Simon Fraser University, Dr. Goldner was on faculty at the University of British Columbia's Faculty of Medicine for 20 years, where he was an active teacher, researcher and psychiatrist, and was Head of the Division of Mental Health Policy & Services. For many years, he cared for patients with mental health and substance use problems at St. Paul's Hospital in downtown Vancouver and also provided mental health care in the city's Downtown Eastside. Dr. Goldner developed and led a number of highly regarded treatment programs and was the first provincial director of eating disorder services in British Columbia.

Currently, Dr. Goldner directs a national Research Training Program, entitled 'Research in Addiction & Mental Health Policy & Services', funded by the Canadian Institutes of Health Research in order to train scientists to conduct research to advance the healthcare system's approach to mental illness and addiction. He also directs the Investigative Team of the Michael Smith Foundation for Health Research, Health Services Research & Policy Network, addressing Mental Health & Addiction. Dr. Goldner has received awards for his scholarly work and he has served on various Boards of Directors. Currently he is a Director on the Board of the Centre for Addiction Research, at the University of Victoria, and also serves on the Board of the Coast Foundation Society, a non-profit society that provides services to people with severe mental illnesses. Dr. Goldner has recently been appointed the Chair of the Advisory Committee on Science, in Canada's National Mental Health Commission.

Nancy Hall

PhD
Policy and Community Based Research Consultant, Canadian Mental Health Association BC Division; Member, BC Mental Health Review Board; Former Mental Health Advocate of BC

From 1998-2001 Nancy Hall served as BC's first Mental Health Advocate. Her job was to comment on the implementation of the province's Mental Health Plan and provide systemic policy advice. Since that time, Nancy continues to work at the interface between policy, practice and self care especially related to community mental health services for individuals with serious and persistent mental illness and or severe addiction. Her current project portfolio includes: the BC Campus project which is a community of practice to support improved evidence based approaches to mental health and addiction on BC post secondary campuses; the Mental Health Diversion project which is a province wide consultation to develop best practices; and a service framework to address system wide strategies to keep people with mental disorders out of difficulty with the criminal justice system and a housing policy review with CMHA's 20 branches located throughout BC.

Currently Nancy serves as a special advisor to the newly formed StreetoHome Foundation which is mounting a new approach towards ending homelessness in Vancouver.

Nancy is appointed to the BC Mental Health Board and serves as a volunteer on the Vancouver Foundation's Community based Research Ethics Review Board.

Alain Lesage

MD FRCPC MPhil DFAPA FCPA
Professor, Department of Psychiatry, University of Montréal and Fernand-Seguin Research Centre, L-H Lafontaine Hospital

Dr. Lesage is currently a Professor in the Department of Psychiatry, Faculty of Medicine, University of Montreal. He has been at the Fernand-Seguin Research Centre, L-H Lafontaine Hospital, Montreal, since 1987. He obtained his medical degree from Sherbrooke University (Quebec, Canada) and completed his psychiatric training within the University of Montreal Hospitals network. He trained between 1983-1987 in epidemiologic and evaluative research at the Institute of Psychiatry and Maudsley Hospital (UK) and at the Verona's Psychiatric Institute (Italy). He was invited research fellow at the Health Systems Research Unit of the Clarke (Toronto, Canada) in 1994-1995 and Visiting Scientist at the Harvard School of Public Health 2003-2005. He participated in the development of Best Practice in Reforming Mental Health Services. He concentrates his work on the needs of severely mentally ill persons using evaluative, epidemiological and health services approaches. At L-H Lafontaine Hospital and the University of Montreal he heads a unit to support, through evaluation, the development of innovative treatments and programs. He is associate editor for the Canadian Journal of Psychiatry and was editor-in-chief of Santé Mentale au Québec. He is past president of the Canadian Academy of Psychiatric Epidemiology. He was the vice-chair of the Advisory Board of the Institute of Neurosciences, Mental Health and Addiction of the Canadian Institutes of Health Research 2001-2006 and keeps the mandate of fostering the CIHR mental health in the workplace long-term research agenda. In November 2007, he received the Alex Leighton Award from the Canadian Academy of Psychiatric Epidemiology. He was the vice-chair of the Advisory Board of the Institute of Neurosciences, Mental Health and Addiction of the Canadian Institutes of Health Research 2001-2006 and keeps the mandate of fostering the CIHR mental health in the workplace long-term research agenda. In November 2007, he received the Alex Leighton Award from the Canadian Academy of Psychiatric Epidemiology and the Canadian Psychiatric Association. He pursues the training of the next generation of researchers in mental health and addiction services and policies research in collaboration with colleagues Elliot Goldner, Carol Adair, and Paula Goering from British Columbia, Alberta and Ontario.

Glenda MacQueen

MD FRCPC PhD
Professor and Head, Department of Psychiatry, University of Calgary and Alberta Health Services/Calgary Health Region

Dr. MacQueen assumed the position of Professor and Head of the Department of Psychiatry at the University of Calgary in September 2008. Prior to this she was the Academic Head of the Mood Disorders Program at McMaster University where she was also an associate member of the Intestinal Diseases Research Group and Director of the Clinician Investigator Program for the Department of Psychiatry and Behavioral Neurosciences. She was a founding member of the Brain Body Institute, a multidisciplinary institute focused on understanding the role of the brain in the onset and progression of psychiatric and somatic diseases. She completed her PhD in experimental psychology with a focus on psychoneuroimmunology at McMaster University where she also completed her MD and residency training in psychiatry.

Dr. MacQueen is a clinical editor of the Current Medical Literature Psychiatry series and is on the editorial board of the Canadian Journal of Psychiatry. She is now serving as the Scientific Officer for the Behavioral Sciences B Committee of the Canadian Institutes for Health Research. She is on the executive board of the Canadian Network for Mood and Anxiety Treatment. Working with colleagues from a number of disciplines she has been funded by the Canadian Institutes of Health Research, the Ontario Mental Health Foundation, the Canadian Psychiatric Research Institute, the National Alliance for Research in Schizophrenia and Depression, the Stanley Medical Research Institute, the National Institutes of Health, the Scottish Rite Foundation, the NCE Allergen Inc and Physicians' Services Incorporated. She received the 2008 Innovations Award from the Canadian College of Neuropsychopharmacology. She is very involved in training of students in medical and graduate programs and recently received an award for Excellence in Research Mentorship from the Department of Psychiatry and Behavioral Neurosciences at McMaster University.

Ian Manion

PhD CPsych
Executive Director, Provincial Centre of Excellence for Child and Youth Mental Health at CHEO

Dr. Manion is a clinical psychologist and scientist-practitioner who has worked with children, youth and families presenting with a variety of social, emotional, and behavioural problems.

Dr. Manion is a Clinical Professor in the School of Psychology at the University of Ottawa, and a Visiting Professor at the University of Northumbria (UK). He is the Executive Director for the Provincial (Ontario) Centre of Excellence for Child and Youth Mental Health at the Children's Hospital of Eastern Ontario (CHEO). He is actively involved in research in the areas of parent/child interactions, community mental health promotion, youth and parent depression as well as youth suicide. He is a committed advocate for child and youth mental health sitting on a number of local, provincial, national and international boards and committees.

Dr. Manion is co-founder of Youth Net/ Réseau Ado, an innovative, bilingual community-based mental health promotion program with satellites across Canada and in Europe. This program strives to understand the mental health issues facing youth and to better address these issues with sensitivity to gender, age, culture, and geography.

Garey Mazowita

MD CCFP FCFP
Chair, Department of Family and Community Medicine, Providence Health Care; Clinical Associate Professor, University of British Columbia

Dr. Garey Mazowita received his MD from University of Manitoba in 1979, his CCFP in 1990 and his FCFP in 2000. He was in full-service private practice in Winnipeg for many years, and then joined the Department of Family Medicine at University of Manitoba where he became a full-time preceptor. Prior to assuming his position as Chair, Department of Family and Community Medicine at Providence Healthcare in Vancouver, he was Medical Director of Community and Long Term Care for the Winnipeg Regional Health Authority. He has participated on, or chaired numerous committees for the University of Manitoba, including several years as a member of the Research Ethics Board; Manitoba College of Physicians and Surgeons; and the Manitoba College of Family Physicians where he was President in 1998. He is currently a Clinical Professor, Faculty of Medicine, University of British Columbia, and remains active in research and clinical practice.

Rod Phillips

President and CEO, Shepell·fgi

Rod Phillips is President and CEO of Shepell·fgi, one of North America's leading providers of health and productivity solutions for employees and organizations. Under his leadership, Shepell·fgi offers integrated services that improve the health and productivity of eight million employees and their families from over 7,000 organizations in Canada, and 64 other countries around the world.

In 2000, Rod was selected as one of Canada's Top 40 Under 40 by the Caldwell Partners and the Globe and Mail's Report on Business. In 2005, he was selected as one of the "Best of the Best" on the 10th Anniversary of the Top 40 Under 40 program. Rod is currently the Vice-chair of the Global Business and Economic Roundtable on Addiction and Mental Health, a member of the Canadian Institutes of Health Research Workplace Mental Health Task Force and the U.S. Centre for Employee Assistance Quality Advancement. Rod is also a member of the board of Nexient Learning Inc. and the Canadian Psychiatric Research Foundation and a past member of the Council of The College of Physicians and Surgeons of Ontario and past-President of the Canadian Club of Toronto.

Rod is a graduate of the MBA program at Wilfrid Laurier University in Waterloo and has an Honours BA in Political Science and Literature from the University of Western Ontario in London.

Shelagh Rogers

Broadcast Journalist, CBC Radio

Shelagh Rogers grew up in a home where every radio was tuned to CBC. She dreamed of one day working with the legendary broadcaster Peter Gzowski. When she landed her first job in radio, it was at a country station in 1976. Ten years later, she joined Peter Gzowski on air to read listener letters and later he appointed her Deputy Host of Morningside. For the past decade, Shelagh has hosted national current affairs programs and traveled the land collecting stories. Shelagh Rogers is currently the host of "The Next Chapter", a program devoted to Canadian books, writers and readers of all kinds. It airs every Saturday at 3 pm, 3:30 in Newfoundland.

She has always been passionate about exploring issues through the lives of people. Last year, she presented a week-long series about the impact of mental illness on family, friends and co-workers and hosted a year long series examining the lives of aboriginal people called "Our Home and Native Land". For twenty-two years she has been a literacy volunteer and her Bonspiel for Literacy has raised more than $500,000.

A published writer, Shelagh is the winner of the 2008 Special Women's Health Journalism Award from the Canadian Foundation for Women's Health. She holds an Honourary Doctorate from the University of Western Ontario and is a proud recipient of a CAMH Transforming Lives Award 2008.

Phil Upshall

National Executive Director, Mood Disorders Society of Canada; Special Advisor on Stakeholder Relations, Mental Health Commission of Canada; Adjunct Professor, Dept of Psychiatry, Dalhousie University, Past Executive Director, Canadian Alliance on Mental Illness and Mental Health; Project Director, Mental Illness Awareness Week 2008

Phil was educated at Dalhousie University, Halifax, (B.Com. 1965) and the University of Toronto (LLB 1967). He was called to the Bar of Ontario in 1969. Currently, Phil is the National Executive Director of the Mood Disorders Society of Canada (MDSC), a virtual national NGO with a mandate to represent the interests of consumers and families dealing with depression, bipolar interest and other related mood disorders. MDSC has led research into the relationship between problem gambling and bipolar illness; has held workshops dealing with the stigma of mental illness; has led the way in developing collaborative working relationships with the First Nations, Inuit and Métis mental wellness communities and has developed background research for and hosted a workshop dealing with wait times in emergency rooms for patients presenting with psychiatric issues.

Phil was a member of the Institute Advisory Board of the Institute of Neurosciences, Mental Health and Addiction and has been a member of a number of expert panels for Stats Canada, Health Canada, CIHI and others. He is the immediate past National Executive Director of the Canadian Alliance on Mental Illness and Mental Health (CAMIMH).

Phil is the Special Advisor, Stakeholder Relations, to the Mental Health Commission of Canada; an adjunct Professor in the Department of Psychiatry, Dalhousie University; the Managing Director of Mental Illness Awareness Week in Canada and the project manager for the Canadian Collaborative Mental Health Initiative, Phase 2. He is one of the first Board Members appointed to the Canada Post Foundation on Mental Illness and Mental Health, is a member of the Advisory Board to the Canada Research Chair, National Core for Neuroethics, University of British Columbia.

EXPERT CHAIR

Scott B. Patten

MD FRCPC PhD
Professor, Faculty of Medicine, Departments of Community Health Sciences and Psychiatry, University of Calgary

Dr. Scott Patten is a Professor at the University of Calgary in the Departments of Community Health Sciences and Psychiatry and a Health Scholar with the Alberta Heritage Foundation for Medical Research. His research focuses on depressive disorders with an emphasis on those epidemiological perspectives most relevant to population health. Dr. Patten obtained his Medical Doctorate from the University of Alberta (1986), and subsequently completed a Residency in Psychiatry (1991) and PhD in Epidemiology (1994) at the University of Calgary. He practices psychiatry through the Consultation-Liaison Service located at the Peter Lougheed Centre in Calgary.

Abstract 1

Depressive Disorders, Symptoms, Prevalence, and Incidence

Nested within the broader category of Mood Disorders, Depressive Disorders are characterized by a lowering of mood, diminished interest or pleasure and diminished energy. Associated features include disturbances of sleep, appetite and cognition, altered thinking style, psychomotor changes and thoughts of death or suicide. The most significant category of Depressive Disorder is Major Depressive Disorder. In order to qualify for this diagnosis, symptoms must be present (during the same 2-week period) most of the time, nearly every day. Furthermore, the disturbance must be associated with distress, dysfunction or danger. The history of these disorders is long, dating back at least to Hippocrates' Aphorisms, in which reference is made to persistent "melancholic affection." In the 1970s, empirical diagnostic criteria began to emerge, greatly facilitating subsequent research. These criteria allowed reliable identification of depressive disorders in community studies. Early epidemiologic studies confirmed that depressive disorders, particularly Major Depressive Disorder, have a very high prevalence in the general population. At any point in time, major depressive episodes afflict 2% of the Canadian adult population. Approximately 5% will have an episode during

any given year. Most epidemiologic studies have placed the lifetime prevalence of Major Depressive Disorder at between 8% and 17%, but for methodological reasons the true value is almost certainly higher.

Despite these remarkably high prevalence figures, depression's population health impact has remained under-appreciated for many years, probably because of the importance traditionally ascribed to mortality indicators in public health. Since 1990, the Global Burden of Disease Project has sought to examine the impact of various health conditions in terms both of premature death and years lived with disability. By this standard, Major Depressive Disorder is among the world's most burdensome health problems. According to some projections, Major Depression will be the leading cause of disease burden in high income countries by 2030. Recent research has documented substantial increases in the frequency of depression treatment. However, health systems have been more effective in providing pharmacologic than non-pharmacologic treatments. Also, the current orientation of health systems tends to be with acute management and they may not deliver adequate long-term management. Suboptimal clinical interventions may contribute to poor outcomes, especially in terms of chronicity and comorbidity.

Abstract 2

Future Population Health Research

In the area of population health, early psychiatric epidemiologic studies yielded dramatic results. They demonstrated high prevalence and extensive under-treatment. These dramatic results emerged at a time of therapeutic optimism both in terms of pharmacologic and non-pharmacologic treatments. Perhaps as a result of this confluence, the population-health literature moved quickly towards a focus on health services research and specifically towards an emphasis on access to treatment. Evidence of high prevalence led to an assumption that the primary care medical system should be the focus of new initiatives. A number of basic epidemiological issues have been largely overlooked. For example, factors related to the longitudinal course of these disorders in the population remain ill-defined. Because of this omission, the heterogeneity of depressive disorders has been under-appreciated, so useful options for health service delivery may have been overlooked. Dramatic evidence of under-treatment in early epidemiologic studies may also have encouraged the acceptance of simplistic procedures for assessing treatment access. Evidence now suggests that these approaches are biased. A systemic issue relates to the expensive nature of large scale epidemiologic studies. Most of the emerging data derive from large national and international initiatives that are of unprecedented quality, but which have the potential to suppress innovation. Population health research across its entire spectrum from epidemiology to health policy research is needed, but simplistic assumptions and conventional methodologies of past research will need to be abandoned if this enterprise is to be successful.

Glen Baker

PhD DSc
Professor and Vice-Chair (Research) and Director
Neurochemical Research Unit, Department of Psychiatry,
University of Alberta

Dr. Baker is a Tier I Canada Research Chair and a former Chair of the Department of Psychiatry at the University of Alberta. His research deals primarily with the neurochemistry of psychiatric disorders and the mechanisms of drugs used to treat them; drug development, with a focus on neuroprotective agents and drug metabolism; and drug-drug interactions. He has been involved extensively in supervision of research trainees, editorial work and service to the scientific community. Dr. Baker was President of the Canadian College of Neuropsychopharmacology (CCNP) from 1992 to 1994 and is currently an Associate Editor for the Journal of Psychiatry & Neuroscience and a member of the editorial boards of several other journals. He has published 270 peer-reviewed papers and numerous book chapters, editorials, conference proceedings and abstracts and has co-edited over 30 books. During his academic career he has supervised or co-supervised 33 graduate students and 18 postdoctoral fellows and served on review panels for MRC/CIHR, AHFMR, Health and Welfare Canada, the Canadian Psychiatric Research Foundation and the Canada Foundation for Innovation. His honors and awards include the CCNP medal, McCalla and Killam Professorships, the University of Alberta Excellence in Mentoring Award, a DSc and an Alumni Award of Achievement from the University of Saskatchewan, and the CCNP Innovations in Neuropsychopharmacology Award. In 2007, he was selected as one of the University of Saskatchewan's 100 Alumni of Influence recipients as part of the University's Centennial celebration.

Abstract

Future Directions in the Biomedical Treatment of Depression

Most currently available prescription antidepressant drugs have known effects on 5-hydroxytryptamine (5-HT, serotonin) and/or noradrenaline (NA). While these drugs are used widely and have increased our knowledge of brain function, they are associated with response and remission rates lower than desired, excessive adverse effects and prolonged periods before clinical improvement occurs. Recently, with the applications of elegant neuroimaging, molecular biological, neurochemical and pharmacological techniques, several exciting new possible targets have been identified for the development of novel antidepressants. Targets include dopamine (drugs that affect 5-HT, NA and DA simultaneously are also under investigation), GABA and glutamate, neuroactive steroids (act as allosteric modulators at GABA and/or glutamate receptors), corticotrophin releasing factor (CRF), substance P, cytokines and the immune system, melatonin and intracellular signaling cascades and neurotrophic factors. The systems mentioned above do not operate in isolation, and there is an increasing trend to study multiple systems in drug development. Although rapid clinical response still remains elusive, recent studies with the NMDA glutamate receptor antagonist ketamine are promising (although ketamine has adverse effects). Neuroimaging studies (MRI, MRS, fMRI) have provided useful tools for understanding structural and functional changes in brain areas and, when combined with studies on some of the systems mentioned above, should lead to more effective diagnosis and tracking of improvement in depression. Other factors to consider in future biomedical studies in depression include: deep brain stimulation; herbal products and nutraceuticals; epigenetic regulation in depression; metabolomic approaches to define biomarkers; the use of endophenotypes to describe depression; and the need for better animal models. (Funding provided by CIHR and AHFMR).

Leonard Bastien

Elder and Consultant, Native Multi Service Team; Calgary and Area Child and Family Services Authority; Government of Alberta, Children and Youth Services

Mr. Leonard Bastien was the Head Chief of the Piikani Nation for 3 years, and was Minor Chief for 6 terms. He also served as Chair for the Alberta Chiefs Summit for 7 years, was the Elder Advisor for the Calgary Chamber of Commerce and is currently the Elder/Consultant Region 3, Calgary and Area, Child and Family Services Authority, Native Multi-Service Team in Calgary, Alberta.

Mr. Bastien has been an Instructor/Researcher at the Blackfeet Community College in Browning, Montana, and has provided Cross Cultural Education for the U.S. Administration dealing with North American Indian Tribes.

At the Blackfeet Community College in Montana, Mr. Bastien has presented the methodology of incorporating the Blackfoot Way of Life into Western World Values, Beliefs and Philosophies and the difference it establishes to the American Colleges and University faculties of various disciplines in Washington D.C. He has also served as Faculty Chair for Aboriginal Health Symposium, Banff School of Management, Aboriginal Leadership Program in Banff, Alberta.

Mr. Bastien is a Traditional Elder, Ceremonialist, and Political Advisor for the Blackfoot Confederacy (Blood Tribe, Siksika Nation, Piikani Nation, the Blackfeet of Montana, U.S.A.)

Married to Audrey, together they have five beautiful daughters and five wonderful grandchildren.

Abstract

Healing Practices in the Aboriginal Community

Establishing a trust factor with the client is the first and foremost requirement. The next process is assessing the root of the depression, developing a course of action to deal with the matter and deciding on the appropriate treatment plan for the client. We the “Blackfoot” have several ceremonies and methods that assist and in many instances resolve the matter at hand. An understanding of the ceremonies, ritual, and treatment plan are all a part of the healing practice. The methodology of the healing practitioner will not be standard and systematic for all healers. Each healer would have their own unique way of practice. It must be clearly understood and respected that traditional orthodox Blackfoot culture stands on its own and is in no way parallel to other cultures. Most universities teach Pan Indianism and believe all Indian tribes in North America are the same. Details of methodologies for healing practices can be disclosed at the practitioner and client level. On a personal note, the root of a majority of depression factors in the aboriginal community can be attributed to the “Residential School Factor”. Poverty as a violence is another major contributor and the systematic “Manifest Destiny of Assimilation”.

Mary Ann Baynton

MSW RSW
Director, Mental Health Works Canadian Mental Health Association; Ontario Program Director, Great-West Life Centre for Mental Health in the Workplace

Mary Ann is the director of Mental Health Works, which is a multiple award-winning initiative of the Canadian Mental Health Association of Ontario. Mental Health Works addresses the management of workplace mental health issues from a practical approach that is grounded in Mary Ann's firsthand experience as a business owner and manager. Her work has included energy, communication, and industrial sectors, federal, provincial, and municipal governments, healthcare, education, and finance sectors. Mary Ann also serves as the Project Director for the Great-West Life Centre for Mental Health in the Workplace which is a corporate social initiative of the Great-West Life Insurance Company that seeks to provide knowledge and resources to employers who are interested in improving workplace mental health and effectively addressing employee mental health issues.

Mary Ann holds a Master's degree in Social Policy and did her research on innovation and empowerment in policy implementation. In other words, her research was on why the best laid plans don't always work out and how to change those results. She has 8 years experience as a nationally certified coach and feels many of the skills used in sports can be useful in business as well.

Currently, Mary Ann is a member of the Mental Health Commission of Canada's Workforce Advisory Committee and is on the Accessibility for Ontarian's with Disabilities Employment Standards Committee.

Her background includes 15 years in the corporate world and 5 years in the non-profit sector. Today she speaks about managing mental health issues in the workplace, acts as a consultant in returning people to work where mental health issues or a history of workplace conflict is presenting an obstacle to success, and helps workplaces find solutions unique to their particular dynamic and reality. Mary Ann also both creates and delivers workshops which provide awareness and practical solutions to what are often complex issues.

Abstract

Work Related Risk Factors

The majority of supervisors and managers in the workplace have neither the time nor the interest in doing a thorough review of the literature in the area of mental health risk factors. What they want and need is a practical approach that answers the questions, "Why is this my concern?" and "What exactly do you want me to do about it?". For this reason, we distill much of the literature down into three main themes: 1) Recognize when an employee may be struggling with mental health issues. (Notice) 2) Approach management of all employees from the standpoint of helping them be successful at work. This item includes looking at organizational or systemic issues, management effectiveness, co-worker interactions and individual well-being at work. (Focus on solutions rather than problems) 3) Engage employees in determining the solutions that allow them to be successful. (Get commitment instead of compliance – this also adds to the sense of control for the employee) This approach has the ability to prevent, manage and address mental health concerns for people ranging from very healthy to those who are experiencing serious levels of illness. The beauty of it all is that we are not asking those in the workplace to diagnose, treat or counsel their employees. We are giving them concrete, practical advice about doing what they are paid to do – support employees to be productive.

References:

Mental Health Works, an initiative of the Canadian Mental Health Association – www.mentalhealthworks.ca

Great-West Life Centre for Mental Health in the Workplace www.greatwestlife.com/centreformentalhealth

June Bergman

MD CCFP FCFP
Associate Professor, Department of Family Medicine, University of Calgary

Dr. June Bergman has been a full service family physician for over 35 years in Ontario and Alberta. She believes that Primary Care involves caring for the whole person from a biopsychosocial perspective. She states that as primary care

physicians, the care of individuals must include physical and mental illness as well as their roots in their family and community.

She has been involved for the past 15 years in program development with mental health. Initially she helped develop a shared mental health care program aimed at providing mental health resources in family physician offices. Mental health clinicians are partnered with family physicians and see patients together to establish diagnosis, care pathways and counseling. Psychiatric expertise is available on an as-needed basis and in a variety of forms, including telephone calls, educational sessions and the typical consultation. Her program has been fully evaluated and found to be successful. Primary Care Networks have now arrived in Alberta and through the Foothills primary care network she has helped add additional resources to community family physicians. They now have access to a behavioural health professional in their office for just in time management of acute problems. Telepsychiatry is also available with psychiatrists to discuss selected patient problems. Evaluation of these services is in place. Currently, she is an Associate Professor with the Department of Family Medicine at the University of Calgary.

Abstract

Depression in Primary Care

Depression is a very common diagnosis in primary care. People accessing primary care have equal presentation of physical and mental health issues.

Primary care is based on personal relationship between a patient and the caregiver and is rooted in the community. Family physicians follow a biopsychosocial model and are well trained to manage most mental illness. If supports are put in place to adapt for the main barriers to managing mental health issues, primary care clinics can do exemplary work. Our personal relationship with our patient is a long time relationship and can be transferred to other health care professionals.

Many models of care have been developed to support primary care of mental health issues. This discussion will review some of these and their strengths and weaknesses. Integration of care with secondary and tertiary care is essential to support needs of the patient and the work of primary care physicians. Integration at the primary care level of caregivers with other defined skills supports timely diagnosis, appropriate intervention and maintenance of the individual in his or her community.

As we further develop primary care with multi disciplinary teams, IT support and networks of physicians we can expect more capacity for mental illness care. Primary care also has a major role to play in prevention of illness and promotion of mental health through timely education, anticipatory counseling and early identification of illness.

Evidence based interventions are now included in our primary care quality improvement indicators as defined through the national evaluation project.

Dan Bilsker

PhD
Adjunct Professor, Faculty of Health Sciences, Simon Fraser University; Clinical Assistant Professor, Faculty of Medicine, University of British Columbia

Dr. Bilsker is a psychologist who consults to a mental health services research group (CARMHA) at Simon Fraser University and works in an emergency psychiatric unit at Vancouver General Hospital. His academic appointments are Adjunct Professor, Faculty of Health Sciences, Simon Fraser University and Clinical Assistant Professor, Faculty of Medicine, University of British Columbia. He has been overseeing an ongoing project to enhance the system of mental health care in British Columbia by disseminating brief behavioural interventions for mood disorders in primary care. He has led projects to produce several depression self-management tools:

- A self-care manual focused on mood problems associated with chronic illness, Positive Coping with Health Conditions (to be released in late 2008).
- A self-care manual focused on depression in work settings, Antidepressant Skills at Work (2007).
- A self-care manual for depressed individuals, Antidepressant Skills Workbook (2005), available in French, Chinese and Punjabi translation.
- A self-care manual for depressed teenagers, Dealing with Depression (2005).

Abstract

Self-management

Supported Self-management, a novel intervention for depressive disorders, will be reviewed in terms of key quality of care dimensions: 1. Definition and examples of this intervention, including a self-management tool developed at Simon Fraser University; 2. Relevance to needs of the Canadian health system, focused on its potential to increase capacity for comprehensive

depression management; 3. Effectiveness in the management of depression, focused on the results of randomized controlled trials, and the contribution of provider support for self-management; 4. Appropriateness with regard to its suitability for different severity levels, applicability to primary care settings and potential for addressing the problem of medication overuse in mild cases. 5. Feasibility of introducing this intervention as a standard component of depression care, focused on its compatibility with primary care practice, cost relative to standard depression treatment and acceptability to primary care providers as well as to depressed patients (as measured by behavioural uptake of the intervention under realistic conditions). Overall, the data presented here indicate that supported self-management is an intervention with considerable potential to enhance the quality of depression care in Canada. It is no panacea, but does represent an underutilized technology which should be introduced nationally while being carefully evaluated with regard to its optimal dissemination, cost-effectiveness, adaptation to provincial health systems and sustainability.

Lauren Brown

BScPharm MSc ACPR
PhD Candidate, School of Public Health, University of Alberta

Lauren Brown obtained her Bachelor of Science in Pharmacy in 2001 at the University of Alberta, and completed a hospital pharmacy residency in the Capital Health Authority in 2002. She completed a Master of Science in Medical Sciences-Public Health Sciences in 2004.

Her MSc thesis topic was the temporal relationship between depression and diabetes. Lauren has also looked at the relationship between antidepressant medications and depression. Lauren is now working towards her PhD, investigating access to care in people with schizophrenia, specifically focused on prevention and treatment of cardiovascular disease.

Abstract

The Impact of Depression on Diabetes

Depression is a common illness that has a substantial impact on daily functioning, and increases the risk of mortality. Not only is depression debilitating due to its related symptoms, research has demonstrated that depression is associated with a number of chronic medical conditions. Diabetes is among many chronic diseases that appear to be related to depression. Diabetes is also a serious health problem, and is associated with a number of complications including heart attack and stroke (cardiovascular disease), limb amputation, kidney disease, and eye disease. The lifespan for someone with diabetes is 13 years shorter than someone without diabetes, and cardiovascular disease is the most common reason for death.

Depression is approximately two times more common in people with diabetes compared to people without diabetes. Research has demonstrated an increased risk of diabetes in people with a history of depression; however, having diabetes does not seem to increase the risk of developing depression. Also, people with diabetes and comorbid depression are less likely to take their medications, test their blood sugar, and adhere to a proper diet. Not surprisingly, having depression increases the risk of developing complications associated with diabetes, including cardiovascular disease and eye disease.

Given that depression appears to be a risk factor for diabetes, and people with comorbid depression and diabetes are at a higher risk of cardiovascular disease, eye disease, and kidney disease compared to people with diabetes only, it is likely important to regularly screen for diabetes in people diagnosed with depression.

Patrick Corrigan

PsyD
Professor and Associate Dean for Research Institute of Psychology, Illinois Institute of Technology

Patrick Corrigan is Professor and Associate Dean for Research in the Institute of Psychology at the Illinois Institute of Technology. He came to IIT after more than a dozen years

at the University of Chicago where he directed the Center for Psychiatric Rehabilitation. Corrigan is also Chief of the Joint Research Programs in Psychiatric Rehabilitation at IIT. The Programs are research and training efforts dedicated to the needs of people with psychiatric disability and their families. Seven years ago, Corrigan became principal investigator of the Chicago Consortium for Stigma Research (CCSR), the only NIMH-funded research center examining the stigma of mental illness. CCSR comprises more than a dozen basic behavioral and mental health services researchers from seven Chicago area universities and currently has more than ten active investigations in this arena. Corrigan's current research includes an employer survey about health condition stigma in Hong Kong, Beijing, and Chicago and a survey on the ADA with a nationwide sample. Corrigan is a prolific researcher having authored ten books and more than 200 papers. He is also editor-in-chief of the American Journal of Psychiatric Rehabilitation.

Abstract

Stigma: If We Build It Will They Come?

Many people who might benefit from treatments fail to seek them out or to fully adhere to them. Epidemiological surveys showed as many at 40 to 65% opt not to pursue it. One might hypothesize that these ratios represent the worried well, people who adjust to their disorder, and do not need services. But these same studies show that people with serious mental illness including depression and other affective disorder, have equally low care-seeking rates. Additional research on adherence showed at least half of people involved in treatment drop out prematurely or fail follow-up treatment as prescribed. Most of this work has examined care-seeking and adherence to pharmacological treatments. Participation in psychosocial interventions like cognitive therapy show even worse ratios.

Stigma has been shown to be a barrier to care-seeking and adherence in two ways. (1) People do not seek treatments in order to avoid the labels often associated with stigma. The stereotypes and prejudice elicited by stigma common to Canadians include blame and incompetence. (2) People curtail or otherwise minimize participation because of self-stigma and loss of empowerment.

Preliminary research on label avoidance suggests some mix of social education and contact may be effective. Social education involves contrasting the myths of depression with the facts. Contact with people with mental illness is essential for stigma change. These strategies are most effective when targeting groups; e.g., crafting programs for young adults in college. Self-stigma is challenged by enhancing the person's empowerment over life decisions and the treatments meant to enhance associated goals.

Janet M. de Groot

BMedSc MD RCPC
Associate Professor, Departments of Psychiatry and Oncology and Associate Dean, Equity and Teacher-Learner Relations, University of Calgary

Dr. Janet de Groot is an Associate Professor at the University of Calgary in the Departments of Psychiatry and Oncology. A psychiatrist with demonstrated expertise in educational administration and leadership, her clinical and academic focus has been psychotherapy, women's mental health and psychosocial oncology. Since joining the University of Calgary's department of psychiatry in 2006, she has been committed to strengthening psychotherapy training in her recent role as chair of its active and dedicated psychotherapy subcommittee (2006-8). Janet obtained her MD at the University of Alberta, and then completed her psychiatry residency and subsequent sub-specialty research training in eating disorders and female psychology at the University of Toronto, where she was a faculty member for over a decade. As the new Associate Dean, Equity and Teacher-Learner Relations reporting to the Dean, Janet will continue to address issues affecting the educational environment, as well as promote and facilitate equity at the Faculty of Medicine, University of Calgary.

Abstract

Psychotherapy and the Treatment of Depression

Evidence-based practice in the psychotherapy of depression requires consideration of the best available research for each treatment model, clinical experience and the preferences and characteristics of the person with the illness. Psychotherapy interventions are potentially valuable when antidepressant medications are ineffective or inadvisable due to adverse effects and when patients show a clear preference and motivation for psychotherapy. In addition to cognitive behavioural therapy (CBT) which will be discussed by Dr. K Dobson, interpersonal psychotherapy (IPT), psychodynamic psychotherapy and integrative interventions that combine elements of various psychotherapeutic modalities have been shown to be valuable in both individual and group formats in the treatment of depression. Therapist experience with a therapeutic modality and a strong therapeutic alliance

between therapist and patient/client enhance psychotherapy outcomes. Therapeutic mechanisms of action are being more carefully delineated and vary by psychotherapeutic modality. Supervised provision of psychotherapy is considered the gold standard for training of psychotherapists and thus, included in the clinical training of mental health professionals. To ensure that future psychiatrists have proficiency in several psychotherapeutic modalities, the specialty training requirements in psychiatry have recently been revised to enhance the amount of longitudinal supervised training in the psychotherapies. Psychotherapy use for mood disorders is increasing and elements of supportive therapy are often provided in conjunction with antidepressants. Psychotherapy treatment for depression considers a broad range of outcomes, in addition to symptoms of the illness, as well as subsequent social functioning and relapse rates.

Keith Dobson

PhD
Professor and Head of the Department of Psychology, University of Calgary; Executive Director, Council of Canadian Departments of Psychology; President-Elect, Academy of Cognitive Therapy; President-Elect, International Association of Cognitive Psychotherapy

Dr. Dobson completed his PhD in 1980 and has been a Professor in the Clinical Psychology training program at the University of Calgary since 1989. During his time there he has served in various roles, including Director of Clinical Psychology and Head of Psychology. His research has focused on both cognitive models and mechanisms in depression, and the treatment of depression, particularly using cognitive-behavioral therapies. Dr. Dobson's research has resulted in over 150 published articles and chapters, 7 books, and numerous conference and workshop presentations in many countries. In addition to his research in depression, he has written about developments in professional psychology and ethics, and has been actively involved in organized psychology in Canada, including a term as President of the Canadian Psychological Association. He was a member of the University of Calgary Research Ethics Board for many years, and is President-Elect of the Academy of Cognitive Therapy, as well as the President-Elect of the International Association for Cognitive Psychotherapy. With Dr. Scott Patten, he is also a co-leader of the Hotchkiss Brain Institute Depression Research Program. Among other awards, he was given the Canadian Psychological Association's Award for Distinguished Contributions to the Profession of Psychology.

Abstract

Cognitive Behavioral Therapy (CBT)

Cognitive behavioral therapy (CBT) is increasingly recognized as an efficacious and cost-effective treatment for depression. This presentation reviews some of the recent evidence that relates to this recognition. The efficacy of CBT is reviewed relative to two other psychological treatments for depression (Interpersonal Therapy and Behavioral Activation), but the focus of the presentation is on the relative efficacy of CBT and pharmacotherapy for depression. It is argued that when consideration is made of such issues as side-effects, drop-out, and relapse, CBT significantly outperforms pharmacotherapy. Further, data from two recent trials suggests that the long-term costs associated with pharmacotherapy outweigh those for CBT. Recent developments in the treatment of depression using CBT in the United Kingdom are reviewed. Policy implications of the evidence for Canada are suggested.

David J. A. Dozois

PhD CPsych
Associate Professor, Department of Psychology, Faculty of Social Science, University of Western Ontario

David J. A. Dozois received his PhD from the University of Calgary in 1999 and is now an Associate Professor in the Department of Psychology at the University of Western Ontario. Dr. Dozois' research focuses on the role of cognition in depression and anxiety and cognitive-behavioural theories/therapy. Dr. Dozois has published over 70 peer-reviewed articles and book chapters, and has three edited books. He has also presented numerous papers at national and international conferences. Dr. Dozois received early career awards from the Canadian Psychological Association (CPA), the Canadian Institutes of Health Research, the National Alliance for Research on Schizophrenia and Depression, and the Ontario Mental Health Foundation. He has been on the Board of Directors (Director-Scientist) for the Canadian Psychological Association since 2005. He also maintains a small private practice.

Abstract

Access to Health Care for People with Depression

Depression is an extremely debilitating mental health problem, affecting approximately 4% of Canadians in a given year. This disorder is associated with significant cognitive, emotional, behavioural, somatic, and social impairment. Depression impacts not only the individual sufferer, but also has formidable economic and social consequences. Researchers have, in fact, predicted that by the year 2020 depression will be second only to ischemic heart disease in terms of cost to society. For the vast majority of persons who experience major depressive episodes, the disorder is also highly recurrent. Notwithstanding its tremendous burden, delays in help-seeking and limited access to care are common and exacerbate the personal and societal burden associated with this disorder. Although estimates vary widely, approximately half of individuals with depression never see a clinician and many of those who do seek help fail to receive evidence-based care. Treatment-seeking appears to have increased recently, but there is considerable room for improvement in access to care, particularly for empirically-supported psychological interventions (e.g., cognitive-behavioural therapy, interpersonal psychotherapy). In this presentation, I will outline some of the individual (e.g., fear of stigma), provider (e.g., underdetection) and systemic (e.g., limited availability of effective treatments) barriers to adequate treatment delivery. Following this overview, I will suggest strategies for overcoming each of these three main obstacles.

Nady el-Guebaly

MD DPsych DPH FRCPC
Professor and Head, Division of Addiction, Department of Psychiatry, University of Calgary; Medical Director, Addiction Program & Centre, Alberta Health Services/ Calgary Health Region

Dr. el-Guebaly is Professor and Head, Division of Addiction, Department of Psychiatry at the University of Calgary and past Chair of the Department. He is the Founding Medical Director of the Alberta Health Services/Calgary Health Region's Addiction Centre and Program.

He is also Board Chair of the Alberta Gaming Research Institute; Third term Chair, Addiction Psychiatry Section of the World Psychiatric Association; and Executive Medical Director and Past-Founding President of the International Society of Addiction Medicine.

He holds recognition awards from the American Society of Addiction Medicine, the Mexican Psychiatric Association, The Italian Society of Addiction Psychiatry, the University of Calgary's Guenther Distinguished Achievement Award in International Health, a Queen Elizabeth II Golden Jubilee medal and an Alberta Centennial medal.

Major research interests have resulted in 200 peer-reviewed papers and chapters, 450 abstracts, and 60 past and current research grants.

Abstract

The Abuse of Alcohol and Other Substances

Both substance abuse (SUD) and depressive disorders are common in the general population. There are several ways SUDs and depression may interact:

- Depression may be a risk factor for SUDs – "the self-medication hypothesis".
- Depression may result from chronic intoxication – symptoms disappear within weeks.
- Depression and SUDs may modify each other's course in terms of symptomatology, rapidity of onset and treatment response; a long comorbid history may be difficult to disentangle.
- The presence of both disorders does not always imply a causal link.

Individuals suffering from depression should all be screened for substance abuse, substance abusers should be screened for suicidality. The levels of non-risk drinking for depressed individuals are lower.

Differentiating between both disorders must take into account their relative onset, persistence of symptoms after detoxification or in past experience being "clean and sober", the relative expectations from type, amount and duration of substance use as well as family history. The presence of chronic dysthymia or personality disorder may further complicate the diagnostic process.

When both disorders occur, an integrated treatment approach is recommended. In general, the prescription of antidepressants alone modestly decreases substance use and the symptoms of depression. The goal is to abstain from intoxicants to allow for mood stabilization. This is achieved with psychosocial strategies including motivational interviewing, cognitive-behavioral therapy, relapse prevention, contingency management or 12-Step facilitation. Participation in informed mutual help groups can be a major factor in recovery.

Vincent Felitti

MD
Clinical Professor of Medicine, University of California;
Founding Chairman, Department of Preventive Medicine, Kaiser Permanente Medical Care Program, San Diego, California

Vincent J. Felitti is a Co-Principal Investigator of the Adverse Childhood Experiences (ACE) Study, ongoing collaborative research between Kaiser Permanente and the Centers for Disease Control. A 1962 graduate of Johns Hopkins Medical School, Dr. Felitti is an internist who founded the Department of Preventive Medicine for Kaiser Permanente in San Diego, California in 1975. He served as Chief of Preventive Medicine until 2001. Under Dr. Felitti's leadership, the Health Appraisal Division of the department became the largest single-site medical evaluation facility in the world, providing comprehensive, biopsychosocial medical evaluation to a total of 1.3 million individual adults. During his career, he developed major health-risk abatement programs for obesity, smoking cessation, the genetic disease Hemochromatosis, and somatization disorders. These programs are provided to over 1,000 patients per month in San Diego. Dr. Felitti is a Clinical Professor of Medicine at the University of California and a Fellow of The American College of Physicians.

Abstract

The Adverse Childhood Experiences Study

The Adverse Childhood Experiences (ACE) Study is a long term, in-depth analysis of over 17,000 middle-aged, middle-class Americans, matching their current health status against 10 categories of adverse childhood experiences that occurred on average a half-century earlier. This collaborative effort by Kaiser Permanente and the CDC found that:

- adverse childhood experiences are surprisingly common although typically concealed and unrecognized;
- they still have a profound effect 50 years later, although now transformed from psychosocial experience into organic disease and mental illness;
- and that adverse childhood experiences are the main determinant of the health and social well-being of the nation.

We will present the full range of our findings and discuss their implications for diagnosis, treatment, and prevention. It should be possible for participants to come away with an understanding of the need to routinely screen for adverse childhood experiences in all patients, have an awareness of their relevance to chronic conditions and 'problem patients', and have a sense of appropriate approaches to treatment that will need to be devised for each case. The implications for medical practice of this comprehensive biopsychosocial approach are profound and have the potential to provide a new platform upon which to base primary care medicine.

The Adverse Childhood Experiences Study thus has direct and important relevance to the practice of medicine and to the field of social planning. Its findings indicate that many of our more common public health and adult medical problems are the result of events and experiences present but not recognized in childhood. The ACE Study challenges, as needlessly superficial, the current conceptions of depression and addiction, showing them to have a very strong dose response relationship to antecedent life experiences. Further information about the ACE Study is available at www.ACEStudy.org and http://www.cdc.gov/NCCDPHP/ACE/

Ms. Zorianna Hyworon

CEO
Info Tech Inc.

Zorianna Hyworon is the CEO of InfoTech Inc., providers of an online health risk assessment to employers since 1990. Working globally, she has supported Global Fortune 500 & FT500 corporations in applying data and information gained through integrating health risk assessment with organizational, mental health and productivity measures to support informed business decisions. For the past three years, she has performed benchmark analysis covering over 200,000 employees by country, region and industry to provide a base of comparative data related to health, productivity and organizational factors. Benchmark results also track change over time, comparing risk flow against the natural flow of risk. A key element of this benchmark analysis is to place the data from depression screening in the context of lifestyle, work/life and organizational factors.

Prior to founding InfoTech Inc., Zorianna was Assistant Deputy Minister in the Manitoba Departments of Industry, Trade & Technology and previously Finance, with an 18 year career in the public and corporate sectors in Canada, providing operational, strategic and policy direction in the application of information technology to support the decision making needs at the consumer, management and executive levels.

Abstract

Impact on the Workplace and Society

Drawing on a global benchmark, this presentation will highlight the results of depression self-screening within the context of an online health risk assessment completed by employees in major Canadian and global corporations. Prevalence and severity of depression symptoms as measured by the PHQ-9 will be correlated to age, gender, known heart disease and diabetes, clinical predictors of heart disease and diabetes, lifestyle factors. The impact of depression on productivity loss through presenteeism and absenteeism, as measured by the Work Limitations Questionnaire (WLQ), will be presented in a broader context of health, lifestyle, organizational stressors, work/life and job factors. The financial impact of productivity loss as linked to severity of reported symptoms will be compared at individual and employee population levels for the Canadian and the global benchmark groups. Examples of practical workplace initiatives for supporting individuals suffering from depression through workplace-centered productivity-focused protocols delivered through enhanced EAP services will be presented for consideration for use in Canadian workplaces.

Philip Jacobs

DPhil CMA
Director, Research Collaborations, Institute of Health Economics; Professor, Health Economics, Faculty of Medicine, University of Alberta

Philip Jacobs is Director of Collaborations at the Institute of Health Economics and Professor of Health Economics at the University of Alberta, Department of Medicine. His research areas are economic evaluation and health finance. He was the project director for the IHE booklet, Mental Health Economic Statistics in your pocket, and has conducted several studies on the cost of mental health services in Canada. He is currently working with Drs. Kim Lim and Carolyn Dewa on a booklet entitled, How much should we spend on mental health? which will be published later this year by the IHE. He has worked with co-investigators at the IHE and Alberta Mental Health Board in the development of a provincial database for mental health services utilization.

Abstract

Economic Impact and Utilization of Health Services

This talk will present the economic concepts and data which can help the jury incorporate economic issues in their deliberations about depression. The basic components of cost which use up resources are: treatment costs, social service costs, workplace costs (regarding absenteeism and presenteeism). Other costs include “human costs” (loss of quality of life), government and private disability payments, and external costs (e.g., crime). Basic treatment costs for depression for Canada are not known. In Alberta in 2006 the costs were $81 million, excluding costs of community mental health centres. Work loss costs are roughly 2 times this amount, human costs approximately 4 – 6 times, and government social assistance payments about one-half. Canadian research indicates that about one-half of the persons with depression are not diagnosed or treated. Research from Australia indicates that optimal care will reduce the costs of those who are currently treated by about 30%, and extending treatment to the currently untreated will increase those costs by 10%. There are no Canadian data.

Sidney H. Kennedy

MD FRCPC
Professor of Psychiatry and Psychiatrist-in-Chief, University Health Network, University of Toronto; Founding Chair, Canadian Network for Mood and Anxiety Treatments (CANMAT)

Sidney H. Kennedy is Professor of Psychiatry and Psychiatrist-in-Chief at University Health Network, University of Toronto. He obtained his medical degree from Queen’s University, Belfast, Northern Ireland and trained in Psychiatry in the United Kingdom and in Canada.

Dr. Kennedy has been a clinician, researcher and educator at the University of Toronto for two decades. He held the inaugural

Cameron Wilson research chair in Depression Studies at the University of Toronto. Dr. Kennedy is a former President of the Canadian College of Neuropsychopharmacology and was the founding Chair of the Canadian Network for Mood and Anxiety Treatments (CANMAT). He is a Distinguished Fellow of the American Psychiatric Association and a member of the American College of Neuropsychopharmacology. He was awarded the JM Cleghorn Award for excellence and leadership in clinical research by the Canadian Psychiatric Association in 2004 and the Canadian College of Neuropsychopharmacology Gold Medal in 2006 for his contribution to neuropsychopharmacology in Canada.

He has explored the neural circuitry of depression using PET and fMRI during the past decade, publishing on effects of antidepressants, cognitive behavioral therapy and deep brain stimulation on regional brain activity.

He has championed the development and dissemination of Clinical Guidelines for the treatment of Mood Disorders (Depression and Bipolar Disorder) through CANMAT and is the primary author of “Treating Depression Effectively: Applying Clinical Guidelines” with Drs. Raymond Lam, David Nutt and Michael Thase, now in its second edition. He also co-authored “Depression and Personality: Conceptual and Clinical Challenges” with Drs. Michael Rosenbluth and Michael Bagby in 2005. He has over 250 peer-reviewed publications and participates in numerous international societies and conferences.

Abstract 1

Risk Factors for Major Depressive Disorder: Age, Sex, Genetics, Culture and the Environment

Relatively consistent findings about risk factors for depression have emerged across international epidemiological studies. While individual risk factors are important, recent evidence suggests that interactions among factors may be even more important in understanding vulnerability and prevention strategies. Taken together, age and sex have a strong influence on depression risk. Before age 14, boys and girls are equally at risk; in midlife women are twice as likely to experience depression as men, while older men and women are equally at risk. Social/environmental, biological/hormonal and ‘willingness to report’ differences have all been considered in explanatory models. There is also an interaction between sex, marital and economic status. Work by Kendler and associates identifies three ‘risk pathways’ to depression involving antecedent a) anxiety symptoms, b) conduct disorder and substance use, and c) multiple economic and psychosocial disadvantage. Increasing demands for work output in the presence of minimal job flexibility are also risk factors. Racial/ethnic factors influence genetic risk as well as symptom reporting and misdiagnosis. The interaction between genes and environment is well illustrated in studies of the serotonin transporter where the short allele conveys an increased risk of depression following adverse life events and influences treatment response. Screening for high-risk groups (e.g. post-partum mothers with prior history of depression) and applying early intervention strategies for diagnosis and treatment as well as emphasis on relapse prevention through cognitive behaviour therapy, pharmacotherapy and other maintenance strategies should form the basis of prevention planning. Future research to identify biologically distinct subpopulations and match personalized treatments offers the best option for prevention.

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Abstract 2

Future Clinical Research

The current diagnostic classification of major depressive disorder is devoid of implications about cause and effect. By requiring 5 out of 9 symptoms, with at least one being depressed mood or lack of interest, the end result is clinical heterogeneity and an inability to accurately match treatment to symptom profile. Future clinical research should be considered under two main themes: (1) assessing and refining current practices (2) adopting paradigm shifts.

Early detection and treatment improves long-term outcomes, yet treatment seeking in Canada is associated with greater severity and longer duration of episode (Mojtabai & Olofson, 2006). What are the least resource intense first-line strategies to treat depression? If CBT or other psychotherapies are first-line interventions, what are the guidelines for their use according to symptom profiles, severity, episode duration and number of prior episodes? If pharmacotherapies are first-line treatments, what algorithm can be developed to enhance current rates of remission? Given the disappointing results from the largest effectiveness trial of antidepressant therapies (STAR*D), how can trials with enough power to detect clinically meaningful differences between treatments or between subpopulations of depressed patients be carried out?

Real paradigm shifts will occur when distinct neurobiological markers are identified in subgroups of depressed people and targeted treatments are matched to patient profiles. There are numerous examples of abnormal biological findings in depressed patients. These range from alterations in: various hormonal axes, circadian rhythms, inflammatory mechanisms, neurotransmitter-receptor sequences, brain structure and function. Two examples of targeted therapies are the development of melatonin-receptor acting agents that reset aberrant circadian rhythms and deep brain stimulation to

specific brain regions identified as abnormal using functional brain imaging techniques. Melatonin agents may be useful early in the course of a recurrent depressive illness while deep brain stimulation would be reserved for otherwise treatment resistant patients.

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Raymond W. Lam

MD FRCPC
Professor and Head of the Department of Psychology, University of Calgary; Executive Director, Council of Canadian Departments of Psychology; President-Elect, Academy of Cognitive Therapy; President-Elect, International Association of Cognitive Psychotherapy

Dr. Raymond W. Lam is Professor and Head of the Division of Clinical Neuroscience in the Department of Psychiatry, University of British Columbia, and Director of the Mood Disorders Centre of Excellence at UBC Hospital within the Vancouver Coastal Health Research Institute. His research examines clinical and neurobiological factors in seasonal, atypical, difficult-to-treat and workplace depression, biological effects of light, clinical trials and treatment programs for depression. This work has been supported by many agencies including the Canadian Institutes of Health Research and industry research grants. Dr. Lam has published over 270 scientific articles and book chapters, and edited or authored six books on depression. He also sits on the editorial boards of six international journals, including the Journal of Affective Disorders and the Cochrane Collaboration, and reviews for numerous journals and funding agencies.

Dr. Lam has received many awards for his research and teaching, including the R.O. Jones Memorial Award (Canadian Psychiatric Association, 2007), Silver Anniversary Leadership Award (UBC Medical Alumni, 2006), the Scientific Achievement Award (Vancouver Coastal Health, 2003), the Douglas Utting Prize and Medal for Depression Research (SMBD-JGH/McGill University, 2001), the Nancy Roeske Award for Excellence in Medical Student Education (American Psychiatric Association, 1998), and a Special Recognition Award (Canadian Mental Health Association, 1999).

Abstract 1

Pharmaceutical Treatment: Benefits and Risks

Recent media attention has raised controversy about the safety and efficacy of antidepressants, but the reality is that there is more evidence for the usefulness of medications than for any other treatment in psychiatry. The problem, however, is that despite the recent focus on evidence-based approaches, there is simply too little available evidence for many of the important clinical decisions that must be made with individual patients. Randomized clinical trials (RCTs) with placebo controls are the gold standard for demonstrating efficacy and safety, but there are many limitations to the RCTs conducted for approval by regulatory agencies and none are designed with safety as a primary outcome. Therefore, results from meta-analyses of RCTs must be supplemented by information from pharmacoepidemiological studies, large naturalistic database studies, and forensic studies in order to come to reasonable conclusions about safety and efficacy. Overall, there is clear evidence that antidepressants are safe and effective treatments for moderate to severe depression, although any use of medications for depression (as for any other condition in medicine) requires careful monitoring of patients.

Abstract 2

Non-Traditional Forms of Treatment of Depression: Benefits and Risks

There are several evidence-based treatments for depression that are considered “non-traditional” as well as numerous approaches that do not as yet have quality evidence to support their use. Randomized clinical trials (RCTs) with placebo controls are the gold standard for demonstrating efficacy and safety, but adequate placebo conditions for non-pharmacological treatments are challenging to design. In addition, there is much less funding available for RCTs of non-traditional treatments because these treatments are usually not patentable. Consequently, the quality and quantity of evidence for non-traditional treatments lags behind that of pharmaceutical treatments. Some of the evidence-based non-traditional approaches include somatic treatments such as bright light therapy (primarily for winter depression), transcranial magnetic stimulation, and St. John’s wort. Other approaches with less quality evidence include exercise, acupuncture, omega-3 fatty acids, S-adenosyl-methionine (SAMe), and other herbal therapies and neutraceuticals. While some of the latter approaches are unlikely to be associated with serious risks, the limited evidence makes it difficult to recommend them for any but the mildest forms of depression.

Sonia J. Lupien

PhD
Scientific Director, Mental Health Research Centre, Fernand Sequin Hopital Louis-H Lafontaine, Université de Montréal, Faculty of Medicine

Dr. Sonia Lupien is Scientific Director of the Mental Health Research Centre Fernand Seguin at Hospital Louis H Lafontaine, and is an Associate Professor with the Department of Psychiatry at Université de Montréal. Dr. Lupien is also the Founder and Director of the Centre for Studies on Human Stress (www.hlhl.qc.ca/stress). After completing her PhD in Neuroscience at Université de Montréal, Dr. Lupien received postdoctoral research training at the University of California in San Diego and at Rockefeller University in New York. Dr. Lupien's research interests focus on the effects of stress over the human lifespan. Early in her career, she showed that high levels of stress hormones in older adults are linked to both memory impairment and smaller volume of the hippocampus, a brain structure involved in learning and memory. Two years later, she showed that children from low socioeconomic status present higher levels of stress hormones when compared to children from high socioeconomic status. Importantly, Dr. Lupien's research has demonstrated that stress may have a negative impact on humans at any age, be it young or old. Her future projects include a research program on the detection and intervention for stress in the workplace, as well as the development of the DeStress for Success Program that aims at educating children and teenagers on stress and its impact on learning and memory.

Abstract

Factors That Cause Different Forms of Stress and its Relation to Depression

The popular definition of stress is time pressure. Indeed, we usually feel stressed when we do not have the time to perform all the tasks we would like to do in the allocated period of time. However, what most scientific studies tell us is that stress is not caused by time pressure. Rather, it is caused by the combination of four characteristics of a situation that when detected by the brain, can cause a profound stress response. Chronic activation of the stress response can lead to stress-related disorders such as burnout or depression. This happens because the same stress hormones that the body produces in order to deal with the stressor can easily and rapidly cross the blood brain barrier and access the brain. When these stress hormones access the brain, they have significant impact on learning and memory, as well as on regulation of emotion. With this set of knowledge in mind, it is now easier to analyze both personal and organizational factors that could cause chronic stress in Canadian workers. Consequently, understanding the characteristics of a situation that induce a stress response in humans can help both individuals and industry at deconstructing the causes of stress, in order to organize behavior and/or work environment that will prevent the chronic activation of a stress response and the negative effects that accompany it.

A. Donald Milliken

MB MSHA FRCPC
Advocacy Committee Chair and Past-President, Canadian Psychiatric Association; Affective Disorders Clinic, Victoria

Dr. Milliken has practiced both clinical and administrative psychiatry for almost forty years. He trained in psychiatry at the University of Alberta and has an additional degree in health administration from the University of Colorado. He was the Chief of Psychiatry for the Misericordia Hospital, Edmonton, then the Clinical Director of Forensic Services, Alberta Hospital, Edmonton and taught at the University of Alberta with the rank of Clinical Professor. In 1993, he relocated to Victoria, British Columbia, where he was the Chief of Psychiatry for seven years. During this time, he developed a catchment-area model of services, integrating in-patient and out-patient systems with the belief that care must go to those most in need; that the system must provide continuity of care and support in a simple yet seamless manner, and that the organization of care must be seen as being clinically sensible by practitioners and recipients alike.

Dr. Milliken has received a Special Award for Outstanding Service from the Alberta Board of Review, and an “Exemplary Psychiatrist” Award from the US National Alliance for the Mentally Ill.

A Past-President of the Canadian Psychiatric Association (CPA), he is a signatory to the Canadian Collaborative Mental Health Initiative's "Charter for Mental Health Care", and co-chaired the first CPA / Global Business and Economic Roundtable on Addiction and Mental Health forum on "Mental Health and the Workplace".

A principal author of the CPA Policy Papers "Wait-Time Benchmarks for Patients with Serious Psychiatric Illnesses" and the draft "Standards for Public Services of Psychiatric Care" (in press), he sits on the CPA Board of Directors representing British Columbia and currently chairs the CPA Advocacy Committee. Dr. Milliken advocates about the need to have levels of care for patients with psychiatric illnesses that are equal to those provided to patients with other illnesses of equivalent disability.

Abstract

Health Care Structure, Financing, and Reimbursement Systems

Major depression has been described as the "single most expensive" disorder facing Western societies. The mortality and morbidity associated with this illness is significant, yet too often, the care offered is ad-hoc, relatively unplanned, does not address the needs of the patient with the disability, and is unsupportive of the practitioner charged with that care.

If the goal is to restore the patient with varying levels of disability and vulnerability to a symptom-free state, and to minimize the risk of recurrence, there is no single "one-size-fits-all" system for care. The treatment needs will vary with the acuity of the symptoms, the level of disability experienced, and, within limits, the personal preferences of the patient. For a recurrent and disabling condition that incapacitates a variety of mental functions, a purely demand-driven model of care may not be appropriate.

The interests, skills and level of comfort of the primary physician must also be considered and supported. The ubiquitousness of depression as a co-morbid condition must be recognized and addressed. Ease of access to and from higher levels of stepped care is essential.

As for any chronic or relapsing illness, educational programs addressing the needs of both patients and families to understand the illness, to address behavioural changes to reduce future vulnerabilities and to promote relapse prevention have to be made available in a manner that is evidence-based, effective and yet cost efficient.

It is against this background that the underlying paradigms of the planning process must be identified and carefully examined.

Shelagh Rogers

Broadcast Journalist, CBC Radio

Shelagh Rogers grew up in a home where every radio was tuned to CBC. She dreamed of one day working with the legendary broadcaster Peter Gzowski. When she landed her first job in radio, it was at a country station in 1976. Ten years later, she joined Peter Gzowski on air to read listener letters and later he appointed her Deputy Host of Morningside. For the past decade, Shelagh has hosted national current affairs programs and traveled the land collecting stories. Shelagh Rogers is currently the host of "The Next Chapter", a program devoted to Canadian books, writers and readers of all kinds. It airs every Saturday at 3 pm, 3:30 in Newfoundland.

She has always been passionate about exploring issues through the lives of people. Last year, she presented a week-long series about the impact of mental illness on family, friends and co-workers and hosted a year long series examining the lives of aboriginal people called "Our Home and Native Land". For twenty-two years she has been a literacy volunteer and her Bonspiel for Literacy has raised more than $500,000.

A published writer, Shelagh is the winner of the 2008 Special Women's Health Journalism Award from the Canadian Foundation for Women's Health. She holds an Honourary Doctorate from the University of Western Ontario and is a proud recipient of a CAMH Transforming Lives Award 2008.

Abstract

The Perspective of the Individual and Families

Canada is so often cited as the best country in the world in which to live. How can it be that this great country is the only country in the G8 that does not have a national strategy to deal with mental illness? My presentation will begin at home. As someone with unipolar depression, I know about the high personal stakes that come with that diagnosis from exclusion to rejection, from low self esteem to downright shame. Feeling this way puts stress on families who may themselves become more predisposed to depression. My address will be personal and anecdotal with thoughts on recommendations for both the depressive and their families, such as the top ten things a depressed person hates to hear. It will also suggest ways in which families can and do help, through care, comfort and concern. Perhaps it's time for us as families to bring depression forward as families of gays and lesbians did, to help normalize public thinking and feeling about mental illness in general and depression in particular. We need to reduce the charge this issue has, to bring the temperature back to normal. And a good place to start is in the home.

Harold A. Sackeim

PhD
Professor, Departments of Psychiatry and Radiology, College of Physicians and Surgeons of Columbia University; Emeritus Chief, Department of Biological Psychiatry, New York State Psychiatric Institute

Dr. Harold A. Sackeim served as Chief of the Department of Biological Psychiatry at the New York State Psychiatric Institute, for 25 years. He is currently Professor of Clinical Psychology in Psychiatry and Radiology, College of Physicians and Surgeons, Columbia University and Professor in the Department of Psychiatry, Weill Medical College of Cornell University. He is also the founding Editor of the new journal, Brain Stimulation. He received his first B.A. from Columbia College, another B.A. and a M.A. from Magdalen College, Oxford University and his Ph.D. from the University of Pennsylvania, where he also completed his clinical training in the Department of Psychiatry.

His research has concentrated on the neurobiology and treatment of mood disorders. He has made numerous contributions to the understanding of pathophysiology of major depression and mania through use of brain imaging techniques and by examining the role of lateralization of brain function in normal emotion, neurological disorders, and psychiatric illness. For the past 27 years, he has led the clinical research on electroconvulsive therapy (ECT) at Columbia University and the New York State Psychiatric Institute. This work has identified fundamental factors in this treatment that are responsible for its efficacy and side effects, and has radically altered understanding of both therapeutics and mechanisms of action. This research program has provided compelling evidence regarding the localization of the brain circuits involved in antidepressant effects, and has revamped understanding of the underpinnings of ECT's effects on mood, behavior, and cognition. Dr. Sackeim is widely credited with transforming the use of this treatment worldwide.

Dr. Sackeim has directed programs at the New York State Psychiatric Institute and New York Presbyterian Hospital in the pharmacological treatment of late-life depression, and in the use of Transcranial Magnetic Stimulation (TMS), Vagus Nerve Stimulation (VNS), Deep Brain Stimulation (DBS) and other forms of focal brain stimulation. Dr. Sackeim is the originator of Magnetic Seizure Therapy (MST), now undergoing clinical trials in the US and Europe, and has recently developed FEAST (Focal Electrically-Administered Seizure Therapy) and FEAT (Focal Electrically-Administered Therapy), new forms of brain stimulation undergoing evaluation as therapeutic modalities in neurological and psychiatric conditions. Dr. Sackeim introduced functional brain imaging to the medical center at Columbia in 1980, and directed a large group using Positron Emission Tomography (PET) and Magnetic Resonance Imaging (MRI) to study pathophysiology and treatment effects in mood disorders, anxiety disorders, Lyme disease, substance abuse, Alzheimer's disease, and normal aging. Other recent work directed by Dr. Sackeim involved preclinical, primate research on the functional significance of structural brain changes induced by different forms of brain stimulation.

Dr. Sackeim is a member of the editorial board of several other journals, chairs the Task Force on ECT for the World Federation of Societies of Biological Psychiatry, and has received many national and international awards for his research contributions. These include three Distinguished Investigator Awards from the National Association for Research in Schizophrenia and Depression, a MERIT Award from the National Institute of Mental Health, the Joel Elkes International Award from the American College of Neuropsychopharmacology, election as Honorary Fellow of the American Psychiatric Association, and the Award for Research Excellence from the New York State Office of Mental Hygiene, Edward Smith Lectureship, National Institute of Psychobiology, Israel, the lifetime achievement award form the EEG and CNS Society, and the NARSAD Maddox Falcone Prize, for lifetime achievement in research on affective disorders. He is past President of the Society of Biological Psychiatry and the Association for Research in Nervous and Mental Disease. He has authored more than 350 publications.

Abstract

Electroconvulsive Therapy

Electroconvulsive therapy (ECT) is the biological intervention with longest continuous use in the treatment of major depression. Its strengths and limitations have been well characterized. Epidemiological studies in the US indicate that utilization of ECT, after a period of decline in the 70's and 80's, has stabilized or is somewhat increased. The most common indication for use is resistance to pharmacological treatments for major depression, but first-line use of ECT is not uncommon. ECT is the most effective short-term treatment for major depression. No alternative intervention has reliably shown equivalent, let alone, superior efficacy. The efficacy of ECT has been established in sham-controlled trials, comparative trials with respect to pharmacological strategies, and in studies manipulating ECT treatment parameters. It is established that the efficacy and cognitive effects of ECT are highly contingent on the parameters of electrical stimulation, specifically the anatomic positioning of electrodes, electrical dosage, and electrical waveform. The key limitations of ECT concern durability of benefit and cognitive side effects. Relapse

is common after achieving remission, and may be reduced by use of specific pharmacological strategies or continuation ECT. Amnesia for events in the recent past is the most profound deficit, and the severity and persistence of the amnesia is strongly determined by choice of treatment parameters.

Eldon R. Smith

OC MD FRCPC
Emeritus Professor of Medicine, University of Calgary; Chair, Canadian Heart Health Strategy and Action Plan

Dr. Smith was born and educated in Nova Scotia, receiving his medical degree cum laude from Dalhousie in 1967. Following Internal Medicine and Cardiology training in Canada, UK, and the USA, Dr. Smith joined the Faculty of Medicine at Dalhousie in 1973. In 1980, he moved to Calgary to become Professor and Head of the Cardiology Division at Foothills Hospital and the University of Calgary. He became Head of the Department of Medicine in 1985 and Associate Dean (Clinical Affairs) in 1990. From 1992 to 1997, Dr. Smith was Dean of the Faculty of Medicine at the University of Calgary. In 1997, he was appointed Editor-in-Chief of the Canadian Journal of Cardiology.

Dr. Smith's research interests include circulatory mechanics, exercise physiology and echocardiography. He has published more than 250 papers and book chapters and has been a contributor to many national and international organizations; he has been President of the Canadian Cardiovascular Society and the Association of Canadian Medical Colleges and Vice President of the Inter-American Society of Cardiology. He has served on a number of public boards including the Alberta Heritage Foundation for Medical Research, the Alberta Health Professions Advisory Board, and the Premier's Advisory Council on Health in Alberta. He founded and served as President and Director of the Peter Lougheed Medical Research Foundation, a national initiative to support excellence in health research in Canada. He is chair of the Advisory Board of the Libin Cardiovascular Institute of Alberta and recently was appointed by the federal government to Chair the development of a National Strategy for Cardiovascular Health and Disease.

Dr. Smith has received a number of honors/awards including the Young Investigator's Award of the Canadian Cardiovascular Society, the Keon Achievement Award of the University of Ottawa, 125th Anniversary of Canada Commemorative Medal for Contributions to the Citizens of Canada, The Achievement Award of the Canadian Cardiovascular Society, Alumnus of the Year, Dalhousie University, Dedicated Service Award of the Heart and Stroke Foundations of Canada, Certificate of Meritorious Service of the Alberta College of Physicians and Surgeons, Beamish Award for Leadership in Cardiovascular Science and Education from the University of Manitoba, Certificate of Recognition from the Royal College of Physicians and Surgeons of Canada, Order of the University of Calgary, a citation from the Senate of the Philippines for aid in developing medical education in that country and the 2005 medal of Service from the Canadian Medical Association. In 2005, he was named an Officer of the Order of Canada. He is the 2007 recipient of the Graham Medal from the Royal College of Physicians and Surgeons of Canada and an AsTECH award from the province of Alberta for outstanding contribution to the research and development community.

David L. Streiner

PhD CPsych
Professor, Department of Psychiatry, University of Toronto; Assistant Vice-President, Research Director, Kunin-Lunenfeld Applied Research Unit, Baycrest

David Streiner attended the City College of New York, and then did his graduate work in clinical psychology at Syracuse University. In 1968, he joined the newly-formed Department of Psychiatry at McMaster University, and became the Chief Psychologist at the McMaster University Medical Centre. In 1980, he also became a member of the Department of Clinical Epidemiology and Biostatistics at McMaster, and was the Deputy Chair of CE&B for two years.

He retired from McMaster in 1998, and began the next day as Director of the Kunin-Lunenfeld Applied Research Unit and as VP, Research, at the Baycrest Centre for Geriatric Care; and as a Professor in the Department of Psychiatry at the University of Toronto.

With his colleague, Dr. Geoff Norman, Dr. Streiner has published four books (PDQ Statistics; PDQ Epidemiology; Biostatistics: The Bare Essentials; and Health Measurement Scales: A Practical Guide to Their Development and Use); and is the co-editor (with J. C. Verster and S. R. Pandi-Perumal) of Sleep and Quality of Life in Clinical Medicine. He is currently editing two other books: Psychiatric Epidemiology in Canada (with John Cairney); and When Research Goes Off the Rails (with Souraya Sidani). He has published over 260 articles, including a series, "Research Methods in Psychiatry," in the Canadian Journal of Psychiatry, that now consists of 27 articles. He was one of the founding editors of Evidence-Based Mental Health; is currently editor of the Statistical Developments and Applications section of the Journal of Personality Assessment; and is on the editorial board of Perceptual & Motor Skills, Evidence-Based Medicine, Brief Psychotherapy and Crisis Intervention, Archives of Women's Mental Health, Physiotherapy Canada, Perceptual and Motor Skills, ACP Journal Club, and Revista Brasileira de Psiquiatria.

In 2004, Dr. Streiner received the first Graduate Course Coordinator's award from the Institute of Medical Sciences at the University of Toronto for running the most acclaimed graduate course. In the same year, he was given the Alexander Leighton award by the Canadian Academy of Psychiatric Epidemiology and the Canadian Psychiatric Association, "for his continuous, innovative and inspirational teaching of methods relevant to psychiatric epidemiology, clinical epidemiology, clinical research and knowledge transfer." He is a Fellow of the Canadian Psychological Association and of the Society for Personality Assessment.

His main interests are woodworking, scale development, woodworking, long-term outcomes of extremely low birth weight children, woodworking, quality of life in children with epilepsy, woodworking, the epidemiology of affective disturbances in the elderly, and woodworking.

Abstract

Testing for Depression

It is widely accepted that a significant proportion of people who are depressed are not recognized as such by their family physicians or others within the health care system. Over the years, it has been proposed that there be better detection of people with depression, mainly by having them complete depression screening inventories in their doctors' offices, which could alert the physician to the presence of a problem. However, an inescapable fact of life is that no test is perfect. Screening tests can make two types of errors: false positives, in which people are erroneously labeled as depressed when they are not; and false negative, in which depressed people are missed. Moreover, there is a trade-off between these two types of errors: in order to miss as few people as possible, more false positive mistakes will be made; conversely, to avoid the economic and psychological costs of falsely labeling a person as depressed, more real cases will be missed. This talk will discuss how tests can be used sequentially to optimize detecting people with depression; and the various groups to whom tests can be administered – the general public, those who visit family physicians, and those whom the physician feels are at greatest risk – and address the advantages and disadvantages of each.

Angus H. Thompson

Department of Psychiatry and Alberta Centre for Injury Control & Research, University of Alberta; Research Associate, Institute of Health Economics

Dr. Thompson has contributed over 30 years as a clinical psychologist, research scientist, senior administrator, and university professor concerned with health and mental health issues in Alberta, nationally, and internationally. His key areas of interest are suicide prevention, prevention of stigma against those with mental health problems, early childhood development, and systemic and economic issues related to health and mental health. He completed his doctorate in psychology at the Institute of Psychiatry in the University of London. Employment history includes affiliations with the Alberta Department of Health, the University of Alberta, Flinders University in Australia, and currently, the Institute of Health Economics.

Abstract

Future Policy Research

Policy research can be distinguished from other forms of health research in that it is designed to support decisions about health services delivery rather than about the factors that might be related to health, per se. Thus policy makers will want to know (often on an ongoing basis) the answers to the following questions:

- Are depression treatments effective?
- Is it true that depression often goes untreated?
- Would services for these currently untreated be accepted? Effective?
- Can we prevent depression? How?

- What is the cost for depression treatment? For prevention?
- What is the societal economic burden of depression?
- What is the ratio of intervention cost to economic burden?
- What other things will be changed by effective interventions for depression?
- How can we tell when things get better?

Although these questions are relevant to most jurisdictions, the ultimate version of this presentation will be refashioned and updated in line with the findings presented at this conference.

Thomas Ungar

MD MEd CCFP FCFP FRCPC DABPN
Chief of Psychiatry, North York General Hospital

Dr. Ungar is an award winning educator and one of Canada's leading voices of mental health care. He is a clinician and Chief of Psychiatry and Medical Director Mental Health Program at North York General Hospital, and Associate Professor of Psychiatry at the University of Toronto.

With special expertise in primary care, mental health care and subspecialist certification in psychosomatic medicine Dr. Ungar collaborates on numerous projects, including the Canadian Psychiatric Association task force on clinical practice guidelines, the anxiety review panel for the Ontario Guidelines for the management of anxiety disorders in primary care, the Canadian Collaborative Mental Health Initiative, and the Canadian review panel for the World Health Organization Management of Mental Disorders in Primary Care.

Trained at the University of Toronto in both Psychiatry and Family Medicine, Dr. Ungar has clinical experience as both a community family physician and psychiatrist. His academic training includes two years of fellowship and subspecialty certification in psychosomatic medicine, a Master's Degree in Education, and a senior fellow of the Educating Future Physicians for Ontario project. Dr. Ungar has several awards for innovative design and delivery of national continuing education programs including the Mood Disorder Management Workshop on Depression, ACCESS, a national program on psychosis management, and Reality GP, a national program on depression and anxiety disorders.

He is currently developing The Mental Health Minute, a consumer friendly evidence-based public mental health education service consisting of brief audio and video minutes, podcasts, consumer friendly treatment guidelines, and website www.mentahealthminute.com.

Abstract

Mental Health Literacy: Tools for Individuals and Family

Successful examples and tools for depression prevention, diagnosis and treatment will be reviewed, including text based, audio, video, and e-learning.

This presentation will provide a brief overview and synthesis of the field of Health Literacy for Canadians. Mental Health as subject matter presents unique challenges of philosophical stigma and hidden bias. Due to the nature of mental illness patient-clients may suffer unique literacy skill challenges. Opportunities for improving mental health literacy will be highlighted including design skills and themes for the design of effective, user-friendly knowledge transfer, knowledge translation and knowledge exchange with the less traditional design example of The Mental Health Minute, a consumer friendly infotainment approach to improving depression and mental health literacy.

Patrick J. White

PhD
Clinical Professor and Chair, Department of Psychiatry, University of Alberta

Dr. White was born in Ireland and came to Canada in 1989. Dr. White obtained his MB, BCh, BAO degree in 1976 from the National University of Ireland and then received his MRCPsych from the Royal College of Surgeons of Ireland in 1986. Upon arriving in Canada, Dr. White initially worked as a psychiatrist at Alberta Hospital Edmonton. He currently is Regional Program Director for Mental Health with Alberta Health Services/Capital Health and Clinical Professor and Chair of the Department of Psychiatry, University of Alberta. Dr. White sits on various committees and is quite active in teaching psychiatry residents. He is also President-Elect of the Canadian Psychiatric Association and Deputy Speaker of the Alberta Medical Association–Representative Forum.

FOR MORE INFORMATION

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