



UPDATE FROM THE CACAP EXECUTIVE

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As the pandemic continues to push its way across the country, we, too, continue to find ourselves in a Kafkaesque reality in various degrees: social distancing and isolation, personal protective equipment, masks and hygiene protocols, curfew but also telepsychiatry that has become the norm rather than the exception and, possibly the silver lining, increased awareness of child and youth mental health issues.

As I am writing these lines the third wave is subsiding in certain areas but is still holding strong in others. Our adolescents, who at the beginning of the pandemic stayed away from mental health and psychiatric services, are struggling to cope. It only took a few months of on-and-off home schooling and living and socializing online, to see the waves of young people presenting to the emergency room in mounting distress, in the absence of peer support and the social environment they so badly need. Eating disorders, relational problems and personality disorders, anxiety, and depressive symptoms -to depersonalize the issue by using diagnostic categories- seem to have increased significantly as has psychosocial adversity, especially in comparison with physical health reasons for consultation (COVID-19: regard sur la fréquentation des urgences par les adolescents pour certaines problématiques de santé mentale et psychosociales, État des pratiques, INESSS, Mai 2021).

At the same time, telepsychiatry is everywhere. We are seeing our patients in their own environment and we are observing them in their own space. We use homemade videos provided by parents to observe young children's behaviours. We play games with them on Zoom, we evaluate their mental status, and we offer them psychotherapy online (Effect of an Internet Stepped-Care Program vs In-Person Cognitive Behavioral Therapy on Obsessive Compulsive Disorder Symptoms in Children and Adolescents, K Aspvall et al, JAMA 2021;325(18):1863-1873). As we try to minimize

exposure of our patients to COVID-19, we become a lot more patient-centered in our approach and much less hospital- or physician-centered. We seek and find personalized solutions that fit better our patients and their families. I dare to hope that we will not forget some of these important lessons once the pandemic is behind us.

Despite the pandemic our executive and our committees continue to work diligently. At our April meeting the Board approved the terms of reference of our **Communications Committee** and Dr Jana Davidson, responsible for **Governance**, worked on the amendments of the By-Laws.

Our **Finance committee** continues to work toward a zero-deficit budget and on a plan of ethically responsible investment strategy.

Dr Jordan Cohen, secretary of our executive and head of our **Membership committee**, has been working on providing more value and incentives to all our members.

Our **Advocacy and Global Psychiatry committee** led by Dr Raj Rasasingham has been very active addressing many issues that are brought up by our members, including drafting policy statements.

Our **Research and Scientific Program committee** chaired by Dr Daphne Korczak in collaboration with our **Conference committee** headed by Dr Chris Wilkes have prepared an excellent program for our annual conference (virtual, September 11-14, 2021) including four international plenary speakers in accordance with our overall Global Psychiatry theme, two excellent Institutes (psychopharmacology of Bipolar Disorder and ASD with comorbidity) and two new Master Clinician sessions.

Our **Education committee** under the leadership of Dr Leanna Isserlin has developed national seminars for the

CAP residents and is soliciting members' feedback to ensure that our needs are met.

Our **Communications committee**, headed by Dr Matthew Morrissette, is looking for a communication and document repository tool to facilitate communication among committees, the board, and members. Facebook, Twitter, and LinkedIn accounts are all up and running and the committee is looking into IT support to keep the site translated and up to date.

Dr John McLennan, editor of our **JCACAP**, has brought significant and welcome changes to the journal such as the Invited commentary, the Recommended Academic Reading column, and the Update from CACAP Executive column and he continues to strive for publishing quality issues on schedule.

Dr Alexandra Manning, our **Member-in-Training** Board representative, is working on recruitment of MIT into leadership positions and on the creation of virtual mentorship opportunities.

Our **regional representatives** work hard on advocacy and have implemented interesting initiatives (networking meetings, collaborations and networking with other mental health providers, advocacy for more resources, recruitment to the specialty etc.).

During our Spring Meeting we held a **Strategic Planning Session** where we reviewed accomplishments from our last strategic plan and areas for improvement. To get the pulse

of our members we held a World Café with 4 main themes: Strategic directions and partnerships (Dr Jana Davidson), Education (Dr Lila Amirali), Membership (Dr Jordan Cohen) and Advocacy (Dr Claire De Souza). The lively participation highlighted opportunities and pointed to strategic directions for the future of the Academy.

As I am writing these lines, we are about to hold an important vote during an extraordinary meeting of the general membership in June, on a possible change of name of the Academy (from Canadian Academy of Child and Adolescent Psychiatry to Canadian Academy of Child and Youth Psychiatry). In this issue you will find two very important papers that debate the name change and that were already circulated by email to all our members, prior to the vote.

Both sides of the debate expressed very eloquently and passionately their arguments and they both have at heart our patients and their families. On behalf of the executive, I would like to thank the colleagues who took it upon themselves to prepare these elegant and articulate pieces and I would like to invite you all to read them again. When we have the courage to question ourselves and our practices and to look at every side without prejudice, we emerge stronger and with renewed enthusiasm. And when we truly listen and hear each other, we also learn how to better work together.

Regardless of the result of the vote our executive trusts our members' choice and stands firmly behind our common goal: our passion for offering the best mental health care to the children, adolescents and youth of Canada, our future.