

EDITORIAL

Here's to Canadian Content!

Khrista Boylan

This edition of the Journal welcomes a full lineup of articles with direct clinical relevance or application. I am very pleased about this as I know this is something mental health practitioners appreciate seek from Journals and is not as available as we might hope. The additional accolade is that, except for one, these articles are based on Canadian samples of youth which I suspect is a first for our Journal! This fact is important because it means a couple of things. First, Canadian practitioners are conducting mental health research. Second, it means that (perhaps) Canadian hospitals and institutions are facilitating this research to happen. The reality is that the demands for clinical care in our discipline are so great that research typically is a lower priority for most institutions, and unfortunately, clinicians are working on evenings and weekends to accomplish this meaningful part of their work. For this I say, "Here's to all of you who slug away for our patients"! To administrators I say, "Please consider protected time for research and knowledge dissemination for new hires and committing to at least 10% of clinical budgets for this purpose".

Although all of our articles provide exciting clinical findings, I highlight three in this editorial. Our lead article by Haner and Pepler is the fourth in a series of papers solicited on Telepsychiatry by Dr Tony Pigniatello and Katherine Boydell. There are many striking findings generated from this innovative study about Kids Help Phone Users. Of particular importance, youth who used the service by text (chat) as opposed to voice (phone) were more likely to be of sexual orientation that was non-heterosexual and struggling with more mental health distress. Service use data can tell us so much about the uptake of interventions and therefore what needs to happen to improve the care we provide. It is important for us to know as clinicians that Kids Help Phone is not only a "life line" for our youth, but they can also chat online, and this medium appears to meet a different set of needs for youth.

Papers by authors Zhand, Maakinen and Courtney discuss findings regarding a patient population at high risk for death and self injury, the near majority who would meet criteria for Borderline Personality Disorder, or BPD. These studies are timely contributions to the literature as the impetus for psychiatrists to make the diagnosis in affected adolescents is increasing with mounting research supporting the ecological validity of the practice. The first paper describes the prevalence and type of self injury episodes that occur during an inpatient treatment stay. While there was an overall low incidence of self injury episodes among individual patients (14%), approximately half of the behaviours occurred on passes off the unit. This finding emphasizes both the importance of continued tertiary prevention efforts as well focussing these efforts on those youth at highest risk – many of who will meet diagnostic criteria for BPD. Courtney and Maakinen report on the Impact of Diagnosis Scale they created to consider the youth perspective of receiving a diagnosis of BPD. Although they present preliminary psychometric data about the scale, they argue that the impact of diagnosis of BPD is positive for most youth. This is most certainly my experience as a clinician who works extensively with dysregulated teens, the majority who have BPD. I look forward to publishing some papers about how to make the diagnosis of BPD and how to increase diagnostic confidence in the same in future editions of the Journal.

Finally, a plug for all of our Canadian colleagues working in research: please send us your papers. We aim to have a time in review of less than four months in typical circumstances. This is important for the field and we aim to achieve this to support our fellow researchers. Here's to Canadian content!

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Editor