

APERCEVOIR: THE PEOPLE OF CHILD AND ADOLESCENT PSYCHIATRY

Dr. Tolulope Alugo

Lind Grant-Oyeye

Tolulope Alugo is a child and adolescent psychiatrist based in Saint John, New Brunswick. She is a graduate of the College of Medicine, University of Ibadan, and completed her psychiatry residency at the Royal College of Psychiatrists in the United Kingdom and the College of Psychiatry in Ireland. She is a member of the Royal College of Psychiatrists in the United Kingdom and a Fellow of the Royal College of Physicians and Surgeons in Canada.

Additionally, Alugo is an Assistant Professor of Psychiatry at Dalhousie University in Halifax, Canada, and Memorial University in Newfoundland, Canada. She has actively contributed to the field by serving on the board of the Canadian Academy of Child and Adolescent Psychiatry.

She is dedicated to education and advocacy in the realm of youth mental health. In addition to her clinical practice, she extends her impact by providing youth mental health education through her podcast and various social media platforms.

Lind Grant-Oyeye (LGO): Thank you very much for agreeing to this interview for JCACAP. Could you please share some insights about your background?

Tolu Alugo (TA): Certainly, I am originally from Nigeria and completed my medical training there. I pursued my basic undergrad medical training in Nigeria. I moved to Ireland, where I completed my residency in psychiatry and subspecialty training in child and adolescent psychiatry.

LGO: It seems like a significant transition. How was the experience of moving from Nigeria to Ireland?

TA: The experience was exciting and challenging. Adapting to new cultures and dynamics while jostling for opportunities was part of the process. However, it was a valuable and growth-inducing period.

LGO: What inspired your move to Canada?

TA: I have always been interested in living in Canada. I admired the country, and the opportunity to live here was something I had envisioned, driven by my exposure to Canadian culture in the 80s. We visited Canada when my dad worked as a researcher. When I arrived here as an adult, it was a personal choice driven by my admiration for Canada and the desire for new opportunities.

LGO: That's intriguing. Did you observe any noticeable changes in the social and cultural landscape between your first time in Canada and now?

TA: It is challenging to provide a comprehensive perspective as I initially visited as a nine-year-old with my parents. However, I have witnessed some changes in the ten years since my arrival in Canada as an adult. For instance, the community I live in has become more multicultural, and I am seeing a lot more immigrants in my clinical practice.

LGO: Shifting to your specialty, why did you choose child and adolescent psychiatry?

TA: I found child and adolescent psychiatry appealing due to its holistic approach. It allows early intervention and addresses mental health difficulties not just in the child but also in the family and school environment.

LGO: Do you have a specific area in child psychiatry that interests you?

TA: I have an interest in developmental disorders like autism and attention deficit hyperactivity disorder. Additionally, I enjoy working with youth and families dealing with eating disorders.

LGO: Working in New Brunswick, away from major cities, what is the day-to-day experience like for a child psychiatrist in your region, and what challenges do you face?

TA: Being in a smaller city means we are not directly linked to a major hub. Here, child psychiatry is not a separate division but part of the General Psychiatry Department. We provide outpatient services and limited crisis intervention on the inpatient unit. The challenges include limited local resources for comprehensive mental health care for young people.

LGO: Are there any special projects you are involved in that you wish to share with the JCACAP readership?

TA: We have been exploring establishing a day hospital here. This would address the needs of children who could be doing better with a higher level of care, as currently provided in the provincial inpatient unit. This facility would serve as a midway point, offering a greater intensity of care without needing admission to an inpatient unit. In addition, we encounter situations where children return from inpatient units and require transition/step-down services. Another aspiration is to have a local inpatient unit, so families wouldn't have to travel extensively with their children to get inpatient care. Additionally, I engage in psychoeducation alongside my clinical role through various platforms. I host a podcast, "Walking on Eggshells with Dr. Tolu," to inform parents, teachers, and caregivers. I also use social media platforms for the same purpose, emphasizing the importance of caregiver self-care.

LGO: Your podcast concept seems fascinating and relevant! Shifting focus a bit. What do you do for relaxation or hobbies?

TA: Reading is one of my hobbies. I have been trying to develop a more personal development-minded mindset, so I've been reading books about productivity and time management.

LGO: Speaking of reading and knowledge, do you have a favorite quote or guiding principle?

TA: My guiding principle is to give your best in whatever situation you find yourself in. Always strive to provide the best care to your patients.

LGO: Regarding the desert island question, what items would you need there?

TA: I would need a journal – yes, I like to journal to keep my mind busy– and a means of communication. Having the means to communicate is essential, though I appreciate that this may be limited in a desert island.

LGO: Do you have any future plans or goals you wish to share with the JCACAP readership?

TA: I aim to build on my passion project with mental health education. My goal is to provide mental health education and to increase awareness. I started this project with the hope of giving back to my community of origin in Nigeria, where there's much stigma around mental health. I want to contribute to increasing awareness/ understanding of mental health disorders in communities, particularly where I come from originally.

LGO: What are the highlights of living in St. John, New Brunswick, for you?

TA: The short commute is a significant highlight, especially compared to my previous two-hour commute in Dublin. St. John is friendly, welcoming, and family-oriented.

LGO: It has been a pleasure talking with you. Do you have any parting words for the child psychiatry community or readers?

TA: I encourage the younger physicians to consider specializing in child psychiatry and hope they find fulfillment and purpose in this subspecialty.

LGO: Thank you for sharing your journey and insights with the JCACAP readership.