

APERCEVOIR: THE PEOPLE OF CHILD AND ADOLESCENT PSYCHIATRY

Dr. Louise Gallagher Interviewed by Dr. Lind grant-Oyeye

Dr. Louise Gallagher is a Child and Adolescent psychiatrist and a researcher in the areas of genomics and neuroscience. She trained in undergraduate medicine at University College Dublin prior to core training in psychiatry and specialist training in Child and Adolescent Psychiatry in Ireland. She was awarded a Wellcome Trust Mental Health Training Fellowship and completed a PhD in Psychiatric Genetics at Trinity College Dublin. She was Chair of Child and Adolescent Psychiatry from 2011-2022 at Trinity College Dublin and worked as a Consultant Child and Adolescent Psychiatrist in the Irish Health Service from 2005-2022 in child and adolescent mental health services, consultation liaison and specialist autism services. Louise's research interests are particularly focused on the application of genomics and neuroscience to personalized medicine approaches to therapeutics for neurodevelopmental conditions. As an active clinician, she has always been committed to advocating for improvements in services for child and youth mental health. She enjoys mentoring colleagues in their careers in science and medicine. In 2022 she took up the role of Chief of the Child and Youth Mental Health Collaborative at the Hospital for SickKids, the Centre for Addiction and Mental Health and Professor at the Department of Psychiatry, Temerty Faculty of Medicine and the Patsy Jamie Anderson Chair of Child and Youth Mental Health.

Lind Grant-Oyeye (LIND GO): Thank you very much for agreeing to this interview for JCACAP

Louise Gallagher (LOUISE G): Thanks for inviting me.

LIND GO: What can you tell us about your background?

LOUISE G: I studied medicine at University College Dublin (UCD) and then went on to do my core psychiatry training. During my training, I worked in a range of settings both in hospitals and community medicine. The first hospital I worked in was St. Patrick's Hospital, Dublin. It was founded

by Jonathon Swift more than 270 years ago, including patients who had been institutionalized over extended periods. There has been a lengthy process of de-institutionalization with greater emphasis on community-based care by multidisciplinary teams for General Adult, Child and Adolescent Psychiatry and Psychiatry of Intellectual disability. It was in this context that I completed most of my training.

Following my core training in psychiatry, I wanted to do research due to a longstanding interest in science.

I was fortunate Prof. Michael Gill, who was one of several researchers spearheading the field of psychiatric genetics moved back to Ireland from the Institute of Psychiatry in London. I approached him about research opportunities while I was working on his team as a trainee, and he supported me to apply to the Wellcome Trust for a mental health training fellowship. This allowed me to complete a PhD in psychiatric genetics focused on autism in his lab. This was a fantastic period of my professional life and kick-started my career as a researcher.

Following my PhD and the birth of my two children, I returned to full time clinical work to finish the higher specialist training in Child and Adolescent psychiatry. When I transitioned to independent practice, my first role was leading a multidisciplinary team in a socioeconomically deprived area of Dublin. The area had a school completion rate of 4% which is very low in a country like Ireland where school completion is more than 96%. Despite the socioeconomic challenges, it was a fantastic experience working in a community setting. The principle behind community teams in psychiatry is that care is delivered close to the young person's home and there is greater opportunity for engagement with other agencies and schools. Of course, we had all the usual problems with limited resources and waiting lists. I learned a lot about team working and inter-disciplinarity which is something I continue to value to this day. I think it is important as a psychiatrist to remember that there are

many ways to look at the needs of children, youth, and their families. We do not need to look at everything through the lens of pathology and it is usually if not always important to think about how the person is functioning and what their goals are for themselves.

In my first clinical role, I had little or no protected time for research for 5 or 6 years. A lot of my research was done on weekends, evenings, early mornings and on holidays and this was hard with a young family. I was very lucky to have a supportive husband and grandparents who were always willing to step in when I needed to travel or work late on a grant. I think this is something that was not discussed at the time in relation to women in science and research and it is a big shame. Not all women have the supports that I had, and we know that it can hold them back. For example, during the COVID-19 pandemic, many journal editors reported an upsurge in papers submitted to journals, but women were underrepresented as first or senior authors. We still have a long way to go to create a level playing field for women in science and research.

In 2011, my efforts paid off and I was appointed as Chair of Child and Adolescent psychiatry at Trinity College Dublin and occupied this position for 11 years.

LIND GO: Regarding your interest in autism and educating others on the condition, what do you wish people did say about individuals living with autism, or misconceptions of which you are aware?

Louise G: People have many views about how autism is viewed and how it is presented in the world. I am going to answer this question through the lens of a psychiatrist. I really wish that mental health professionals would consider the possibility that an individual with autism seeking services may have a co-occurring mental health disorder. All too often individuals and families are told “of course, they are anxious (or feeling sad or lonely) they have autism.” We must remember that individuals living with autism are more likely to have a psychiatric disorder and at increased risk of self-harm and suicide compared with their peers. The phenomenon of diagnostic overshadowing, described within the field of intellectual disability, is also applicable to people with neurodevelopmental disabilities such as autism. We must do our best to recognize and treat mental health symptoms.

Lind GO: I think you make a strong point, there, to move away from oversimplifying neurodevelopmental disorders in terms of clinical explanations. To realize that a person is a person, who may experience depression, irrespective of an associated neurodevelopmental disorder.

LOUISE G: We have to be thoughtful about this, to consider other things, and the added stresses that exist that may increase risk for co-occurring conditions.

LIND GO: Regarding research, what has been your experience, for example, what has kept you going, and your support system?

LOUISE G: I was very lucky to have had an excellent mentor starting out. My PhD supervisor, Michael Gill was a great support to me. He gave me my first opportunity and I learned a lot about psychiatric genetics in his lab and I developed my network of collaborators initially through his mentorship. One of the challenges that I had in Ireland was that there were very few academic child psychiatrists. My colleague, Prof. Fiona McNicholas at UCD is an excellent researcher but we had different research interests. I had to find researchers in my field outside of Ireland and I developed strong collaborative relationships. I could not just stay in my lane of child psychiatry. Working in Trinity I got to interact and collaborate with researchers in genomics, neuroscience, bioengineering. It has been very enriching for me, and it helped my development as a researcher.

LIND GO: It seems you took charge of your career goals, the way you have describe reaching out to other researchers.

LOUISE GALLAGHER: Yes, you have to do this as a researcher anyway. I was not in a big psychiatry department. I was the only child psychiatrist. Most of my peers and colleagues in child psychiatry were not involved in autism research. To develop my research, I had to get involved in international opportunities.

LIND GO: Regarding psychiatrists in training and research, what would be your hypothetical title for a book advising residents on how to be successful researchers in future?

LOUISE G: “Try, try again” it is important to be tenacious in research and to remember that obstacles in our path are challenges to solve rather than preventing us from progressing. I always tell my kids that James Dyson developed more than 5000 prototypes of the vacuum cleaner before he finally found one that worked. Sticking with things pays off in the long run!

LIND GO: That sounds like a great title. Regarding your move to Canada, can you tell us what inspired you to make the move?

LOUISE G: The opportunity arose at the right time in my life, and I felt like it was a great environment that was galvanizing around the challenge of child and youth mental health.

LIND GO: Are there any plans for your new position you would like to share?

LOUISE G: The role that I was recruited for is very much about integration, of clinical care, research, and education, with the goal of really improving outcomes for youths and their families. I have seen great commitments across the University of Toronto, the Hospital for Sick Children and from the Centre for Addictions and Mental Health, towards that goal. Very often in healthcare systems there can be competing agendas and it can be hard to be heard above all of these in order to advocate well for children and youth's mental health. In Ontario there has been a recognition of the urgent needs and a commitment to that. I thought that I could put my energy into this, it feels very worthwhile. The environment is excellent, there are fantastic researchers and clinicians who are dedicated to improving mental health outcomes for children and youth. I feel very privileged to have the opportunity to come.

LIND GO: Welcome to Canada! International moves usually involve paperwork and a lot of other aspects. What has been your experience and is there something you wished someone had told you earlier in the process?

LOUISE GALLAGHER: The process as you might expect is very bureaucratic and that can be amplified in the context of working across different institutions, I had lots of support, but you need to start early

LIND GO: Yes, moving to a new country involves considerable work, such as immigration and licensing paperwork.

LOUISE G: I like to plan ahead. If I had not started as soon as I had, I would not be here in time. You must really be prepared and do not underestimate all the documents that you might need!

LIND GO: Regarding going back to the basics, did you have to take the evaluating exams as well? It is sometimes kind of a culture shock, when highly specialized immigrant physicians who had practiced for decades, realize one must challenge the basic general medical knowledge examinations to work in Canada.

LOUISE G: No, I come on a restricted academic license, so I was fortunate not to have to do exams.

LIND GO: Moving away from a clinical and academic focus, what things are you grateful for in your life?

LOUISE GO: Probably the same things that most people will say, I think friends, family, and my health. I would say my job because I feel incredibly privileged to have a job that is so interesting and fulfilling.

LIND GO: Yes, it is a great thing to find fulfillment in various aspects of life, such as work life.

LOUISE G: I know many people who do not find fulfillment in their work, and I think it is a huge source of stress for them. I have to say every day when I get up and I think I am lucky, I love my job and I loved my last job. It is important to know that what you spend most of your time doing has meaning and value.

LIND GO: When you are not engaged in clinical work or research, what do you do for leisure, your hobbies?

LOUISE G: I think a lot of people would say that my job is my hobby! I would say mostly what I like to do is running. In Ireland, I start my day running with a friend followed by a jump into the Irish sea. It is very refreshing and great for stress relief! My other interests include politics. I listen to political podcasts and comedy.

LIND GO: Speaking of Ireland, its landscape and other non-medical topics, your university of origin Trinity College is in beautiful fair city of Dublin. It is interesting how "the spire" located in central Dublin has generated a lot of controversy. It was described as resembling a hypodermic needle in a newspaper article. Perhaps you could settle this debate?

LOUISE G: Ha, the spire! I forget how much controversy it generated. I would say the spire is a lovely simple architectural structure that reflects a modern Ireland. I would also say there are a lot of beautiful places in Dublin. The Trinity college long room containing the famous 9th Century Book of Kells is a very popular tourist destination!

LIND GO: Thank you once again for a beautiful conversation. Do you have any other words for the JCACAP readership?

LOUISE G: I am delighted to be here in Canada. I look forward to connecting with other child and adolescent psychiatrists, learning from each one, and working together. I am also looking forward to enjoying this beautiful country!