

APERCEVOIR: THE PEOPLE OF CHILD AND ADOLESCENT PSYCHIATRY

Dr. Raj Rasasingham

Lind Grant-Oyeye

Raj Rasasingham, the Vice President of the Canadian Academy of Child Psychiatry, has held multiple leadership roles within the Academy and the University of Toronto. He chaired the Advocacy Committee and the Global Psychiatry Committee for CACAP, as well as the CACAP Conference Committee. Collaborating with colleagues worldwide, he has contributed to workshops and policy statements on mental health advocacy. Dr. Rasasingham has actively advocated for children's mental health, driving system change in psychiatry. Additionally, he serves as the National Chair of CPD Directors in Canada, promoting Continuous Professional Development. He has received notable awards, including the Council on Psychiatric Continuing Education Award, Colin Woolf Continuing Education Award, and the Ivan Silver Award for Innovation. He is a co-principal investigator and collaborator on various grants in postgraduate and public education. Recently, he was honored as a Fellow of the American Psychiatric Association.

LIND GRANT-OYEYE (LGO): Thank you for agreeing to this interview with JCACAP.

Raj Rasasingham (RR): I really liked this new initiative. The interview column is a really nice thing to get to know people in a different way, right. It is wonderful.

LGO: Thank you. Could you please tell us about your background?

RR: Sure! You know, I have had an interesting background. I was born in Sri Lanka, and I left when I was about three years old. It was a war-torn country, with lots of challenges, so it shaped my life in so many ways. Then I moved to Africa. I spent about three to four years in Nigeria in the late '70s. In Nigeria, I was in Kaduna for some time. I have very fond memories of my time there. After that, I moved to Southern Africa, to Botswana. I spent seven to eight years

in Botswana. Again, it was an interesting experience, and I have profound memories from there. Botswana's people were very welcoming, and many things shaped my subsequent life because of my time there. Botswana is a neighbouring country to South Africa. This was a time when Nelson Mandela was in Robben Island, which was a different time in terms of equity, diversity, and inclusiveness in that region. It shaped a lot of my later work in this area. Then we moved to Canada at age 12. Canada and Toronto had a diverse group of people, and it helped in so many ways. The beauty of Canada is that it's a melting pot. We have all the communities together. I had a lot of diversity in terms of my friends, that really helped me understand different cultures. It's all part of the Canadian mix.

LGO: I am familiar with the Nigerian landscape having lived there. Your background is indeed fascinating! Tell me a little more about your transition to Canada?

RR: I moved to Canada in the seventh grade, and it was quite a transition. It really shaped my work with advocacy because I understood inequality as a new immigrant growing up in Toronto at that time. Even though our family was educated, we had to start from the bottom here. But it really shaped my understanding of social determinants of health, looking at housing and other factors. So, the way I look at clinical care and the world of child psychiatry is through this lens, and I continue to do that. I primarily work in a disadvantaged neighborhood. Then I attended the University of Toronto for undergraduate studies, following which I went to medical school and did my clinical training in the US. I committed myself to do a lot of volunteer work, such as helping with tsunami relief and post-9/11 work. I did a fellowship in child psychiatry at Harvard, which changed my career and understanding of many things. I came back to Toronto to work and gradually got more involved in

different activities, including the Canadian Academy of Child and Adolescent Psychiatry. So that's a little peek into my background.

LGO: Thank you. You have unpacked a lot regarding social issues. It is interesting that you address advocacy from a lived experience perspective. Looking back, what were the main challenges integrating following your move to Canada?

RR: That's a great question. As a child psychiatrist, this is a fundamental question, right? I think I had some social advantage. I'll be honest with you because I could speak English, and I have been speaking English since I was very young. So, in that sense, I could assimilate to some degree. But culturally, there were many things that were different. Culturally, there were many things that were different in several ways. You know, growing up in Africa and South Asia, we were into soccer, cricket, and different types of sports, where you connect. And then when I came to Canada, connecting with young people was different, but I don't know. For me, at least, I was really involved in sports and activities, so I was able to connect that way and get involved with a lot of people. I went to a school called Vaughan Road Collegiate in Toronto. A very diverse school at that time.

LGO: What factors influenced your decision to choose child psychiatry as your field of specialization?

RR: One of my turning points was witnessing the impact of 9/11, while being a medical student during a psychiatry rotation in New York. It made me realize the importance of mental health. 9/11 really impacted the people of New York. I wished to help, so I volunteered at Pier 94 during the crisis. That event had a big impact on my life. I realized the importance of psychiatry. Moreover, through residency, I developed a passion for working with young individuals, being fascinated by their potential. Child psychiatry offered a combination of biological and psychotherapeutic approaches. My early training with exceptional mentors in the field further fueled my growth. I haven't looked back since. It is truly the most wonderful profession, as every day we wake up to help young people improve their mental health and achieve their full potential.

LGO: You seem to have acquired significant lived experience. Would you have a favorite life quote?

RR: When I was younger, I wrote down quotes; when social media emerged, that became my thing. Looking back, I realize the profound influence figures like Gandhi and Mandela had on me. Gandhi's famous quote, "You must be the change you wish to see in the world," still resonates today amidst the current global circumstances.

LGO: Can we assume that Nelson Mandela and Mahatma Gandhi were your heroes?

RR: Certainly! Gandhi's was a little before my time, but I've always been inspired by how he diplomatically changed the world. Mandela's influence is immense, and most of us living on the continent have a deep fondness for him. Our work would be significant if we could embody just a fraction of their greatness.

LGO: What was your desired career path as a child, if not psychiatry?

RR: My family has a lot of accountants. My father and sister are accountants, and my wife is one too. So, it made sense for me to enter the business field. My maternal grandfather was a lawyer and my mother felt I had good communication skills to become one. However, my interests shifted in high school when I developed a strong passion for biology and understanding the workings of the human body and mind. This led me towards a career in medicine.

LGO: In terms of advocacy, are you currently undertaking any specific advocacy work?

RR: There are concerns regarding the lack of consideration for the best interests of children in the refugee and immigration process. For example, problems can arise for children born in Canada whose foreign-born parents are still navigating the Canadian immigration system. There are some Canadian-born children during the immigration process of their parents. Sometimes these parents are deported. They must decide whether to take their children with them and face uncertainties in the country where they are being deported to, or given the risk, decide to leave the child behind in Canada. The child's well-being when returning to the parent's home country or the emotional distress caused by separation is very concerning. Advocacy efforts are being made to raise awareness and support for this issue.

Also, our committee has published position statements on child psychiatry and advocacy, addressing topics such as world events, social determinants of health, marginalized populations, and cultural perspectives in care. Moving forward, we aim to raise awareness and integrate these principles, including culturally sensitive care in child psychiatry, to better support vulnerable children and their families. Integrating those principles into child psychiatry is important and raising awareness about them will be one of my future focuses.

LGO: In the context of advocacy and practice, and the current global interest in Artificial intelligence, what is your view on the role of technology, specifically Artificial Intelligence?

RR: The rapid advancement of technology has transformed healthcare, particularly during the pandemic, enabling virtual care and reaching more people. Child psychiatry faces a workforce shortage but integrating technology and innovation into care models can help bridge the gap. Transferring knowledge to allied health and other providers can expand access to care, especially in low-income countries. Addressing these challenges requires robust programming, education, and the potential use of AI and other technologies.

LGO: Do you have any parting thoughts for the JCACAP readership?

RR: As the Vice President of the Academy, I am grateful for the Academy's wonderful community of clinicians,

physicians, and allied health professionals. Together, there is nothing we cannot achieve. It has been a privilege and honor to serve in various capacities, and I hope to continue doing so. Being part of this organization is a true privilege.

LGO: Thank you for your service and all the best in your advocacy journey.

RR: I want to thank you and the Journal for supporting the efforts of the committee in promoting advocacy initiatives for the Academy and the profession. My heartfelt thanks go to the editorial board as well.

LGO: Thank you once again on behalf of JCACAP.