

# Help...

## The monsters under my bed are real



By Radhika Panjwani

[rpanjwani@thebramptonguardian.com](mailto:rpanjwani@thebramptonguardian.com)

**T**hey came one day, out of the blue, in the middle of the night. The voices inside Larissa Ho's head were loud, beligerent and screamed at each other.

Ho, 11 at that time, assumed the angry cacophony of incoherent babble playing in a continuous loop was the work of evil spirits punishing her.

That first time, a frightened Ho ran into her parents' room and begged them to drive the scary demons away. Her father soothed her and told her she was experiencing a nightmare and that it would all be OK. Except it wasn't. Ho soon stopped asking for help when she realized no one else could hear them.

"The voices would pound inside my head so much so that I would get a headache afterwards," said Ho.

"I could not escape them. I would be immobilized. They would be screaming incomprehensibly drowning each other out. It

was a very terrifying experience."

As the voices continued their nightly torment, slowly, all traces of the bright and cheerful student began to disappear. In her place was a catatonic, unfocused and listless teenager who cried and slept a lot.

Then, after a year, they stopped bothering her. But Ho's mental health took a turn for the worst. She experienced severe hair loss, weight gain, was unfocused, angry and fatigued.

### A grim picture

According to Peel Children's Centre (PCC), a lead agency delivering mental health services and programs in Peel, 1 in 5 children and youth (approximately 88,000 young people) up to age 24 living in Peel region have a diagnosable mental health challenge. These include disruptive behavioural disorders (e.g. defiance; bullying), anxiety disorders, Attention Deficit/Hyperactivity

**The voices would pound inside my head so much so that I would get a headache afterwards.**

- Larissa Ho -

Disorder (ADHD) and mood disorders (e.g. depression; bipolar disorder). The situation is so dire, only 10 per cent will get the treatment and help they need, in part because existing services are inadequate as Peel receives just \$21.2 million for child and youth mental services whereas Toronto receives six times that amount.

It was an alert teacher at Ho's high school - four years later - that noticed the symptoms. The teacher suggested Ho's parents seek medical help for their daughter. The psychiatrist recommended the 15-year-old be hospitalized immediately.

A frightened and bewildered Ho remembers a nurse taking her to the basement of the Brampton Civic Hospital (BCH) to the adolescent mental health unit. The diagnosis was schizophrenia, a chronic illness whose symptoms include paranoia, disorganized thinking, lack of pleasure in day-to-

day life and more. This was the first of Ho's three hospitalizations. That initial diagnosis would be later amended to depression with psychotic features.

"I didn't want the diagnosis of mental illness," Ho said, adding she was overcome by acute self-stigma. "I was still holding on to hope that my illness was a phase and it would pass. To me, hospitals were where they put people that are crazy."

Ho's official foray into Peel's fragmented and confusing mental health system was challenging and often fraught with desperation and hopelessness. On her first night at BCH she was prescribed Risperidone, an anti-psychotic medicine. The voices that had become mute resurfaced again.

### Hope is a beacon, but where's the help?

A report crafted by United Way of Peel Region, mapping the mental health system in Peel, says some 260,000 Peel residents - both adults and children - will be affected

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# United Way CEO says services inadequate to meet needs of Peel's diverse communities

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by mental health disorder at some point in their lives.

Patients and families described the region's current mental health system as "an uncoordinated and un-integrated mess" that was complex and unresponsive to individuals with mental illness. The services, it would appear, are groaning under the weight of unprecedented demand and exponentially high population growth.

"The report for us reinforced the gravity of the situation in terms of the lack of coordination of services from both institutional care and community based services," said Shelley White, president and CEO, UW-Peel. She indicated the challenges are particularly significant for youth between the ages of 16-24, especially when it came to prevention, treatment and counselling.

"There are huge gaps and wait lists for services. For instance, people are referred to programs upon their release from the hospital, but the wait lists are six months or greater. Also, given our population and its diversity, the services are inadequate to meet the needs of the specific communities."

The United Way report highlights the current gaps and duplications, and notes when the eco-system of mental health care

is difficult to navigate and understand the most vulnerable citizens, such as those living in poverty, newcomers and others with complex needs, are likely to fall through the cracks.

Based on its findings, the report made a set of recommendations that includes a call to action for: service providers, health and government agencies and other social services; better coordination and integration between agencies and more investment in resources.



Shelley White

"We heard over and over (when doing our research strategy) from various stakeholders that the stigma associated with mental illness as well as lack of community based mental services was a huge gap," said White when asked why the report was commissioned. "United Way (Peel Region) is committed to reducing poverty in our community and we know that with one in five people experiencing mental illness at some point, this was leaving them extremely vulnerable to falling into poverty or living a life of poverty."

An advisory committee of representatives from local LHINs, family physicians, immigrant groups and others, gave their inputs.

An important point that emerged during discussions with key stakeholders was the frustration experienced by family physicians who told the report's authors that they were seeing more and more individuals with mental illness in their clinics, but a critical lack of resources in Peel meant the patients had to cool their heels waiting for help while their illness continued to escalate.

Based on the recommendations, UW-Peel Region said it plans to introduce community hubs whose focus will be to provide holistic mental health services to residents. Timeline to launch the first of many is 12 to 18 months.

Also, the agency will invest \$2.5 million in 20 organizations that provide mental health services, White said.

## The broken link: Children to adult mental services

Like most individuals, Ho assumed that with an official diagnosis in hand she would have access to continuous and seamless help. But that was not the case. The Mississauga resident was referred to Centre for Addiction and Mental Health's First Episode

Assessment Clinic Peel for follow-up.

After few years, Ho was told she would have to find an alternative program as she had overstayed the three-year period allocated for her.

Access to psychiatrists and other professionals was difficult. When the appointments took place the visits were short and unfulfilling, according to Ho.

"When you are a patient at the hospital, you only get to see the psychiatrist for five minutes and they throw these questions at you and depending on what your answers are they deliver their diagnosis and prescribe medication," said Ho.

"You have to tell your story dozens of times to the nurses and the doctors during every visit because no one talks with each other. I always felt bad going to see the psychiatrists because I knew it wouldn't accomplish anything. I felt disrespected by them because I was mentally ill."

Ho, 24, a fifth year student at University of Toronto, Mississauga, has penned a book, *Becoming Silver Girl*, a candid chronicle of her mental health journey.

Despite her ordeal, Ho wants her story to be one of hope and recovery and suggests patients become their own advocate and not let the darkness of mental health overwhelm them.

## Funding equity for Peel: A pipe dream

There are more than 450 agencies in Ontario including eight in Peel that deliver

mental health services and programs for children and youth. The province's \$21.2 million allocation for child and youth mental health services is inadequate to meet the existing demand, says Humphrey Mitchell, CEO, Peel Children's Centre (PCC).

The reality is that even though every attempt is made to ensure prompt help for children and youth with mental illness, there's no sustained and long-term plan available to them because of the funding shortage.

The mental health system landscape in Peel desperately needs more social workers, case managers, child and youth counsellors, people to do in-home assessment and build these around the strategic use of some of the more expensive resources such as psychiatry and psychology, Mitchell said.

"We (PCC and other agencies) have a full continuum of services, but we don't have the depth in terms of the service delivery," he said. "We need to build that."

Moving forward, PCC will ensure the delivery and service models of all the agencies in the region become efficient. To that end, it will collaborate with doctors, other agencies, school boards and Local Health Integrated Networks (LHINs) to ensure scarce funding that's available is used well.

"The landscape is positioned for a dramatic change," Mitchell explained, adding the province's 10-year strategy Moving on Mental Health was tweaked to make the existing system more streamlined and efficient. "What you had historically was government officials overseeing child and youth mental health, but they did not understand the business. As the lead agency (PCC) will be overseeing the business and allocating ministry approved dollars to different organizations."

*This is the first installment of a three part series on mental health. See tomorrow's edition for the next installment.*

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— Humphrey Mitchell/PCC —



Humphrey Mitchell

## The current challenges

- Services are dismally disproportionate to the population
- Wait lists for services are a year or more and in some cases services are just not available in the region
- Respondents surveyed identified a need for more individualized therapy. However, therapy (e.g., from a psychologist) is rarely subsidized
- Many service providers have to rely on their own fundraising methods to raise funds because they are not funded by Queen's Park
- Many cultural groups in Peel attach strong stigma and shame to mental illness, and this results in resistance to using services. Also, some cultural groups may not possess a "schema" for mental illness; western notions of mental illness may not translate well in other cultural perspectives
- There are very few services for Caledon residents
- Peel is served by two different LHINs each having its own funding priorities and allocations for mental health and addictions
- Individuals – those without a physician or psychiatrist – cannot access hospital-based services
- There's a lack of formal discharge planning, referral and follow-up once patients leave the hospital
- Wait lists to access case management may take up to a year or more and wait times for supportive housing can be even longer



Ho is a past winner of the Literary Arts Emerging Artist Award at the Mississauga Art Council's annual MARTY Awards. The awards recognize the best and up-and-coming in the city's art scene.



# 'The system failed us'

Louie Rosella  
lrosella@mississauga.net

Akash Wadhwa's final Facebook post is chiselled into the minds of those who knew him.

Family friend Suresh Ganesan has it saved on his iPhone. "Every time I look at it, I'm reminded of the harm and destruction mental health issues can cause if ignored or left untreated," said Ganesan, 28. "Akash felt trapped and alone and two lives were taken because of it"

On Sept. 16, 2011, shortly after the start of the school year, Wadhwa and his longtime friend Kiran Nijjar went to a park behind Spinnaker Circle.

Although they weren't a couple, Wadhwa and Nijjar, both 17, saw themselves as soulmates.

Friends from the age of six, the two would hang out together at Heartland Town Centre, talk between classes at Mississauga Secondary School, and spend countless hours texting each other on weekends, according to friends. Nijjar's cousin, Romi Kler, 20, described her as "a free spirit," always laughing, never sad. On her Facebook page, Nijjar called Wadhwa her "best friend for life."

In the park, Wadhwa fatally strangled Nijjar, leaving her body in a ravine. Wadhwa then walked to the Mavis Rd. overpass down the street and jumped onto Hwy. 401, where he broke both his legs and was hit by an SUV. He died in hospital two days later. Shortly before he jumped from the bridge, Wadhwa posted that final message on his Facebook page.

While many friends continue to weep for Nijjar and curse Wadhwa on social media, some are quick to defend him, saying he was depressed and troubled and didn't get the help he needed.

"Everyone just wants to think they knew Akash or knew his life when this was not really like him," said his best friend of 10 years, Paul Alleyne. "People made him look like a monster. He had serious issues. He needed help. He was depressed. He was suicidal."

At the time, The Peel District School Board said the school did "everything that could have been done" to help Wadhwa.

"Out of respect for Kiran and Akash's families, we will not be speaking directly to the supports provided to Akash," spokesperson Carla Pereira said.

Peel Regional Police were the first responders at the scene, called in when Wadhwa was seen standing on the overpass. Initially thought to be an accident, the full extent of the tragedy revealed itself over the day as officers investigated the circumstances of Wadhwa's fall.

Police officers are often the first point of contact for people in a mental health crisis, said Const. Claudia Wells, who serves as the force's Mental Health Coordinator.

Records obtained through Freedom of Information show the Peel force has seen a 53 per cent spike in the number of mental health calls its officers respond to, from 2,468 in 2009

to a startling 4,648 in 2014.

Wells said anyone who sees a post on social media like the one Wadhwa left should immediately report it to police.

"It's not an obligation, but ethically it's (the right thing to do)," she said, adding mental health and well-being is everyone's responsibility. "We will investigate."

In 2014, Peel Police apprehended 772 youths during mental health calls, Wells said. The force's close relationship with Peel Children's Centre means youths who officers encounter with mental health issues often get referred there for further help.

Wells, a 15-year veteran, said she is constantly upgrading her own training on evolving aspects of mental health and regularly delivers training to Peel officers in the form of a four-day course. About 800 of the force's 1,900-plus sworn officers have been trained to date.

The Mental Health Awareness Training sessions involve industry experts and a number of scenarios and innovative methods, including placing an MP3 player filled with sounds of different voices near an officer trying to perform normal, everyday tasks.

The goal is to mimic the distractions experienced by a mentally-ill person who is schizophrenic or hears voices.

By enlightening the officers on what those living with a mental illness experience, the hope is police will take a more compassionate approach when responding to these types of calls, Wells said.

The mental health crisis in Peel prompted the force to form the COAST unit in 2009. It's an acronym for "Crisis Outreach and Support Team" and is a partnership between the Canadian Mental Health Association, Peel Police and Saint Elizabeth Health Care.

"With the number of apprehensions we were making (under the Mental Health Act) on an annual basis, we needed that unit," Wells said.

Its mission is to help individuals in a mental health crisis in the environment of their choice, by de-escalating the crisis and offering links to on-going support.

The COAST Unit started out with two officers and now consists of four officers, backed up by a mobile support team available seven days a week, Wells said.

The team consists of a mental health professional and a specially trained plain-clothes police officer who will respond to a call involving a mental health crisis that is not deemed to be an emergency. The team conducts a mental



Akash Wadhwa



Kiran Nijjar



health assessment on site and implements a plan which best suits the needs of the individual.

But, when responding to a potentially-violent mental health call, Peel police don't always have time to plan, Wells said. Officers either apprehend the individual under special provisions of the Mental Health Act, or officers charge the person criminally.

In 2014, of the 4,648 mental health calls, 3,035 ended with an individual being taken to hospital and receiving psychiatric assessment, while 65 resulted in criminal charges being laid.

Because hospitals have limited powers in terms of detaining and assuring a mentally-ill individual is properly looked after, oftentimes Peel police lay criminal charges to ensure the individuals get a court-ordered psychiatric assessment. It's frustrating, Wells said, but sometimes it is the only option.

"A lot of the times our officers would rather get the person helped at the hospital as opposed to charging them with a minor offence," Wells said. "But sometimes we have to

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Claudia Wells



Peel Regional Police vehicles surround William Osler Health System in Brampton. The force has seen a 53 per cent increase in the number of mental health calls it has responded to from 2009 to late last year.



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charge them criminally because the medical system (hasn't worked for them)."

Going through the court system by way of a criminal charge essentially forces the individual to get a psychiatric assessment and get the help they need, Wells said.

Another challenge the police force faces is the amount of time officers spend in hospitals waiting for mental health patients they've apprehended to be treated. In 2013, more than \$900,000 worth of officer time was spent in hospitals, Wells said.

Wells said the creation of a hospital in Peel devoted solely to treating those with mental health issues, including specialized youth services, would go a long way to easing the crisis.

A lack of dedicated facilities for youth with mental health issues was a concern raised after a 2008 murder in Applewood Acres. Nicole Neff, whose sister Karina was killed by a man diagnosed with mental retardation, has been trying to build a group home in the North Bay area for children with mental health issues and disabilities who have nowhere to go.

Karina, a popular 31-year-old Humber College student with the intellectual capacity of a 13-year-old, was murdered on July 22 by her on-again, off-again boyfriend Jason Osborne. Now 28, he is serving a life sentence after he attacked and choked Karina in a park near her Erin Mills home and left her there to die. The two had been walking Neff's dog when the killing occurred.

Even though jurors rejected suggestions that Osborne's diagnosis of mental retardation meant he didn't have the capacity to form an intent to kill Karina, the killer received sympathy from an unlikely source — the victim's family, who believe early intervention could have helped Jason, and prevented Karina's death.

"There is a side of me that feels sorry for Jason. I think that the system is flawed. I think when a person has personal issues there should be a safe haven and I don't think it's out there," said Nicole. "I've learned that the system has failed."



Karina Neff was killed by a man diagnosed with mental retardation.

The government programs lack in providing the basic needs especially for those with less nurturing family backgrounds who find themselves in a state of flux with immediate needs."

Another concerned sister, Eva Szeman, agrees that if there had been more support for those with mental health issues when her sister Judy was younger, it might have meant a different path for Judy, and their family.

The Erindale woman, 41, went missing on Jan. 27, 2015, at 11 a.m. near the intersection of Mavis Road and Dundas Street West. She was found two months later at a shelter in Hamilton and is now working at a coffee shop in Mississauga.

Eva spoke to her sister the night before she went missing and said she could tell something was off. Judy sounded nonsensical, Eva said, and she thought her sister might have stopped taking the medication she was prescribed to manage symptoms of schizophrenia.

Eva is convinced "the system failed" by not protecting her sister and not listening to her family, which has been embroiled in a legal battle for years to force Judy to take her medication.

Against her doctor's orders, Judy won a hearing that allowed her to stop taking her medication. With the help of a lawyer, she lifted her Community Treatment Order (CTO), a doctor's order for a person to receive treatment or care and supervision in the community.

The purpose of a CTO is to provide a person who suffers from a serious mental disorder with a comprehensive plan of community-based treatment or care and supervision that is less restrictive than being detained in a psychiatric facility.

"She was actually put in danger when that order was killed," Eva said.

After Judy was found last spring, the CTO was restored, Eva said.

Minister of Health and Long-Term Care Eric Hoskins said that, under the Mental Health Act, a doctor is allowed to issue the treatment order under specific circumstances. But, the family "can't compel an individual to accept a community treatment order," Hoskins said.

number of specialized programs and services that it says are responsive to students with mental health challenges. In addition, all secondary schools have key staff trained in Applied Suicide Intervention Skills Training (ASIST), as part of the responsive team, to support students where appropriate. ASIST training will be expanded to elementary schools and the board is in the beginning stages of implementing SafeTALK, a suicide awareness program, for staff in a number of schools.

"As a Catholic board we recognize that there is a clear relationship between student mental health and well-being and a student's ability to be successful in school. Attention to this relationship is foundational to maintaining the dignity of all students, helping them reach their full potential," said Eric Fischer, assistant superintendent of Special Education and Support Services. In Dufferin-Peel, well-being is embedded in school plans, the board plan and linked directly to instructional strategies employed within schools and individual classrooms, according to Dr. Susan Sweet, a clinical child psychologist and the Board's Mental Health Liaison.

"The focus is on bringing mental health and well-being into the classroom, not removing mental health challenges from the classroom," she said. The PDSB has also been providing Applied Suicide Intervention Skills Training (ASIST) to school staff for more than 15 years and SafeTALK for more than four years. This training can be provided to students 15 years of age and older "so they feel better prepared to know how to get help if a friend expresses suicidal thoughts," Van Buskirk said.



Eva Szeman put up photos of her missing sister, Judy, who disappeared for two months in 2015 before being found at a shelter.

The treatment order allows Judy to live outside a facility as long as she followed certain rules, such as seeing her doctor regularly and taking her medication. Under the order, if a patient fails to comply with conditions, he/she could be hospitalized.

CTOs have been criticized as a way to discharge people to save money without providing sufficient supports like housing in the community.

Last year, a lawyer championing mental health rights was able to get the initial CTO lifted for Judy, meaning there was no longer any recourse if she didn't take her medication or stopped seeing her doctor.

Eva said she and her family had no say in the matter. Anita Szigeti, a lawyer and advocate for those suffering with mental illness, said no lawyer is at fault for obtaining a result that someone other than a client finds disappointing, so long as counsel advocates based on his/her client's instructions.

"While outcomes may be upsetting, it is wrong-headed to try to fault lawyers. There is a system in place — laws, adjudicators, appeals — to balance society's interests with the liberty interests and rights of individuals," she said. "Clients with mental disorder are equally protected against unwarranted intrusion by the State on those liberties. Often families feel upset and look for someone to blame."

Eva agrees patients like her sister should have rights, but thinks the law needs to change to give families a say because they too are living with the disease.

"I'm so upset about the way the system works, now I'm suffering, my sister is suffering and my family is suffering," she said. "I can't imagine how many countless families are suffering."

This is the second installment of a three part series on mental health. See next Thursday's edition for the last installment.

## School Boards introduce suicide awareness training

As society's understanding of mental health grows, so too are the initiatives undertaken by Peel's school boards.

Additional support and resources from the Ministry of Education over the past several years has enabled the Peel District School Board to collaborate and plan better access to community supports for students and families who may be experiencing mental health concerns, according to Jim Van Buskirk, PDSB's chief social worker.

Three years ago the provincial government enhanced the level of support to schools and communities through the Open Minds, Healthy Minds initiative. Funding was provided for each board to hire a "Mental Health Leader" to coordinate the implementation of a mental health strategy. Educators are the "eyes and ears" of the education system and are best positioned to observe students over time and notice changes in their behavior or moods and to then seek assistance, Van Buskirk said, adding there are resources for staff and directions on what action to take if they are concerned about a student. The Peel Board's website also includes resources for parents and students.

"We now have a much closer working relationship with mental health service providers in the community and access for students to these supports has been enhanced," he said.

Meanwhile, the Dufferin-Peel Catholic District School Board has in place a



Dr. Ewan MacPherson, a psychiatrist dealing with child and adolescent patients, pictured here in his office at Brampton Civic Hospital. Staff photo by Rob Beintema

## A new frontier in mental health

**By Jason Spencer**  
[jspencer@metroland.com](mailto:jspencer@metroland.com)

The public discourse on mental health is taking on the iceberg-like depth of a Hemingway sentence.

Numerous campaigns and increased training in schools and the workplace have revealed that awareness is just the tip.

While families, co-workers, teachers, students and various other community members on the periphery adjust to the reality, frontline workers continue to make strides in the field.

Aside from referrals from a family doctor or general practitioner, another point of entry into the health care system for a person

experiencing a mental health issue is the emergency room.

According to statistics provided by Trillium Health Partners, from 2010-2014 there has been a 38 per cent increase in youth (age 0-17) at Trillium emergency rooms (Mississauga and Credit Valley hospitals) with mental health issues.

“There’s an increase in knowledge, less stigma, greater access and people being responsive to kids in crisis in a way that they weren’t before,” Trillium psychiatrist Dr. Rose Geist said of what might have prompt-

ed the rise.

At the time of the interview, Geist was working as chief medical director of the mental health program at Trillium.

Throughout that same five-year period, there has been a 29 per cent spike in adults at Trillium emergency departments with a psychiatric diagnosis.

“People are much more aware and comfortable with identifying mental health problems either in themselves and others,” said Geist, who has 25 years’ experience as a

**There’s an increase in knowledge, less stigma, greater access and people being responsive to kids in crisis in a way that they weren’t before.**

- Dr. Rose Geist, -

child and adolescent psychiatrist.

She noted that the most effective time to treat a young person with a psychiatric problem is when they are in distress.

In order to accommodate the increase and streamline a rapid response, Trillium offers an urgent care program for youth who don’t need hospital admission, but can be seen within 72 hours after coming to the emergency room.

A designated mental health zone has also been implemented at the Mississauga site with four beds for youth or adults in distress. There are hopes of doing the same at Credit Valley.

In regards to mental health-related visits

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# 'Problem is we have a shortage of child psychiatrists'

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to the emergency room from adolescents, Geist said common issues include anxiety-related problems, depression, substance abuse and crises with school or a relationship.

Though the average age range for youth mental health patients at Trillium is 12-17, Geist said patients as young as six years old come in with anxiety or obsessive compulsive disorder (OCD). And in some cases, she said, it can actually be the parent who is in crisis.

Dr. Ewan MacPherson, a child psychiatrist with William Osler Health System, has also witnessed similar occurrences.

MacPherson said those rare instances can serve as an opportunity to educate and refer others.

"When you talk to the family sometimes they'll say, 'Well, I do that,' and sometimes seeing the improvement with the children, sometimes the parent will seek treatment too and that stabilizes the whole family."

Children of parents who experienced anxiety or panic attacks can be predisposed to similar issues, he said.



Rose Geist

Trained to treat patients as young as an infant, MacPherson said he generally sees individuals from age five to 18. Depression, anxiety and attention deficit or disruptive disorders are some of the more frequent conditions he encounters.

And, just like anything in medicine, MacPherson said early intervention improves the chances of recovery.

"If you intervene early and get good treatment, the outcome is remarkably better," he said.

In the 2014 fiscal year, there were 6,341 outpatient visits for youth with a mental health condition at Brampton Civic. The typical wait time to be assessed is about two months.

Brampton Civic offers two inpatient programs for adolescents. One is voluntary and has 10 beds for adolescents with acute mental health symptoms. The other is for involuntary care and provides four beds to youth in distress.

Brampton Civic's youth and adult mental health outpatient programs have seen a spike of nearly five per cent in each of the last five years.

As well, Brampton Civic has seen a 10 per cent increase in each of the last five years in the number of youth and adult mental health and addictions emergency department visits.

MacPherson, who has been at Brampton Civic since 2012, said the facility is steadily busy. He suspects the increase is related to population growth.

However, one unanimous issue across the continent is a lack of child psychiatrists, and Peel is certainly feeling the pinch.

When speaking to Geist, there was one full-time and one part-time child psychiatrist at Credit Valley Hospital. Missis-

sauga Hospital had one full-time and three part-time doctors.

Trillium has since merged child and adolescent mental health services at Credit Valley. There are now five child and adolescent psychiatrists who work there.

"The problem is we have a shortage of child psychiatrists," Geist said before the merger.

There are 49 adult psychiatrists (full-time, part-time and courtesy staff) working at Trillium.

There are 27 psychiatrists at Osler's two sites - four of which are child psychiatrists.

"And (child psychiatry) is an area in North America when it comes to specialties is most underserved. They're desperate in the United States and in Canada to increase the numbers," he said. "Everywhere (child psychiatrists) are needed. In every community, they're heavily recruited. I think Brampton may need more than others just because the population is growing so rapidly."

MacPherson suspects the demand for child psychiatrists is tied to the required length of training - five to six years after medical school - as well as the limited number of training positions.

Perhaps the shape of mental health to come in Peel includes more forward-thinking initiatives like telepsychiatry to make up for the shortage.

Brampton Civic has been using the method for more than two years now. It's similar to having a Skype conversation with a psychiatrist, but through a secure monitor at a hospital to treat child and adolescent patients remotely.

MacPherson said the telepsychiatry department at Brampton Civic can also treat patients in Dufferin County. An individual living an hour north of Orangeville can go to Headwaters Hospital for a digital evaluation. Trillium also has a telepsychiatry program.

Brampton's early psychosis program is another example of where mental health is headed.

Noting that psychosis can crop up in early adolescence (age 13 or 14), the intense, six-month program offers an array of treatments that go beyond just meeting with a psychiatrist, including a weekly group and lecture series that can also include family involvement.

Since a lot of youth feel more comfortable sharing a mental health concern with their family doctor instead of a mental health consultant, Geist said more opportunities for psychiatrists to work with family physicians is needed in Peel.

"It would be really helpful if we could create opportunities to work together, so that these kids are managed," said Geist.

She pointed out that more mental health education at high schools is also necessary.

Trillium is embarking on an ambitious project over the next five years called the Medical Psychiatry Alliance.

In partnership with the Centre for Addiction and Mental Health (CAMH), the Hospital for Sick Children and the University of Toronto, the \$60-million project has a clinical, educational and research arm to examining medically unexplained symptoms.

Funded by the Ministry of Health and a "generous donor," the program aims to set up proper screening, diagnosis and treatment for those who experience both medical and psychological problems at the same time. As well, Geist said the initiative will cross the lifespan of patients aged youth to senior.

"Sometimes we see kids with abdominal pain and that pain cannot be identified as a physical cause. Sometimes kids like that have a lot of anxiety symptoms, they have depression," said Geist.

"So we're going to try to help our family docs, our pediatricians, understand that and manage it and really change how the health service is delivered."

The transformation couldn't come soon enough as an estimated 1.3 million people in Ontario live with both a medical and psychiatric illness.

