

Occupy This and a Sense of What Is Important

This is the first issue since our combined CACAP-AACAP meeting in Toronto last October. Always good to know, first hand, what big brother is up to (and I don't mean it here in any Orwellian sense). There might have been some existential angst in our conversations with the Yanks as inevitably, in the back of our minds, thoughts about our status as a new subspecialty next year rattled our collective sympathetic nervous systems. Some of us will be engaged in writing up the specialty exam, others will volunteer for the review course and the majority of us will unenthusiastically get dragged into the examination halls. I volunteered for the exam committee in a shameless ploy to avoid rekindling my performance anxiety.

While my mind has subconsciously slipped into exam mode, the deeper question has arisen about "what is important" as a child psychiatrist. In the last few days I had the obligatory meeting with the drug rep. Sure I know that psychopharmacology is one of the important skills demanded of me, but superimposed on this was an event that shook me to the core of my being. On Remembrance Day I witnessed the Halifax Regional Police executing an order from our bumbling mayor, Peter Kelly, to dismantle the tents of the OCCUPY HALIFAX movement in Victoria Park, right under the nose of the Robbie Burns statue. It was raining cats and dogs and the occupiers had been given little warning that the police would move in so quickly to seize and dismantle the tents and the small makeshift city that had been set up.

I then saw this youth being dragged, kicking and screaming, into one of the paddy wagons. He yelled out his name and I had a double take as to whether this was one of my former clients when I was the consultant to our child residential program (let's call him James). Later on that week and quite by accident I met James on the street. He had no difficulty recognizing me and greeted me with a warm smile. If there

was any discomfort, it was more on my part. He confirmed that he had been arrested. He also told me that after the residential program, he had done several group homes, had dropped out of school and now he was homeless. Unfortunately James is part of the depressing statistics about youth in care, many of them ending up like him. His life prior to the residential program had been fraught with difficulties (severe ADHD, a mother with bipolar disorder) and now it seemed that his path to a sad life was already a foregone conclusion.

Last night my wife alerted me to a special ideas program on the CBC called *All in the Family* featuring the work of Dr. Vincent Felitti and the ACE study (Adverse Childhood Experience). Essentially the study shows how early trauma (abuse, depressed parents, domestic violence, drug or alcohol abuse by parents) was linked, not only to mental, but also to physical disorders later in life, even cancer and premature death. I had heard about ACE but was more struck by Felitti's comment that he had difficulty convincing primary care practitioners to incorporate a childhood trauma history into the routine physical or office visit. I had to pause and reflect about whether we emphasize this enough in our developmental and family history taking, and whether we are giving it the importance it needs when we consult to GPs or teach medical students.

So, for the exam I will be thinking about how to answer that question about the alpha-2-agonist receptors. It will be harder to frame a question around how to intervene, personally and politically, around our clients like James, knowing that he is at risk now and later in his life for a host of psychological and physical disorders.

That's more of an essay-type question.*

Normand Carrey, Editor

*Disclaimer: Any statement about the content of the upcoming exam in this Editorial is purely speculative and does not reflect the position of the Royal College examination committee.