

# Interview with Dr. Mark Hanson

UTMJ Interview Team (Priya Dhir and Nicholas Scrivens)



Dr. Mark Hanson

**M**ark Hanson is a child and adolescent psychiatrist at the Hospital for Sick Children and is a Professor of Psychiatry at the University of Toronto. Previously, he was the Associate Dean / Director of Admissions and Student Finances for the MD Program at the University of Toronto Faculty of Medicine. Dr. Hanson is currently an Associated Medical Services (AMS) Phoenix Fellow, where he is advancing patient engagement in health professions

admissions processes. Medical education scholarship and administration has been the focus of much of Dr. Hanson's career. His research has focused on medical school admissions, admissions tools and social responsibility. Earlier, his scholarship concentrated on the evaluation and recruitment of medical students into Child and Adolescent Psychiatry.

**UTMJ:** What is your role at SickKids and the Faculty of Medicine?

**MH:** I am a practicing Child and Adolescent Psychiatrist at The Hospital for Sick Children (SickKids) and a Professor of Psychiatry at the University of Toronto. My clinical focus relates to the psychiatric care of children, adolescents and their families. I am also the Fellowship Coordinator for Psychiatry and the Medical Psychiatry Alliance (MPA) Fellowship Coordinator at SickKids. I am the past MD Program Admissions and Student Finances Associate Dean/Director at the University of Toronto, Faculty of Medicine.

**UTMJ:** What is the Medical Psychiatry Alliance and how and at what levels of their training could future healthcare providers receive this formal training?

**MH:** The Medical Psychiatry Alliance (MPA) is a partnership across The Centre for Addiction and Mental Health (CAMH), The Hospital for Sick Children (SickKids), Trillium Health Partners (THP) and the University of Toronto in conjunction with the Ministry of Health and Long-Term Care (MOHLTC). The SickKids MPA fellowship aims to educate current and future healthcare professionals such as paediatric trainees and nurse practitioners about how best

to support, diagnose and treat child and adolescent patients with co-occurring mental and physical illnesses. The MPA fellowship at SickKids is a training area that I am quite excited about, with its focus upon integrative training across child and adolescent psychiatry and paediatrics. There is a shortage of child and adolescent psychiatrists alongside the obvious fact that many children, adolescents and their parents consult with general paediatricians regarding children's mental and physical health status. It is a rare advanced training opportunity to address the mental health and medical care needs of children, adolescents and their families via the SickKids MPA fellowship. As part of the MPA fellowship, we offer senior paediatric trainees an opportunity to enhance their confidence in consulting regarding children's mental health concerns like anxiety, depression and attention deficit hyperactivity disorder (ADHD). We provide training opportunities not only in consultation but also in specific treatment modalities such as Cognitive Behaviour Therapy (CBT). This fellowship provides trainees with substantial direct clinical experience for 6-12 months. It is a small fellowship initiative and I really hope to see it grow, as it serves a key need in the delivery of mental health and medical care to children, adolescents and their families.

**UTMJ:** Do you think this MPA model extends to adult psychiatry?

**MH:** Yes – there is a comparable adult MPA fellowship program with 3-4 fellows including nurse practitioners. There are also MPA educational interventions as part of the pre-clerkship foundations curriculum called the Integrated Clinical Experience – Medical Psychiatry (ICE – MP). It was developed in response to the growing healthcare needs and challenges in caring for patients with both physical and mental health conditions. The ICE – MP program teaches pre-clerkship students how to understand and engage patients using a patient-centered approach in a variety of settings. The content builds on Clinical Skills teaching and provides opportunities to practice therapeutic communications and to understand experiences of patients who are living with complex medical and social issues.

**UTMJ:** Could you tell us about your psychiatry practice at SickKids?

**MH:** I am at SickKids Hospital in a general outpatient clinic practice. We see a number of children and adolescents with wide-ranging child and adolescent psychiatric problems including anxiety, ADHD, depression, behavioural problems, encopresis and enuresis. I also participate in the divisional tele-psychiatry program because many of the children's mental health centres in the province do not have access to child and adolescent psychiatric consultants, so this outreach program provides this consultation service across the province.

**UTMJ:** What is the Associated Medical Services (AMS) Phoenix Fellowship, and what is your research associated with this fellowship?

**MH:** The Associated Medical Services (AMS) Phoenix Program is an initiative that focuses on making a positive and lasting difference in how health professionals nurture and sustain the learning and practice of compassionate care.

I am an AMS Phoenix Fellow researching and advocating for patient engagement in health professions admissions processes. I really think that medicine needs to look more deeply into patient engagement within medical school admissions processes. At the University of Toronto MD Program, my colleague Dr. David Latter [current Director, Admissions and Student Finances for the MD Program] is taking an innovative leadership step in establishing a patient engagement admissions sub-committee of the MD Program's admissions committee. This is a first for Canada! Patients could be involved in many aspects of current admission processes. They could be involved in admissions interviewing, reviewing application materials, designing interview questions or admissions committee participation. As you can see, there are many possibilities for increasing the contributions of patients to the selection of medical students and all health professionals. I envision a day when patient engagement is as important as the MCAT in medical school admission processes. My Phoenix fellowship supports and makes my work in this area possible.

[For more information on this topic visit: <http://www.ams-inc.on.ca/people/mark-hanson/>]

**UTMJ:** What advice would you give to medical trainees to ensure that they are looking after their own mental health?

**MH:** Well, this is very topical because today is Bell Let's Talk Day [January 31, 2018]. I think that it is important to realize that you are never alone on this journey. The Dean, Vice Deans, Associate Deans and members of the faculty deeply care about you and your well-being. If you have concerns, don't hesitate to find someone to talk to, whether it is a classmate, friends and family, faculty or others. It is important to not be quiet – there are always people there for you. I know as a psychiatrist that this can be one of the hardest things to do, to reach out to someone, but do remember that you are not alone. Another element is to find your passion in an area of medicine whatever you are doing because there will always be challenges in life and in a medical career so your passion can help you navigate through challenging times. It is also important to find ways to get away from medicine and find an outlet. My interest is in running, and finding outside interests and/or hobbies is extremely important. They give you an opportunity to think things through and step away from medicine.

**UTMJ:** What are your thoughts on the stigma surrounding mental health and how this is evolving?

**MH:** Stigma surrounding mental health and illness is part of the reason why people may not reach out to talk to people – let alone reach out to consult with a child and adolescent psychiatrist. But I think that society is moving in the right direction and lessening the stigma surrounding mental illness. Today, there is a great deal that can be done to help children, adolescents and their families. For instance, we consult regarding a number of very young children with anxiety problems and their families at the SickKids psychiatry clinic. Anxiety can be quite impactful for a very young child's development but today, there are treatments that can be quite beneficial. Years ago, it was thought that there was not much that could be done to assist these children and their families. The element of stigma may come from the idea that we don't want to label children as having a psychiatric problem. There is also a societal perception that children develop differently, which can prevent families from reaching out. We need to understand as a society that we can have developmental, psychiatric, and non-psychiatric problems, and there are ways that we can help. So, I think things are moving to break down this stigma – but there is still a long way to go.