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Le SPOT Montréal

A helping hand for teens in suicidal crisis

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Montreal Children's
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Le SPOT Montréal

The Specialized Centre for Adolescent Mental Health opens at the MCH

By Christine Bouthillier

Necessity is the mother of invention, as the saying goes, and the Montreal Children's Hospital (MCH) Department of Psychiatry has adopted this expression. It was necessity that led to the creation of the Specialized Centre for Adolescent Mental Health, also known as Le SPOT Montréal, one of the largest ambulatory centres for the treatment of adolescent suicidal crisis in Canada.

► Above: Le SPOT Montréal recently opened its doors at 5100 de Maisonneuve Blvd. W, near the Glen site of the McGill University Health Centre (MUHC).

Le SPOT Montréal welcomed its first patient on March 21. Located in a building near the MCH, it offers public, short-term and bilingual multidisciplinary therapeutic services to teens aged 12 to 18 in crisis who do not require hospitalization, but need intensive follow-up to regain stability and continue with services in the community. They do not stay at the centre, but rather return home after their sessions.

After evaluation in the MCH Emergency Department (ED), the patient may be referred to the centre. Up to 12 weeks of therapy are offered, including individual, family and group interventions.

The goal is to decrease the crisis, improve communication with parents and siblings, and initiate recovery through workshops and information sessions. Experts liaise with the school and other relevant agencies. The transition to other resources in the community is ultimately made and the centre is able to play an advisory role to these groups.

Eventually, Le SPOT Montréal could support up to 1,000 adolescents annually who have contemplated or attempted suicide.

"Thanks to Le SPOT Montréal, the MCH can now provide adolescents in suicidal



► Dr. Martin Gignac.

crisis with quick and intensive therapeutic support on an outpatient basis. We will not only help prevent suicide but also deal with the chronicity of
[continued >](#)



► (l. to r.): Dr. Martin Gignac, Head of the Department of Psychiatry at the MCH and leader of Le SPOT Montréal project, Katrin Nakashima, Chair of the Board of Directors at the Montreal Children's Hospital Foundation, Jonathan Amiel, Head of the Amiel Family Foundation, David Amiel, from the Amiel Family Foundation, Renée Vézina, President of the Montreal Children's Hospital Foundation, and Dr. Pierre Gfeller, President and Executive Director of the MUHC.

mental health problems,” says Dr. Martin Gignac, head of the Department of Psychiatry at the MCH and leader of the project.

“Let’s not forget that these young people are the adults of tomorrow,” he says. “It’s important to act before more serious conditions take hold permanently and undermine their ability to develop as citizens and as parents.”

While the average wait time for community mental health services is 180 days (six months), Le SPOT Montréal’s team of professionals aims to assess its young patients within 72 hours of their referral from the MCH’s ED specialists.

THE NEED IS GREAT

Hospitalizations for suicide attempts tripled between 2007 and 2018. The pandemic has accelerated the problem: the MCH saw a 35 per cent increase in children presenting to the ED with psychosocial or psychological disorders between 2020 and 2021. The hospital cannot meet all the needs with this volume, meaning some patients end up on the surgical unit because of lack of space on the psychiatry unit. Even if they are then referred to community resources, 20 per cent of them will come back to the ED within 30 days.

This situation gave rise to an idea. Dr. Gignac and Marie-Ève Despa, clinical administrative manager of the MCH Department of Psychiatry, saw a need, but also an opportunity to develop a centre of expertise in mental health. They first considered a day centre with short-term hospitalization beds. This option was discarded because of its complexity.



► Le SPOT Montréal offers a calming, teen-friendly environment.

Then the idea of an outpatient centre, but with rapid response, came to mind. “At first, we were only looking at adding one or two professionals, but that wasn’t enough to meet the needs,” says Maia Aziz, clinico-administrative head, Allied Health Services, at the MCH.

Maia is one of the three leaders of the project, along with Dr. Gignac and Tara Vaincourt, nurse manager of the MCH Department of Psychiatry.

The team decided to adopt a dialectical behavior therapy-informed approach which combines individual, family and group interventions. The patient can work

on their personal skills, but also learn to manage emotions in a social context.

“The goal is to develop coping skills, provide tools for crisis mitigation and communication, and train families to be better equipped to help their children. This is where Dr. Gignac realized that what we were building was unique and innovative,” adds Maia.

STRONGER TOGETHER

The concept of Le SPOT Montréal is based on a multidisciplinary model. A committee with representatives from each department was formed to assess who the patients are and what they need.

“The goal is for the teenager to function like other youth in their environment: school, home, activities, etc.” underlines Maia.

That is why the team includes not only a psychiatrist, psychologists and a psychoeducator, but also occupational therapists, social workers, a nurse and an administrative officer.

As an example, the occupational therapist’s job is to ensure that the teenager’s environment is properly adapted to help them function. For disrupted sleep patterns, she could make sure the physical environment and routines are

set up in a way that is conducive to regaining good sleep patterns. The nurse will be involved in the medical side of things, but also in promoting healthy habits such as proper nutrition.

The centre is also committed to offering culturally safe support and programs to a diverse range of youth (LGBTQ+, Indigenous peoples, visible minorities, new immigrants).

Finally, Le SPOT Montréal provides a tremendous research opportunity to advance the understanding of pediatric mental health issues and develop new treatment protocols and best practices

for adolescents in suicidal crisis. It also gives training and internship opportunities to the next generation of child psychiatrists, psychologists and other mental health professionals.

“I am particularly proud of the fact that we have been able, very quickly, to develop a well thought out, pretty complete clinical program that will respond to the needs of these teens and potentially change their lives,” says Maia.

All of this was made possible through philanthropy. The cost to design and build Le SPOT Montréal and provide [continued >](#)



► The multidisciplinary team of Le SPOT Montréal.

its wide range of services is \$12 million over 10 years. The Montreal Children's Hospital Foundation was able to raise this amount in just six months.

The MCH and the Foundation gratefully acknowledge the generous support of the following donors:

RBC Foundation, The Amiel Family Foundation, Fondation Marcelle et Jean Coutu, P.K. Subban Foundation, Rossy Foundation, Thistledown Foundation, The Tenaquip Foundation, Al Asmar Family, Birks Family Foundation, Claret Asset Management, Fondation Famille Godin, Frédéric Loiselle, Sun Life, Behaviour

Interactif Inc., Robert Elvidge and Family, La Fondation Famille Léger, and Chandra Magill and James Hoover.

WHAT'S NEXT?

For now, Le SPOT Montréal is focusing on adolescents in suicidal crisis. The team is open to including patients with other types of urgent problems such as anxiety, or referred from other facilities. Nothing is decided yet, however; they want to assess their ability to meet the demand first.

"We want to explore different possibilities, we know this is not the end," concludes Maia. ❀

SIMONE'S DISTRESS

On the day their inner suffering became unbearable, Simone Aslan – who uses they/them pronouns – found the courage to take their mother's hand and say, "I am not okay, take me to the hospital." Simone was 16 years old and wanted to die...

Diagnosed with attention deficit disorder at age 11, Simone experienced episodes of anxiety and depression. In high school, the pressure to perform led to panic attacks. To escape the dark thoughts that plagued them, Simone would self-harm. The loneliness and isolation were suffocating them and they couldn't take it anymore.

After their call for help, Simone entered the psychiatry unit at the Montreal Children's Hospital – a stay that was beneficial. What a relief to be able to talk about their pain without being judged! The beginning of a long journey marked by years of therapy began. Today, Simone, who identifies as non-binary, admits to still having episodes of anxiety and depression. But the tools they have developed through therapy make it easier to manage.

Simone is studying jewelry and metalsmithing in Toronto. It's a way to express themselves, but also to honour the culture of their Jewish grandmother. Appreciating the beauty of nature or the happiness that Latifah, the cat who shares their life, brings them back to the basics.

From now on, every year, hundreds of teenagers like Simone will be able to receive the help they need at Le SPOT Montréal, to feel better and achieve their full potential. ❀



► Simone Aslan is a former patient of the Montreal Children's Hospital.



New hearing technology more than meets the eye

Dr. Sam Daniel leads the way in offering magnetic implant procedure to patients

By Maureen McCarthy

Nine-year-old Magalie Brunet is a pioneer. In December 2020, she became the first person in Quebec—child or adult—to receive a new type of hearing implant that uses a magnet instead of the traditional titanium screw to hold it in place. Being the first at anything can be both exciting and a bit scary, but Magalie and her family's decision to go ahead with the procedure has been nothing short of positive.

Dr. Sam Daniel is head of the Otolaryngology – Head and Neck Surgery Department at the Montreal Children's Hospital (MCH). He has a number of patients with varying degrees of hearing loss, many of whom have benefited from bone-anchored hearing implants, also known

as Bahi. The implant consists of two parts: the sound processor which sits on the outside of the skull near the ear and picks up sound from the environment, and the implant which is attached to the bone behind the ear using a

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► Above: Dr. Sam Daniel and Magalie Brunet.

minimally invasive surgical procedure. Dr. Daniel explains, “All of us hear either through our ear canal or through our bone, and for people who are hearing impaired, this device drives sound directly through the bone.”

Traditionally, the sound processor attaches to the interior implant with a titanium screw but the new Osia implant replaces the screw with a magnet. As Dr. Daniel explains, “The external processor which detects the sound latches onto the internal device through the magnet, so when you remove the processor, you don’t see anything at all.”

Although a straightforward choice for many parents, Dr. Daniel learned from researching the subject that as many as 10 per cent of parents don’t want their child to have a traditional implant

because of concerns over having a screw in the skull. However, choosing not to have an implant can cause longer-term issues for hearing and speech. “In addition, there are sometimes complications related to these screws such as inflammation, granulation, infection around the screw, and rarely, rejection of the screw,” says Dr. Daniel. With the magnet, however, there is no risk of rejection.

A BRAVE CHOICE

Magalie was born with Treacher-Collins syndrome, a condition which affects the development of bones and other tissues of the face, and sometimes includes hearing loss. Magalie’s mother Chrystel Campagna explains that when Magalie was three months old, she started using an external processor mounted on a headband, which doesn’t require a surgical

procedure but has a lower quality sound amplification. In 2018, when she was six years old, Dr. Daniel performed minimally invasive surgery to insert a Ponto implant, but less than two years later, Magalie rejected the titanium screw. Dr. Daniel then suggested that the new Osia magnet implant might be a good alternative. Given that Magalie had rejected her previous implant, the family was very open to learning more about it.

“We took a bit of time to think about the Osia, read up on it, and we also talked a lot to Suzelle Julien, Magalie’s audiologist at the MCH,” says Chrystel. “We decided finally to go with the Osia because for Magalie, who sometimes used to get infections and swelling, there were more pros than cons to trying the new implant.”



► Two days after surgery.



► One week after surgery.

"Magalie made the brave decision to be the first person in Quebec to opt for the Osia implant," says Dr. Daniel. "She and her family trusted us to have it done at the MCH, not to mention in the midst of a pandemic."

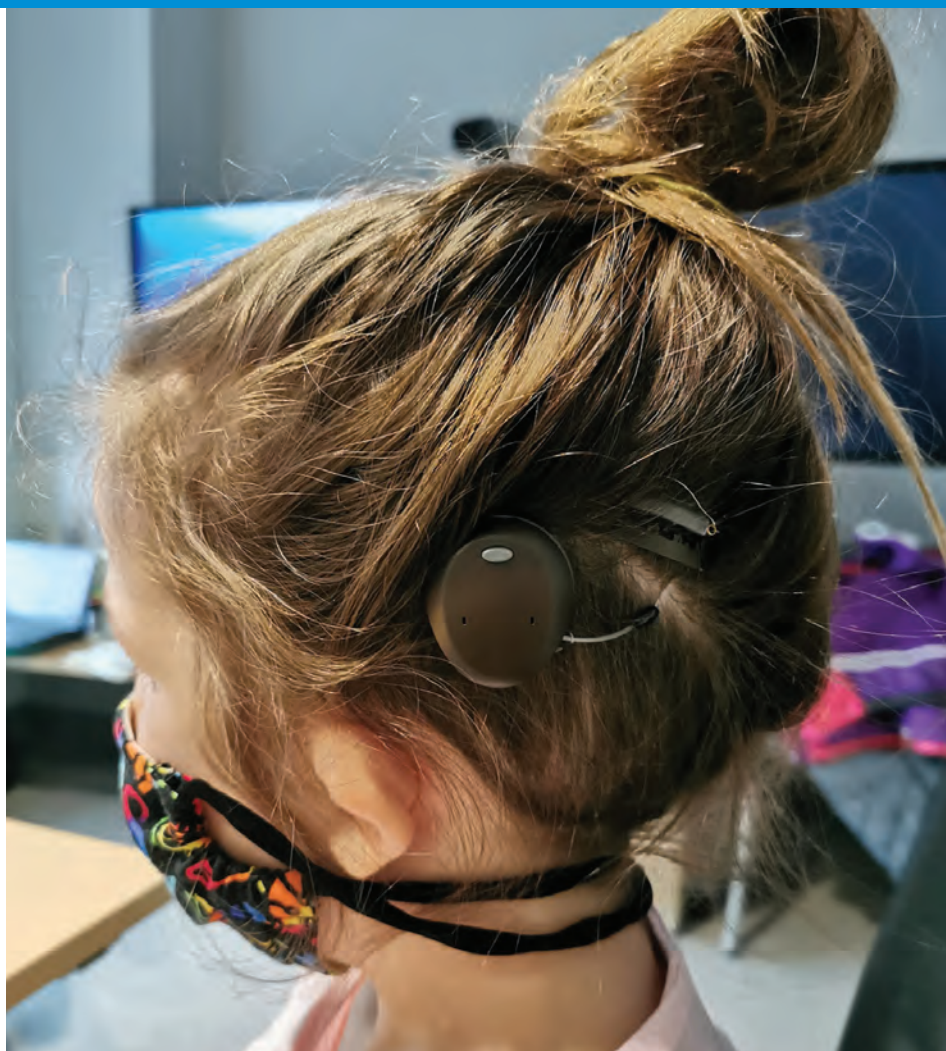
ONE GOOD TURN

Dr. Daniel says that Chrystel is doing a lot to help other patients and families by answering their questions about the Osia and helping guide them in their decision. Chrystel is happy to do it and knows first-hand that parents want as much information as possible to make the right choice for their child.

"It's an added level of assurance for parents to talk to someone whose child already has the new implant, and I can tell them about Magalie's experience," she explains. Chrystel is also part of a parents' Facebook group called *Différences crânio-faciales au Québec*. "It's a great community where we can ask each other questions, and share our worries as well as our joys."

Since Magalie's operation, Dr. Daniel has performed Osia implants in seven of his patients, and has further perfected the technique by converting the manufacturer-recommended incision into a much smaller one. The work has been supported by the Montreal Children's Hospital Foundation and by funding from Opération Enfant Soleil. Dr. Lucie Lessard has also been doing Osia implant procedures with patients at Shriners Hospital for Children – Canada, and other pediatric centres in Quebec are now also offering the procedure.

Dr. Daniel says introducing the Osia implant as an option for patients with



► Magalie five weeks after her surgery. The external processor (seen here) which detects the sound latches onto the internal device through a magnet.

hearing loss highlights the surgical innovation that is part of the MCH mission. He points out that the Osia will likely become the standard with the possible exception of children who need frequent MRIs.

"Even though it's safe to go in the MRI with an Osia, if we're doing a brain image, then we'd see a shadow from the magnet," he says. "However, temporarily removing the magnet is a small procedure that we can do under local anesthetic, so it's not a big concern for children who don't need regular MRIs."

A BIG IMPROVEMENT

It has now been 16 months since Magalie received the Osia implant and Chrystel notes there has been a huge improvement in Magalie's quality of life. "There have been times we've noticed that Magalie can actually hear better," she says, a fact that is backed up by tests done in audiology.

"Making the decision and waiting to see if it was the right choice was a bit stressful, but now we know for sure that we'd like Magalie to have a second Osia implant on the other side of her head. She's so happy with it, which makes us really happy too." ❁



Neonatal resuscitation:

a daily routine with a thousand challenges

By Sandrine Pelletier

In one of the corridors of the Neonatal Intensive Care Unit (NICU), three staff members discuss the day's objectives. They review the scheduled C-sections and the charts of pregnant women who have recently been admitted to the Royal Victoria Hospital. They are members of the neonatal resuscitation team. A glimpse into the world of an expert team exclusive to the Montreal Children's Hospital (MCH).

► Maxime Crawford and Hussein Somani with their little boy, Cainen Somani.

Specifically trained to respond to crisis situations that can arise during unexpected deliveries and high-risk pregnancies, the multidisciplinary mobile team provides specialized support throughout the Glen site of the McGill University Health Centre.

"It's really a unique service in Québec," says Sophie Fournier, Assistant Nurse Manager and Coordinator of the Transport and Resuscitation teams. "The team rigorously and continuously monitors the mothers who are in labour in the Birthing Centre and plans their day accordingly."

The resuscitation team, which consists of a physician, a respiratory therapist, and

a neonatal nurse, is available 24 hours a day, seven days a week. The idea of bringing together three separate professionals to assist with deliveries in the event of complications is the brainchild of neonatologist Dr. Elizabeth Hailu. The initiative was implemented shortly before the Royal Victoria Hospital moved to the Glen site in 2015.

"We started the program in anticipation of better care once established at the Glen site," explains Sophie. "Since 2015, a great deal of collaborative work has taken place between our two units. One of the most significant changes is that we have been able to form a team of competent professionals responsible for neonatal resuscitation who can respond

with greater speed to emergencies at the Birthing Centre."

Because it houses several facilities within the same campus, the Glen location inevitably favours efficiency and speed when the resuscitation team is on the move during an emergency. In other hospitals throughout the province, it is a nurse from the neonatology department who is called in to assist at-risk pregnancies when necessary.

Special attention is given to premature babies, as they need closer follow-up after birth. "They are automatically admitted to the NICU after delivery," says Sophie.

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► (l. to r.): Marco Zeid, respiratory therapist, Cherine McCrory, respiratory therapist, Dr. Bayane Sabsabi, neonatologist, and Elissa Remmer, nursing professional development educator (filling in as replacement on the day photo was taken).

For caesarean deliveries, whether done at the Birthing Centre or in the adult intensive care unit, the assistance of the neonatal resuscitation team is usually required. Finally, should a newborn suffer an unanticipated cardiopulmonary arrest, the team moves swiftly with their equipment to the mother's bedside, usually within an impressive 60 seconds.

TANGIBLE EFFECTS

The presence of the neonatal resuscitation team at the time of delivery brought a tremendous sense of security to the parents of little Cainen Somani, currently hospitalized in the NICU at the MCH.

"We automatically felt taken care of; we felt reassured," say Maxime Crawford and Hussein Somani. Having had a pre-

mature baby in the past, the couple was aware of the potential risks for their third child during Maxime's pregnancy.

"It was during a routine check-up with my gynecologist, at 21 weeks of pregnancy, that I found out my cervix was already open," recalls Cainen's mother. "My pregnancy was not very easy; I had to be hospitalized at the Royal Victoria Hospital a week before giving birth."

By the numbers

From 2020 to 2021, the neonatal resuscitation team received 1,068 calls including:

- 570 from the Birthing Centre
- 113 from the operating room
- 4 from the adult intensive care unit
- 342 from the resuscitation room
- 19 directly from the adult emergency room

As a result of these calls, 396 newborns were admitted to the NICU.



► Sophie Fournier, Assistant Nurse Manager and Coordinator of the Transport and Resuscitation teams.

Despite this challenging situation, the couple is extremely grateful that they were made to feel included in the birthing preparation process.

“We were informed that several specialists, including the resuscitation team, would be at Maxime’s bedside,” recalls Hussein. “We knew exactly what was going to happen.”

The process of familiarizing parents with medical procedures is important because deliveries for high-risk pregnancies differ from regular ones.

“I knew, for example, that I wouldn’t be able to hold my baby once he was born because Cainen was going to be taken straight to the operating room to make sure he was in good health,” Maxime recalls.

A SKILLSET IN DEMAND

Although the neonatal resuscitation team is trained to intervene only during deliveries, its expertise is often sought after the birth. The team also provides support to Royal Victoria Hospital staff for problems that affect the baby’s general health, such as hypoglycemia and hypothermia.

“Team members can be present to consult on why a patient may be having feeding problems,” says Sophie.

“Their goal is to provide the best support to the Royal Victoria Hospital teams to prevent the condition of newborns from deteriorating and to ensure they are transferred to us in the NICU.”

In addition to these preventative functions, when a mother who is already in labour arrives by ambulance, the neonatal resuscitation team is there to lend a helping hand at the Emergency Department entrance.

And, like everyone, the team has had to adapt to the reality of the pandemic by offering assistance in deliveries where the mother is positive for COVID-19. Even today, women with COVID-19 who give birth by caesarean section cannot stay at the Birthing Centre. They give birth in an operating room specifically set up to prevent the spread of the virus, with a decontamination room attached so that the baby can be admitted.

“A mother who is positive for COVID-19 does not automatically transmit it to her newborn,” explains Sophie. “There is a whole protocol that has been rethought and designed to minimize the risks of contamination.” The team is also present during this type of delivery.

One thing is clear: no two days are alike for the neonatal resuscitation team at the MUHC. ❁

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On the cover:
Le SPOT Montréal’s team.

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