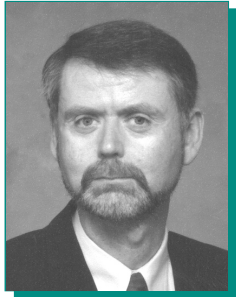




Ontario Psychiatric Association DIALOGUE

THE NEWSLETTER OF THE ONTARIO PSYCHIATRIC ASSOCIATION / UNE PUBLICATION DE L'ASSOCIATION DES PSYCHIATRES DE L'ONTARIO



TIME SENSITIVE INFORMATION

MESSAGE FROM THE PRESIDENT

Dear Colleagues,

If you are scanning this issue of *Dialogue* be sure to read the first two paragraphs of my message and the related article written by Dr. Sonu Gaind, which outlines the funding formula for Family Health Teams that the OMA and the Ministry has agreed upon. The topic may sound as dull as dishwater - do not be fooled - this funding model is critical to our future livelihood, our ability to recruit medical graduates into psychiatry and ultimately to the well-being of our patients.

In a nutshell the Ministry and the OMA have decided to pay psychiatrists 34% less for providing an identical service, a three-hour session to Family Health Teams, than what will be paid to internists. For years the Ministry and the OMA have claimed that the disparity between earnings of psychiatrists and other specialists did not represent under-funding of psychiatrists. Rather, they insisted that it was caused by the need to remunerate psychiatrists based on time rather than on completed procedures. This is the first attempt by the OMA and MOHLTC to entrench the precedent that psychiatric services are less valuable than those provided by other specialists even when they require the same amount of time. I believe that the agreement also reveals an underlying view that mental illness is less important and deserving of medical intervention than physical illness. Those of you familiar with the literature on stigma will know the concept of self-stigma. We should not stigmatize ourselves and further stigmatize the patients we serve by accepting this bias. We must act quickly, act decisively and act *together*. In his article Dr. Gaind provides details of the decision and outlines what each one of us must do to reverse this decision.

I want to update you about a few other issues. This years Ontario budget, which came down on March 22nd, included a 2% increase in the base rate of the Ontario Disability Support Programme (ODSP). As you know, in each of the last two years the OPA has lobbied the government and all MPPs for a 10% increase in ODSP. The government has made some sensible changes to assist individuals who are trying to get off ODSP including an ability to preserve health benefits when initially stopping ODSP payments.

However, there can be little quibbling with the OPA position that a cumulative increase in ODSP of only 7% in 14 years has resulted in major and ongoing hardship for the patients we serve. I have written to the Premier to express our members' disappointment - the letter is posted on the OPA website www.eopa.ca.

On a more upbeat note I was pleased to write letters of appreciation to Ms. Chambers, the Ministry of Children and Youth Services, for the additional \$16.5 million dollars in the budget that will be used to address gaps in local services and to reduce wait times for youth services. On the national scene I have thanked Mr. Flaherty for the federal government's decision to fund the Mental Health Commission. Senator Kirby, who received the T.A. Sweet award from the OPA at our 2006 annual conference, will be the first Chair of the Commission. Senator Kirby has demonstrated a clear commitment to improving services for people with mental illness and an ability to stay the course which has led to the birth of the Commission when so many other reviews of mental health have simply gathered dust.

This issue of *Dialogue* contains the second of our recruitment advertisements. Others will appear in subsequent issues. These advertisements were created free of charge for the OPA by Dr. Keith Anderson's son-in-law. The advertisements highlight the importance of numbers in getting things done. We will be sending them to all Ontario psychiatrists who are not members of our Association. You can help with the recruitment campaign by letting colleagues know what the OPA is doing and encouraging them to come on board.

Finally it is the Ontario Psychiatric Association's turn to nominate the 2008 president-elect for the Canadian Psychiatric Association. Candidates must be members of both the CPA and the OPA. If you know a colleague who might be suitable for this important position consider asking that they allow their names to be put forward. Nomination forms and other information is provided in this issue of *Dialogue*.

Have a great summer and do not hesitate to contact me if you have any suggestions - roreilly@uwo.ca

Richard O'Reilly

2007 OPA President



Ontario Psychiatric Association
Executive and Council



President
Dr. Richard O'Reilly



President-Elect
Dr. Sonu Gaiind



Past President
Dr. Susan Abbey



Secretary
Dr. Varinder Dua



Treasurer
Dr. Deborah Elliott



Dr. Doron Almagor



Dr. Gary Chaimowitz



Dr. John Deadman



Dr. Alison Freeland



Dr. Sarah Jarman



Dr. Roumen Milev



Dr. Paul Mulzer



Dr. Anne Hennessy



Dr. Paul Sedge



Dr. Andrea Waddell

Dr. Leslie Buckley

Council Members can be contacted through the OPA Head Office

OPA Office: 344 Lakeshore Rd. E. Suite B
Oakville, Ontario L6J 1J6
Tel: (905) 827-4659
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Fax: (905) 849-8606

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Editor: June Hylands
Design & Production: AEW Productions Inc.

*The OPA reserves the right to refuse requests for advertising.
The views expressed in this newsletter do not necessarily
reflect the views of the OPA Council.*

FROM THE EDITOR

Dr. Anne Hennessy, Chair of the Member Services Committee, is well known for saying "The OPA must be relevant to its members". This issue of *Dialogue* demonstrates the relevant role we play for the profession of psychiatry in Ontario.

The matter related to Family Health Teams has an impact, either directly or indirectly on all Ontario psychiatrists. Be sure your voice is heard.

The OPA has recently sent letters to Premier McGuinty expressing our disappointment in the small increase for ODSP in the last budget, federal Minister Flaherty, thanking him for implementing the Canadian Mental Health Commission and to Ms Mary Anne Chambers, Ministry of Children and Youth Services of Ontario, for funding for children and youth who are struggling with mental illness. These letters are on our web site at www.eopa.ca.

In this issue of *Dialogue* we are requesting nominations for the position of President-Elect of the Canadian Psychiatric Association. We are also seeking nominations for the T.A. Sweet Award. We welcome your submissions.

Finally, although summer has just begun, it will be gone in a blink! So please take a minute now to register for the OPA Fall Conference on October 20th, 2007 - Dr. Mark Solms will be presenting on Psychotherapy and the Brain.

On behalf of OPA Council and staff we wish you a safe and relaxing summer.

As always, your comments, suggestions and ideas are welcome at any time.

June Hylands
Editor

INSIDE

IN EVERY ISSUE

Message from the President
From the Editor
Why Join the OPA?
Case Vignette
Calendar of Events
OPA Council Meeting Agenda

IN THIS ISSUE

Campaign for Mental Healthier Care
Call for Nominations CPA President-Elect
Call for Nominations T. A. Sweet Award
Call for Abstracts
Fall Conference Registration
Report from the AGHPS

Campaign For Mental Healthier Care June 2007

Dear Colleague,

As both Tariff Chair of the OMA Section on Psychiatry and as President-Elect of the Ontario Psychiatric Association, I urge you to get involved in the following issue that has the potential to affect psychiatric service provision for many years to come.

As part of the Ontario government's Transformation Agenda for health care, the last Ministry of Health and Long-Term Care - Ontario Medical Association (MOHLTC-OMA) Agreement provided for the establishment of Family Health Groups (FHGs). FHGs essentially provided family doctors with a 30% increase in income if they joined together (or stayed together) in groups. The next phase of the primary care initiative involves developing collaborative or shared care models that include specialist and other services, and the Primary and Community Care Committee (PCCC) has approved a Family Health Team (FHT) funding model for this purpose. The PCCC is a joint committee of the MOHLTC and the OMA.

Under the terms of the FHT model, psychiatric services would be remunerated at a rate of \$429 per 3 hour sessional, plus 10% shadow billings. Geriatric and paediatric services would be remunerated at the same rate. However, internal medicine services (including endocrinology, respiratory medicine, neurology, and rheumatology) would be remunerated at \$575 per 3 hour sessional, plus 10% shadow billings.

This represents a 34% higher rate for internal medicine services compared to psychiatric, paediatric, and geriatric services.

The inequities contained in this model are indefensible, and devalue psychiatric services, psychiatrists, and our patients alike.

While we have long sought (and still not achieved) full relativity for psychiatric services, this new FHT model undermines the value of psychiatric services in an entirely new way. One of the barriers at achieving relativity so far has been the difficulty in comparing predominantly time-based psychiatric services with the non-time-based services all other specialists provide. In addition, potential variations in overhead expenses and other issues have plagued relativity comparisons, and led to the frequent refrain that we could not compare "apples to oranges".

With FHTs, for the first time we are now being presented with clear and unequivocal "apples to apples" disparities. The sessional time spent by the psychiatrist is the same as the sessional time spent by the internist and both are acting as consultants to a family team. Under such a model, we should not simply be seeking ***relativity*** for psychiatric services, but ***parity***.

It is important for all Ontario psychiatrists to appreciate the potential impact of this issue, not only on FHTs but also on how all psychiatric services are valued into the future. The Ministry has invested a great deal, both economically and politically, in developing a model of group and collaborative care. What is established now as precedent will set the course for the foreseeable future. This is particularly important given that negotiations for the next overall MOHLTC-OMA Agreement are scheduled for 2008. ***If we as a profession are unable to take an effective stand against such a blatant and clear disparity now, we are unlikely to have much strength or success in advocating future relativity or parity for all psychiatric services. At the same time, the FHT model also provides us the clearest and best chance for parity we have ever had.***

Campaign For Mental Healthier Care June 2007 ~ Cont.

We must also recognize this issue is about far more than psychiatrist or physician remuneration. As psychiatrists, our natural tendency is to try to alleviate our patient's suffering, while debating monetary issues can easily be stigmatized as promoting self interest. However, the disparities entrenched in models like the FHTs reflect not only how psychiatric services are valued, but also how psychiatric patients and their suffering is valued. Over time such disparities inevitably do impact on service patterns and lead to barriers and gaps in patient care. Rather than being noble or self-sacrificing by agreeing to work in a system that devalues our services, I believe we do a disservice to our patients by accepting such inequities that devalue and eventually harm our patients.

I am particularly disturbed that, in the proposed shared care FHT model, the MOHLTC and the OMA would entrench the devaluation of the very people with the least voice in our society, namely the mentally ill, children, and the elderly. Regardless of whether we as psychiatrists would like to 'keep our hands clean' by abstaining from conflicts involving money, we should not abdicate our responsibility to our patients for ensuring their mental health is treated equitably. We should not keep our hands clean at the expense of our patients' minds.

By the time you receive this mailing of Dialogue you may have already received a package outlining this issue along with material advocating a concerted opposition to the current FHT model by all Ontario psychiatrists. **Both the OMA Section on Psychiatry Executive and the OPA Council are advising Ontario psychiatrists to refuse to sign on to provide sessional services to FHTs until the FHT model provides parity for psychiatric services.**

We have provided a template letter that is addressed to the Minister of Health, the OMA President, and the co-chairs of the PCCC Committee. We are asking all Ontario psychiatrists to either write a similar letter, or simply complete and sign the provided form letter, and send this to the OPA offices by fax to (905) 849-8606, or mail to 344 Lakeshore Road East, Suite B, Oakville, L6J 1J6. You may also request an electronic version of the form via email (opa@bellnet.ca). Once the letters are collected we will forward them to the parties listed above.

Whatever type of psychiatric practice you are involved in, and whether or not you would personally be impacted by an FHT model in the near future, I urge you to respond if you have not already done so. Psychiatric services are an essential part of any shared care model, and a coordinated response by Ontario psychiatrists would force the MOHLTC and OMA to ensure these models and future initiatives treat psychiatric patients and services more equitably.

If you would like more information, or to discuss this further, please feel free to contact me directly by email at psych@rogers.com or phone at (416) 769-9159.

Dr. K. Sonu Gaind
Tariff Chair, OMA Section on Psychiatry
President-Elect, OPA

CAMPAIGN FOR MENTALLY HEALTHIER CARE

Dear Minister G. Smitherman, Ontario Minister of Health and Long-Term Care;
Dr. J. Willett, President, Ontario Medical Association;
Ms. M. Barnes, Primary Community Care Committee Co-Chair;
Dr. S. Wooder, Primary Community Care Committee Co-Chair

I understand that the Ministry of Health and Long-Term Care (MOHLTC) and the Ontario Medical Association (OMA), through the Primary Community Care Committee (PCCC), have approved Family Health Team specialist baseline rates of \$429 per 3 hour sessional for psychiatric, paediatric, and geriatric services, and of \$575 per 3 hour sessional for internal medicine services. As a psychiatrist, I find this insulting to me and demeaning to my patients.

I value the health of my patients and believe that mentally ill patients can benefit from an appropriate collaborative or shared model of care. However, the Family Health Team model currently proposed entrenches the idea that the health and suffering of mentally ill patients is worth 3/4 that of other Ontarians, and over time this will only serve to perpetuate barriers to care for the mentally ill. ***I find it unacceptable that the MOHLTC and the OMA are seeking to entrench the devaluation and marginalization of mentally ill patients into Ontario's shared care framework.***

I believe my patient's mental health should be valued on par with the health of other Ontarians. **The current FHT funding model devalues the suffering caused by mental illness, and I refuse to provide sessional services to any Family Health Team until the FHT model acknowledges parity between psychiatric services and other specialist services.**

Name

Signature

Date

Address

Phone

Call for Nominations ~ CPA President-Elect

The OPA announces a request for nominations for the CPA President-Elect.

The nominees for President-elect are nominated on a rotational basis from the five regions across Canada. Nominees must be members in good standing of both the OPA and the CPA but can join if not currently members.

The role of President-Elect is one of preparation for the CPA President. The president is the principal spokesperson for the CPA. He or she must reflect the ethical values and beliefs of the majority of the CPA members and be prepared to articulate those beliefs both inside and outside of the organization, to the best of his or her ability. There is a significant amount of travel and time away from home involved: not just the Presidential tour of all provinces, but with public advocacy, time spent dealing with the Federal government and other national organizations on behalf of Canadian psychiatrists. The list of Presidential tasks is balanced by the fact that the nominee will receive support in the fulfillment of his or her duties from the dedicated executive and staff of the CPA.

The listed criteria are as follows:

“Nominees for President-Elect should be members in good standing of their provincial psychiatric association and active members of the Canadian Psychiatric Association, have served and contributed significantly to the CPA such as membership on the Board of Directors, councils or Sections of the CPA. Candidates should be persons highly regarded by their peers for the qualities of integrity, professionalism and leadership. Candidates should also have a balanced perspective of psychiatry in relation to important regional, national and international issues.”

Please email your nominations to opa@bellnet.ca on or before Tuesday, July 10, 2007.

Please submit nominations in the following format:

- In the subject line place the following text: OPA CPA President-Elect nominee - insert name of nominee.
- Nominations should be accompanied by a biographical summary and curriculum vitae for each candidate.

Space for lease:

Attractive psychiatric office to lease on St. Clair Ave. West, near Avenue Road. 325 square feet on the ground floor, plus shared waiting room.

For further information, please contact Dr. John Sloane 416-925-7791.

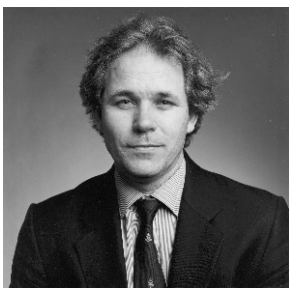
The Psychotherapy Section of the Ontario Psychiatric Association Presents the 2007 Fall Conference

“Psychotherapy and The Brain” ~ Featuring Dr. Mark Solms

Join us for yet another interactive and informative Fall Conference!
Saturday, October 20, 2007
George Ignatieff Theatre ~ Trinity College ~ Toronto, ON

**This will be a full day of cutting edge clinical research with presentations and discussion.
A full gourmet buffet will be served.**

Dr. Solms is an internationally renowned researcher and speaker. He practices in Cape Town and London, and we are pleased to be able to bring him to Toronto for a rare appearance. Dr. Solms has been hailed for discovery of the forebrain mechanisms of dreaming, and for his pioneering integration of psychotherapeutic theories and methods with those of modern neuroscience.



Currently Dr. Solms holds the Chair of Neuropsychology at the University of Cape Town. He founded the International Neuro-Psychoanalysis Society in 2000 and was Founding Editor of the journal Neuro-Psychoanalysis. Dr. Solms has published widely in both neuroscientific and psychoanalytic journals. He is also frequently published in general-interest journals, such as Scientific American. He has published more than 250 articles and book chapters, and 5 books. His second book, *The Neuropsychology of Dreams* (1997), was a landmark contribution to both fields. His book *Clinical Studies in Neuro-Psychoanalysis* won the NAAP's Gradiva Award in 2001. His latest book is *The Brain and the Inner World* (2002) is a best seller and has been translated into 12 languages. He is the authorised editor and translator of the forthcoming 24 volume Revised Standard Edition of the Complete Psychological Works of Sigmund Freud.

To Register... Fill in the form below or go to www.eopa.ca.

Name: _____ OPA member? Yes No

Address: _____

Phone: _____ Email: _____

Institutional Affiliation: _____

Dietary Restrictions: _____

Fee Schedule	Before Oct. 1st	After Oct. 1st
OPA Members	\$185.00	\$200.00
Non Members	\$200.00	\$225.00
Psychiatric Residents	\$ 60.00	\$ 85.00

Form of Payment

Cheque: Please make payable to the Ontario Psychiatric Association and mail this form with your cheque to The Ontario Psychiatric Association ~ 344 Lakeshore Rd. E., Suite B, Oakville, ON, L6J 1J6

Credit Cards: (please print clearly & fax to 905-849-8606)

Card Type: VISA MasterCard

Card Holder Name: _____ Card Holder Signature: _____

Card Number: _____ Expiry Date: _____ / _____

Refund Policy: Please provide your request for refund in writing to the OPA. Notification received prior to September 21st will be refunded 75%. Notification received between September 21st and October 20th will be refunded 50%.

Ontario Psychiatric Association - Council Meeting AGENDA

Date: Wednesday, April 13, 2007
Time: 10:00 - 5:30 P.M.
Location: Ontario Medical Association - 525 University Ave, 2nd Floor - Small Boardroom - 2nd Floor

1.0 Remarks from the President and Approval of Agenda

2.0 Approval of Minutes of December 8th 2006

3.0 Business Arising

- 3.1 President Theme Update
- 3.2 Insurance Reports Update
- 3.3 Non-Physicians Prescribing
- 3.4 CPA Standing Committee Vacancies

4.0 Reports of Task Forces and Committees

- 4.1 Advocacy Committee
 - 4.1.1 Discussions regarding the position of Medical Advisor for Community and Social Services
- 4.2 Communications Committee
- 4.3 Continuing Education Committee
- 4.4 Finance/Audit Committee
- 4.5 Member Services Committee

6.0 Standing Reports

- 6.1 CPA Reports
 - 6.1.1 Directors
 - 6.1.2 Council of Provinces
 - 6.1.3 Standing Committees
 - 6.1.3.1 Education
 - 6.1.3.2 Professional Standards & Practice
 - 6.1.3.3 Scientific & Research
- 6.2 OMA Section on Psychiatry
- 6.3 Coalition
- 6.4 Executive Director Report

7.0 New Business

Call for Nominations ~ T. A. Sweet Award

The OPA announces a request for nominations for the 2007 T. A. Sweet Award. This award is presented annually to individuals who have made a major contribution to the understanding of mental illness and its impact on individuals in society.

Last year's winner was **Mr. William J. MacPhee** who was diagnosed with schizophrenia in 1987. After years of struggling with this devastating illness, Bill was able to regain control of his life through medication, family support and other therapies.

Previous recipients have included leaders in volunteer and community activities, people from the field of journalism and individuals who suffer from mental illness. Our most recent recipients were Ron Ellis, Lt. General (Ret.) Roméo Dallaire, Anne Murray, Phil Upshall and Senator Michael Kirby.

Please email your nominations to opa@bellnet.ca on or before Saturday, August 25, 2007.

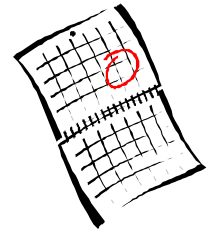
Please submit nominations in the following format:

- In the subject line place the following text: OPA T. A. Sweet nominee - insert name of nominee.
- Please include, in body of your message, an explanation (40 lines or less) of the work the person has done and in what way you think they have made a contribution to the understanding of mental illness and its impact on individuals in society.

Mark Your Calendars for the OPA 88th Annual Conference!

February 8th & 9th, 2008

The Marriott Eaton Centre Downtown ~ 525 Bay Street



Abstract submissions are now being accepted.

Submission deadline: October 13th, 2007.

Please see the Call for Abstracts in this issue of Dialogue, or visit us
online at www.eopa.ca to submit.



CALENDAR OF EVENTS

Members! Contact the OPA with the details on upcoming educational events and we will do our best to include them in the *Dialogue*.

October 20, 2007 - OPA Annual Fall Conference

Location: George Ignatieff Theatre, Trinity College, Toronto, ON

Featuring: **Dr. Mark Solms**

Topic: Psychotherapy and the Brain

Registration will be limited...look for the brochure and registration in the mail!

You can register at www.eopa.ca.

October 22, 2007 - A Day with Dr. Daniel Siegel - Mindful Therapy: The Brain, the Mind, Relationships and the Development of Well-Being.

Accredited by the GPPA for 7.5 hours CE and 1 hour of CCI.

Location: Mount Sinai Hospital Auditorium, 600 University Ave., Toronto

Contact: General Practice Psychotherapy Association

Phone: 416-410-6644 Fax: 866-328-7974

Email: info@gppaonline.ca

Website: www.gppaonline.ca

February 8th - 9th, 2008 - OPA 88th Annual Conference

The OPA Annual Conference for 2008 will be held at the Marriott Eaton Centre Hotel, Toronto

More information available soon at www.eopa.ca.



The Ontario Psychiatric Association (OPA)

Annual Conference

Call For Abstracts

Face Sheet

Call for Papers
Deadline for Submission is October 13th 2007.
 Please fill out the face sheet below and fax to 905-849-8606 or go online at www.eopa.ca.
 Please note that acceptance of your submission is contingent upon receipt of your paid registration for the day of your session.

Title: _____

Senior Author: _____ OPA Member: [] Yes [] No

Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Co-Authors/Panellists:

(Please include names of all participants as you wish them to appear in the Annual Conference Final Programme)

Name	City/University	OPA MEMBER	
		Yes	No

Submission Type:

- [] Symposium (2-3 hours)
- [] Workshop (1.5 hours)
- [] Oral Presentation (20 minutes)
- [] Poster

Length of Presentation:

Please indicate the amount of time requested: _____

Audio Visual Aids:

A laptop computer, LCD and screen will be provided in each presentation room. If you require any additional audio visual aids please specify: _____

Are you receiving funding from industry for your presentation? If so, please note your affiliation.

Official Abstract Form

Submit your presentation to us by fax (905) 849-8606 or by email at opa@bellnet.ca.

Please note: When preparing your abstract, use “Arial” font with 10-pitch font size for the entire document. DO NOT use bolding, italics, underlining, etc. Use both uppercase and lowercase lettering as appropriate (e.g. MacDonald).

Title: _____

Abstract: (Please use a separate page if extra space is required)

Learning Objectives: (Please provide 2-3 - these objectives should describe what the participants will learn in terms of knowledge, skills or attitude - e.g. Your statement might begin: “At the end of this session, the participants will be able to”) *(This is a necessary component for accreditation under M.O.C.)*

(1) _____

(2) _____

(3) _____

Self Assessment Questions: *(This is a necessary component for accreditation under M.O.C.)*

(1) _____

(2) _____

Two References:

(1) _____

(2) _____

Types of Submissions

Symposium

90 to 120 minutes in duration. Ideally, a symposium should include several participants from different institutions, areas of the province or disciplines.

Workshop

90 to 120 minutes in duration. These focus on specific topics and are particularly aimed at skill transmission including case analysis, skills building or role-play.

Course

2 hours, 3 hours or 5 hours in duration. Courses are designed to provide an overview of an area. They may be offered at introductory or advanced levels.

Paper Session

15 minutes followed by a 5 - 10 minute question period led by the speaker(s).

Video Session

Videos related to psychiatric disorders and mental health issues. The presenter will be asked to introduce and lead a discussion regarding their video.

Poster Session

There will be a formal poster session (time to be determined), but we ask that posters be on display throughout the meeting.

N.B. Under Maintenance of Certification (M.O.C.) Guidelines, all submissions must allocate a minimum of 25% of the time for audience interaction (i.e. discussion period, Q & A)

Please return this form by Oct 13th 2007 to:

Ontario Psychiatric Association

Email: opa@bellnet.ca / Fax: (905) 849-8606

344 Lakeshore Rd. E, Suite B, Oakville, ON L6J 1J6

The Association of General Hospital Psychiatric Services (AGHPS) provided the following update to the OPA on its past and future activities:

As many of you know, the AGHPS has, through the efforts of Dr. Gerry McNestry (AGHPS President) and Dr. Brian Hoffman (AGHPS Past President), been very involved in the Mental Health Funding Working Group addressing the issue of sessionals and stipends. It was therefore a pleasure to participate in the Funding Workshop held in May, hosted by the OHA and MOHLTC, for Chiefs of Psychiatry. This was a rare opportunity to have Chiefs and Directors of Mental Health from all parts of Ontario together. The feedback from this event was very positive and therefore the AGHPS is planning to use the same model for a conference later this year to discuss the results from the Prevention of Suicide Project. We will be sending out more information on this during the summer.

We would like to use this report in *Dialogue* to announce that Mr. Bruce Whitney, Director of the Mental Health Program in Peterborough Regional Health Centre, and Vice President of the AGHPS is retiring in July. In his role as an executive member of the AGHPS, Bruce has been tireless in working for mental health in Schedule 1 hospitals. Bruce has a deep understanding of mental health issues and years of experience in hospital management. His perspective and thoughts have been valued enormously by the AGHPS Executive over the years. We will miss Bruce's knowledge, experience and humor but we are also delighted that he will now have more time for family, golf and all the other important things that he is looking forward to. Best wishes Bruce from the AGHPS!

Magic lasso in hand, **WONDER WOMAN** is a singular force to be reckoned with.

SHE'S ALSO FICTIONAL.

In the real world it takes more than one person to make big things happen. Sometimes it takes thousands. That's why it's so important that Ontario psychiatrists join the Ontario Psychiatric Association. The stronger our numbers, the better we can serve our community--and our profession--by representing our profession before government and other bodies, advocating for the mentally ill, and facilitating the exchange of scientific information. For more information on the OPA and to apply for membership, visit eopa.ca



905.827.4659

Why join the OPA?

Objectives of the Ontario Psychiatric Association:

- **EXCHANGE** of scientific information
- **PROMOTE** an optimal level of professional development and practice
- **ADVOCATE** for persons with mental illness and their families
- **REPRESENT** the members in their relationships with governments at all levels, universities, medical associations and other associations
- **PROMOTE** the prevention of mental disorders in Ontario

Member Benefits:

- Access to specialty Sections, workshops and courses
- Opportunities for networking

- Peer Mentorship Programme
- Registration discounts for the Annual Conference
- Complimentary membership for Residents and longstanding members
- Voting privileges at the Annual General Meeting and general meetings (Full Member, Life Member and Member in Training only)
- Opportunities for maintenance of competence and continuing education credits
- Effective representation to the Canadian Psychiatric Association
- Joint partnership, with the Ontario Medical Association Section on Psychiatry, by means of the Coalition of Ontario Psychiatrists
- *Dialogue* - the quarterly Association Newsletter provides up-to-date information on issues affecting psychiatry and psychiatric practice

For more information about the OPA please visit our website at www.eopa.ca.

