



MESSAGE FROM THE PRESIDENT

Dear Colleagues: It is a real pleasure to write this as your President. I am very honoured to have this role, and shall do my best to work hard to represent your interests and needs. Please feel free to contact me to ensure that I know what these are.

The year has gotten off to an interesting start. Most of you will be aware that our administrative staff underwent change last fall, and was replaced by June Hylands and her management company. We are very pleased to welcome them on board, and have enjoyed working with them in recent months.

The election for Council positions this year was an issue at the Annual General Meeting. There were 5 candidates (Drs. Toba Oluboka, Rosemary Meier, Varinder Dua, Chiachen Cheng, and Roumen Milev) for the 3 Council positions. The ballots were sent out late, via email only, since there was little time for the usual mail ballots. As a result, only 20 votes were cast, and the results were declared invalid at the Annual General Meeting. The Council met soon after, and decided to appoint members to fill the vacancies for 2005. Since Dr. Dua had agreed to withdraw her nomination, and Dr. Milev kindly agreed to withdraw from the running as Council member and attend Council meetings as the Chair of the Continuing Education Committee, Council unanimously agreed to appoint the remaining three candidates to fill the three vacant positions. I would like to thank the membership for their patience and advice during this process. I am delighted to work with the current Council, and look forward to a fun and productive year.

A Task Force has been set up to address this issue and ensure that succession planning and nominations be carried out well in advance with as much input from members as possible. I am confident that the election process this coming fall will be much smoother and highly successful.

My theme for this year is "Healthy Practices". My area of interest in my clinical, administrative, educational, and research endeavours

is Physician Health. Physician Health is rapidly becoming an area of interest, and starting to get the focus it deserves. The practice of medicine has always been stressful, but the rate of stress and burnout among physicians is increasing. The current health care environment is changing at an unprecedented pace. Never before has the topic of Physician Stress and Physician Health and Well-Being been such a priority. Physician Health is now a matter of national focus. In 1998, the CMA developed a Policy on Physician Health and Well-Being. In 2002, Physician Health was a priority for the 2002-2003 CMA President, Dr. Dana Hanson, and three resolutions passed at General Council that year were to further support physician health issues. In August 2003, The CMA launched the Centre for Physician Health and Well-Being, citing a recent Canadian study showing 45.3 % of responding physicians were at an advanced stage of burnout.

It is gratifying to see that the culture of medicine is slowly changing, and many physicians are now starting to feel more comfortable in reaching out for help. In this coming year, I hope to raise awareness of this issue to encourage the medical profession to get necessary help, to improve our skills and comfort in treating colleagues, and in encouraging all of us to model healthy behavior practices.

One such way to improve our own health is to spend more time with family and friends. To this end, we are hoping to encourage you to attend the next Annual Meeting in January 2006, with a friend. We are launching the 'Bring a Buddy' program. Please reach out to just one colleague who is not yet a member of the OPA and encourage him/her to join. This will earn you great recognition and praise from your OPA Council, and a reward that entitles both of you to a reduced registration at the January 2006 meeting. I look forward to seeing you there, and meeting your friends.

I plan to highlight other initiatives to raise awareness of Physician Health issues in the coming year. Watch out for these. I always invite and welcome your thoughts and input. Together, we can model healthy behaviour, help members of the medical profession to remain healthy, and ensure they are able to continue to provide excellent patient care through Healthy Practices.

*Mamta Gautam, MD, FRCPC
2005 OPA President*



Ontario Psychiatric Association Executive and Council



President
Dr. Mamta Gautam



President-Elect
Dr. Susan Abbey



Past President
Dr. Doug Wilkins



Secretary
Dr. Keith Anderson



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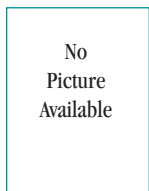
Dr. Deborah Elliott



Dr. Elizabeth Esmond



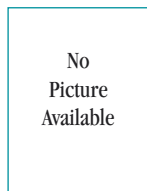
Dr. Rosemary Meier



Dr. Andrea Waddell



Dr. Chiachen Cheng



Dr. Leo Murphy



Dr. Richard O'Reilly



Dr. Toba Oluboka



Dr. Oleg Savenkov



Dr. Bob Swenson

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Publisher: Dr. Keith Anderson
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Design & Production: Gregory Miller, Mentor Communications

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The views expressed in this newsletter do not necessarily
reflect the views of the OPA Council.*

From THE EDITOR

This first issue of *Dialogue* for 2005 provides you with a summary of the Annual Meeting. We were delighted that the Honourable George Smitherman was in attendance on the Friday morning to discuss the Transformation Agenda and some of the implications this might have on mental health in Ontario. His presentation was educational and quite informal, allowing time for questions from the audience. The Annual Meeting included excellent presentations on a wide variety of topics. Dr. Ann Thomas, who has chaired the Continuing Education Committee and coordinated the Annual Meeting for the last six years was honoured by Council with the establishment of a new award – The Dr. Ann Thomas Award for Best Resident Presentation. We look forward to receiving submissions from Residents for the next Annual Meeting when the first recipient will be named. Dr. Roumen Milev will take over from Dr. Thomas in planning the next Meeting.



*Dr. Doug Wilkins, Honourable George Smitherman,
Dr. Mamta Gautam*

On a personal note, the Annual Meeting was a wonderful opportunity for myself and the staff at the OPA office to meet members and discuss issues of interest relating to the Association and mental health in Ontario.

Also in this issue we include a biography of Phil Upshall, this year's recipient of the T.A. Sweet Award, an overview of the Canadian Collaborative Mental Health Initiative and an update on projects being undertaken by ICES. Finally, we are introducing a "Members Corner" that invites our members to submit personal articles of interest.

Your comments, ideas and suggestions are important and always welcome.

June Hylands

Editor

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New to this Issue: Members Corner

Mark Your Calendars for the OPA Psychotherapy Section's 2005 Fall Conference!

Date: Saturday, October 1st, 2005
Location: University of Toronto Faculty Club
Featuring: Dr. Glen Gabbard Professor of Psychiatry and Director of the Baylor Psychiatry Clinic at the Baylor College of Medicine
Topic: Personality Disorders

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

Hot lunch provided!

Morning Discussion: "The Mind-Brain Interface in Personality Disorders"

Afternoon Session Will Include: "Combining Medication and Psychotherapy in the Treatment of Borderline Personality Disorder"



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*. Additional information on these events can be obtained from the OPA Head Office.

April 7 & 8, 2005 - Managing Legal Risks & Responsibilities in Mental Health Care - Are you up to date on your latest obligations in mental health care law, or are you at risk of making serious and costly errors?
www.CanadianInstitute.com

Friday April 15, 2005 - Psychiatric Disability in the Workplace - Presented by the Canadian Society of Medical Evaluators. Program Objectives: To understand the extent and significance of psychiatric disability in the workplace. For more information or to register, visit www.csme.org or contact the CSME office at 416-487-4040 or email info@csme.org.

April 15-16, 2005 - Fourth Annual Pharmacogenetics in Psychiatry Meeting - For the past three years, the annual Pharmacogenetics in Psychiatry meeting has provided a forum for the presentation and discussion of new developments in the rapidly developing field of psychiatric pharmacogenetics. Location: New York, NY. Visit them at www.northshorelij.edu/education/pharm.

Friday, April 22, 2005 - Acceptance and Commitment Therapy - A Behavioural Experiential Approach - Led by Sonja Batten, this workshop will demonstrate techniques designed to facilitate experiential willingness and the understanding of core ACT concepts, including experiential exercises.

Location: Metro-Central YMCA 20 Grosvenor Street, Toronto
info@leadingedgeseminars.org

April 26, 2005 - Psychopharmacology Understanding, Monitoring, and Managing Clients on SSRIs, Antipsychotics, and Other Psychotropic Medication - Led by Dr. David Healy Location: Metro-Central YMCA 20 Grosvenor Street, Toronto info@leadingedgeseminars.org

May 5, and May 6, 2005 - How to Dismantle a Symptomatic Bomb: Symptoms as Solutions and Pathways to Getting Unstuck - This special workshop, the first time that Gilligan and O'Hanlon will have presented together in Canada, will offer a unique approach to change and to understanding problems. Location: Metro-Central YMCA, 20 Grosvenor Street, Toronto info@leadingedgeseminars.org

Friday, May 6, 2005 - OPGA 2005 Annual Conference & General Meeting - The Ontario Psycho-Geriatric Association's annual conference.
See <http://www.opga.on.ca/>

May 6, 2005 - International No Diet Day - The National Eating Disorder Information Centre (NEDIC). To reduce the prevalence of anorexia, bulimia, dieting and body image problems through a public education program emphasizing social factors causing their development.
Email: nedic@uhn.on.ca

May 13, 2005 - "The Good Divorce: Long-Term Implications for Children and Families" - Presented by the Ottawa Couple & Family Institute: Constance Ahrons in Ottawa, Ontario web: www.ocfi.ca and www.eft.ca
Tel: (416) 964-1133, toll free: 1-888-291-1133 Fax: (416) 964-7172
Email: info@leadingedgeseminars.org

May 14, 2005 - "Behind the Couch: Implicit and Explicit Influences of the Psychoanalyst's Subjectivity" - The Toronto Institute for Contemporary Psychoanalysis (TICP) offers this Symposium: Barbara Pizer, Ph.D. Case Presentation: 3 internationally reknown discussants. @ George Ignatieff Theatre, Trinity College, University of Toronto Contact: www.ticp.on.ca

May 19, 2005 - Pathways to Solutions with Challenging At-Risk Adolescents - A collaborative systemic family therapy approach.
www.hincksdellcrest.org/brief-therapy-training

May 20, 2005 - Living on the Razor's Edge - Solution-Oriented Brief Family Therapy with Self-Harming Adolescents. www.hincksdellcrest.org/brief-therapy-training
Contact: The Hincks-Dellcrest Centre - Gail Appel Institute
Telephone: (416) 972-1935 ext. 3345

May 21 - 26, 2005 - APA Annual Meeting in Atlanta, GA - The American Psychiatric Association is a medical specialty society recognized worldwide. Its over 35,000 U.S. and international member physicians work together to ensure humane care and effective treatment for all persons with mental disorders, including mental retardation and substance-related disorders. It is the voice and conscience of modern psychiatry. Its vision is a society that has available, accessible quality psychiatric diagnosis and treatment. Visit website: <http://www.psych.org>

May 30, 2005 - Current Legal Issues; What Mental Health Professionals Need to Know - Health care professionals face difficult legal issues on a daily basis. Recent high-profile cases have highlighted the potential for legal liability when therapists either ignore or misunderstand their legal obligations. Location: Metro-Central YMCA 20 Grosvenor Street, Toronto info@leadingedgeseminars.org

May 31 - June 2, 2005 - International Association of Psychosocial Rehabilitation Services - Setting our Course for Recovery: What Works and Why? Halifax, Nova Scotia Visit website for details: www.psrrpscanada.ca

June 8, 9 and 10, 2005 - 20th Anniversary Psycho Geriatric Team Exchange 2005 in Kingston - THE TEAM EXCHANGE is comprised of Geriatric Psychiatry Programs throughout Ontario, Canada providing specialized assessment, consultation, treatment and education to older adults, their families and service providers. <http://www.opga.on.ca/>

June 9, 2005 - Aggressive Behaviour Toward Self and others A Life-Span Treatment Approach - Led by Donald Meichenbaum. This workshop will consider the lessons learned in bridging the gap between research and practice. Specifically, how does violent behaviour develop and what are the implications for prevention and treatment, especially considering gender differences? What can clinicians, schools, and communities do to reduce violence? info@leadingedgeseminars.org

June 10, 2005 - Engaging the Hard-to-Reach Client - Led by Lawrence Shulman. Helping professionals are increasingly facing clients who are affected by family violence, substance abuse, physical and mental illness, and other problems that can lead to denial and resistance to services. Hard-to-reach clients are often involuntary or "semi-voluntary", which can add to the problems in the engagement. Location: Metro-Central YMCA 20 Grosvenor Street, Toronto info@leadingedgeseminars.org

June 10 to Sunday, June 12, 2005 6th - National Conference on Shared Mental Health Care - The conference will be held from Friday, at the Ottawa Marriott Hotel. To register or to find out further information about the conference please contact: Carmen Lefebvre @ (613) 722-6521 ext 6253 or clefebvr@uottawa.ca.

June 16 -17, 2005 - The Ottawa Anxiety & Trauma Clinic presents the 16th Annual Trauma & Dissociation Conference - "Making a Difference: PTSD and the Global Village" - This will be held at The Westin Hotel, Ottawa, Ontario Canada. Featuring Matthew Friedman, MD, Ph.D., US Dept. of Veterans Affairs. Guest Speakers include: Lieutenant General Romeo Dallaire, Dr. Alexandre (Sacha) Trudeau and Dr. Massey Beveridge. For more information call: 613 225-1425, fax: 613 225-0130 or e-mail: pgmitch@cyberus.ca.

CLASSIFIED ADS CAN BE PLACED BY CONTACTING THE OPA OFFICE AT (905) 827.4659

Why join the OPA?

Dedicated to excellence in psychiatric education, advocacy, representation and the advancement of public policy.

The Ontario Psychiatric Association was incorporated in 1956. Dr. Edward Ryan, Superintendent of Rockwood Hospital, established the Ontario Neuro-Psychiatric Association in 1920.

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, other 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, the Alliance of Mental Health Services

- 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

Other Information:

- Standing Committees
Advocacy, Communications, Continuing Education, Finance/Audit, and Member Services
- Membership Categories:
Full Member - is a legally qualified practitioner who is licensed to practice medicine in Ontario and is: (a) Registered as a specialist in psychiatry by the Royal College of Physicians and Surgeons of Canada, and is in active practice, or,
(b) Teaching psychiatry in a university or other senior psychiatric position.
Member-in-Training - is a person who is registered in an approved, psychiatric, post-graduate training programme, or, in an undergraduate medical programme, in Ontario.
Associate Member- is any person who is a legally qualified medical practitioner or who occupies a position in nursing, psychology, social work, occupational therapy, or any other profession or occupation, closely related to psychiatry.
Life Member- is any Member who has reached the age of 65 and whose years of age and years of Full Membership totals 80 in the Association.

AGENDA OPA Council WEDNESDAY JANUARY 26TH, 2005

Location: Toronto Marriott Eaton Centre Hotel, 525 Bay Street, Dundas Room

1.0 Remarks from the President

- 1.1 Approval of Agenda

2.0 Approval of Minutes of December 14th 2004

3.0 Business Arising

- 3.1 Advertising Policy for Web site
- 3.2 Directors and Officers Liability Insurance
- 3.3 Election Results
- 3.4 OPA Annual General Meeting & Annual Report

4.0 Treasurer's Report

- 4.1 Budget

5.0 Reports of Task Forces and Committees

- 5.1 Advocacy Committee
- 5.2 Communications Committee
- 5.3 Continuing Education Committee
- 5.4 Finance/Audit Committee
- 5.5 Member Services Committee

6.0 Standing Reports

- 6.1 CPA Reports
 - 6.1.1 Directors
 - 6.1.2 Council of Provinces

Standing Committees

- 6.1.3.1 Education
- 6.1.3.2 Professional Standards & Practice
- 6.1.3.3 Scientific & Research

6.2 OMA Tariff/RBRVS

6.3 Working Group on Mental Health Services

6.4 Coalition

6.5 Alliance for Mental Health Services

6.6 Section Reports

7.0 New Business

Ontario Psychiatric Association - Council Meeting

Date: Saturday, January 29th 2005

Time: 12:00 – 1:30 P.M.

Location: Toronto Marriott Eaton Centre Hotel, 525 Bay St., York A Room

AGENDA

1. Remarks from the President – Approval of Agenda
2. Introduction of 2005 Council Members
3. Committee Membership for 2005
4. Meeting Dates for 2005, April 15th, June 3rd, September 30th, November 10th
5. 2005 Annual Meeting Update
6. Other Business

2004 OPA PRESIDENT'S ADDRESS:

Dr. Doug Wilkins, M.D. FRCPC.

We are all aware of the disconnect between the demands and needs of the public and what the health care system can deliver. This gulf is growing larger on a daily basis and we have all had countless discussions with family, friends and colleagues on where it will all end up.

Psychiatry is no different than any other piece of the medical pie. We have more to offer our patients than ever before, but are finding it more and more difficult to provide care to those who require it.

Much of the change we have seen in psychiatry, like that in other areas of medicine, has been positive. Our knowledge of psychiatric illness is constantly expanding. Research is providing us greater insights into serious psychiatric illnesses such as schizophrenia and Bipolar Affective Disorder. We have better medications to offer our patients that are improving quality of life, are better tolerated, and often easier to administer.

We have a better understanding of psychotherapy and we are finally showing evidence that demonstrates the effectiveness of therapies including Cognitive Behavioral Therapy and Interpersonal Therapy.

We have developed new services to treat the severely mentally ill, many of them community based. Assertive Community Treatment Teams have shown that they decrease an individual's need for inpatient psychiatric care, emergency room visits and other mental health services. Case management helps ensure that people have someone to assist with day-to-day activities and improves compliance with treatment and follow-up.

Partial hospitalization programs are providing acute intensive treatment as well as rehabilitation.

Tele-psychiatry is allowing access to remote areas that previously had no psychiatric support.

Shared care is developing strategies to allow family practitioners access to mental health resources with the advantage of continued involvement and provides a wonderful opportunity for education.

However, despite these changes, these improvements to the system, these additions to our arsenal of care, the system appears less capable of meeting the needs of the public than ever before.

We constantly hear about patients who can't access the system of mental health care, often for a variety of reasons.

General practitioners are constantly complaining that they can't get a psychiatric consultation in a timely fashion, if at all. Hospital psychiatric outpatient departments are limiting referrals. Community psychiatrists have long waiting lists.

The days are past where general practitioners wanted the psychiatrists to deal with the psychiatric issue on their own and to absolve themselves of any further involvement. Some still desire this, but many are willing not

only to remain involved, but also take the lead. They are often asking for assistance to clarify the diagnosis and develop a treatment strategy. Unfortunately, they are often not able to obtain this.

What we are seeing more frequently in our emergency departments are patients being sent in by their GP with the sole intent of seeing a psychiatrist. Often after months of trying to arrange a consultation with no success, the frustrated primary care physician tells their patient that the best way to see a psychiatrist is to go to the emergency room and ask. Often these patients are ill and would certainly benefit from a psychiatric assessment, but they are often not emergencies.

Usually there is no courtesy call to the emergency room or the psychiatrist on call, possibly out of concern that they will be turned away. Occasionally there is a note scribbled on a prescription.

The presenting complaint in the emergency record is often listed as "wants to see a psychiatrist." I have tried to explain to more than one Chief of Emergency that this is a presenting wish, not a presenting complaint. I have yet to see a presenting complaint of "wants to see an orthopaedic surgeon" or "wants to see a cardiologist." I am sure that patients have asked on registration, but I would expect that it would not be accepted.

It is easy to get angry when you are called to the ER to deal with this kind of a scenario, especially since it often occurs in the evening, after the patient has spent 3 – 4 hours waiting to be seen. The general practitioner's office is often closed and you are not able to obtain collateral information.

However, I understand why primary care physicians are choosing this option. They are trying to get help for their patients the only way that they know how. The other options don't work. This one often does and it increases the odds that it will happen again.

On the other side, those of us who work in the general hospital sector often have great difficulty arranging appropriate follow-up for patients we see in emergency or discharge from our in-patient service. Our out-patient departments can't cope with the numbers and in any event, we are being told that this is not what hospitals should be providing – it is now the job of the community. Unfortunately, community resources are not available. Community psychiatrists have waiting lists of many months, if they keep one at all. Psychologists are not affordable. The new community supports are full. In Ottawa, where I practice, the Centralized Assertive Community Treatment Assessment has a waiting list of greater than one year. Case management has a waiting list of 3 years. What is the result? The patient is referred back to the primary care physician and the cycle continues. It is the "Circle of Strife."

Community psychiatrists can't access psychiatric in-patient beds. Elective admissions are a fading memory that I now include in my "when I was a Resident" stories. Our length of stays are closely monitored and compared to our colleagues and our peer hospitals as if this is a measure of quality care.

It is true that we are constantly being asked to do more with less. Hospital psychiatry resources have been cut. Psychologists are a luxury. Occupational therapy is limited. Social workers are often called discharge planners. At some point you do less with less.

How did we get to this state? Certainly, psychiatry shares many of the same problems as the health care system in general. We have more to offer, but not the resources to provide it. More money would be nice, but it is not that simple.

Look at our numbers. We have never had enough psychiatrists to meet the public demand for individual care. This has always been a problem and has become much worse since psychiatry joined the mainstream of medicine and expectations were increased.

We are graduating fewer psychiatrists from our training program. Roughly 20 years ago when I was a second year Resident at the University of Ottawa, we had a total of 52 Residents in the program and graduated approximately 12 each year. Today, the Ottawa program has 4 Residents finish the program yearly.

Several years ago, Dr. Blake Woodside, then CPA President, told this meeting that in approximately 15 years, there will be 30% fewer psychiatrists in Canada than there are currently.

Where are the Residents going when they complete their training? They are not going into private practice. They are being absorbed into the hospital sector, often sub-specializing, and to a lesser extent, into community services.

Dr. Joel Paris, in an editorial in the CPA bulletin last April, recounted that at his university in Montreal he had not seen any graduating Residents who have gone into private practice for years. It is a similar situation in Ottawa. Dr. Paris predicts that the old model of psychiatrists treating patients by themselves in offices will die a natural death, as older psychiatrists are replaced by a new generation.

What about the new community services that has been put in place over the last decade or two? They have not compensated for the more extreme changes on the other side – the closing of acute and longer-term psychiatric beds, the downsizing and divestment of the Provincial Psychiatric Hospital sector. Treatment has often been replaced by support.

Where do we go from here? I believe that the current system of mental health services and the current role of psychiatrists are not sustainable.

We are all busy. We all care for difficult patients and do important work. Our patients will attest to that. I believe that even the Ministry of Health

accepts that psychiatrists are providing needed services. Unfortunately, I do not believe that this is enough to sustain the system or prevent change. Supply will never meet demand.

Over the past several decades, psychiatry has lost its jurisdictional control and the consequence has been a diffusion of mental health treatment and services among a range of professionals whose stature and authority are both substantial and growing.

Dr. Richard Cooper describes in his paper “Where is Psychiatry Going and Who is Going There”, that there is no other medical specialty that has such ambiguity over its abstract identity.

I am concerned that if we continue along the present course, psychiatry’s scope of practice will be determined by others and will become much more narrow in its focus. This is already happening. Many of us are being told that our role in the system is to treat the severely mentally ill. We are being seen as a piece of the continuum of care.

The new reality is that we are now part of a system whether we like it or not. We must take the lead in defining our role or it will be defined for us.

I believe that we must embrace new models of care with the underlying tenet of collaboration. In many ways, we must become more like the traditional consultant.

Psychiatrists still maintain unique knowledge and skills but we must be willing to utilize these in different ways such as multidisciplinary mental health teams or shared care with family physicians. Integration is the new buzz-word in health care. We must be willing to work with other disciplines and share responsibility.

Along with this comes the need for new models of remuneration and we must demand this. There is no doubt that economies will play a greater role in the future of health care than at any time in the past. We will constantly be reminded of the Golden Rule: “He Who has the Gold, Rules.”

As Richard Cooper states, “society’s needs are never met. Rather, need translates into demand through the keyhole of economic capacity.” We may not necessarily like where we are heading, but we have to prepare for it. We can and should be leaders in the new system and it’s our job, our responsibility to ensure that we are.

Are the times changing? Of course they are. The bigger question is whether we are willing to change with them.

MEMBERS ON THE *MOVE* *MOVE*

To get your new appointment in “Members on the Move”, send us the following information – your name, position, date of appointment, the organization you were with and the new organization (if applicable), your email, phone number and address.

We will run these announcements as we receive them, and as space in the Dialogue allows. Please forward your items in writing to the OPA Office, 344 Lakeshore Road East, Suite B, Oakville, Ontario, L6J 1J6 or by email to: opa@bellnet.ca.

MEET THE NEW COUNCIL

The following are the results based on acclamation and appointment for positions on OPA Council during 2005:

President: Dr. Mamta Gautam
President-Elect: Dr. Susan Abbey
Past President: Dr. Doug Wilkins
Secretary: Dr. Keith Anderson
Treasurer: Dr. Derek Puddester

Council Members:

Dr. Cinda Dyer
Dr. Deborah Elliott
Dr. Elizabeth Esmond
Dr. Leo Murphy
Dr. Richard O'Reilly
Dr. Bob Swenson
Dr. Chiachen Cheng
Dr. Toba Oluboka
Dr. Rosemary Meier

Member-in-Training Representatives:

Dr. Oleg Savenkov
Dr. Andrea Waddell

Continuing Education Committee Chair:

Dr. Roumen Milev

Introducing Dr. Mamta Gautam

OPA 2005 President



Mamta Gautam, MD, FRCP(C), is a psychiatrist in private practice in Ottawa, and an Assistant Professor in the Department of Psychiatry, University of Ottawa.

Hailed as “The Doctor’s Doctor”; physicians make up her entire patient population.

She is the creator and first Director of the University of Ottawa Faculty Wellness Program, the first of its kind at any academic setting in the world. She serves as the Co-Chair of the Canadian Psychiatric Association Section on Physician Health. She is also the Chair of the Expert Advisory Group for the CMA Centre for Physician Health and Well-Being, where she has just led the creation of an innovative curriculum for physician leaders on Physician Health.

She is an internationally known expert and speaker in the field of Physician Health. Dr. Gautam has given over 400 keynote presentations and workshops in this area. She has created videos, and authored articles and book chapters on this topic. Dr. Gautam is on the faculty of several physician leadership conferences throughout Canada and the United States. She is the author of the book *Irondoc: Practical Stress Management Tools for Physicians*, 2004. Dr. Mamta Gautam also writes a regular physician health column, “Helping Hand”, in the *Medical Post*.

Dr. Gautam has been actively involved in the OPA since 2000.

Annual Meeting Summary

Ontario Psychiatric Association 85th Annual Meeting:
“The Times: Are They Changing?” By: Roumen Milev, Chair, Continuing Education Committee

The 2005 Annual Meeting of the Ontario Psychiatric Association was held at the Toronto Marriott Eaton Centre Hotel on January 27th-29th, 2005. For the second year in a row, a pre-conference workshop was offered. This year it was devoted to interpersonal therapy (IPT) with Dr. John C. Markowitz.

There were many and interesting presentations throughout the Annual Meeting. A symposium entitled “Community Mental Health for the Severely Mentally Ill – Has it Worked?” gave a historical perspective by Dr. John Deadmond and Dr. Samuel Sussman.

The course “Doctors for Doctors” was led by Dr. Barankin, Dr. Gautam and Dr. Paré. In addition, there were three invited lectures. Dr. Phillip Klassen discussed “Pharmacological Sex Drive Reduction”. “The Secret Life of Siblings of the Mentally and Physically Ill” was presented by Dr. Jeanne Safer. Dr. Jim Owen presented the third invited lecture on “Clinical Developments in Chiral Pharmacology”.

A symposium addressed the “Biological Treatments of Depression”. This was presented by a group from Queen’s University in Kingston. Topics included “Light Therapy and Sleep Deprivation as Somatic Treatments for Depression” presented by Dr. Michela David, “Should Benzodiazepines be Used During ECT?” presented by Dr. Nick Delva and “The Place of rTMS in the Treatment of Depression” presented by Dr. Gaby Abraham. “Vagus Nerve Stimulation and Other New Methods for Treatment Resistant Depression” was presented by Dr. Roumen Milev.

Two further symposia covered “The Community Treatment of Schizophrenia” by Dr. Deadman and Dr. N. Voruganti, and “Working with the Consent and Capacity Board – Evidence-Based Psychiatry” by Dr. Rosemary Meier.

As usual, our luncheon symposia were well attended. We had a luncheon symposium devoted to “Atypical Antipsychotics and Their Use in Schizophrenia and Mood Disorders and Organic Psychosis and Other Conditions”, presented by Dr. C. Shammie, Dr. G. MacQueen and Dr. Rahul Manchanda. A luncheon symposium devoted to “Treatment of ADD in Children and Adults” was presented by Dr. L. Hechtman and Dr. U. Jain. The third luncheon symposium addressed “Anxiety Disorders” and was presented by Dr. Martin Katzman and Dr. Pierre Bleau in a very interactive and enjoyable way.

An interesting debate about the “Adversarial Process and its Appropriateness for Treatment Decisions in the Consent and Capacity Board” was presented by Drs. O’Reilly and Chaimowitz.

Dr. Sid Kennedy presented the Jane Chamberlin Lecture/Award – “The Impact of Depression on Our Lives: Opportunities to Move Forward”.

Another invited lecture dealt with “Depression in Children and Adolescents” and was presented by Dr. Margaret Steele.

The theme speaker for the Annual Meeting was Dr. Edward Shorter who gave an interesting and thought provoking presentation entitled “Backing Into the Future: What Can We Learn from Psychiatry’s Past That Might Come in Handy?”

There were many other interesting workshops and a number of interactive sessions.

The OPA Annual General Meeting with Presidential Address was held on Friday, January 28th, 2005, and was followed by the OMA Section on Psychiatry Annual General Meeting.

Minister George Smitherman addressed the audience at the Annual Meeting with his thoughts about health care in a transitional period.

Dr. Paul Hoaken, with his paper “What are Delusions? Does it Matter if we Know?” won the award for the best member presentation at the paper sessions.

At the OPA Dinner and Dance, which was attended by the CPA President, Dr. Asad Mahmud, the annual TA Sweet Award was presented to the President of the Mood Disorder Association of Canada, Phil Upshall. He spoke about his battles with bipolar disorder and how he was able to handle that.

As many of you know, Ann Thomas has chaired the Continuing Education Committee and organized the last 6 consecutive Ontario Psychiatric Association Annual Meetings. This was her last Meeting and she has once again done a great job. In recognition of this, the Council of the Ontario Psychiatric Association has named an annual award in her name, the “Dr. Ann Thomas Award for Best Resident Presentation”, which will be awarded to the Resident with the best presentation at the Ontario Psychiatric Association Annual Meeting. Well done Ann! All the best for the future.

Lastly, I would like to introduce myself. I have been on the Council of the Ontario Psychiatric Association for the last 3 years and for the last 2 years I have sat on the Continuing Education Committee. I was able to learn a lot from Ann Thomas, and now have the difficult task of following in her footsteps chairing the Continuing Education Committee and organizing the 2006 Ontario Psychiatric Association Annual Meeting. For any suggestions about topics, speakers, format of the meeting, etc., please email me at milevr@pccchealth.org.

Thank You

I would like to thank the membership of the Ontario Psychiatric Association for the opportunity of serving the Organization as the Program Director for the Annual Meeting for the past six years. It was a very rewarding experience, being able to get to know many of the members better, especially those with whom I spent time in a working relationship. It was fun being able to invite and meet some very distinguished colleagues who came to the meeting to share their expertise with us. I would like to thank the current Council members for the gift of the "Carpe Deum" steel sculpture and for the great honour of having the Resident's Award given in future in my name.

I wish the new Program Director, Dr. Roumen Milev well, and I look forward to the programs that he and the rest of the members of the Continuing Education Committee put together.

Ann Thomas
Past Chair, Continuing Education Committee



Dr. Mamta Gautam, Dr. Keith Anderson, Dr. Ann Thomas, Dr. Jean Safer

ATTENTION MEMBERS

Annual CPA Awards for Excellence and Achievement

CALL FOR NOMINATIONS

Each year, the Canadian Psychiatric Association asks the OPA Council for nominations for a number of CPA, joint CPA-COPCE, and joint CPA-CAPE awards that recognize excellence and achievement in psychiatry:

Paul Patterson Award for innovative contribution to specific educational issues or creative leadership in new educational directives (e.g., system changes, curriculum developments, evaluation procedures, or public education approaches on a national, provincial or regional level).

C.A. Roberts Award for significant contribution to the improvement of patient care.

J.M. Cleghorn Award for excellence in clinical psychiatric research or leadership in advancing clinical psychiatric research in Canada.

Alex Leighton joint CPA-Canadian Academy of Psychiatric Epidemiology (CAPE) Award for the individual or group of individuals that have made a significant contribution to the advancement and diffusion of Canadian psychiatric epidemiology through innovative studies, methods, teaching or transfer of knowledge. More junior scientists can relate it to lifelong activities or to a recent significant achievement. The work must therefore be easily recognized as a significant contribution to Canadian psychiatric

epidemiology, studies or activities conducted in Canada, or a contribution to psychiatric epidemiology on the international scene.

Joint CPA-Council of Psychiatric Continuing Education (COPCE) Award for the individual or group responsible for excellence in the planning, delivery and evaluation of a continuing education activity in psychiatry in Canada.

Your assistance in identifying colleagues whom the CPA can honour and recognize for their professional dedication, excellence, leadership and innovation, and whom the OPA Council can enthusiastically support, is appreciated. The deadline for receipt of application by the CPA is June 30, 2005.

All awards will be presented at the CPA's Annual Conference in Vancouver, B.C., which will take place from Nov. 3 – 6, 2005.

Please note that some of the awards require the nominee to be a CPA member. For more information, such as the complete terms of reference and specific nomination criteria for each of these awards, and to let OPA Council know of your nomination, please contact the OPA office at OPA@bellnet.ca.

We would like to acknowledge and thank our sponsors
and exhibitors for their support of the Annual Meeting

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T.A. Sweet Award

The T.A. Sweet Award was presented to Mr. Phil Upshall at the OPA Annual Meeting Dinner/Dance.

This award was established in 1975 in memory of Dr. Theodore Allen Sweet, and is presented annually to individuals who have made a major contribution to the understanding of mental illness and its impact on individuals in society. Dr. Sweet became Secretary of the Ontario Neuro-Psychiatric Association in September 1946 and continued in this capacity until 1959.

Mr. Phil Upshall was born in Winnipeg, raised in Toronto, graduated from Dalhousie University with a B.Com. in 1965, from University of Toronto with an LL.B. in 1967 and was called to the Bar in 1969. He was appointed Queen's Counsel in 1980. He was very active in his community. In 1989, the Prime Minister of Canada appointed Phil to The Blue Ribbon Automotive Panel pursuant to the provisions of the Canada – U.S. Free Trade Agreement. In September 1991, he was diagnosed with bipolar affective disorder (manic depressive illness). Dealing with the issues that arose as a result of his illness and establishing a healing process took from 1991 to 1995. In 1995, he joined the Mood Disorders Association of Toronto and slowly started to use his former skills as a volunteer in government relations and fundraising. Representing the Mood Disorders Society of Canada of which he is National Executive Director, Phil was a founding member of the Canadian Alliance for Mental Illness and Mental Health (CAMIMH) established in 1998 and currently serves as its National Executive Director. Phil is a member of the Advisory Board to Statistics Canada's Canadian Community Health Survey - Mental Health Supplement. Phil led CAMIMH's advocacy efforts for a separate Institute of Mental Illness and Mental Health at the IGC prior to the establishment of the current CIHR Institutes. He is a member of the Advisory Board for the Institute of Neurosciences, Mental Health and Addiction and has chaired its two national roundtables for NGO's He was a member of the CIHR National Placebo Working Committee on the Appropriate Use of Placebos in Clinical Trials in Canada. His commentary in this regard, is contained on page 9 in the final report of the Committee submitted to Health Canada and CIHR in July of 2004. Phil is a member of the Privacy Advisory Committee of CIHR. Phil was a member of the Mental Health Implementation Task Force for Toronto and Peel which was established by the Minister of

Health and Long Term Care for the Province of Ontario. He Co-Chaired the Specialized Services and Supports Sub-Committee and the Support Services Sub-Committee. Phil is a volunteer with the Ontario Section of the Canadian Bar Association for its lawyer's assistance program. Phil is an Adjunct Professor in the Department of Psychiatry on the part time academic staff of the Faculty of Medicine at Dalhousie University in Halifax. Phil is a member of the Steering Committee of the Canadian Collaborative Mental Health Initiative; a project funded the Primary Health Care Reform Fund of Health Canada. Phil is a Distinguished Advisor to the Global Business and Economic Roundtable on Mental Health and Addiction.

The theories of "patient autonomy" contained in Canada's Tri-Council Policy Statement and in the International Conference on Harmonization (ICH-E10) guideline and "patient centered practice" discussed in current Health Care Reform Initiatives have been of great interest to him. Phil has brought his past life experiences to all of the activities noted above as well as to a very active public speaking schedule. He emphasized in the past and continues to emphasize the need for the patient/consumer voice to be heard by any group attempting to develop a patient centered practice, curriculum or activity. He has spoken at continuing education meetings of such diverse groups as the members of the Canada Pension Plan Appeals Tribunal and to the World Psychiatric Association meetings in Florence, Italy in November 2004 educating those in attendance about the theory of "patient-centeredness" from the patient's perspective, which in its very essence requires inter-professional collaboration to be successfully implemented. As the National Executive Director of the Mood Disorders Society of Canada, he has led its planning and consultation process which are inclusive of the philosophy collaboration (see MDSC's Blueprint for Action) and as the National Executive Director of the Canadian Alliance on Mental Illness and Mental Health he has championed the collaboration of mental health professionals, service providers, family and consumer groups towards common causes. He has also advised the Senate Standing Committee on Social Affairs, Science and Technology.

New CEO Appointed at the Canadian Mental Health Association, Ontario



TORONTO – January 24, 2005 - As President of the Canadian Mental Health Association, Ontario and on behalf of the Board of Directors, it gives me great pleasure to announce that Karen McGrath has accepted the position of Chief Executive Officer for the Canadian Mental Health Association, Ontario, effective March 1st, 2005. Karen brings to us a distinguished 25 year career, both professionally and as a volunteer, in health care, and in particular in the field of mental health and addictions.

For the past four years of Karen's professional life she has been a Chief Executive Officer for Health and Community Services, Newfoundland & Labrador; two years as CEO for the St John's Region and two years as CEO of the Central Region. These organizations offer programs and services in the areas of child care, family and rehabilitation services, community corrections, mental health, addictions, continuing care, health promotion and health protection.

Her Canada-wide experience as a surveyor for the Canadian Council on Health Services Accreditation has given Ms McGrath an extensive knowledge of the Canadian health system. As a volunteer, Karen has served as President of the Newfoundland & Labrador Association of Social Workers, President of the Canadian Mental Health Association, Newfoundland & Labrador Division and, until this appointment, as National President of the Canadian Mental Health Association.

Ms McGrath holds Bachelor of Social Work and Master of Business Administration degrees from Memorial University in Newfoundland and a Diploma in Health Services Management from the Canadian Hospital Association.

Please join me in welcoming Karen as the Chief Executive Officer of the Canadian Mental Health Association, Ontario.

Neil McGregor, President
CMHA, Ontario

ICES - Institute for Clinical Evaluative Sciences

What's Happening?

For more information call 416-480-4055

Mental health service use for depressed and suicidal individuals

In Canada, suicide is a leading cause of death in people aged 10-44 years. Depression and suicidality strongly contribute to premature mortality and are costly, disabling conditions. Approximately 8% of people suffer from depression in their lifetime and about 5% of the population suffers annually from the condition. However, the degree to which suicidality accounts for the level and amount of care among depressed individuals is not known. This has important implications for practice guidelines and future measurement and planning of mental health services. The purpose of this study is to examine the relationships between depression, suicidality (ideation and non-fatal behaviours) and mental health service use in a system of universal medical insurance.

Access to mental health services in Ontario

The focus of this study is to better understand access to mental health care services in Ontario. Its key objectives are, first, to assess the nature and magnitude of the relationship between socioeconomic status (SES) and mental health care use in a Canadian setting; and second, to ascertain the determinants of the use of mental health services.

Effect of antidepressant use on hospitalization rates among elderly bipolar patients

Treatment guidelines for adults with bipolar disorder (BD) generally recommend the addition of an antidepressant medication to existing treatment, and treatment surveys have found frequent use of antidepressant medications for bipolar patients. While antidepressants show some degree of efficacy in the treatment of adult BD, induction of mania remains a risk when using this class of medication, and there is growing controversy as to whether the risk of mania outweighs the benefit for depression. The purpose of this study is to determine the effect of antidepressant use on hospitalization rates for mania and bipolar depression in a large, community-based sample of elderly bipolar patients.

Fee-for-service core mental health services: changes in provider source and visit frequency

This Atlas Report examines changes in the type of physicians providing mental health care and the visit frequency of mental health care users, from 1997 to 2001.

According to Ontario's Mental Health Reform initiatives, mental health care users should receive a continuum of care that addresses both physical and mental needs. General practitioners and family physicians (GP/FP) play a pivotal role in ensuring care continuity. The measure of visit frequency provides information on cost and a rough measure of resource use.

Fiscal changes for core mental health services delivered by fee-for-service physicians

The goal of Mental Health Reform in Ontario includes providing core mental health services to those with the greatest need, and achieving equitable access and a seamless continuum of mental and physical care. This report will describe changes from 1997 to the present.

Economic costs of mental disorders, alcohol, tobacco and illicit drugs in Ontario

This study will estimate the economic costs of mental and addictive-spectrum disorders using cost of illness methods, and will pilot a micro simulation model of depression for potential use in policy decision-making.

The relationship between depression and mortality in ischemic heart disease patients

A sample of ischemic heart disease patients will be linked with data from the Registered Persons Database to determine the three-year death rate based on the presence or absence of depression. Death rates over time will be compared with adjusting for diagnosis, sex, age, severity, co-morbid conditions, and family income.

OUR ERROR IN THE SEPTEMBER 2004 ISSUE!

On page 17 of the September issue of *Dialogue*, under the 'Six Interesting Websites For You To Explore' section, the website address for PsychDirect was printed as www.psyhdirect.com.

This should have read: www.psychdirect.com.

PsychDirect is the public education website of the Department of Psychiatry and Behavioural Neurosciences at McMaster. The emphasis is

on evidence-based mental health information and education. The content has been developed for both the professional and the general public. Mental illness can be treated and sometimes prevented but early detection and treatment are critically important. We believe that accessible education and information is integral to a wider understanding and acceptance of these issues as a first step.

We apologize for the inaccurate web address.

Health Canada

Adverse Reaction Reporting by Health Professionals and Consumers:

Why report?

All marketed health products have benefits and risks. Although health products are carefully tested for safety and efficacy before they are licensed, some adverse reactions* may not become evident until the general population uses a health product under “real life” circumstances. By submitting a suspected adverse reaction report, you are contributing to the ongoing collection of safety and effectiveness information that occurs once health products are marketed.

Reported adverse reaction information may contribute to:

The identification of previously unrecognized rare, or serious adverse reactions; changes in product safety information, or other regulatory actions such as withdrawal of a product from the Canadian market; international data regarding benefits, risks, or effectiveness of health products; health product safety knowledge that benefits all Canadians.

What to report?

Health Canada, through the Canadian Adverse Drug Reaction Monitoring Program, is responsible for collecting and assessing adverse reaction reports for the following health products marketed in Canada: pharmaceuticals, biologics (including fractionated blood products as well as therapeutic and diagnostic vaccines), natural health products and radio-pharmaceuticals.

You do not have to be certain that a health product caused the reaction in order to report it. Adverse reaction reports are, for the most part, only suspected associations.

We want to know about all suspected adverse reactions, but especially if they are:

Unexpected adverse reactions, regardless of their severity (not consistent with product information or labelling);
serious adverse reactions, whether expected or not;
adverse reactions related to recently marketed health products (on the market for less than 5 years).

How to report?

Complete the adverse reaction reporting form, which can be obtained at:
Ontario Regional AR Centre
c/o LonDIS Drug Information Centre
London Health Sciences Centre
339 Windermere Rd.
London ON N6A 5A5
adr@lhsc.on.ca

The Canadian Collaborative Mental Health Initiative: Next Step – The Charter

Nick Kates (Chair CCMHI)

In January 2004, the Canadian Collaborative Mental Health Initiative (CCMHI) was funded by Health Canada through the Primary Health Care Transition Fund to develop a national strategy for collaboration between mental health and primary care services. It was one of five national strategies, the others addressing nurse practitioners, obstetrics, E-Pharmacy, and inter-professional collaboration.

The CCMHI is sponsored by 12 national organizations and associations representing psychiatrists, family physicians, nurses, social workers, occupational therapists, pharmacists, psychologists and dieticians, mental health consumers, community providers and advocacy groups who have come together to improve access to mental health care across Canada.

The project, which is now entering its second and final year of activity, builds on the CPA / CPFC national shared care initiative, but recognizes the contribution to collaborative care of a broad range of health care professionals, as well as the need to involve patients and their families as partners in care.

One of the first steps of the initiative was to complete a number of substantial literature reviews on a wide range of activities related to collaboration which will be posted sequentially on the website at www.ccmhi.ca. These have included a scan of current projects,

reviews of the impact of collaborative care on specific populations, systemic barriers (including funding) to greater collaboration, policy issues relevant to increased collaboration, international trends, and mental health promotion in primary care settings.

The next stage will include the development of concrete strategies for overcoming identified barriers, based on what we have learnt from the literature reviews and environmental scans, and the experiences of practitioners in successful programs in Canada and other countries. Groups of experts from across the country are developing a how-to toolkit for the benefit of clinicians and administrators who are interested in implementing a collaborative project. The toolkit, which will include practical resources that can be used in any new project, will have two parts. The first is an overall section looking at practical steps in the implementation of a new project. The second section will feature reports from eight working groups, each looking at issues in developing collaborative projects for specific populations such as the severely mentally ill, children, the elderly, individuals in disadvantaged urban settings, individuals with addiction problems, first nation communities, rural and isolated communities, and ethno-cultural groups.

In addition to establishing new programs, there are two other key steps for the long-term sustainability of collaborative mental health care in Canada.

The first is acknowledgement by health system managers and funding bodies that this should be an integral part of provincial, territorial and federal health service planning. To this end we have established contacts with planners in Canada's provinces, territories and at the federal level to look at ways in which the concepts of collaborative mental health care can be incorporated in current and future planning.

The second is the training of future practitioners to work collaboratively. We have completed a survey of current training practices (where very little collaborative learning, or learning about collaboration currently occurs) and will be making specific recommendations as to how this could be improved.

The other major activity of the initiative will be the development of a Charter, which all 12 partners in the initiative will sign. This will articulate a vision of collaborative mental health care as an integral element of primary health care, an action plan for achieving this vision to be developed through the engagement of consumers and front-line

professionals across the country, and a commitment on the part of the professional associations represented in our consortium to implement the action plan.

While the timeframe is tight, the intent is that drafts of the Charter will be circulated to members of all twelve participating organizations for comment and suggestions over the next four months. For Psychiatry, we hope that this will include input from both individual psychiatrists and provincial associations. To this end, we hope to circulate a draft version of the Charter through the next edition of the OPA Newsletter and would appreciate your thoughts.

This is an exciting and timely initiative and we look forward to your comments on the charter, or any other aspect of our work.

For further information on the CCMHI project visit the website at www.ccmhi.ca or contact Nick Kates at nkates@mcmaster.ca

OPA MEMBERS

The 2004 Financial Statements, Treasurer's Report and 2004 OPA Budget were presented during the Annual General Meeting on January 28, 2005 and are now available at the OPA office.

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

Comments from Dr. Brian Hoffman, President

This has been a very important year for hospital-based services in psychiatry. For several years, many of our services have expanded with Assertive Community Treatment teams, inpatient child and adolescent services, forensic services, geriatric psychiatry services and alcohol and substance abuse services. This has allowed the development of mental health services for the most vulnerable persons who have been underserved but need our services. Unfortunately, the funding for some of these services has been frozen for several years and the community agencies with which we liaise have been poorly coordinated. Meanwhile we have continued to provide a full range of services in our hospitals as they restructure and we have tried to anticipate and have input into the changes at the regional and provincial levels. The result is that we have taxed our staff and budgets by supporting extra vote programs while trying to support community-based programs with our limited staff.

We are looking for your input to help us better understand what each of you is facing in your own environment. We are sending a survey to all Schedule 1 hospitals with the hope that we might compile "what Ontario's hospitals mental health profile is" and therefore we will be able to better understand what is happening out there.

OTHER NEWS

In February 2005, the AGHPS received notification of further funding from the Ministry of Health and Long Term Care to "go forward" with four of the five recommendations included in the "People at Risk of Suicide" report.

The 4 areas that we will be addressing over the next two years are:

1. Coroners Reports – Development of a report of findings leading to a Report on preventable occurrences
2. Development of a "Provincial Fast Track Model" for the police department's personnel who accompany patients at risk to General Hospital's Emergency Department
3. Development of Guidelines and Programs for people who are vulnerable to suicide behaviour
4. Education Programs – Provincial and regional strategy developing a demographic specific suicide signs recognition, prevention and treatment strategy

We are excited at the opportunity this provides to engage all stakeholders to address some of the "grass roots" issues that impact mental health services in Ontario hospitals. More information about each of these projects will be available shortly.

Jane Chamberlin Memorial Lecture and Award

The Jane Chamberlin Memorial Lecture is co-sponsored each year by the OPA and the AGHPS.

The speaker for this year was Dr. Sid Kennedy who spoke on the Impact of Depression on our Lives: Opportunities to Move Forward. Dr. Kennedy discussed specific interventions that have been developed to promote early detection and treatment, including a new Canadian agenda to study depression in the workplace.

The Jane Chamberlin Memorial Award was presented by the AGHPS to Dr. Ty Turner for his outstanding contribution in mental health. Dr. Turner is Chief of Psychiatry and Medical Program Director at St. Joseph's Health Centre, Toronto. He was the President of the Association of General Hospital Psychiatric Services from 1999 – 2003 and still serves on the AGHPS Board and Executive. Dr. Turner graduated as MD from Queen's University in 1971. After a year as a straight intern in psychiatry, he entered general practice. He returned to psychiatry training at the University of Toronto and in 1990 was made a fellow of the Royal College.

Before entering medical school, Dr. Turner worked as an attendant in a pre-deinstitutionalized psychiatric hospital. In the 1970's he was a community family physician in inner city Toronto working with deinstitutionalized psychiatric patients. In 1982, after an unsuccessful run as a candidate in a provincial election, he was appointed by the Minister of Health as the founding Provincial Coordinator of the Psychiatric Patient Advocate Office, a post he held for 4 years, until entering his psychiatric residency.



Dr. Tyrone Turner, Dr. Brian Hoffman, Dr. Sid Kennedy, Dr. Mamta Gautam, Dr. Doug Wilkins

He is interested in general psychiatry, shared mental health care and health system planning. He is Chair of the Urban Health Committee of the Wellesley Central Health Corporation. In 2003, Dr. Turner received a Governor General's citation for volunteer work. He enjoys jazz, cross-country skiing and working in Northern Ontario where he gets to speak a lot of Italian.

INTERESTING WEBSITES FOR YOU TO EXPLORE:

www.eopa.ca - Ontario Psychiatric Association

The Ontario Psychiatric Association recently launched its official website. Our intention is to expand on what is initially available. Please visit our website and give us your feedback.

www.opha.on.ca - Founded in 1949, the Ontario Public Health Association (OPHA) is a voluntary, charitable association that provides leadership on issues affecting the public's health and strengthens the impact of people who are active in public and community health throughout Ontario. The site also provides information and resources on specific topics of interest to public and community health workers. There is also a directory of public health staff, a list of links to other public and community health sites, and a section specifically for members.

www.wfmh.org - The World Federation for Mental Health is the only international, multidisciplinary, grassroots advocacy and education organization concerned with all aspects of mental health!

www.ccsa.ca - The Canadian Centre on Substance Abuse (CCSA) is Canada's national addictions agency. Our mission is to provide objective, evidence-based information and advice that will help reduce the health,

social and economic harm associated with substance abuse and addictions.

www.ofcmhap.on.ca - The Ontario Federation of Community Mental Health & Addictions Programs website. Their mission statement "The Federation brings together community mental health and addiction services in the Province of Ontario to help members provide effective, high-quality services through information sharing, education, advocacy and unified effort."

www.ticp.on.ca - The Toronto Institute for Contemporary Psychoanalysis website. The TICP provides this site as a service to the Web's psychoanalytic community and general public. The Site Menu on the left hand of the screen points to information on the institute, its members, training programme, services, and events. Some pages on this site also have a Page Menu, which list links to topics on that page. The Resources Menu is a gateway to the Web's vast array of psychoanalytic links. In the spirit of the TICP's comparative/integrative philosophy, the site's content reflects not only established movements but also more recent innovative orientations in psychoanalytic theory and practice.

MEMBERS CORNER:

Members are invited to submit their personal articles, poetry etc.
These are members' features, and are not formally linked to the OPA or *Dialogue*.
The views expressed do not necessarily reflect the views of the OPA.

TO BE OR NOT TO BE

One day Grim Reaper appeared at my door,
I calmly asked "Why are you here. What for?"

He answered, " Your days are coming to an end.
Before we leave here tell me your last demand."

"I have fifty more things to do" I said,
I sure cannot do it if I am dead.

So, you may go to hell and come back next year,
I may be ready then Grim Reaper dear.

The year passed quickly he appeared again,
I said "by taking me now what will you gain"

I completed only half of my chores,
To finish the rest I need a year more.

Do not come next year, just give me a call,
I'll tell you if I'm ready at all.

The year passed nicely the call came in,
I said " unfinished job is not a sin."

Giving me one more year is the best thing to do,
Do not call me next year I will call you.

When next year arrived I forgot to call.
Convenient amnesia is the best of all.

Live your life fully, forget about death,
Remember the question one day posed Makbeth.

To be or not to be, that is the question,
This is a real Shakespearean action.

Choose always "To be" and forget the rest,
Forgetting "Not to be" is always the best.

Stick to life with love and play cool,
Then even the Grim Reaper, you can fool.

By: Dr Aydogen Ugur

