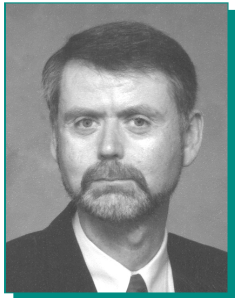
Ontario Psychiatric Association DIALOGUE

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 Colleague,

I hope you enjoyed the Ontario summer. The summer months are often a slow time for an organization such as the OPA. However, this summer has been quite busy.

First let me update you on the Family Health Teams (FHTs) funding model (in which the Ministry and the OMA decided that psychiatrists should receive 34% less than internists for providing a three-hour session to a FHT). Over four hundred Ontario psychiatrists responded to the call from the Coalition of Ontario Psychiatrists and wrote to Mr. Smitherman and Dr. Janice Willet (OMA President) protesting the inequity for psychiatrists and the patients we treat. On August 1st representatives from the OPA and the OMA Section of Psychiatry met with senior Ministry and OMA staff. We made it clear to the Ministry and the OMA in preliminary correspondence and at the August meeting why we view this funding model as fundamentally wrong and we have told the Ministry and the OMA that we would continue to encourage Ontario psychiatrists not to join FHTs under this funding model. I am pleased to report that, at one level, the OMA has reconsidered this matter - the OMA Medical Assembly unanimously voted for parity in funding specialists. However, the Ministry has not responded constructively as you will see from the letter from Ms. Barnes, published in this issue of Dialogue. For more details on this important issue see the article by Dr. Sonu Gaind.

In July the OPA sent a formal response to Minister Smitherman on the report by Dreezer & Dreezer on community treatment orders which was released in the late spring. A brief summary of the issue is provided in this Dialogue with links to the report and the full response by the OPA.

In July you received the ballots for the position of President-elect (2008-9) of the Canadian Psychiatric Association. I am pleased to inform you that Dr. Susan Abbey will be the OPA nominee for this prestigious position. We had three excellent candidates for the position all of whom would have made an excellent CPA President. It is regrettable that in Ontario, which has a very large number of capable psychiatrists, the opportunity to choose the CPA President comes so infrequently.

We are now calling for nominations for OPA Council and for the position of President-elect for the OPA. I have found it highly rewarding to work with highly motivated and capable colleagues, first as a member of OPA Council and then this year as President. I encourage every one of you to give serious thought to putting your name forward for a position on the OPA Council or to consider nominating other capable colleagues. If you know someone who has the experience and ability to become our Association's President in 2009 ask them to consider letting their name go forward.

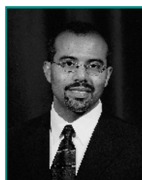
The OPA continuing education committee chaired by Roumen Milev has been busy planning both the Fall Conference and the Annual Conference. The final/draft programme for both events is printed inside. It is clear that the Fall Conference, which will feature Dr. Mark Solms, will be fully booked. The committee is also making preparations for the 2008 OPA Annual Conference to be the biggest and best ever. To this end we have initiated our planning for the conference three months ahead of schedule so we can give our members more time to plan to attend. The Annual Conference should be a key event each year in all our schedules. This year's programme provides excellent continuing medical education sessions for psychiatrists at all stages of career development. Registration forms inside can be faxed back to the OPA office or you can register online at www.eopa.ca.

Perhaps influenced by my cultural background I am especially keen that you come to the annual dinner dance whether or not you can attend the actual conference. The dinner dance offers the only opportunity for Ontario psychiatrists to get together socially and it is not unreasonable that over the next few years we plan to grow this evening into the “must attend” social event for Ontario psychiatrists. Talk to people who went last year I know you will hear that it was fun.

Richard O’Reilly
2007 OPA President

Ontario Psychiatric Association Executive and Council

President
Dr. Richard O'Reilly


President-Elect
Dr. Sonu Gaind

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 Jarmain

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

Publisher: Dr. Varinder Dua
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

We are pleased to be able to distribute this issue of Dialogue to all Ontario psychiatrists. We thank the Coalition of Ontario Psychiatrists (COOP) who have provided financial support for the incremental increase in the cost of producing and mailing to allow this expanded edition. The OPA and the COOP believe it is critical for all psychiatrists in the province to become aware and involved in the matter of the Family Health Team (FHT) framework approved by the Primary and Community Care Committee (PCCC). This matter was initially brought to your attention in the last Dialogue. At that time the OPA asked for psychiatrists to write a letter ***CAMPAIGN FOR MENTALLY HEALTHIER CARE***. We received over 400 letters. In this issue of Dialogue we will report on our activities and progress, and once again ask those who have not yet written to look for the letter ***CAMPAIGN FOR MENTALLY HEALTHIER CARE*** inside this newsletter.

We are also pleased to distribute this newsletter to all Ontario psychiatrists so that we might encourage those of you who are not members to join the Ontario Psychiatric Association. This is a particularly significant time for mental health in Ontario and Canada and a particularly important time for psychiatry to have a clear and united voice.

We hope you will take the time to read the Dialogue and choose to become involved. For those members who would like to become increasingly active at this critical time, consider having your name put forward as an OPA Council member. Information on the nomination process is included.

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
OPA Council Meeting Agenda
Report from the AGHPS

IN THIS ISSUE

OPA 88th Annual Conference - Register today!
OPA Feedback to the MOHLTC
The Consent and Capacity Board - A New Beginning
Working with the Consent and Capacity Board
OPA Fall Conference - Register today!
Call for Nominations to OPA Council
Call for Nominations T. A. Sweet Award
The OPA - A Resident's Perspective
Wait Time Strategy for Psychiatric Care and Treatment - SSO
Family Health Team Update
Response from MOHLTC re: FHT Framework

Ontario Psychiatric Association
88th Annual Conference

“Relationships and Partnerships”
February 8th & 9th, 2008
Toronto Marriott Downtown Eaton Centre Hotel

Topics include:

Psychotherapy:
Integrating Medications with Psychotherapy
Borderline Patients, Boundaries and the Supervisory Process
Brain Changes in Psychotherapy
Using Psychodynamic Diagnosis in Your Day to Day Practice
Basic Psychotherapeutic Strategies in Working with Traumatized Patients

Major Syndromes:
Major Depression - Lifestyle Management
Anxiety Disorders: What’s New in the Field?

Resident Issues:
What Residents Must Know About Risk Management
Teaching to Teach
Resident Wellness for Psychiatry Residents

Career Development
Incorporation & Tax Savings
Optimizing Billing: Maximizing Opportunities in Your Practice
Women Psychiatrists Mini-Retreat

CMPA/CPA Institutes
Staying Out of Trouble: Common Areas of Medico Legal Concern to Psychiatrists
CPA / CPD Institute Programming

Also...
Autism Spectrum Disorder Across the Lifespan
Use of Antipsychotics in Dementia; Medications in the Elderly

Spend time with friends and colleagues at the Annual Dinner!

The programme and **online registration** are available at www.eopa.ca.
Register now to take advantage of the Early Bird rate!

Ontario Psychiatric Association 88th Annual Conference
"Relationships and Partnerships"
February 8th - 9th, 2008 - Toronto Marriott Eaton Centre Hotel
Registration Form

Please ***print clearly*** and mail or fax to the OPA Head Office:
344 Lakeshore Rd. East, Suite B, Oakville, Ontario L6J 1J6 Email: opa@bellnet.ca Fax: (905) 849-8606

Title: ________ First Name: ____________________ Last Name: ____________________

Address: ______________________________ City: __________ Postal Code: __________

Telephone: ____________________ E-Mail: ____________________ Profession: __________

Registration Fee Information:

Included in your Member/ Member Resident registration: Complimentary continental breakfast, luncheon symposium, morning and afternoon coffee breaks each day. One complimentary ticket to the OPA Dinner/Dance. (Please ensure to register below for the Dinner/Dance.)
Included in your Non Member registration: Complimentary continental breakfast, luncheon symposium, morning and afternoon coffee breaks each day. Tickets to the OPA Dinner/Dance are available at an additional cost. (See below.)

EARLY BIRD SPECIAL - Register by January 14th and SAVE $100.00 on you Full Conference Registration!!

Registration Fee	Before January 14th		After January 14th	Dinner/Dance Fri. Feb 8th
	Daily Rate	*Full Conference*	*Full Conference Only*	
OPA Member - Full	$250.00	$395.00	$495.00	1 complimentary ticket per registrant. Additional tickets $95.00 each
OPA Member - Associate/Life/Inactive/Honorary	$210.00	$320.00	$420.00	
OPA Member - Resident	$0.00	$0.00	$0.00	
Non Members	$295.00	$495.00	$595.00	$95.00 each

Refund Policy:
A $50 cancellation fee will apply to all refunds issued before January 14, 2008. After this date, no refunds will be issued. *6% GST is included in all registration rates. (OPA GST Registration Number: R120428529)*

Registration Fee Calculation:
Full Conference $ ________
One day only (please indicate day attending) Friday ❒ Saturday ❒ $ ________
Total of all registration fees: $ ________
I will be accepting my complimentary ticket for the dinner/dance (OPA members only): Yes ❒ No ❒
Total # of *additional* dinner/dance tickets purchased (not including complimentary): ________ $ ________
TOTAL Payable (amount authorized for payment):

Form of Payment:
VISA ❒ MasterCard ❒ Cheque ❒ (made payable to The Ontario Psychiatric Association)
Card Holder Name (Please print) ____________________ Signature ____________________
Card # ______________________________ Expiry Date ____________________

Privacy Policy for conferences:
Personal information collected on this form will only be used for purposes of conference administration.
I consent to have my information used to provide me with brochures for other OPA events and conferences.
YES ❒ *NO* ❒

Ontario Psychiatric Association
Annual Dinner/Dance
“Relationships and Partnerships”

Did you hear “the buzz” about last year’s fantastic event?

A good time was had by all...don’t miss out this year!

Friday, February 8th, 2008
6:00 pm Cocktails - Trinity Ballroom Foyer
6:30 pm Dinner - Salon CD
The Toronto Marriott Downtown Eaton Centre
525 Bay Street ~ Toronto, Ontario

As part of our theme - relationships - we encourage you to use this opportunity to spend time with friends.
Great food, music and dancing, all in a beautiful setting!
OPA members attending the Annual Conference receive 1 complimentary ticket.
Additional tickets can be purchased for $95.00.

Unable to attend the Annual Conference?
You can still take advantage of the good times and purchase a ticket for the dinner/dance by contacting any OPA Council member or by calling the OPA office at 905-827-4659.

Plan to attend and bring along some friends!

Association of General Hospital Psychiatric Services (AGHPS) Report

RAI-MH

The AGHPS made several attempts to engage the government in a discussion regarding the issues surrounding the implementation of the RAI-MH with no satisfactory results. We then brought this issue to the Coalition of Ontario Psychiatrists. On August 14th the AGHPS and the Coalition met with Mr. Abid Malik, senior legislative and policy advisor to the Minister with a specific area of responsibility in mental health.

Our objective was to obtain a commitment to bring the concerns about the implementation process of the RAI-MH to the Minister. Our recommendations were that the Minister/Ministry undertake a review of the implementation process, and make the necessary mid-stream adjustments to ensure that this tool actually accomplished the goals that it was designed to achieve. We reiterated our willingness and desire to work collaboratively with the Ministry to help achieve these goals, and our frustration in having our efforts to date ignored and/or dismissed.

Mr. Malik responded in a thoughtful, balanced, concerned manner and he agreed to discuss the issue with senior Ministry personnel. He was open to the idea of a review of the implementation process. We will continue to follow up on this issue.

OPA Feedback to the MOHLTC on the Legislated Review of CTOs.

Background

Bill 68 was proclaimed in December 2000 amending both the Mental Health Act and the Health Care Consent Act. The most significant amendments were the introduction of community treatment orders (CTOs) and the expansion of the committal criteria to include a criterion that authorized involuntary hospitalization, in certain circumstances, if a person with a mental illness is at risk of either mental or physical deterioration. The Ontario Psychiatric Association had pressed the Ontario government in the late 1990s to introduce these amendments. It had become clear to psychiatrists working in a variety of settings that community based care was not working for many individuals in circumstances where severe mental illness impaired their ability to appreciate the need for treatment. The OPA has consistently spoken of the need to provide *both* adequate community services and appropriate mental health legislation to safely manage individuals with severe mental illness in community settings.

Bill 68 included a legislated requirement to review the use of CTOs in Ontario. The OPA was pleased with the overall positive findings of the long-awaited report prepared by Dreezer & Dreezer Inc. We agree with most of the conclusions and recommendations made by the report's authors. However, there were several issues where psychiatrists cannot agree with the report's recommendations. Consequently the OPA sent a detailed, formal response to the Minister of Health and Long Term Care.

Many of our comments on the recommendations of Dreezer & Dreezer address the need to lessen the administrative burden on the psychiatrists who prepare and monitor CTOs. For example it makes no sense that a CTO is nullified when a psychiatrist completes a Form 47 (which is the authority to bring a patient who is not compliant with the treatment plan in for assessment). We also strongly endorsed the report's acknowledgement that legal council should be provided for Ontario psychiatrists if requested - for example to lead evidence if a challenge to a CTO is appealed to the courts. Currently hospitals vary in their willingness to provide legal counsel for their psychiatric staff presenting at the Consent and Capacity Board or in court. No provision has been made by the Ministry to provide counsel to community-based psychiatrists. These psychiatrists would likely have to approach the Canadian Medical Protective Association - a major disincentive to using CTOs.

The full report from Dreezer & Dreezer and the OPA's response to the Minister can be accessed on the OPA web site at www.eopa.ca.

Richard O'Reilly

The Consent and Capacity Board
A New Beginning

In June 2006, I was seconded by the Minister of Health to be the Chairman of the Consent and Capacity Board for the next three years.

After reviewing the operation of the Board several things became apparent.
Most of the Board members are knowledgeable and committed. Most of our stakeholders are knowledgeable and prepared to participate in the change process. The Board consistently meets its statutory performance measures (i.e., arranging a hearing within seven days).

There were also many complaints. The most poignant of which were the comments of the patients who often wondered, as the parties argued over technical matters, “What about me?”.

Other problems quickly become obvious. Many physicians feel that the Board is an irritating obstruction to patient care, and they do what they can to avoid it. This is not an unusual reaction when we realize that this topic is rarely covered in medical school and that the physician usually has no training in this area. Combine that with the fact that the physician is usually un-represented, often feels bullied by the patient's lawyer, and has to cancel a days worth of private patients on short notice to attend a hearing, it is obvious why physicians are reluctant to appear before the Board.

The reality however is that the Consent and Capacity Board is here to stay. It has been created by the Legislature to protect the Charter interests of patients under care. Remember that the Mental Health Act gives physicians greater powers to detain a person against their will than the powers granted to police officers. Sections 7,9,10 of the Charter say that this should not be done, except in accordance with the principles of fundamental justice (i.e., a hearing by an independent and unbiased tribunal; provision of legal counsel, etc.).

For example, the Board keeps a record of every Form 4 issued, and the result. In an extraordinary number of cases, a Form 5, which cancels the commitment certificate, is sent to the Board on the day of the hearing. As a result, the patient does not get a hearing, s/he has no opportunity to speak to the Board, and the extraordinary costs of a hearing are wasted.

An analysis of our figures shows a great disparity among physicians in the use of Form 5's when a patient applies for a Board hearing. Some physicians use them about 30 percent of the time, while others use them all the time and have never had a hearing. In my opinion, the Board has an “obligation to enquire”, particularly in those situations where numerous Form 5's have been issued consistently for the same patient. The recent Superior Court decision in Ahmed vs. Stefaniu makes a finding of medical malpractice against a psychiatrist for negligence in the issuance of a Form 5. This issue is now on “the radar” and must be addressed.

In attempting to assist in this situation, the CCB has undertaken and / or joined several initiatives.

1. We have consulted with psychiatrists, the patient Bar, and other stakeholder groups to develop a template called the “Clinical Summary for Consent and Capacity Board Hearings”. This template is only a format which identifies the medical and legal points which must be addressed at a hearing. It does not provide answers or guarantee success, but is intended to assist in making hearings shorter and more focused. In my view, doctors should be paid for the completion of this summary.
2. We have initiated discussions with the Ontario Psychiatric Association and the Canadian Psychiatric Association to assist us in getting the information about the Board's mandate and functioning included within the academic curricula of the medical, nursing, and social work professions.
3. We have developed a public education and outreach program in which we send a Board expert to explain our process to interested stakeholder groups.
4. We have partnered with the Royal Ottawa Hospital to produce an educational video of a mock hearing to facilitate training initiatives regarding the hearing process.

5. We have advised Legal Aid Ontario of the criteria necessary to allow a lawyer to be placed on the roster of mental health lawyers appearing before the Board. This includes our opinion on the appropriate level of civility, decorum, and professionalism that must be demonstrated by those individuals.

The Board members and I are anxious to co-operate with stakeholder groups to make this system work better. In this context, I am prepared to discuss the issue of whether it is always the doctor who must present to the Board, particularly, if the physician is working with a clinical team who agree with the clinical summary. Under those circumstances, perhaps a clinical nurse specialist could present to the Board? Can we use video conferencing more often? Can we mediate more? Are there better ways to do our work? As I say to all of our stakeholders, “If you have a better way to do things, I am prepared to hear it.”

I hope that this brief commentary represents the beginning of a new dialogue between the Board and all of you.

Please send your comments and / or suggestions to me at ccb@moh.gov.on.ca.

The Hon. Mr. Justice
Edward F. Ormston
Chairman, CCB

The Honourable Justice Edward F. Ormston was appointed to the Ontario Court of Justice in 1989, where he was instrumental in creating, in Ontario, the world's first Mental Health Court. Justice Ormston received the Schizophrenia Society of Canada “Pace Setter Award” in 2005, and he lectures extensively on the intersects of law and mental health, both nationally and internationally.

Working with the Consent and Capacity Board

Since I commenced my psychiatric practice in Ontario almost 20 years ago there have been smoldering tensions and frustrations between psychiatrists and the Consent and Capacity Board (CCB). Perhaps some irritations are inevitable given the differing perspectives and priorities of clinicians and legal advocates. However, I have always believed that our system for reviewing civil commitment and findings of incapacity could be undertaken in a more decorous and less adversarial manner. It is heartening to read the accompanying article "The Consent and Capacity Board: a new beginning" by Justice Ormston, the current Chair of the Consent and Capacity Board as it shows that he understands the difficulties faced by psychiatrists presenting before the CCB. Psychiatrists working in the hospital system have increasingly resorted to militaristic terms such as - "on the front lines," or "in the trenches" - to describe our work environment. It does sometimes feel as if we are under siege: the requirement to appear before the CCB just one more assault on our limited time.

However, Justice Ormston notes, that Ontario, like many other democratic jurisdictions, has invested physicians with remarkable powers to detain citizens who have committed no crime and to override the rights of certain citizens to make their various choices on their own. History has shown that such powers must be accompanied by effective oversight. That of course is precisely what the CCB has been set up to do.

I believe the role of our Association is to ensure that the CCB remains sensitive to the problems faced by psychiatrists and, where possible, work with the CCB to mitigate the negative effects of these problems. What are some of the problems? Firstly, most psychiatrists lack training in presenting in an adversarial forum. In addition, we all struggle with the effect on our clinical work of scheduling conflicts and the inordinate amount of time required to prepare and present at hearings. Finally, comments made at CCB hearings sometimes leave the patient with the erroneous belief that their psychiatrist is actually an opponent.

In January of this year the OPA met with the officials from the Law Society of Upper Canada to discuss concerns about a small number of lawyers who have made egregious comments to patients both in and outside the CCB hearings. The Law Society took a very dim view of this type of behaviour and suggested that it could constitute unprofessional conduct if a formal complaint were to be lodged.

That said, psychiatrists must also maintain a professional stance, not only in maintaining decorum in review board hearings but also in meeting our fiduciary duty to our patients. The most serious concern raised by Justice Ormston is the possibility that some psychiatrists inappropriately cancel certification (by issuing a Form 5) when a patient challenges involuntary hospitalization. A former Chair of the CCB has also repeatedly stated in certain hospitals 80% of committal certificates are cancelled when challenged. We have a duty to our patients to keep the patient in hospital when that patient continues to meet committal criteria and would benefit from further inpatient treatment. As Justice Ormston points out, the recent Stefaniu case reminds us of our legal liability when we fail to keep patients who pose a significant risk to themselves or to others certified. However, it is not just the risk of being sued that is at issue. We also have a professional responsibility to our patients to use all available options to promote their well-being. This means that we should use the available powers of legislation when it is necessary.

Of course in some cases a patient will have recovered sufficiently before a CCB hearing and it is appropriate to cancel a certificate. In these cases we should make every effort to inform the CCB as quickly as is possible to avoid the CCB wasting its own limited resources sending a panel of its members across the Province.

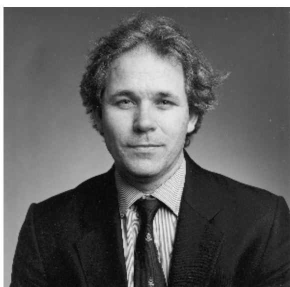
Richard O'Reilly

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 Sept. 20th**	**After Sept. 20th**
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%.

CALL FOR NOMINATIONS TO OPA COUNCIL

The OPA needs your ideas, enthusiasm and expertise to continue to provide strong leadership for Ontario Psychiatrists. Nominations for the 2008 OPA Elections are now being accepted.

We are looking for a President Elect, one Council Member, and two Member-in-Training Council Members beginning February 2008. A President-Elect serves for one year prior to becoming President. A Council Member serves for a three-year term and Member-in-Training Council Members serve for a two-year term. Therefore, the next term of office for President-Elect is February 2008 to 2009; Council Member term is February 2008 to 2011 and the term for the Member-in-Training Council Members is from February 2008 to February 2010.

- A 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.

- A 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.

Role descriptions can be obtained by contacting the OPA office telephone: (905) 827-4659 or by emailing: opa@bellnet.ca.

Written nominations must include the nominee's signature and be received at the OPA office by fax or mail before October 12th 2007.
Fax: 905-849-8606
Mail: 344 Lakeshore Rd. E., Suite B, Oakville, ON L6J 1J6

For further information please contact Dr. Susan Abbey, OPA Past President, by telephone at 416-340-4447 or by email at Susan.Abbey@uhn.on.ca

Call for Nominations ~ T. A. Sweet Award

The OPA announces their Call for Nominations for the 2008 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 Monday, October 29, 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 the 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.

Ontario Psychiatric Association - Council Meeting AGENDA

Date: Friday, June 8th, 2007
Time: 3:30 - 5:30 P.M.

1.0 Remarks from the President and Approval of Agenda

2.0 Approval of Minutes of April 13th 2007

3.0 Business Arising

3.1 President Theme Update
3.2 Insurance Reports Update
3.3 CPA Standing Committee Vacancies
3.4 Relationship with Ontario Outreach
3.5 CPA Presidency

4.0 Reports of Task Forces and Committees

4.1 Advocacy Committee
4.2 Communications Committee
4.3 Continuing Education Committee
4.4 Finance/Audit Committee
4.4.1 Approve Fall conf Budget
4.4.2 Approve Cost for CPA meeting
4.5 Member Services Committee
4.5.1 Membership Form; Sections

5.0 Treasurer Report

6.0 Standing Reports

6.1 CPA Reports
6.2 OMA Section on Psychiatry
6.3 Coalition of Ontario Psychiatrists

7.0 New Business

7.1 CTO Report
7.2 FHT Roll Out Strategy

Classifieds:

Busy multidisciplinary clinic at Yonge and St. Clair seeks Psychiatrist/GP Psychotherapist to add to our health care team. Current doctor part time has 4-month waiting list with continual referrals coming in form the surrounding medical community. Interested parties may be full or part time. Private room available. The clinic is currently staffed with 10 doctors and therapists, and has been serving the Toronto area for over 20 years.
For all inquiries please email Leticia, our Office Manager, at healthassociates@on.aibn.com.

Office for Rent - ***Ideal Setting for a Psychotherapy Practice!!***
Yonge and Eglinton (on top of the subway station)
Furnished, Penthouse office on 17th floor of the Canada Square building
Separate washroom for patients and staff
Rent: $765/month, Monthly parking available
Immediately available.
Contact: Ron Keren, Eve: Tel. 416-784-0054 Day: Cell. 416-721-3351

The OPA - A Resident's Perspective

I am a fourth year psychiatry resident at the University of Ottawa and have been one of the members-in training on the OPA council for the past year. In this article, I address a few topics that I hope will be of some interest to my fellow psychiatry residents.

What's been my experience with the OPA?

Let me start by being perfectly honest. I cannot claim that joining the OPA and becoming a member of the OPA council were *original thoughts*. In fact, it wasn't even entirely *voluntary*. I was working on the consult liaison service and my supervisor, Dr. Doug Wilkins (a past president of the OPA), thought it would be a great idea for me to apply for the member-in-training position on the council. Like most residents, my knowledge of the OPA consisted of having a vague idea of what the acronym OPA stood for. Aside from that, I pretty much lumped the OPA in with all those other organizations (CPA, CMA, OMA, APA, CPSO…etc) that I believed were populated by old docs doing their bureaucratic thing. You know, sorting out billing rates, fighting the government over regulations, taking themselves very seriously, and sorting out all that administrative stuff that a resident doesn't really get too worked up about until they actually have a billing number. However, as an eager to please resident, I enthusiastically joined the council with no concept of what to expect.

Well, after one year into my term, I can confidently say that OPA is not what I had expected. The organization is genuinely focused on identifying issues of interest and concern to psychiatrists in Ontario and developing short, medium and long-term goals to address them. Put simply, the OPA is the voice of Ontario psychiatrists. Much to my relief, they aren't solely interested in billing issues. While the OPA does takes an interest in funding where it will directly affect patient care or recruitment, such as the current concerns about remuneration for Family Health Teams, its primary focus is on broader health care issues. For example, the OPA recently partnered with the Schizophrenia Society and the CMHA to petition the provincial government to increase ODSP funding. This campaign is ongoing as the increased rates have barely kept up with inflation. However, their campaign did result in more realistic rules for patients who do part-time work or return to full-time work, including an ability to maintain drug benefits - a critical issue for people with serious mental illness. In the last year the OPA has also responded to the recommendations of the *Dreezer report* on community treatment orders, provided input to Health Canada for their position on counselling and fertility and represented the interests of psychiatry in negotiations with the Ministry in establishing a College of Psychotherapy.

Why should residents join the OPA?

Whenever I'm asked that question, my initial response is usually "Why wouldn't you join the OPA?". It's free for residents and there are absolutely no obligations. Whether you plan to remain in Ontario or not, you can enjoy the benefits of membership throughout your residency and wait until after graduation before committing further. Being a member of the OPA provides you with discounted access to OPA sponsored conferences and workshops. (The 2008 Annual Conference will be free to residents). It also puts you on the mailing list for the OPA journal "*Dialogue*" as well as any other important OPA information or newsletters. Through the OPA, residents gain insight into the workings of psychiatrists within Ontario and their role in addressing population level mental health concerns. Truly, there are no costs and only advantages to becoming a member.

The OPA - A Resident's Perspective Continued

Why should residents attend the OPA Conference?

The OPA conferences are held twice a year. The Fall Conference is dedicated to psychotherapy and the winter/spring conference doubles as the annual general meeting along with a broad spectrum of clinical topics. Conferences are well attended by psychiatrists from across Ontario along with a broad range of allied mental health care practitioners. As a resident, the conferences represent a great opportunity to not only attend quality presentations and escape clinical duties; they're also the ideal environment to socialize and network with psychiatrists from outside your own training program or region. I would like to stress the latter point a bit further. In the course of our training we receive plenty of exposure to hospital-based clinicians. But the truth is; the majority of psychiatrists work in the community and we receive little exposure to that variety of clinical practice. The OPA conference atmosphere is very accepting and congenial and provides a wonderful place to learn and explore potential clinical opportunities.

The next conference is scheduled for **Feb 8-9** in downtown Toronto and organizers are already finalizing the program details. In addition to a full slate of clinical presentations, they have also dedicated an entire stream to resident focused topics such as: *"Preparing for the Royal College Exams"*; *"Resident Wellness"*; *"Risk Management for Residents"*; and *"Starting a Clinical Practice"*. The conference organizers are also more than willing to accept resident abstracts for presentations.

Closing Thoughts

From my experience with the council, it has become very apparent that the OPA recognizes that psychiatry residents constitute a vital component of the mental health community in Ontario. Over the past year, they have made a concerted effort to reach out to residents through the President's Lecture series and through orientation week presentations across Ontario. The modification to the annual conference schedule with a resident centred stream further highlights this effort. All that remains is for us to take advantage of the opportunity by joining the OPA, attending the conferences, and perhaps contributing in our own way to the vitality of the association through our involvement and active participation.

Paul Sedge MD, CCFP
PGY 4 Psychiatry
University of Ottawa

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**

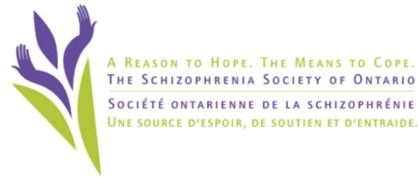
905.827.4659

Did You Know That...

- Dr. Edward Ryan founded the OPA as the Ontario Neuro-Psychiatric Association in 1920?
- the OPA was the first psychiatric professional association in Canada?
- membership in the OPA is complimentary for Residents and longstanding members?
- you can serve on any of the five OPA committees and "make a real difference"?
- the OPA provides many avenues for collegiality?
- the most powerful resources we have are members and the strength of the "group lobby"?
- OPA members receive registration discounts and opportunities for maintenance of competence and continuing education credits at the Annual Conference and Fall Conference?
- the OPA effectively represents its members to the Canadian Psychiatric Association with seats on several Canadian Psychiatric Association Committees?
- the OPA provides joint partnership with the Ontario Medical Association Section on Psychiatry, by means of the Coalition of Ontario Psychiatrists?
- the OPA produces *"Dialogue"* a quarterly Association Newsletter that provides up-to-date information on issues affecting psychiatry and psychiatric practice?

The OPA is dedicated to excellence in psychiatric education, advocacy, representation and the advancement of public policy.

The Ontario Psychiatric Association endorses the following strategy developed by the Schizophrenia Society of Ontario.



Wait Time Strategy for Psychiatric Care and Treatment

1. Wait Times for Psychiatric Care and Services

- One in five Canadians will experience a mental illness during their lifetime. Despite this, the wait time for specialist care, such as a psychiatrist, is exceedingly long.
- Many people, children in particular, wait for at least six months to see a specialist. At any given time in Ontario, 7000 children in distress are waiting an average of six months to see a psychiatrist.
- Shortages of psychiatric beds and poor access to psychiatric care increase the risk of harm for people with mental illnesses and those around them. Without access to care, risk of suicide, homelessness, violence, and conflict with the law increases.
- Access to acute care beds in general hospitals is routinely restricted to people who are likely to be a danger to themselves or others.

The SSO calls on the Ontario Government to adopt the benchmarks for access to treatment set by the Canadian Psychiatric Association. Individuals experiencing life-threatening conditions such as mania, postpartum psychosis and major depression should be seen by a psychiatrist within 24 hours of a referral by a family practitioner.
Others with less severe symptoms should be seen within one to four weeks.

2. Wait Times for Assessment in Hospital Emergency Rooms

- People in psychiatric distress often use hospital emergency departments (ER) when they cannot get an appointment with a doctor or psychiatrist. Police officers also bring persons in distress to ER for assessment.
- The Canadian Association of Emergency Physicians has developed the Canadian E.D. Triage and Acuity Scale (CTAS) to help ensure that patients who need immediate care get seen first.
- People who are extremely agitated with acute psychotic symptoms are recognized as emergent (CTAS Level II) and should be seen by a physician within 15 minutes of assessment by a triage nurse. People who are psychotic and/or suicidal are classified as urgent (CTAS Level III) and should be seen by a physician in 30 minutes.
- Many people with mental illness are forced to wait hours before being assessed in the ER. Almost half of the individuals seen in the ER are in crisis and require hospital care, but less than 30% are admitted.

The SSO calls on the Ontario Government to recognize the CTAS triage guidelines for assessment and admission of persons in psychiatric distress and ensure that resources are available for ER departments to have access to a psychiatrist.

3. Wait Times for Access to Medications

- Antipsychotic medications are the foundation of treatment for schizophrenia.
- Effective treatment reduces health care costs as well as costs associated with schizophrenia, bipolar disorder and major depression.
- Serious mental illnesses can be life-threatening, and timely access to new and innovative medications is critical.
- The average length of time for a new medication to be approved for sale by Health Canada and covered by the Ontario Drug Benefit Program is two to three years.
- Bill 102, amending the Ontario Drug Benefit Act, includes provisions to speed up the drug approval process for a new product which is effective for the treatment of life-threatening conditions or other serious diseases.

The SSO calls on the Ontario Government to ensure open access to all psychiatric medications when clinically indicated for people with mental illness and to reduce wait times for new treatments for serious mental illnesses by including innovative new psychiatric medications in the rapid review process identified in Bill 102.

Family Health Team Update - An Issue for ALL Ontario Psychiatrists

As you will recall, the current funding model for Family Health Teams (FHTs) provides a baseline rate of $429 per 3 hour psychiatric, paediatric, or geriatric session versus $575 per 3 hour internal medicine session, plus 10% shadow billing. This model was approved by both the Ministry of Health and Long-Term Care (MOHLTC) and the Ontario Medical Association (OMA) via the Primary Community Care Committee (PCCC).

As discussed in the article in the previous *Dialogue*, by valuing internal medicine services 34% above psychiatric services, this model devalues psychiatric services, psychiatrists, and psychiatric patients alike. As medical students make career decision, such a model will only worsen existing gaps in care for the mentally ill.

The Coalition of Ontario Psychiatrists has strongly opposed the current funding model, maintaining that parity of care is necessary in such a model to avoid barriers to care. This issue represents the first time other specialists are also being remunerated on a time basis, and the precedent set now will have implications far beyond FHT services. If such disparities are established in remunerating psychiatric services less than other specialty services provided *for the same amount of time*, future initiatives seeking 'relativity' with other specialist services are essentially rendered meaningless. This has implications for OHIP fee-for-service billings, other sessional rates, stipends, and any other form of remuneration psychiatrists in Ontario receive.

Since first writing you on this issue, the Coalition has met with the PCCC, written to Minister Smitherman (Minister of Health), written to Dr. Janice Willett (OMA president), and developed a Backgrounder on this issue. We have received an initial response from the Ministry from Ms. Marsha Barnes, who is the MOHLTC co-chair of the PCCC (her response is reproduced in this *Dialogue*). I was disappointed with Ms. Barne's response, which attempts to justify the rates simply on the basis of historical OHIP billing patterns, but fails to address the underlying issue of parity of specialty services or provide any actual justification for differential time-based rates. I also disagree with her assertion that FHT support of interdisciplinary providers is enough to demonstrate commitment to mental health care. While interdisciplinary support for our patients is obviously important, explicitly devaluing psychiatric services relative to other medical specialty services further stigmatizes psychiatric illness as not being a "real" medical illness.

On the OMA side, we have had discussions with both the OMA Section on Paediatrics and the OMA Section on Geriatrics. Both those Sections have since joined us in opposing the current FHT funding model, and are advising their members against signing on until this issue is resolved. Significantly, we have also been successful in getting the OMA Medical Assembly, which represents all Medical sections including Internal Medicine, to formally pass a motion supporting parity of specialist care in FHT funding (the Assembly motion also advocates seeking the higher rate for all specialists).

Unfortunately, despite making some positive headway with some parts of the OMA, the organization has not changed its official position. Dr. Willett has responded indicating the matter would be referred to the OMA side of the Physician Services Committee (PSC) for further review and consultation with the Sections involved. Just prior to publication of this *Dialogue*, during a Coalition Retreat on September 8, Dr. Willett joined the meeting via videoconference. At that time, she indicated she was supportive of our concerns and acknowledged that the OMA had followed a flawed process in setting FHT rates since it did not consult with the Sections. However, she essentially indicated that rather than arguing for parity, to resolve this issue the Section should be arguing how much psychiatric services are worth and negotiating to that figure.

In my opinion, psychiatrists should not have to justify their 'worth' any more than our internal medicine colleagues need to justify theirs. When sessions are remunerated for the same 3 hours of time, psychiatric services should be worth the same as internal medicine or other specialty services. In my view, the OMA cannot negotiate different time-based rates for different members, and still claim that it is equally representing all its members. If the OMA or the MOHLTC believe psychiatric services should be valued less than other specialty services, the onus should be on them to present arguments justifying that discrepancy. This message was strongly voiced by me and others at the meeting.

Family Health Team Update - An Issue for ALL Ontario Psychiatrists Cont…

Moving forward, the Coalition has written a second time to Minister Smitherman and we have secured a meeting with the Minister's Chief of Staff, Ms. Karli Farrow, to discuss this issue. We are also continuing to pursue this with the OMA, and are attempting to get an explicit response stating whether the OMA supports parity of specialist care or not. For years the OMA has publicly stated it supports improved relativity for different specialties, yet has failed to make significant movement in decreasing relativity disparities. If the OMA "means what it says" and wishes to improve relativity, it should be advocating with us against the disparities in this time-based model; on the other hand, if the OMA does not support parity of care for specialist services, Ontario psychiatrists and the public should be clearly and honestly informed.

The Coalition continues to advise psychiatrists against signing on to provide FHT services. Many have suggested the Ministry sees this as a "market value" driven issue, and if they are able to secure psychiatric services for less than internal medicine services than such disparities will persist. We have received over 400 letters so far from Ontario psychiatrists protesting the current funding model and refusing to sign on to FHTs until this issue is resolved. I am certainly thrilled that over 400 psychiatrist colleagues have written in - thank you all for taking the time to get involved. At the same time, I am concerned that over 1,000 colleagues have not done so. It is notable that, to date, not a single specialist has signed on to provide paediatric or geriatric services to FHTs, nor has a single internist signed on even at the higher rate. It is concerning to me that we as psychiatrists willingly provide service at $429 for 3 hours, while our internal medicine colleagues won't even consider working for 34% more. I continue to believe we must strongly pursue this issue to ensure all our services and our patients are valued properly into the future, and would be tremendously disappointed if we were unsuccessful because we didn't properly value ourselves.

This issue of *Dialogue* reprints the original sample letter for psychiatrists to protest this issue. In addition, there is another sample letter for any psychiatrists who had previously signed on to FHTs to voice your concerns while continuing to provide service. As before, the letters are to be sent to the OPA offices **by fax to (905) 849-8606, or mail to 344 Lakeshore Road East, Suite B, Oakville, L6J 1J6**, and will be appropriately distributed once collated. If you have not yet sent in a letter, I would urge you to do so. In addition, combating the institutional inertia of the MOHLTC and the OMA takes significant time and resources, and if you have not contributed to the Coalition please consider doing so.

As always, 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 session for psychiatric, paediatric, and geriatric services, and of $575 per 3 hour session for internal medicine services.

Although I have already signed on to provide sessional services to a Family Health Team, I was unaware at the time that the current Family Health Team funding model is based on the mistaken idea that the health and suffering of mentally ill patients is worth 3/4 that of other Ontarians. The current funding model devalues the suffering caused by mental illness, and over time this will only serve to perpetuate barriers to care of the mentally ill.

I value continuity of care for my patients, and I will honour my commitment and continue to provide the sessional services I had already agreed to. ***However, I find it unacceptable that the current FHT funding model entrenches the devaluation and marginalization of mentally ill patients into Ontario's shared care framework. I expect that the MOHLTC and OMA will rapidly correct this mistake and implement a funding model that acknowledges parity between psychiatric services and other specialist services, thereby allowing the FHT model to provide sustainability of care for the mentally ill.***

____________________ Name

____________________ Signature

____________________ Date

____

____________________ Address

____________________ Phone

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 session for psychiatric, paediatric, and geriatric services, and of $575 per 3 hour session 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 funding 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

Family Health Team Framework

The following is a response to a letter sent on behalf of The Coalition of Ontario Psychiatrists to Dr. Scott Wooder (OMA Co-Chair Primary and Community Care Committee), and Ms Marsha Barnes (Executive Lead Primary Health Care and Family Health Teams, Health System Accountability and Performance Division, Ontario Ministry of Health and Long Term Care) regarding the current Family Health Team (FHT) framework that was approved by the Primary and Community Care Committee (PCCC).

August 16, 2007

Dr. Richard O'Reilly
Dr. Rayudu Koka
Dr. K. Sonu Gaind
Coalition of Ontario Psychiatrists
344 Lakeshore Road East
Suite B
Oakville, On L6J 1J6

Dear Dr. Richard O'Reilly and Colleagues

Thank you for your letter regarding sessional stipends for psychiatrists in the current Family Health Team (FHT) framework. The Ministry of Health and Long-Term Care values feedback from practitioners and acknowledges the concerns raised with respect to the impact that sessional stipends may have on recruitment of specialists to shared care models.

Many factors were considered in setting sessional stipends for all specialists including current billing practice, scope of services to be provided in FHTs, and existing sessional stipends offered in other primary care settings.

The methodology employed in calculating specialist stipends was developed in consultation with the Ontario Medical Association (OMA). The data used to derive the stipends was extracted from fee-for-service billings; average billings per specialist, per fiscal year, were calculated to establish a sessional stipend. According to 2006/07 projected billings, the average annual payment for psychiatrists was $235,088, which translates to $340 per 3 hour session. The stipend of $429 per 3 hour session plus 10 percent shadow billing (up to $100 per session) for psychiatrists offering services to FHTs represents a potential 55% increase on the stipend per 3 hour session if compared to 2006/07 billing data.

This compensation method was discussed at the Primary & Community Care Committee (PCCC) Ontario programs. For example, FHT psychiatrist compensation is on par with the existing community-based Shared Care Program, and exceeds the stipend offered by the Mental Health and Addictions Program, the Mental Health Sessionals, the Ontario Psychiatric Outreach Program, the Visiting Specialist Clinic Program, and the Urgent Locum Tenens Program for Specialists.

The wide range of mental health interdisciplinary providers such as psychologists, psychological associates, social workers, and counsellors working collaboratively with psychiatrists to deliver quality mental health services, is evidence that the Family Health Team model is committed to comprehensive mental health care, and reflects the value placed on mental health services.

Given the breadth of mental health interdisciplinary providers involved in primary health care service delivery, the focus of psychiatrist services in a shared care environment would likely be different than in other clinical settings. The services provided in FHTs will involve, but are not limited to, more case conferencing, program development guidance, and provision of educational services, with less direct clinical care.

The ministry recognizes the contribution of mental health specialists in providing greater access to more comprehensive services in the primary care settings and remains committed to ensuring that Ontarians have access to high quality mental health services. The feedback provided will be considered as we continue to explore ways of improving primary health care service delivery across the province, while the issue of relativity in compensating specialist services would be better addressed in the upcoming OMA - Ministry negotiations on the Memorandum of Agreement.

Thank you for taking the time to write about this important issue,

Yours truly,

Marsha Barnes
Executive Lead
Primary Health Care & Family Health Teams