



MESSAGE FROM THE PRESIDENT

The Ontario Psychiatric Association continues to be quite busy during the last few months of my Presidency. I continue to be very appreciative of my fellow Council Members, who are all very committed to the OPA, as well as Elizabeth Leach, Director of Policy and Planning, and Lorraine Taylor, Executive Assistant.

The OPA has remained active with respect to the issue of Mental Health Reform and has been following the work of the nine Mental Health Implementation Task Forces. As you may be aware, the Task Forces will be making recommendations to the Minister of Health and Long-Term Care by the end of this year.

On September 20, 2002, Dr. Keith Anderson, Dr. Bob Buckingham, Dr. Jane Howard and Elizabeth Leach met with Michael Wilson, Chair of the Toronto/Peel Mental Health Implementation Task Force and Vice-Chair of the Provincial Forum of Mental Health Implementation Task Forces, at Queen's Park, to voice our opposition to the proposed implementation of Regional Mental Health Authorities. Dr. Anderson and Elizabeth Leach also attended a Mental Health Briefing Session, by the Provincial Forum, on September 23, 2002. Subsequent to this meeting, the OPA co-signed a letter with the Canadian Mental Health Association - Ontario Division, the Ontario Medical Association, the Ontario Hospital Association, the Association of General Hospital Psychiatric Services, the Mood Disorders Association of Ontario, and the Ontario Federation of Community Health and Addiction Programs which outlined our priorities - the need for an immediate investment in building the system's capacity to serve people, ensuring that scarce resources are not used to fund reorganization exercises, and the need to proceed with the divestment of the remaining provincial psychiatric hospitals. In addition, the OPA sent a letter to the Minister to specifically address our concerns about Mental Health Reform - namely, the lack of meaningful dialogue with the OPA and that psychiatrists will need to be able to support the implementation of those Task Force recommendations that the government decides to approve.

The OPA has begun to forge linkages with the Ontario College of Family Physicians. At our September Council meeting, Dr. Patricia Rockman, a Family Physician and Chair of the Collaborative Mental Health Care Network (CMHCN) Steering Committee provided us with detailed information about the work of this very important Network. The CMHCN was initiated to provide much needed support for family physicians and GP psychotherapists who work in isolation from one another and from psychiatrists. The Mentors are psychiatrists or family physician psychotherapists and the mentees are family physicians with an interest in mental health care. MAINPRO-C credits are available to participants. The Ministry of Health has provided funding since February 2001. Dr. Rockman indicated they continue to look for psychiatrist mentors for the CMHCN (for more information see page 11 in this issue and *Dialogue*, March 2002, page 14). The Advocacy Committee, under the leadership of Dr. Doug Wilkins, reviewed the College of Physicians and Surgeons' Draft Policy on Disclosure of Harm and provided a response which supported the submission from the OMA, pointed out two additional concerns with the policy, and requested the opportunity to review future drafts. If anyone would like a copy of the OPA submission, please feel free to contact the OPA office.

The OPA Sections Task Force completed, and Council approved, a document that contains the rules and procedures for the Sections (Child and Adolescent, Community, Consultation-Liaison, Geriatric, Psychotherapy and Residents). This document is contained in this issue of *Dialogue* for your review. During the OPA Annual Meeting, on Saturday February 1, 2003, Sections will have the opportunity to meet over lunch,

hear from special lecturers who have been invited to address the Sections, decide who will Chair (or Co-Chair) the Section and discuss next steps. We encourage all OPA members to attend and become involved in a Section.

In September, the OPA co-hosted a meeting with the Joint Policy and Planning Committee of the Ontario Hospital Association to determine if there was a desire to develop a child assessment tool, similar to the Resident Assessment Instrument- Mental Health (RAI-MH), which has been developed for adult psychiatry patients. A number of child psychiatrists from Ottawa, Kingston, Toronto, Hamilton and London attended the meeting. The consensus of the group was that further exploration of the development of a tool for child psychiatry would be useful.

You should have received your membership renewal package in the mail by now. The OPA needs your help to continue to do all the work that we have been doing on your behalf. We respond to the very issues that affect you and your practice. Please feel free to contact me with any questions or comments that you have, or to discuss all of the important work that OPA is doing and is planning to do.

Please join us at the next Annual Meeting "Psychiatry Across the Life Span" on January 30, 31 and February 1, 2003. Dr. Ann Thomas and the Continuing Education Committee have an excellent program scheduled!

I bid farewell to you as President, as I welcome Dr. Bob Buckingham in his new role as President for the coming year. I would like to thank all the OPA Council members, Elizabeth Leach and Lorraine Taylor for all their hard work, dedication and support. I have had a wonderful experience as President.

Dr. Margaret Steele, HBSc, MD, FRCP(C), President, Ontario Psychiatric Association

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**Ontario Psychiatric Association
Executive and Council**



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Dialogue is published March, June, Sept. & December each year by the Ontario Psychiatric Association and is sent to all OPA members. Deadline for contributions is the 15th of the previous month.

Publisher: Adrian Hynes **Editor:** Elizabeth Leach
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*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.*

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From THE EDITOR

This last issue of *Dialogue* for 2002 continues to provide the most current information about mental health (a variety of news items including new programs from the Canadian Hearing Society to assist you in your practice, as one example), what the OPA has been up to (OPA Peer Mentoring Program Update, OPA Annual Meeting and Annual General Meeting, the rules and procedures for the Sections, and the mandate and objectives from the OPA's committees) and some legal topics (Community Treatment Orders and some thoughts on the "Officer in Charge" at the hospital). Included in this issue is an excellent article about mental health in Canada from The Medical Post website, in case you didn't see it.

Of particular interest is the recent OPDPS agreement from Dr. Allodi. Dr. Balachandra discusses why residents should be advocates in psychiatry. And we learn, in Meet a Council Member, that Dr. Derek Puddester knows Russian!

Do you have other topics that you would like covered in *Dialogue*? Are there other resources or websites that you have heard about that you could share with colleagues? Are there legal issues that you think should be explored? What else do you want to know about?

In 2003 we expect that you will be reading something about what the government's plans are, as a result of the recommendations from the nine Mental Health Implementation Task Forces. We will be bringing you information from the Ontario Hospital Association, the Ontario College of Family Physicians, Children's Mental Health Ontario, on the RAI-MH project and (hopefully) a report on the divestment of the psychiatric hospitals.

And, as always, we continue to let you know what action the OPA is taking on various topics that require input from psychiatrists.

Are there other organizations that you want to hear about? OPA members have provided some suggestions and we are following up on those for 2003. Your comments, suggestions and contributions are always welcome.

Best wishes for a safe and happy holiday season to all.

Elizabeth Leach
Editor

Dialogue will be featuring telepsychiatry in the future.
We would be pleased to receive your submissions on this topic.

Please forward any submissions to the Editor by email at
opa@bellnet.ca or by fax: 905-469-8697

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.

Ontario Psychiatric Association Meetings

Toronto Marriott Eaton Centre Hotel

Council Meeting - Wednesday, January 29, 2003

Annual General Meeting – Friday, January 31, 2003 - Buffet Breakfast provided

Space is limited, please contact Lorraine Taylor for further details;

(905) 827-4659, email: opa@bellnet.ca

3rd Annual Fundamentals in Psychotherapy

October 2002 - March 2003

A Didactic and Interactive CME Program for Primary Care Physicians Featuring: Some small group interactive discussion of theoretical and practice issues for effective therapeutic interventions. Tuesday evenings, 7:30 - 9:30, for 13 evenings. The course will provide a systemic overview of the current practice of the psychotherapies. It will provide an introduction for beginning psychotherapists, and will review contemporary guidelines for specific psychotherapies for both beginning and more experienced physician psychotherapists. The course will incorporate the current scientific literature and clinical examples will be used to help generate discussion.

Contact information: Dr. Michael Paré at (416) 229-2399 or 1-888-229-8088.

Infant Observation Seminar

October 2002 - May 2003

Presented by the Toronto Child Psychoanalytic Program for adult psychoanalytic trainees and graduates, and other mental health practitioners.

There will be 22 sessions (October through May) on Thursday evenings, 6:30 to 8:00 pm. The seminars are being held at the Hincks-Dellcrest Institute. Leader: Elizabeth Tutters, MSW, Child and Adult Psychoanalyst.

Contact information: Donna or Janice, at woodhouse@golden.net, or Tel: 416-288-8689.

Clinical Assessment, Formulation and Treatment of Infants, Young Children and Their Families: Observation, Reflection and Understanding- The Importance of Play

October 16, 2002 - April 9, 2003

Hincks-Dellcrest Treatment Centre, Toronto. 22 sessions of 3 hours each on Wednesday afternoons presented by: Leaders, Elizabeth Tutters, MSW, RSW and Sally Doulis, MSW, both of whom are graduate-faculty and supervisor members at the Toronto Child Psychoanalytic Program.

Contact information: Janice 416 288-8689, x 2 or e-mail woodhouse@golden.net.

The Toronto Institute for Contemporary Psychoanalysis, and the International Association for Relational Psychoanalysis and Psychotherapy

January 18 and 19, 2003

Evolving Perspectives on Therapeutic Impasse: Relational Analysts at Work

Jan. 18 – morning - Repetition and Repair: The Way Out is the Way Through Jody Messler Davies, Ph.D. IARPP; Jessica Benjamin, Ph.D., IARPP; Malcolm Slavin, Ph.D., MIP.

Jan. 18 – afternoon -From Provocation and Combustibility Towards Mutuality: Once More With Less Rage, Please Taras Babiak, M.D., TICP; Adrienne Harris, Ph.D., IARPP; Sam Izenberg, M.D., TICP; Philip Ringstrom, Ph.D.,

Healthy Aging

January 21, 2003

Meeting Centre, Centre for Addiction and Mental Health, 2nd floor, 33 Russell Street (NE corner of College and Spadina). This forum will highlight the many issues facing older adults and will address a variety of health topics such as differentiating between depression, dementia and normal behavior; low-risk levels of alcohol and medication versus high-risk levels; and how to keep your brain healthy.

Contact information: (416) 979-4251 or visit the website at: www.camh.net

Working with Youth and Families Who are Struggling with the Effects of Anxiety & Depression

January 23 & 24, 2003

Eric King, MSW, RSW. This two-day workshop will be highly relevant to professionals who work with teens in mental health settings, schools, hospitals and residential settings.

Contact information: The Hincks-Dellcrest Centre, 114 Maitland St., Toronto, M4Y 1E1, Tel: 416-972-1935, ex. 3345, FAX: 416-924-9808, email: training@hincksdellcrest.org

Methadone Treatment Workshop

January 25, 2003

This one-day course will teach physicians, pharmacists and counsellors the skills and guidelines for safe management of clients receiving methadone for opioid dependence.

Mel Kahan, MD, FRCP; David C. Marsh, MD, CCSAM; Anne Kalvik, B.Sc., Pharm
Contact information: Education and Training Services, CAMH, 33 Russell Street, Toronto, Tel: 416-595-6020, FAX: 416-595-6644, email: ets@camh.net, web: www.camh.net

Assessing and Treating Bipolar Disorder

January 29, 2003

This workshop, focusing on youth, gives an overview, and outlines the signs, symptoms and treatments of bipolar disorders.

Bruce Ballon, MD, FRCPC

Contact information: Education and Training Services, CAMH, 33 Russell Street, Toronto, Tel: 416-595-6020, FAX: 416-595-6644, email: ets@camh.net, web: www.camh.net

The Alliance for Continuing Medical Education 28th Annual Conference Linking Communities of Practice with the Enhancement of Professional Competence

January 29 – February 1, 2003

Hyatt Regency, Dallas, Texas

Contact information: www.acme-assn.org

Ontario Psychiatric Association 83rd Annual Meeting

“Psychiatry Across the Life Span”

January 30, 31, February 1, 2003

Toronto Marriott Eaton Centre Hotel, 525 Bay St., Toronto

Contact information: Lorraine Taylor, OPA Office, 905-827-4659,
email: opa@bellnet.ca

Fourteenth Annual Meeting of the American Neuropsychiatric Association

February 2 – 4, 2003

Pre-meeting workshops February 1-2, 2003

Sheraton Waikiki, Honolulu, Hawaii

Contact information: www.neuropsychiatry.com/ANPA/annual_meeting.html

Motivational Interviewing

February 4 & 5, 2003

This workshop examines motivation as an interactive process between client and counsellor, providing a variety of practice tools to address key issues in therapy.

Tim Godden, MSW, Addiction Therapist

Contact information: Education and Training Services, CAMH, 33 Russell Street, Toronto, Tel: 416-595-6020, FAX: 416-595-6644, email: ets@camh.net, web: www.camh.net

How to do Deep Therapy Briefly and How to do Brief Therapy – Deeply: Integrating Experiential and Brief Therapy

February 7, 2003

Bala Jaisan, PhD. Through a variety of techniques and interventions, participants will learn how to harmonize and facilitate change – deeply and briefly.

Contact information: The Hincks-Dellcrest Centre, 114 Maitland St., Toronto, M4Y 1E1, Tel: 416-972-1935, ex. 3345, FAX: 416-924-9808, email: training@hincksdellcrest.org

Review Course of Psychiatry

February 10 – 14, 2003

A Pre-Examination Review. For Physicians undertaking Canadian and U.S. Specialty Board Examinations in Psychiatry. Faculty of Medicine, University of Ottawa. Registration fee: \$450.00 Cdn.

Contact information: Sandra Mohr, Coordinator (613) 596-4429 FAX: (613) 596-4423 or email: sandra.mohr@sympatico.ca

Ski-CPD Meeting, Canadian Psychiatric Association

February 13 – 16, 2003, Mont-Tremblant, Quebec

The meeting will focus on “New Perspectives in Depression.” Seven faculty members will lead sessions focusing on depression in groups such as children, youth, women and cardiac patients. Program days include two early morning plenary sessions followed by two mid-afternoon workshops. An evening symposium will kick-off the conference, and a plenary about the doctor-patient relationship in psychopharmacology will close the meeting on Sunday afternoon.

Contact information: www.cpa-apc.org or call 613 234 2815 ext. 228.

10th Annual Florida Symposia

February 17 – 21, 2003

The Nature of Autism and Asperger's Disorder: From Diagnosis to Treatment

Peter Tanguay, M.D.

Psychopharmacology for the Therapist: the Basics and Beyond

John Preston, Psy.D.

Mindfulness-Based Cognitive Therapy

Sindel Segal, Ph.D.

Contact information: New England Educational Institute, 92 Elm Street, Pittsfield, MA, 01201, tel: 413-499-1489, FAX: 413-499-6584, email: educate@neei.org, web: www.neei.org

The Art and Skill of a Helpful Therapeutic Conversation: Eliciting the Client's Story, Abilities and Preferences

February 20 & 21, 2003

James D. Duvall, M.Ed.

Contact information: The Hincks-Dellcrest Centre, 114 Maitland St., Toronto, M4Y 1E1, Tel: 416-972-1935, ex. 3345, FAX: 416-924-9808, email: training@hincksdellcrest.org

8th Annual International Conference on Continuing Professional Development (ICPD), Canadian Psychiatric Association

Feb. 24 – 28, 2003, Puerto Vallarta, Mexico.

The Meeting theme is “Practical Approaches to Current Issues in Psychiatry”

Psychiatry and technology, cognitive behaviour therapy for eating disorders, adolescent depression and emergency psychiatry are just a few of the topics. Delegates begin each day with a “breakfast with the expert” followed by two plenary sessions. After the plenaries, participants choose one of a range of workshops to round out the morning. The ICPD will be assessed for Section 1 Maintenance of Certification credits, and conference participants will also receive a personal learning guide that can be used in developing a personal learning project for further credit accumulation under Section 4 of MOC.

Contact information: www.cpa-apc.org or call 613 234 2815 ext. 224.

6th Annual Winter Seminars presented by Harvard Medical School Longboat Key, Florida

February 24 - 28, 2003

A1) Trauma, Consciousness and the Body; A2) Psychotherapy of Patients with Personality Disorders; A3) Psychopharmacology in the Trenches: Comprehensive Review of Pharmaceuticals and Natural Therapies.

Contact information: www.cme.hms.harvard.edu

Fundamental Concepts in Mental Health

February 25 – 27, 2003

This course provides an overview of major mental illness affecting Canadians today, exploring risk and protective factors related to these conditions.

Clive Chamberlain, MD,FRCP; Gail Czukar, MA, JD; John Trainor, Director, Community Support and Research Unit, CAMH

Contact information: Education and Training Services, CAMH, 33 Russell Street, Toronto, Tel: 416-595-6020, FAX: 416-595-6644, email: ets@camh.net, web: www.camh.net

Sexual Abuse and Addiction

March 3 & 4, 2003

This course offers a two-day interactive learning format focusing on addiction treatment approaches that incorporate sexual abuse issues.

Cherie Miller, MSW,RSW, Trauma Counsellor; Debi McCallen, ADAC; Michael Gitberg, MA, Psychotherapist

Contact information: Education and Training Services, CAMH, 33 Russell Street, Toronto, Tel: 416-595-6020, FAX: 416-595-6644, email: ets@camh.net, web: www.camh.net

6th Annual Winter Seminars presented by Harvard Medical School Longboat Key, Florida

March 3 - 7, 2003 - B1) Treating Eating Disorders: An Integrative Approach; B2) Neuropsychiatry in Everyday Practice: From Learning Disabilities to Psychopathology to Treatment; B3) Psychopharmacology Across the life Cycle: From Pediatrics To Geriatrics.

Contact information: www.cme.hms.harvard.edu

6th Annual Winter Seminars presented by Harvard Medical School Longboat Key, Florida

March 10 - 14, 2003 - C1) Enhancement of Peak Performance in Sports, the Performing Arts and the Worksite; C2) Interface of Neurology and Psychiatry; C3) Essential Psychopharmacology, 2003.

Contact information: www.cme.hms.harvard.edu

6th Pacific Rim Congress of Group Psychotherapy and the 3rd Asia Pacific Conference on Psychotherapy

March 12 – 15, 2003

Sponsored by the International Association of Group Psychotherapy. Singapore.
Contact information: Dr. Douglas Kong: ctmapl@singnet.com.sg

13th Annual Rotman Research Institute Conference

March 17-18, 2003

“Neuroimaging of Cognitive Functions”

Fairmont Royal York Hotel, Toronto,

At the end of the conference, participants will be able to:

- Gain awareness of the various neuroimaging approaches to study cognition
- Understand the biological base of sensation, perception, memory and attention
- Understand application of neuroimaging to study human development and clinical conditions

Co-sponsored by the Departments of Medicine and Psychiatry, University of Toronto

Contact information: Education Department, Baycrest Centre for Geriatric Care, 3560 Bathurst Street, Toronto, Ontario, Canada M6A 2E1, Tel: (416) 785-2500 ext. 2363 or Fax: (416) 785-4215

Psychiatry, Medicine and the Movies

March 17-21, 2003

Baja Mexico CME Cruise

This intensive program will review the clinical and educational applications of movies in the field of mental health and medicine. The potential advantages and shortcomings of utilizing this popular medium will be presented. Topics include: the potential clinical impact of movies upon patients; how to 'prescribe' films for therapeutic purposes; practical points on how to integrate film clips into educational presentations; and how to identify and access films on specific topics. Various film clips will be utilized throughout the program to illustrate key points. Contact information: <http://www.richmondcruiesship.ca/medical> or Gina Holvick Phone: 604-278-1600/toll free 1-888-2370111 email: conference@richmondcruiesship.com or Dr. Jon Davine at: jdavine@cogeco.ca

Madness and the Arts 2003 World Festival

March 21-30 2003

Toronto's Harbourfront Centre.

The Workman Theatre Project, in partnership with CAMH, presents a 10-day international celebration of arts and artistry – actors, artists, musicians, performance artists, writers, painters, dancers, comics and artistic facilitators, whose work explores mental health and the arts, will be presented in Harbourfront's many gallery and performance spaces.

Contact information: Phone: 416 531-7770 or email www.madnessandarts.com

International Psychogeriatric Association European Regional Meeting

April 1 - 4, 2003

“Cognition, Behavior & Social Performance in the Elderly”. Geneva.

Contact information and call for papers: www.ipa-online.org

Eating Disorders: Prevention, Assessment and Treatment

April 8 – 10, 2003

This course examines the psychological, social and biological factors related to eating disorders. David Goldbloom, MD, FRCPC.

Contact information: Education and Training Services, CAMH, 33 Russell Street, Toronto, Tel: 416-595-6020, FAX: 416-595-6644, email: ets@camh.net, web: www.camh.net

From Institutions to the Community 3rd Annual International Association of Forensic Mental Health Services (IAFMHS) Conference

April 9 - 12, 2003

Roney Palace Beach Resort, Miami Beach, Florida. Organized by: International Association of Forensic Mental Health Services (IAFMHS)

Contact Information: Tracey Moropito, Conference Coordinator

Phone: 604-669-7055

Fax: 604-669-7054 Email: info@iafmhs.org or

www.ontario.chma.ca/content/information_and_links/events.asp

6th World Congress in Psycho-Oncology

April 23 - 27, 2003

Banff

The Art and Science of Psychosocial Oncology Advancing Research, strengthening Advocacy, Refining Clinical Care, Forming Alliances.

Contact information: www.capo.ca.

“A Dialogue on Difference”

May 2 - 4, 2003

Held by the Society for the Exploration of Psychotherapy Integration (SEPI). New York City, the aim of the conference is to establish an open dialogue that emphasizes the exploration of differences as well as unrecognized similarities among the wide variety of perspectives on theory and technique.

Contact information and submission guidelines: jcmuran@bethisraelny.org website, <http://www.cyberpsych.org/sepi/>

Accessing Mental Health and Addiction Services

Tuesday, May 6, 2003 6:30 - 8:30 pm

Centre for Addiction and Mental Health

This forum will address the common difficulties many face when trying to get help for a mental health or addiction problem. Free admission - no registration required.

Contact information: Centre for Addiction and Mental Health Phone: 4169794251, www.camh.net

156th Annual Meeting of the American Psychiatric Association

May 17-22, 2003

San Francisco, CA

Contact information: www.psych.org

August 17 - 22, 2003 - International Psychogeriatric Association 11th Congress.

Enhancing the Human Connection in the Age of New Technologies: Implications & Opportunities for the Aging. Chicago.

Contact information: 1 847 784-1701; fax: 1 847 784-1705; e-mail, chicago2003@ipa-on-line.org; website, www.ipa-online.org

Royal College of Physicians and Surgeons Annual Conference on Achieving Quality Health Care through Education, Professional Development and Research

September 11-13, 2003

Halifax, Nova Scotia. Changes in Health Care: Charting a New Course.

Deadline for submissions: February 3, 2003

Contact information: <http://rcpsc.medical.org/english/meetings>

Classified ads can be placed by contacting the OPA Head Office at (905)827-4659

COUNCIL HIGHLIGHTS

AGENDA OPA Council September 20th, 2002

1.0 Remarks from the President

Approval of Agenda

2.0 Approval of Minutes of June 14, 2002 OPA Council

3.0 Business Arising

- 3.1 Representative for RCPS – Psychiatry Committee
- 3.2 Consent & Capacity Board – Rules of Practice
- 3.3 National Symposium on Gaps in Mental Health Services for Seniors in Long-term Care
- 3.4 AGHPS June 1st Planning Day

4.0 Treasurer's Report

5.0 Reports of Task Forces and Committees

- 5.1 Advocacy
- 5.2 Communications Committee
- 5.3 Continuing Education Committee
- 5.4 Finance/Audit Committee
- 5.5 Member Services Committee
- 5.6 Report of the Sections Task Force

6.0 Standing Reports

- 6.1 OMA Tariff/RBRVS
- 6.2 CPA Report
- 6.3 Working Group on Mental Health Services
- 6.4 Coalition
- 6.5 Council of Provinces
- 6.6 Alliance for Mental Health Services
- 6.7 JPPC Psychiatric Working Group

7.0 New Business

- 7.1 Guest Speaker: Ms. Jan Kasperski
- 7.2 CPA Request for Silent Auction Donation
- 7.3 2003 Elections
- 7.4 CPSO Draft Policy on Disclosure of Harm
- 7.5 Strategic Planning/Governance
- 7.6 Mental Health Implementation Task Forces/Authorities

All OPA Standing Committee (Advocacy Committee, Communications Committee, Continuing Education Committee, Finance/Audit Committee, Member Services Committee) Terms of Reference have been approved by OPA Council. The Mandate and Objective of each Committee's Terms of Reference are provided here for your information.

Advocacy Committee

Mandate: To provide advice and recommendations to Council regarding advocacy for the mentally ill and their families and advocacy in the best interests of the members of the association in their relationships with government and non-governmental organizations, the media and the public at large.

Objectives:

- To develop and maintain relationships with other associations which advocate for the mentally ill and their families, in order to further common interests;
- To seek out and respond to those advocacy issues which are of importance to the association;
- To engage in analysis, review and provide recommendations on advocacy issues;
- To take a leadership role in the promotion of prevention and treatment for persons with mental illness;
- To develop annual strategic plans with specific goals for advocacy.

Communications Committee

Mandate: The Communications Committee will provide advice and recommendations to Council regarding internal and external communications and is responsible for "Dialogue", the OPA's quarterly newsletter.

Objectives:

- To examine, develop and expand internal and external communication activities;
- To raise the profile of the Association;
- To understand the communication needs of all members;
- To keep members informed about what the Association is doing;

- To enhance and promote the exchange of information amongst members;
- To ensure the production of four quality issues of the Dialogue each year, including appropriate levels of advertising and sponsorship.

Continuing Education Committee

Mandate: The Continuing Education Committee will develop and implement a program of education which will assist members to achieve an optimal level of professional development and practice and to exchange scientific information.

Objectives:

- To create an annual conference that contributes to the maintenance and advancement of the OPA – intellectually, academically and financially;
- To provide learning opportunities that are consistent with maintenance of certification requirements, the professional goals of the membership;
- To disseminate educational information, including information regarding changes in the mental health system;
- To administer the T.A. Sweet Award and other related educational awards as they occur;
- To assist Council regarding professional practice and academic issues

Finance/Audit Committee

Mandate: The Finance/Audit Committee oversees the treasury as well as the financial instruments, budgets, controls and financial statements, reports and records and the receipt of fees, bequests, gifts, donations and grants of money.

Objectives:

- To review and recommend approval of the audited report and the auditors on an annual basis;
- To develop an annual budget for approval by Council and presentation to members;
- To ensure the sound investment and management of all funds;
- To review and recommend the approval of insurance policies and contracts;

- To recommend, on an annual basis, those individuals authorized to have signing authority;
- To develop, implement and evaluate business development opportunities

Member Services Committee

Mandate: The Member Services Committee will provide advice and recommendations to Council regarding the recruitment and retention of members, the rights, privileges and responsibilities of members and the qualifications, terms of admission, termination and suspension of members.

Objectives:

- To develop long term and short term strategies to recruit new members and retain current members;
- To recognize member contributions;
- To determine and act on the needs of members;
- To oversee the admission, termination and suspension process;
- To oversee the process for the annual nomination and election of Council members. ■

OPA Council approved the **SECTION RULES AND PROCEDURES** at the September 20 2002 Council meeting (see below). A new addition to the Annual Meeting is the OPA Section Luncheon Meetings being held on Saturday, February 1st. During the section meetings, the Chair or Co-Chairs for the Section will be chosen. Lecturers have been invited to address the Sections. Dr. Mamta Gautam will present "Successful Psychiatric Practice" to the Residents Section, Dr. Kenneth Shulman will present "Geriatric Psychiatry and the Future of Clinical Neuroscience" to the Psychogeriatrics Section, Dr. Ron Charach will be addressing the Community and Psychotherapy Sections jointly with his poetry and Dr. Mary Kay Nixon will discuss "Affect Regulation and Addictive Aspects of Repetitive Self-injury in Hospitalized Adolescents" with the Child & Adolescent Section.

SECTION RULES AND PROCEDURES

INTRODUCTION

Over the last year, OPA Council reviewed the status of the Sections and decided to build on the capacity of the current Sections and develop new Sections. The OPA by-laws provide for the adoption of rules and procedures to govern the affairs of the Sections, consistent with the objectives of the OPA, in consultation with the Sections.

On January 16, 2002, a Task Force on Sections was struck, chaired by Margaret Steele, with Khrista Boylan, Don Pearsall, Rosemary Meier, Jane Howard and Elizabeth Leach, as members, to review all matters and report back to Council in June.

This document is the first step in the process of re-energizing OPA Sections, by articulating the purpose and definition of Sections, and has been created to encourage discussion regarding the rules and procedures to ensure the active participation of, and a uniformity of operations, for all Sections.

Once approved by Council, Section Rules and Procedures will be reviewed every two years (next review date: September 2004).

This document contains:

- 1) The definition and purpose of a Section of the OPA;
- 2) The organizational structure of the Sections and their relationship to OPA Council, including communication between the Sections and OPA Council and between the Sections and the OPA membership;
- 3) The operating rules and procedures to govern the conduct of the affairs of the Sections, consistent with the objectives of the OPA.
- 4) Resources and support provided to the Sections by the OPA.

1) DEFINITION AND PURPOSE OF THE SECTIONS

A Section of the OPA represents a special branch of psychiatry.

The purpose of a Section is to promote discussion on scientific and technical matters, develop documents, such as position papers, and to give opinions or make recommendations and/or provide reports to Council on matters relating to a particular field of psychiatric endeavour (Section 12, Ontario Psychiatric Association – Constitution & Bylaws, January 2002).

It is important for the OPA to be able to assist its members to affiliate with OPA Sections. Sections can serve to assist Council by providing expertise in the general areas of communication and advocacy, and to identify important societal issues.

The Council and the Sections will work together to ensure that issues of importance to the members are brought forward to the appropriate organizations or government bodies.

The work of the Sections can help to mobilize members to create documents that would be used by Council to present a certain viewpoint on issues that are, or are not yet, being addressed. For example, Sections can assist Council when OPA needs to respond to government documents or to provide comment on specific policy or legislative issues.

OPA needs to know also how its members are affected by proposed changes so that they can better represent them.

2) THE ORGANIZATIONAL STRUCTURE OF THE SECTIONS AND THEIR RELATIONSHIP TO OPA COUNCIL (see Ontario Psychiatric Association Organizational Chart)

There are five standing committees of Council:

Advocacy (2002 Chair: Doug Wilkins);
 Communications (2002 Chair: Adrian Hynes);
 Continuing Education (2002 Chair: Ann Thomas);
 Finance/Audit (2002 Chair: Jane Howard);
 Member Services (2002 Chair: Keith Anderson).

As per the Ontario Psychiatric Association Organizational Chart, Sections report to Council in the same way as the Standing Committees do. Council can appoint a "Section Liaison" to oversee and act as a liaison between the Sections and Council.

The following six Sections were chosen based on past member interest as well as current member interest. These six Sections were also felt to be ones that would most likely appeal to the largest number of members. Other Sections may be considered for the future, at the discretion of Council.

The six Sections are:

1. Child and Adolescent Section of the OPA
2. Community Section of the OPA (NEW)
3. Consultation-Liaison Section of the OPA
4. Geriatric Section of the OPA
5. Psychotherapy Section of the OPA
6. Resident Section of the OPA (NEW)

3) RULES AND PROCEDURES TO GOVERN THE CONDUCT OF THE AFFAIRS OF THE SECTIONS, CONSISTENT WITH THE OBJECTIVES OF THE OPA.

- 1) Each Section will agree to abide by the OPA Constitution and By-laws.
- 2) Only OPA members (six categories of membership: Full, Member-in-Training, Associate Member, Life Member, Inactive Member, Honorary Member) can be

- members of a Section. The member can choose which Section to join and may be a member of several Sections.
- 3) Fees: No Section can levy fees of any kind to Section members.
 - 4) Each Section will have a minimum of eight members to launch a Section.
 - 5) Chair or Co-Chairs (to be determined by the Section), nominated by members of the Section, will serve a minimum of a two year, and a maximum of a three year term, with one renewable term.
 - 6) Sections will develop Terms of Reference for approval by Council and determine the number of meetings that they will have, at their first meeting of the year, held during the OPA Annual Meeting (this will ensure one face-to-face meeting each year).
 - 7) Reporting to Council: Each Section meeting will be reported to Council via Section minutes. There will be a minimum of one report to Council per year, plus an end of year report that will be published in Dialogue. Any documents to be distributed, external to the OPA, require the approval of Council. The Chair or Co-chairs (or delegate) can attend OPA Council meetings at any time. The Section may be asked to provide advice to the Chair, Continuing Education Committee and other Committee Chairs. Council and/or Standing Committees will need to be aware of Section activities should government or other organizations be involved.
 - 8) Creation of a new Section: Any member wishing to form a new OPA Section is required to request approval from Council and demonstrate that the minimum number of members has been achieved and that a Chair/Co-Chairs will be available to lead the Section.

- 9) Dissolution of a Section: A request for the withdrawal of a Section must be in writing from the Chair (or Co-Chairs) to OPA Council. A Section may be terminated by OPA Council, at its discretion. Termination may occur, for example, should a Section be inactive for two years.
- 10) Insurance: Section members will be automatically covered under the OPA Directors and Officers liability insurance policy.

4) RESOURCES AND SUPPORT PROVIDED TO THE SECTIONS BY OPA

Council will assist with ongoing contact between OPA and CPA, and any other organization, on behalf of the Sections, wherever possible.

The budget for the Sections will be determined annually by Council. In the first year, the following resources and support will be provided by the OPA to the six Sections:

\$5000 per fiscal year will be allocated for Section activities. This will include:

- 1) up to \$500, available to each Section;
- 2) cost of conference calls, call set-up, taking minutes, preparing Section reports;
- 3) cost of copying and distributing documents to Section members;
- 4) cost of one face to face lunch meeting to be held at the OPA Annual Meeting;
- 5) dissemination of approved Council minutes to Chair or Co-Chairs of Section;
- 6) recruitment and listing of Section members and tracking of their demographic location.
- 7) Additional funding will be available for specific projects, subject to Council approval (for example, specific research support or surveys). ■

Ontario Psychiatric Association Organizational Chart



Date approved: November, 2000
Date for next review: September, 2004

Meet A Council Member: An Interview with Derek Puddester



Dr. Derek Puddester M.D., FRCPC, is currently Assistant Professor University of Ottawa Dept Psychiatry Director, Faculty Wellness Program, University of Ottawa Faculty of Medicine Psychiatrist, Inpatient Services Children's Hospital of Eastern Ontario Psychiatrist, Awkwasasne Outreach Program

OPA: What is your current position on the OPA Council and on what committee do you serve?

Derek: I am a Council member at large, and currently enjoy serving on the Communications Committee. I recently began representing the OPA on the CPA's Standing Committee on Education .

OPA: Tell us a bit about your background.

Derek: I was born in Germany to a military family originally from Newfoundland. I enjoyed being a military brat immensely. I did a BA in Modern English/Russian at Memorial as well as my MD. I completed residency at McMaster and a Fellowship in Child Psychiatry at the University of Ottawa. Life is mainly filled by my love for my family and our dogs.

OPA: When did you join the OPA and why?

Derek: I joined the OPA as a resident, and continue to be involved as I think we need to support organized medicine's role in improving our system and the quality of the lives of all of those involved with it.

OPA: What has been your most valuable experience as an OPA member?

Derek: Working with the Joint Policy and Planning Committee was a wonderful opportunity to promote some of my goals for children's mental health care in Ontario, and I thank the OPA for letting me have that opportunity.

OPA: In what ways have you seen the OPA change over the last 10 years?

Derek: The OPA walks the talk of diversity. Our leadership represents many walks of life - gender, career stage, clinical interest, ethnicity, political perspective, and so on...not many medical organizations can make the same claim. The OPA also has developed a respected opinion for its collaborative work with other organizations and with decision makers, which is an achievement to be celebrated.

OPA: What do you think is important for psychiatrists to be aware of in the 21st century?

Derek: (21st century) Physicians deserve to have a healthy and happy life in addition to healthy and happy clinical practices. This is the era of promoting physician well-being, which means significant changes to how we structure our education and training programs, our clinical practices, and our approaches to CME.

OPA: If you weren't a psychiatrist, what other professional endeavour would you be pursuing?

Derek: I would return to creative writing and poetry full time.

OPA: If you had 3 wishes, what would they be?

Derek: A Newfoundlander would be Prime Minister, Canada would welcome the Turks and Cacos as a territory/vacation wonderland, and that the City of Ottawa would let me park my car in my driveway.

OPA: If you had 3 wishes for the profession of psychiatry, what would they be?

Derek: No more stigma, treatments that resulted in a cure, and systems that were integrated and appropriately funded. ■

OPA Letter to Minister



Ontario
Psychiatric Association
Association des
Psychiatres de l'Ontario

28 October 2002

The Honourable Tony Clement
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street, Queen's Park
Toronto, ON M7A 2C4

Dear Minister

Re: Mental Health Reform

I am writing on behalf of the Ontario Psychiatric Association (OPA) with serious concerns regarding recent developments in the reform of mental health services.

The OPA is very supportive of the goals of mental health reform. One of the goals is to create local systems of care that will ensure that people with mental illness and their families have access to a broad range of community-based services and supports. Our Association supports this goal, however, we are concerned about the proposed governance structure to achieve these local systems of care, that is, the implementation of regional mental health authorities/boards. To have off mental health from health, we believe, is not advantageous to people with mental health and (other) health problems. Our understanding is that Alberta and New Brunswick had to reverse their mental health authority process. Best practices have not been established in the area of governance and evidence based research shows that mental health authorities have not had a positive impact on clinical outcomes.

By the end of this year, the nine Mental Health Implementation Task Forces will have finalized their recommendations. We believe that the Task Forces are to be congratulated for all of the important work that they have done and for taking the opportunity to consult with thousands of people in the mental health field. We believe that all of the Task Forces have done excellent work and have made many very positive recommendations with respect to improving access to and utilization of community mental health services. All of these recommendations can be implemented without the establishment of regional mental health governing boards or authorities. We urge you to act as quickly as possible to invest in, and implement, the much needed service delivery reforms.

We are concerned too that provincial organizations, such as the OPA, have not been given sufficient opportunity to provide their views on how this important endeavor can be implemented. Our Association met with Michael Wilson, Chair of the Toronto-Peel Task Force, at his invitation, on September 20th and we attended the invitational information session hosted by the Provincial Forum on September 23rd. The question and answer period following the session indicated that a variety of common concerns had not been adequately addressed as yet.

If we want to ensure that there will be a greater range of, and improved access to, mental health services in the community, tailored to specific individual needs, and that those 'best practice' services are linked, such that those individuals with mental illness can move seamlessly within the system, there needs to be dialogue with provincial organizations. The recent letter from OMA President Dr. Elliot Halperin suggests that treatment be removed from this phase of the reform agenda, and we believe this suggestion should be explored further. We feel that it will be important to ensure that psychiatrists can support the implementation of those recommendations approved by government. As a provincial Association, we expect to play a lead role in educating our members regarding the implementation of the recommendations.

We would be pleased to provide additional information or comment and to discuss this important matter with you. Please contact Dr. Keith Anderson directly at 613-725-2284.

Sincerely,

Margaret Steele, HBSc, MD, FRCPC(C)
OPA 2002 President

cc: Elliot Halperin, MD, CCFP, FCFP, Ontario Medical Association President

MEMBERS ON THE *MOVE MOVE*

Dr. Kenneth Handelman has relocated from Hotel-Dieu Grace Hospital and Maryvale Adolescent Services in Windsor to the William Osler Health Centre, Brampton Memorial Campus in Brampton, Ontario. He will be working in the Child and Adolescent Mental Health Program in both inpatient and outpatient capacities. He can be reached at 905-451-1710 ext. 5737, fax: 905-796-4158.

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, 1141 South Service Rd. W., Oakville, ON, L6L 6K4 or by email to: opa@bellnet.ca or fax to : 905-469-8697.

A MESSAGE FROM THE CONTINUING EDUCATION COMMITTEE CHAIR: OPA Annual Meeting

By: Ann Thomas, MD, FRCPC



Have you received your Preliminary Programme in the mail? The OPA has prepared a three-day programme full of opportunities for you to hone your skills, enhance your practice, network and socialize with your peers in a relaxed atmosphere close to all the action Toronto has to offer. Dine at Toronto's finest restaurants, enjoy fabulous entertainment such as Mama Mia and The Toronto Symphony Orchestra and cheer for Toronto's Maple Leafs or Raptors at the Air Canada Centre.

Our Keynote Speaker this year is Dr. Jon Allen from the Menninger Clinic in Topeka Kansas. Dr. Allen will present a Plenary Lecture entitled "Finding and Losing Your Mind in Attachment Relationships", as well as a special lecture entitled "Stressful Impact of Treating Trauma". We have an exhaustive list of Invited Lecturers this year including: Dr. Philip Sarrel presenting "Understanding the Psychiatric Significance of Ovarian Hormones", Dr. Roger McIntyre presenting "Testosterone and Mood Disorders" and Dr. Ari Zaretsky speaking on "CBT for Personality Disorders: Conceptualization and Methods". In keeping with the Presidential theme for the 2003 Annual Meeting, presentations on Neuroleptic Malignant Syndrome, Tourette's Syndrome, Delirium and Eating Disorders will be discussed "across the life span". Co-Chairs, Dr. Sidney Kennedy and Dr. Roumen Milev and Discussant, Dr. Meier Steiner, will present the CANMAT sponsored symposium, "Challenges in Adopting Evidence Based Practice in Mood Disorders Services Across Ontario". We also have Symposia, Workshops, Paper Sessions and Posters on a wide variety of topics. This event is an accredited group learning activity as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada.

A new addition to this meeting is the OPA Section Luncheon Meetings being held on Saturday, February 1st. During the section meetings, the chair or co-chairs for the section will be chosen. Lecturers have been invited to address the Sections. Dr. Mamta Gautam will present "Successful Psychiatric Practice" to the Residents Section, Dr. Kenneth Shulman will present "Geriatric Psychiatry and the Future of Clinical Neuroscience" to the Psychogeriatrics Section, Dr. Ron Charach will be addressing the Community and Psychotherapy Sections jointly with his poetry and Dr. Mary Kay Nixon will discuss "Affect Regulation and Addictive Aspects of Repetitive Self-injury in Hospitalized Adolescents" with the Child & Adolescent Section.

The President's Dinner/Dance, "Sands of Time" will feature a buffet dinner and live band. Smart casual dress is the order of the night. Best Poster and Best Paper Awards will be presented and there are always great door prizes to be won. The 2003 President, Dr. Robert Buckingham will be inducted and the recipient of the T.A. Sweet Award, Lt. -General (Ret.) Romeo Dallaire is expected to be on hand to receive his award.

The OPA is pleased to thank Eli Lilly Canada Inc., Lundbeck Canada Inc., Janssen-Ortho Inc. and Organon Canada Ltd/Ltée. for providing Unrestricted Educational Grants.

Thanks again to the Continuing Education Committee; Krishna Balachandra, Mamta Gautam, Jane Howard, Roumen Milev, Rosemary Meier, Margaret Steele, Michael Paré and Elizabeth Leach for all their time and valuable input. Thank you also to Dr. Rahul Manchanda and Dr. Verinder Sharma for their expertise in reviewing the abstracts.

I look forward to seeing everyone in January!

**The Ontario Psychiatric Association is pleased to
welcome the following new members up to
September 20, 2002**

Shelley C. Brook
Susan Finch
Alastair J. Flint
Mark Katz
Richard Lamon
Chanth Seyone

Have you found any interesting/informative websites that you would like to share with others? Please forward the information to the Editor by email: opa@bellnet.ca or by fax: (905)469-8697.

OMA Section on Psychiatry - UPDATE

By Douglas C. Weir M.D. F.R.C.P.(C), Chair, OMA Section on Psychiatry

Thanks to the 431 Ontario Psychiatrists who wrote Dr. E. Halparin, OMA President, urging him and the OMA to honour the 2001 commitment to implement the CTC recommendations. As a result of their efforts he reconfirmed the OMA Board of Directors' commitment to implement the 2000 and 2001 CTC recommendations which means that the revision to the Schedule of Benefits (OHIP), which should occur April 1, 2003, will see an increase of at least 4.54% to inpatient and outpatient psychotherapy and psychiatric care codes (K190, K199, K197, and K198), outpatient Group Therapy codes (K203, K204, K205, K206), inpatient Group Therapy codes (K200, K201, K202, K207), Family Psychotherapy codes (K195 and K193), and Family Psychiatric Care codes (K191 and K196). The increase in the fee-for-service pool for 2003 will be open for further negotiations. It will be a minimum of 2% and the OMA will have an opportunity to negotiate additional monies. If our negotiators are able to get more than 3.6% (the cost to implement all the CTC recommendations including the November 2002 recommendations) then all fees will increase by whatever amount above 3.6% they are able to negotiate for us. If they negotiate an increase of 4.6%, K codes would go up 5.54% and all other psychiatric fees would go up 1%.

The OMA had its November Council Meeting and RBRVS was discussed. The RBRVS Commission released its final report in July 2002. I reported in the last issue of the OPA Dialogue in detail about that report. Psychiatric services are identified in the Final RBRVS Report as being inadequately compensated.

Unfortunately, the majority of physicians in the OMA were disappointed with the Report and believed that it failed to find the balance necessary to allow implementation. The Board made a number of motions that were passed by Council. Those motions are:

- 1) That Council continue to acknowledge that fee inequities exist within the Schedule of Benefits.
- 2) That Council express its conviction that fee relativity cannot be accomplished in an atmosphere of revenue neutrality.

- 3) That Council express significant reservations about the July 2002 RBRVS Final Report to the Ontario Ministry of Health and Long-Term Care and the Ontario Medical Association.
- 4) That Council express its opposition to implementation of the July 2002 RBRVS Final Report to the Ontario Ministry of Health and Long-Term Care and the Ontario Medical Association.
- 5) That the Board of Directors will, after broad consultation, recommend to Council at its next Annual Meeting options to address fee inequities. (next Annual Meeting is April 26-27, 2003 in Hamilton)

OMA Council appeared committed to do something about fee inequities, but there was little support for the RBRVS Final Report. We will have to see if the OMA Board can deliver a meaningful result. The OMA Section on Psychiatry will continue to work to move the process forward and seek some remedial action to correct the inequities that have been identified repeatedly over the last 20 years.

When you receive your 2003 OMA Dues Notice please check off and pay the \$250 that goes to the OMA Section on Psychiatry. This is a voluntary contribution. The Coalition of Ontario Psychiatrists is a partnership of the Section on Psychiatry of the Ontario Medical Association and the Ontario Psychiatric Association. The dues collected are used by the Coalition to obtain the services of various experts to help us in a number of areas, the OMA Central Tariff Committee (CTC), RBRVS, Mental Health Reform, Sessional Fees, etc and to pay honorariums to the psychiatrists who represent us in these various forums. Your contributions have enabled us to effectively represent the profession and bring about positive results. The increase to the K codes is a direct result of work paid for by the Coalition and will result in \$10 million additional funds being paid to Ontario Psychiatrists in 2003.



SEEKING PSYCHIATRIST MENTORS: OCFP COLLABORATIVE MENTAL HEALTH CARE NETWORK

The Ontario College of Family Physicians (OCFP) has developed a mentoring program that links Psychiatrist and GP Psychotherapist mentors with Family Physician mentees in a collaborative relationship to enhance provincial mental health care. Advice in the areas of diagnosis, psychotherapy and pharmacotherapy is provided to mentees by email, fax, telephone or face-to-face as needed. Two mentors work with a group of 10 to 20 Family Physicians providing consultation on an as required. Mentees are matched with mentors according to clinical interests and geographic location where possible. Mentors are remunerated at \$110/hour. Please note that this is not a referral service.

Mentor Performance Expectations:

- 24-48 hour response time to administration and mentees to optimize accessibility of mentors
- Mandatory attendance at the annual large group CME event since the annual conference day sets the tone for the next year and fosters small group dynamics. (unless there are mitigating circumstances beyond one's control i.e. on call, holidays booked prior to notice). CMHCN administration will provide at least three months notice for events.
- Provide input into organizational matters when requested, though the

CMHCN administration and committee encourages more active participation by way of attending regular planning meetings, and contributing to the annual CME event. The ultimate success of the program depends on active involvement by a majority of mentors.

- Initiating contact with individual mentees on a regular basis as negotiated between mentor and mentees in a manner that best suits the mentees and mentors (i.e. weekly, monthly, etc.) in the preferred method of the mentee (phone, email, and/or fax). It is this regular contact, which fosters the development of the mentor-mentee interaction.
- Keeping and reporting of mentee contact log throughout the year. This will help clarify billing and program evaluation.
- Initiating contact with mentoring group to develop/organize small group learning sessions on a regular basis (ie 3x/year) in person, by video, telephone or face to face.

If you are interested in participating in this program as a mentor, please contact Lena Salach 416 867-9646, ext. 21

Dear OPA Member,

This is your official notice of the Annual General Meeting (AGM) of the Ontario Psychiatric Association, which will be held at 8:00 a.m. on Friday, January 31, 2003 at the Toronto Marriott Eaton Centre Hotel, 525 Bay St., Toronto. A buffet breakfast will be provided.

All OPA members are welcome to attend, although voting is restricted to Full Members, Life Members and Members in Training.

If you are unable to attend, please utilize a proxy form. The Proxy form is available in this issue of *Dialogue*, or you may receive one by email, mail or fax by contacting the OPA Office. The Proxy form will assist the OPA in terms of ensuring that a sufficient number of members or their proxies are present for voting purposes. Please return the proxy by fax, mail or email to the OPA Office no later than Monday, January 20, 2003. Proxy forms may also be given to your designate who will attend the AGM.

The OPA financial statements for the fiscal year ending December 31, 2002, will be included in the Annual Report, available at the Annual General Meeting and can be requested by contacting the OPA Office. The Annual Report will be published in the March 2003 issue of *Dialogue*.

The Ontario Medical Association Annual General Meeting directly follows the OPA AGM.

I look forward to your attendance as well as your participation at the OPA 2003 Annual General Meeting.

Sincerely,

Margaret Steele, HBSc, M.D., FRCPC

OPA 2002 President

ONTARIO PSYCHIATRIC ASSOCIATION Annual General Meeting Agenda

Friday, January 31, 2003 – 8:00 am
Toronto Marriott Eaton Centre Hotel, Salon C/D

- 1.0 Call to Order and Introduction – M. Steele
 - 1.1 Address of the CPA President – B. Woodside
- 2.0 Address of the OPA President – M. Steele
- 3.0 Approval of Agenda – M. Steele
- 4.0 Approval of Minutes of the January 18, 2002 Annual General Meeting – M. Steele
- 5.0 OPA President's Report – M. Steele
- 6.0 Treasurer's Report – J. Howard
- 7.0 Approval of Audited Financial Statements – J. Howard
- 8.0 Appointment of Auditor for 2003 – J. Howard
- 9.0 Budget 2003 – B. Buckingham
- 10.0 Election of 2003 Council Members – K. Anderson
- 11.0 Adjournment



Ontario
Psychiatric Association
Association des
Psychiatres de l'Ontario

I - PROXY ELIGIBILITY:

Full Members, Life Members and Members-in-Training who are in good standing are entitled to vote at the OPA's Annual General Meeting. If you are unable to attend the meeting, you may request another person to represent you and your vote.

Ontario Psychiatric Association
Annual General Meeting
Friday January 31, 2003

PROXY

II - VOTING CARD.

Voting card(s) will be issued to each voting member on January 31, 2003 just prior to the meeting.

III SUBMISSION OF PROXIES:

All those who will be exercising a proxy for a member must hand in a completed proxy form. One voting card per proxy will be issued at the OPA Annual General Meeting registration desk..

IV -CONSULTATION WITH THE PERSON EXERCISING YOUR PROXY.

Voting members should inform their proxy of their preferred stand on each-topic under consideration.

I, _____

(please print your name)

will be unable to attend the January 31, 2003 Annual General Meeting of the Ontario Psychiatric Association, and hereby designate,

(name of proxy)

OR

OPA Secretary

to act at this meeting with the same power as if I personally attended.

Signature _____

Date _____

In the last issue of *Dialogue*

Dr. Clare Pain, Clinical Director, Psychological Trauma Assessment Clinic, Assistant Professor of Psychiatry, University of Toronto, Mount Sinai Hospital, Centre for Addiction and Mental Health wrote an article entitled "One Year After September 11th: A Perspective". The following resources are provided in follow up to this article –

Four brochures prepared by the Centre for Emergency Preparedness and Response at Health Canada and it's network of professional and voluntary organizations are now available on <http://www.hc-sc.gc.ca/pphb-dgspsp/publicat/oes-bsu-02/index.html>:

- 1) Taking care of ourselves, our families and our communities
- 2) Helping your child cope
- 3) Helping your teens cope
- 4) Self-care for caregivers

Resource information on PTSD -

The APA has a PTSD fact sheet at www.psych.org. A new book, Psychological Debriefing: Theory, Practice and Evidence, is reviewed at jama.ama-assn.org. The Canadian Mental Health Association fact sheet on PTSD is available at www.cmha.ca. The International Center for Traumatic Stress Studies (www.istss.org) offers information and resources for professionals, media, and the general public, including fact sheets, treatment guidelines, referral, and training resources. The National Center for Post Traumatic Stress Disorder (www.ncptsd.org) provides a variety of educational resources, including fact sheets, research, and treatment information, concerning PTSD and other enduring consequences of all types of traumatic stress.

David Baldwin's Trauma Information Pages (www.trauma-pages.com) provide information for clinicians and researchers in the traumatic-stress field, including full-text articles, research-related trauma resources, disaster resources, and other web links.

The Office of Behavioral and Social Sciences Research provides research resources, including tools for "Assessing the Effects of the Attacks on America" (obsr.od.nih.gov).

The National Institute of Mental Health has devoted one section of its website (www.nimh.nih.gov) to PTSD. "Response to Terrorist Acts against America" provides a number of resources, including ways to assist children and adolescents to cope with violence and disasters.

The American Psychological Association (www.apa.org) provides a section on "Managing Traumatic Stress" that answers frequently asked questions about the effects of traumatic events and provides helpful coping tips.

Patience Press (www.patiencepress.com) is hosted by Patience Mason, the wife of a Vietnam veteran who suffered severe PTSD. Several helpful resources are provided or sold through this site, which is particularly relevant to family members.

The Canadian Traumatic Stress Network (www.ctsn-rcst.ca) aims to create a Canadian network that will link people, organizations, information, and services focused on traumatic stress.

Resource information on Bereavement and Coping with Grief and Loss—

A 14-minute video celebrating those who responded to the September 11 tragedy was developed by the Greater New York Hospital Association. I Help New York: 3 Stories from America puts the spotlight on heroes in the healthcare field, offering a message of support to New York's hospitals and caregivers. The video can be viewed online at www.gnyha.org.

The following websites provide more information about bereavement and the grief process:

The Canadian Mental Health Association pamphlets on Grieving and Grief after Suicide are available at www.cmha.ca.

The Grief Recovery Institute (www.grief-recovery.com) provides information, articles, workshops, and other resources for people experiencing bereavement. It also offers training and grief recovery certification for those who wish to help others through this process.

Griefwork Center, Inc. (www.griefworkcenter.com) also provides educational and professional training programs on crisis intervention, traumatic grief, sudden loss and suicide awareness.

Family members and friends of Ronald C. Fazio, Sr. (who died in the World Trade Center), along with psychiatrists, and other mental health professionals, have created a unique website, Hold the Door for Others (www.holdthedoor.com), that includes a manual, Living with Loss: The Journey through September 11th.

Griefworks BC (www.griefworksbc.com) is offered through a partnership between Children's and Women's Centers of British Columbia and Canuck Place Children's Hospice. The website offers information and resources for many different types of bereavement and a chat room.

Grief, Loss and Recovery (www.grieflossrecovery.com) offers a newsletter, poems, articles, memorials, and other resources for recovery from grief and loss. Tips for coping with September 11 anniversary are provided by MADD (Mothers Against Drunk Driving) and a coalition of other victim assistance groups.

GriefNet (www.griefnet.org) offers e-mail support groups and an integrated approach to online grief support for people dealing with loss and grief issues of all kinds.

AARP (www.aarp.org/griefandloss), formerly known as the American Association of Retired Persons, also offers a special section with helpful articles and a grief support line.

MANAGING ALCOHOL, TOBACCO AND OTHER DRUG PROBLEMS: A NEW POCKET GUIDE FOR PHYSICIANS AND NURSES

A new pocket guide has been developed by the Centre for Addiction and Mental Health and the St. Joseph's Health Centre in Toronto. The new guide, entitled Managing Alcohol, Tobacco and other Drug Problems: A Pocket Guide for Physicians and Nurses, was developed to provide concise, accessible and practical information to encourage physicians to identify and address a broad range of substance abuse issues in their practice. Experts contributed specific information such as the emergency treatment of overdoses, identifying and managing substance use issues in older adults, women and adolescents, pregnancy and substance

abuse, commonly used substances, as well as special issues related to surgery and addictions.

The guide is available free of charge and was sent to physicians and nurses in Ontario. If you did not receive a copy, or would like additional copies, contact Marketing at the Centre for Addiction and Mental Health at 1-800-661-1111 or (416) 595-8059 in Toronto.

Mentorship – Talk, Tips, and Tools

By: Mamta Gautam, M.D., FRCPC, OPA Council Member

MENTORING IS THE MOST IMPORTANT TOOL IN BECOMING THE PROFESSIONAL WE WANT TO BE.

The OPA launched its Peer Mentoring Program earlier this year at the Annual Meeting. Many have taken advantage of it, and are reaping the benefits of connecting with someone who can guide them in a special area of interest. Yet, there is room for many more to enjoy this service.

What is a mentor?

Mentors are trusted teachers, coaches, guides, supporters, promoters, protectors, nurturers. A mentor is someone who has been there, and who is gratified by the success of another.

What is mentorship?

A mentoring relationship is a close, individualized one. It involves two people with common interests, differing experience and seniority, working together, with the common goal being to further the interests of the more junior person.

What are the benefits to the mentee?

One can gain from the advice, experience and expertise of the mentor. A mentor can help to develop a supportive work environment, enhance communication, provide a sense of belonging, assist to increase visibility, and be an advocate and positive role model.

What are the benefits to the mentor?

The mentor can gain recognition from this relationship, and earn the respect of their peers. There is an inherent sense of personal satisfaction, and the gratification of enhancing someone else's development. Helping others learn keeps you at the leading edge of your field. This is an ideal opportunity to positively impact on the future, and nurture future leaders.

When is mentoring useful?

Mentoring is most useful at the beginning of a career, at a turning point of a professional life, or for those who are taking on new special roles or expectations.

How does one mentor?

There are no real rules. Different individuals have different needs, at different times. There is no one perfect mentor. A mentor can be a peer or a boss. A mentor can be within or outside medicine. Mentorship is not monogamous – one can have more than one mentor at a time.

How much time does mentoring take?

This need not be a time-intensive process. Mentors and mentees are

required to make a commitment of at least one year. It is hoped that there is regular contact, at least 3 times during the year, but ideally once a month via email, phone or in person.

What is effective mentoring?

Mentoring is most effective when the mentor is professionally secure, proficient in their work, and open to sharing their expertise and experience. The mentor demonstrates and models an integrated approach to personal and professional life. The mentor fosters independence, builds networks, is available, creates a supportive learning environment, and provides regular meetings and feedback. The best mentors are committed to the mentoring relationship.

What is ineffective mentoring?

Mentoring can not be effective when the mentors use the mentee to further their own career. Similarly, the mentor should not be threatened by the mentee's success, or work at fostering dependence. There can be no boundary violations. Attempts to create a "Mini-Me" are inappropriate and unproductive.

How can I find a mentor?

Often, this is pure luck! Of course, it helps to plan, assess, and identify your needs. Determine what kind of mentor will help you thrive. Look around you for possible mentors; use existing networks. Review names of colleagues, and check out their interests, availability, expectations, publications, and reputation. Look for those who seem happy doing what you would like to do. Reach out to them. Luckily for you, the OPA has a Peer Mentoring Program that helps to match mentors and mentees.

How can I be a mentor?

Review what kind of mentoring you received, and how this helped further your career. Help foster networks for junior colleagues, and introduce them to others who may be helpful to them. Promote your mentees; let them know you want them to succeed. Link them up with fellowships, projects, and opportunities. Be an advocate for the mentee, and promote their work in the field.


How can I get involved in the OPA Peer Mentoring Program?

Please contact: Lorraine Taylor at the OPA Office by phone: (905) 827-4659 or email: opa@bellnet.ca

**We can all use a Mentor
We can all be a Mentor**

DTC Questions and Answers from SSO

Source: Schizophrenia Society of Canada, based on information from Canada Customs and Revenue Agency.



Schizophrenia Society of Canada

What is the Disability Tax Credit (DTC)?

This is a non-refundable tax credit that qualified recipients can use to reduce the amount of income tax they pay.

Who can claim the DTC?

Anyone who has a severe prolonged mental or physical impairment, which causes them to be markedly restricted in any of the basic activities of daily living.

If you receive a pension plan or other types of disability insurance benefits, you may not be eligible to claim the DTC.

In some instances, it may be transferred to the recipient's care provider.

How can you apply for the DTC?

You must apply for the credit by filing out the Disability Tax Credit Certificate, which includes a portion that must be completed by a qualified person such as a medical doctor or psychologist.

A few quick tips to make it easier for you and your doctor:

1. Forms can be picked up at your local Canada Customs and Revenue Agency.
2. Pick up two forms (one for you and the other for your doctor).
3. Ask your doctor if he/she would like you to fill in the non-medical part of the form to make things a bit easier for them.
4. Make sure that your doctor is prepared to attach a letter of support to the form. The letter should have a very detailed description of your symptoms with regard to your ability to "perceive, think, and remember" as these functions pertain to carrying out "the basic activities of daily living" over a "prolonged" period of time. This is very important to back up the information on the claim.

5. You should also attach your own letter describing in your own words the impact of your symptoms on your day-to-day activities.

6. Ask for people: Contact your Schizophrenia Society chapter, branch or provincial society and find out what other people have done. They are a great source of information.

What do you do if you are denied the DTC?

Don't give up! You may write a letter of appeal to the tax office that handles your income tax return, or you can re-apply for the credit the following year.

For more information, please contact the Canada Customs and Revenue Agency at their Web site (www.ccrn-edrc.gc.ca) or SSC at 1-888-55C-HOPE (1-888-772-4673) or visit our Web site at www.schizophrenia.ca.

The Schizophrenia Society of Canada
75 The Glenway West, Suite 814
Don Mills, ON M3C 2E9
Tel: 416-445-8204
or toll free in Canada: 1-888-772-4673
Fax: 416-445-2270
e-mail: info@schizophrenia.ca

S Schizophrenia Society of Canada
A not-for-profit organization
dedicated to the support and education of people with schizophrenia.

Members of the Schizophrenia Society of Canada (SSC) are encouraged to carry the flag to ensure the worthy cause is understood by most people.

The Ontario Medical Association Department of Legal Services

by Robert Lee B.A., M.A., B.Ed., LL.B., OMA Legal Counsel

The OMA offers legal assistance to its members on matters that impact daily practice. There are two lawyers in the Department, Jim Simpson and Robert Lee. The department provides written and verbal advice on many topics and serves about 200 OMA members monthly. The Department also assists physicians with legal representation at meetings when required.

The Department assisted the negotiating team for OPDPS in discussions with Management Board for a new contract. In the past, both Jim and Robert have been invited to meet with the medical staff associations of various psychiatric hospitals in the province to discuss matters of collective concern.

The Department provides advice, support and representation with the following issues:

1. Alternate funding and payment plans.
2. Representation in disputes or contract negotiations with hospitals.
3. Assistance with internal governance arrangements such as practice plans, association agreements or partnerships.

4. Opinions on practice issues involving OHIP, hospital privileges, divestment and contracts.
5. Negotiating template contracts with the Ministry.
6. Employment issues for office staff.

The increasing complexity of the healthcare sector has made legal advice mandatory in many instances. The Department does not deal with issues of a strictly private nature, such as lease agreements for office space or problems within the purview of CMPA coverage. We invite the readers to contact the Department of Legal Services for assistance should the need arise.

For more information please contact Robert Lee at 416-340-2934, 1-800-268-7215, extension 2934, or email to robert_lee@oma.org.

Editor's Note: Are there legal issues that you would like have more information on? Let us know and we can cover those topics in future issues of Dialogue.

THE MENTAL HEALTH ACT - PHYSICIAN AND HOSPITAL RESPONSIBILITIES

by Michael Bay Chair & CEO Consent & Capacity Board

As the result of recent case law, failure to comply with some long-ignored provisions of the Mental Health Act is threatening to cause serious problems for clinicians and hospitals. In this article, I attempt to explain why these provisions are in place and what they entail.

The Mental Health Act is all about striking a balance. We often think of this in terms of the balance between the right to safety, care and treatment on one hand and the right to autonomy and liberty on the other. The truth is that there is another balance that looms large. That is the balance between protecting civil rights and allowing hospitals and physicians to carry on their day-to-day affairs with minimal outside interference. Attempts at achieving balance in either of these areas will never be entirely successful. It should, instead, be seen as an exercise in reconciling the irreconcilable. The best that can be hoped for is a satisfactory middle ground.

Ontario, like every democratic jurisdiction, has sought its own path for grappling with these issues. The Ontario solution has been to leave as much responsibility and authority as possible in the hands of physicians and administrators so as to minimize the need for outside involvement. For this reason, physicians in this province, not tribunals or the courts, are charged with the responsibility for making decisions about involuntary committal, and capacity to manage property or make treatment decisions. Boards and courts are generally restricted to an after-the-fact review on request. This distribution of responsibility between physicians and the legal system is well understood, if not universally lauded.

There is another, less understood, area where the first line of legal protection rests within the hospital. This is the responsibility that the law has assigned to hospital officials to review legal and procedural steps taken by physicians. Here again, the goal in establishing these provisions was clearly to provide much-needed legal protection while minimizing outside interference. The MHA assigns hospital administrators, referred to in the Act as "the Officer in Charge," a number of crucial tasks in reviewing legal steps taken by physicians. As important as these

steps are, they have traditionally been ignored in many hospitals. The reason for this benign neglect may be nothing more than ignorance and time pressures but it is clear that this treatment will no longer suffice. As was inevitable, lawyers acting for patients have now locked on to this area of non-compliance and are challenging hospital and physician actions with a great deal of success. The time has obviously come for physicians and hospital administrators to familiarize themselves with these long-standing provisions and implement protocols to ensure compliance, lest the chaos resulting from continued non-compliance brings psychiatric units to a halt.

The first of these responsibilities relates to a person detained in hospital on the authority of a Form 1, APA. The Act authorizes detention on a Form 1 for up to 72 hours for the purpose of determining whether the person is a suitable candidate for involuntary certification. Once the 72-hour period is completed, Section 20(3) of the Act, requires the Officer in Charge to release the person unless he or she has been properly admitted as a voluntary, informal or involuntary patient. It is noteworthy that the Act refers to "release" rather than "discharge," signifying that it is an administrative rather than a clinical act.

The second area of responsibility relates to the role that the Officer in Charge plays in the certification process. The Act establishes a mandatory two-step process for certification or the renewal of certification. The first step is the examination by the attending physician and the signing of the Form 3 or Form 4. The second step is the filing of the form with the Officer in Charge. Jurisprudence now clearly establishes that failure to follow this two-step procedure nullifies the patient's involuntary status. Once the form has been filed with the Officer in Charge, it must be proofread for procedural correctness by the Officer in Charge or a person delegated for that purpose by the Officer in Charge. The Act goes on to state that, "where, in his or her opinion, the documents are not properly completed, the officer in charge shall so inform the attending physician and, unless the person is re-examined and released or admitted in accordance with this section, the Officer in Charge shall release the person."

OPDPS-GOVERNMENT CONTRACT, NOVEMBER 2002: *RENEWAL IN AN AGE OF REFORM*

By: Federico Allodi, M.D. FRCPC, OPDPS/PH Section of OMA

After lengthy and laborious negotiations by a committee of OPDPS, assisted by Mr. Robert Lee of the Legal Department of the Ontario Medical Association, the OPDPS membership, on November 6th, approved the new Memorandum of Agreement Between the Government of Ontario and the Association of Ontario Physicians and Dentists in Public Service.

On the whole it is a good contract and the best that OPDPS has obtained since 1988.

All salaries have been increased by 1.95 %, for all classified and non-classified staff, the psychiatrists' allowance was increased from \$16,300 to \$22,800 (39.9%) and the sessional rates went up from \$311 to \$358 (15%).

A Management Compensation Plan (MCP) has replaced the bonus under the work merit system. This is a pay-for-performance arrangement that simply gives more control and incentive to managers, as nobody can get paid below her/his salary. Salaries and allowances are pro-rated for part time staff.

The increments in salary and allowance are retroactive to January 1, 2002, and the MCP to April 1, 2002. Severance or termination pay will continue at the rate of two weeks pay for each year of service but will be modified to cover those physicians with three years of service, rather than five, as it used to be. Other benefits remain unchanged from the previous agreement. This agreement shall expire on December 31, 2004.

We did not get everything we had on our shopping list, but we have gained what amounts to an 8-9 % total increase. We are particularly pleased about the new sessional rates because we believe that there will be a ripple effect that will result in increased sessional fees for other psychiatrists working within the mental health system. As with the contract of 1988, when a significant and long overdue raise in payments was achieved, this Agreement will be very helpful in attracting and retaining psychiatrists to work in the service of severely mentally ill persons.

Community Treatment Orders and the Office of the Public Guardian and Trustee

The following information is based on a memorandum, dated January 8, 2002, to Health Practitioners and Other Service Providers Involved in Community Treatment Orders under the Mental Health Act, from Louise A. Stratford, Public Guardian and Trustee, Office of the Public Guardian and Trustee, Ministry of the Attorney General and is being reprinted with permission. In this article, the memorandum has been updated with new information, provided under the heading "Process".

If you did not receive the original memorandum and would like to be on the mailing list for future information, please contact: Joanne Landry, Program Assistant, Client Services at 416-314-2851.

As you are aware, the Health Care Consent Act provides that if an individual for whom treatment is proposed is found to be incapable of making his or her own treatment decision and no other substitutes are available, capable and willing, the Public Guardian and Trustee (PGT) will make the decision on behalf of that person.

The Office of the Public Guardian and Trustee (OPGT) has a similar and related role as substitute decision maker with respect to Community Treatment Orders under the Mental Health Act (MHA). In order to facilitate good communication between the health care team and our office, we are writing to you to describe the process for involving the OPGT in making decisions concerning proposed Community Treatment Orders.

When a Community Treatment Order (CTO) is being considered, several people within the OPGT are involved in reviewing the proposal, including the Treatment Decisions Consultant (TDC), with whom the health practitioner will have the most contact, and the Treatment Decisions Unit Team Leader. The Public Guardian and Trustee herself, or one of her Deputies, will make the actual decision regarding the Community Treatment Order.

Information

In order to provide us - the substitute decision maker - with sufficient information to make an informed decision, the Treatment Decisions Consultant must obtain, in addition to the information normally obtained in accordance with section 21 of the Health Care Consent Act the following information from the health practitioner who is proposing the CTO and health team involved in the development and monitoring of the plan:

- confirmation that the person for whom the CTO is being proposed has no prior capable wishes opposing being on a CTO that can be ascertained through reasonable inquiry
- confirmation from the health team and other friends/family that there are reasonable grounds to believe that the person can and will comply with the CTO
- specific information about the CTO, the reason(s) for the proposal of the CTO, what the person's obligations are under the CTO and what supports will be offered to the person in order to assist them to comply with their obligations under the CTO. This may include information on:
 - how often the person will meet with a member of the treatment team
 - the type of treatment plan the person will follow in the community
 - who has made previous treatment decisions for this person
 - arrangements that have been made for the person's housing
 - arrangements that have been made for the person's finances
 - under what circumstances the person would be considered to not be meeting with the obligations set out in the CTO and the process that is anticipated for dealing with this eventuality

- community supports other than the treatment team that might be available to the person if necessary, and on what basis (eg. weekly, monthly) they would be available
- the discharge plan (eg. will the person have any day passes or short term leaves before being discharged?)
- your expectation of the role of the OPGT as the person's substitute decision maker, particularly as this applies to the substitute's best efforts to ensure that the person comply with the obligations as set out in the CTO
- how the OPGT will be informed of any changes in the person's status throughout the 6 month period of the CTO

Process

The Treatment Decisions Consultant will visit the person for whom the CTO is proposed in order to explain to the person the role of OPGT as the substitute decision maker and to collect information about the incapable person's wishes, values and beliefs pertaining to the CTO. He or she will be available to meet in person with the health care team involved in the development and implementation of the CTO.

In addition, the Treatment Decisions Consultant will require rights advice in accordance with the Mental Health Act.

Once we have established that the OPGT is in fact the decision maker of last resort, a draft Community Treatment Plan (CTP) is usually prepared and sent to the TDC by the proposing health practitioner. We may then request additional clarification or changes to the plan. When the details of the CTP are finalized and agreed to, the TDC and the incapable person will receive rights advice. It is our expectation that an original form of the completed CTO will be couriered to the TDC with whom you are working. We will sign it and ensure its prompt return so that the person can be discharged under the CTO.

As you can appreciate, the seriousness and complexity of a Community Treatment Order requires that this Office exercise a commensurate amount of care in considering all aspects of the plan and order and in making the decision whether to consent or not. This may involve several telephone calls, visits and discussions between the Treatment Decisions Consultant and the team. This process may take up to several weeks in some cases.

For more information please contact:

OPGT Treatment Decisions Unit ; Office of the Public Guardian and Trustee (Seven days a week from 8:00 AM to 6:00 PM);

Greater Toronto, Central Western Ontario, Central Eastern Ontario

Tel: (416) 314-2788 Toll-free: 1-800-387-2127 Fax: (416) 314- 2637

Hamilton Region Tel: (905) 546-8300 Toll-free: 1-800-891-0502

Fax: (905) 546-8301

London Region Tel:(519) 660-3140 Toll-free: 1-800-891-0504

Fax: (519) 660-3148

Ottawa Region Tel: (613) 241-1202 Toll-free: 1-800-891-0506

Fax: (613) 241-1567

Sudbury Region Tel: (613) 241-1202 Toll-free: 1-800-891-0506

Fax: (613) 241-1567

THE FOLLOWING ARTICLE (VOLUME 38, NO. 30, AUGUST 27, 2002) WAS DOWNLOADED FROM THE WEBSITE: WWW.MEDICALPOST.COM AND IS PROVIDED FOR YOUR INFORMATION.

Information on provinces other than Ontario is available at www.medicalpost.com or by contacting the OPA office at 905-827-4659.

National Roundup: Mental Health Care in Canada

This national mental health care roundup was compiled by Medical Post senior staff writer Celia Milne and written by Susannah Benady, Pamela Clarke, Jennifer Crump, Deana Driver, Barbara Kermod-Scott, Jenny Manzer, Celia Milne, Mark Quinn and David Square.

As chronic shortages of psychiatrists plague the provinces, specialists have turned to other sources—especially general practitioners—to help deliver much needed care

Mental disorders are responsible for a steady stream of patient traffic into doctors' offices. At any given moment, it is estimated that five million Canadians are suffering from a psychological disorder. Together, depression, anxiety, panic disorder, obsessive compulsive disorder, schizophrenia and eating disorders—the most common mental illnesses—affect one out of four Canadians. Despite all the illness they cause, mental illnesses are chronically discounted.

“Funding traditionally doesn't follow a morbidity line; it follows a mortality line,” says Dr. Stan Kutcher, head of Dalhousie medical school's department of psychiatry, and psychiatrist-in-chief at the QEII Health Sciences Centre in Halifax. He says there is still a strong stigma attached to brain illnesses, and though these disorders are beginning to be legitimized, the stigma still resonates with policy-makers and doctors. “You go to resource allocation meetings and they say, ‘Cardiology gets that,’ ‘Cancer gets that,’ and then, when they see the psychiatrists, they say, ‘Here come the crazy people. They get a little.’ ”

The Medical Post asked its regional correspondents to find out about mental health services in their region. How was each area doing in terms of delivering timely service? One theme that was repeated over and over again is there aren't enough psychiatrists, and general practitioners find themselves handling increasingly serious psychiatric disorders. In fact, Dr. Kutcher suggests the issue of a shortage of psychiatrists is academic. “To ask whether there is a shortage of psychiatrists is a silly question,” he says, suggesting the better question is whether we are giving primary care physicians the tools they need to be effective. “Eighty per cent of people with mental health problems can be treated by their primary care physician,” he says. He takes this idea one step further, adding, “You don't have to be a doctor to do psychotherapy. There is no reason a nurse or a social worker can't do psychotherapy.”

Does the rest of his profession agree? “No,” he admits. “Eighty per cent of my peers don't agree.”

Whether psychiatrists agree that others can do psychiatric work, it is already happening all over the country. In Quebec, Ministry of Health statistics show that last year more than four times as many FPs dispensed psychiatric services as did specialists.

Besides the move to non-psychiatrist services for mental illness, other interesting trends emerged in our research. In Alberta, psychiatrists and other mental health- care providers are experiencing a sea change, as control of services is transferred from the Alberta Mental Health Board (AMHB) to the province's 16 regional health authorities. In B.C., meanwhile, the newly elected Liberal government has created a new position, the Minister of State for Mental

Health, making it the only cabinet position in the Commonwealth that deals solely with mental health issues.

Manitoba has also developed forward-looking initiatives in mental health. For instance, psychiatry residents are paid a bonus to work in rural areas after they complete their training. A positive spin-off of this program is that the majority remain in rural practice.

Some parts of the country are really hurting. Psychiatrists in Newfoundland, as a group average, are in their sunset years of practice. And the region has a hard time retaining young doctors to replace those who retire. Mental health care in northern Canada also appears to be in crisis. There is a disturbing lack of understanding about mental health issues and practitioners are too few and largely transient.

We hope this report will provide a wake-up call to those who are in a position to improve mental health services. And, for those many tireless physicians working in the field, it may provide a message they didn't get before: You may be swamped but you're not alone. As this mental health update is being published, another exciting piece of the mental health puzzle is being prepared. Statistics Canada is currently collecting data for its first Mental Health in Canada survey. Results will be available in the spring of 2003.

ONTARIO

Psychiatry waits could have been avoided

In the same way past wrongs can haunt patients, missteps in planning made years ago still dog Ontario's mental health services. Dr. Alan Eppel, former president of the Ontario Psychiatric Association, says the province's most pressing mental health challenge is simply matching patients with services.

Many of today's problems can be traced back to the days when health professionals had inadequate input into planning and administration of health services, says Dr. Eppel, a psychiatrist at St. Joseph's Healthcare in Hamilton. For example, a government report issued a decade ago said Ontario had a surplus of physicians—which doctors would have known was not true, he says. “By excluding the people who are experts on the ground, mistakes are repeatedly made. Now here we are 10 years later with a major crisis.”

While doctors may be given more input these days, Ontario is still short-handed and waits to see mental health professionals are “unacceptably long,” says Dr. Eppel. “Certainly there are many patients who have serious psychiatric disorders who are having trouble accessing a psychiatrist.” He says shortages of family doctors in both rural and urban areas is also hitting the province hard. Family doctors are a cornerstone of mental health care, he says. “Something like . . . one in four people who come into a family physician's office has mental health problems, so it's only a certain percentage, the more severely ill, that get referred on to psychiatrists,” says Dr. Eppel, who also noted a particular need for services for seniors living in their own homes.

Dr. Julie Righter, a physician psychotherapist in Toronto, says family doctors are shouldering a large part of mental health services, which, while not inappropriate, may overburden them. “I think in terms of total workload and the expectations of GPs these days; it's too much,” she says.

There's been a definite move toward drug therapy over psychotherapy in recent years, which Dr. Eppel attributes largely to improvements in medication, as well as stresses on physicians. "Certainly psychotherapy is more time-consuming, so it's used more selectively than in the past," he says. Dr. Righter says while physicians' time restrictions have contributed to the ascendancy of drug therapy, marketing of medication has also played a big role. The pharmaceutical industry has led doctors to believe medications work better than they do, she says. "Efficacy has been inflated by the marketing of these drugs."

Ontario has had its share of successes as well as challenges. For example, Dr. Eppel gives high marks to a shared care program in Hamilton run by McMaster University and Health Services Organizations. Under the model, a social worker and a psychiatrist meet in the office of the patient's family doctor to discuss management and treatment issues together. "This has been a very important innovation," says Dr. Eppel. Development of Assertive Community Treatment Teams has also been a success, he adds. These "intensive multidisciplinary teams" follow patients with serious and persistent psychiatric illness, and are available 24 hours a day, seven days a week to respond to problems, he says.—Jenny Manzer ■

Health Canada Report Focuses on Mental Health

Health Canada released a major report on mental illness in Canada on October 3, 2002. This report helps to raise the profile of mental illness among government and non-government organizations, as well as industry, education, workplace, and academic sectors. The report will support policy makers as they shape policies and services aimed at improving the quality of life for people with mental illness.

The report describes the major mental illnesses and discusses incidence and prevalence, causation, impact, stigma, and prevention and treatment. Included with the report is 'A Call for Action: Building Consensus for a National Action Plan on Mental Illness and Mental Health,' prepared by the Canadian Alliance for Mental Illness and Mental Health.

The full text of A Report on Mental Illnesses in Canada is available from Health Canada (www.hc-sc.gc.ca)

AWARENESS CAMPAIGN TO ADDRESS THE STIGMA OF MENTAL ILLNESS

The Canadian Psychiatric Research Foundation (CPRF) has developed an advertising campaign (which includes print ads) that deals with the stigma of mental illness. The ads will run in *Chatelaine*, the *Globe and Mail*, *Maclean's*, and other publications. The point of the campaign is to reformulate common misconceptions about mental illness. For example, one headline reads, 'A lot of people get cancer because they just can't deal with reality.' The other states, 'Heart disease, just another excuse for lazy people not to work.' Both ads follow up the provocative headline with copy that reads, 'Imagine if we treated everyone like we treat the mentally ill.'

The one-year campaign also uses radio and television spots to echo the message of the print campaign. The CPRF's goal for the campaign is to raise \$1 million in research funding.

For more about the campaign, see 'Campaign Educates about Mental Illness,' *PubZone*, October 31, 2002, www.pubzone.com. More information about the Canadian Psychiatric Research Foundation is available at www.cprf.ca.

GOVERNMENT UPGRADES MENTAL HEALTH AGENCIES ACROSS ONTARIO

On October 7, 2002, the government of Ontario announced that people in need of mental health care would soon benefit from new and upgraded facilities at eight community mental health agencies across the province, as part of Mental Illness Awareness Week. Health and Long-Term Care Minister Tony Clement announced an increase of more than \$8.2 million in capital funding to provide the resources needed to upgrade, renovate and open facilities designed to improve access to mental health services. The funding was based on requests made by agencies to expand their current building, purchase and renovate an existing building, or to construct a new building.

The enhancements will enable the agencies to accommodate additional mental health programs and services, such as intensive case management, supportive housing, vocational training and peer support. The government also indicated that further developments in mental health reform would come with the reports of Ontario's Mental Health Implementation Task Forces -- regional groups of mental health experts who are working on recommendations that will help ensure mental health services continue to meet the needs of Ontarians.

The following lists the agencies and the funding they are receiving:

Canadian Mental Health Association Hamilton \$173,000
(CMHA)/Hamilton Branch

Lennox & Addington Community Napanee \$ 720,313
Mental Health Program

Canadian Mental Health Association Chatham \$ 2,434,332
(CMHA)/Chatham-Kent Branch

The Crest Centre Lucan \$200,000

Canadian Mental Health Association Kincardine \$195,000
(CMHA)/Grey Bruce County Branch

Can Voice London \$400,000

Canadian Mental Health Association Sarnia \$2,500,000
(CMHA)/Lambton County Branch

Canadian Mental Health Association Woodstock \$1,605,000
(CMHA)/Oxford County Branch

KNOWLEDGE TRANSFER IN CHILDREN'S MENTAL HEALTH

Researchers from the Hospital for Sick Children (Dr. Melanie Barwick, Dr. Katherine Boydell, and Christine Omlin) have published a report entitled "A Knowledge Transfer Infrastructure for Children's Mental Health in Ontario: Building Capacity for Research and Practice". This project is connected to a recent initiative by the Ministry of Community, Family and Children's Services to introduce systematic screening and outcome measurement for children receiving mental health services in Ontario. The purpose of the report is to develop an infrastructure that would support the implementation of those screening and outcome assessment tools and to encourage a climate of readiness for organizational change, and to facilitate the transfer of new knowledge. Decision-makers who want to make changes in practice are encouraged to consider knowledge transfer strategies to support them, including the adoption of information technologies when necessary.

The report says that:

- 1) Evidence-based practices are not widely implemented in real-world settings as practitioners have difficulty acquiring, assessing, adapting, and applying current best evidence.
- 2) One-on-one encounters consistently emerge as the most efficient way to transfer research knowledge, while the passive dissemination of

information, through methods such as publications, mailed materials, workshops, and conferences, are generally ineffective, as they have little impact on the application of research knowledge. Simply providing good quality evidence-based information is not enough to change behaviour.

- 3) Specific strategies are needed to implement research-based recommendations and ensure that practices change. Active collaboration with potential users and more intensive interventions, such as interactive continuing education sessions through which clinicians can practice skills, are more likely to be effective.
- 4) Effective dissemination of information is achieved through multiple methods such as educational outreach visits, reminders, and interactive educational meetings.

The project was funded by the Ministry of Health and Long-Term Care. The research team included health systems researchers from the Hospital for Sick Children and specialists from McMaster University, Peel Children's Health Centre, Children's Mental Health Ontario, and the Canadian Mental Health Association, Ontario Division. The report, which includes an extensive annotated bibliography, is available online from the CAFAS in Ontario website at www.cafasontario.ca.

CHILDREN'S MENTAL HEALTH ONTARIO: a description

Children's Mental Health Ontario: represents 87 centres that serve 148,000 children and their families throughout Ontario.

Speaking for children and their families: Children's Mental Health Ontario serves as the voice of its member centres in relations with government, funders and the public. Whether talking with elected officials and community groups about the needs of children's mental health or working with other associations of professionals to develop the best services, we strive to keep the issue of mental health front and centre.

Partnering with parents: As parents have become more and more involved in all aspects of mental health services, we have supported the development of formal parent organizations. In 1994, the Ontario Association of Parents for Children's Mental Health elected its first board of directors. Parent advisory groups now exist in many children's mental health centres.

Sharing information: Children's Mental Health Ontario provides a central source of information for its member centres and for funders, parents and other health professionals. Our standardized client information system, designed specifically for Ontario's children's mental health centres, is a means of assessing the emotional and behavioural problems of children as they enter and leave treatment. Professionals across the province use it in creating treatment plans and monitoring results. Agencies also use the system as a planning tool.

Promoting excellent programs: Children's Mental Health Ontario has developed an accreditation program to make sure children's mental health programs are delivered consistently and to a high standard. The standards,

developed through extensive consultation with experts in the field of children's mental health, reflect community needs and current practices as well as emerging trends.

Ontario's children's mental health centres:

- assess, manage and reduce the risk for troubled children
- keep children in school, at home and in their own communities
- keep children out of the young offenders and child protection system
- help teenagers find and keep jobs
- provide consultation, prevention and treatment services
- improve communities by lending their expertise in family and child development and by teaching parenting skills
- form partnerships with other agencies to provide services
- serve 148,000 children, and their families, a year

For more information, please visit www.cmho.org or contact Children's Mental Health Ontario by telephone at 416-921-2109, by fax at 416-921-7600 or by e-mail at info@cmho.org.

(Editor's Note – In 2003, Dialogue will publish an article from CMHO which will discuss the implications for children with mental health needs as its member centres struggle to provide community based services in the face of the cumulative service shifts in child welfare, young offender and education service systems.)

Sign Language Interpreter Services for Your Deaf, Deafened and Hard of Hearing Patients

The Ministry of Health and Long-Term Care recently awarded funding to The Canadian Hearing Society to provide sign language interpreters for deaf, deafened and hard of hearing people who have mental health and addiction problems.

The interpreter service offers sign language interpreters for assessments, counselling and other support services, at no cost to the patient or the service provider, when the service is offered in a community setting. (Hospitals and other larger institutions continue to be responsible for the cost of interpreter services provided within their facilities.) Deaf, deafened or hard of hearing patients will now be able to have interpreter support when meeting with psychiatrists, psychologists and counsellors. Similarly, funding is available to cover the cost of interpreters for addictions counselling, after care or community support programs.

Sign language interpreters can be booked through the Ontario Interpreter Services Program of The Canadian Hearing Society office in your community.

Funding was also provided to support the establishment of an after hours emergency interpreter service for health and mental health emergencies. This service is available in several regions across Ontario - on weeknights from 5:00 p.m. to 9:00 a.m. and 24 hours a day on weekends and holidays. During those hours, patients, emergency personnel or other service providers can call a toll free voice or TTY number and ask an operator if an interpreter is available in his or her area.

For more information about sign language interpreter services or the after hours emergency interpreter service, contact the Ontario Interpreter Services Head Office in Toronto at (416) 964-9595 or your local Canadian Hearing Society offices, located in Belleville, Chatham, Hamilton, Kingston, London, Mississauga, Ottawa, Peterborough, Sault St. Marie, Sudbury, Thunder Bay, Toronto, Waterloo, Windsor and York (Newmarket). The OPA office also has contact information for the Canadian Hearing Society offices.

COMMUNITY MENTAL HEALTH EVALUATION INITIATIVE

The Community Mental Health Evaluation Initiative (CMHEI), funded by the Ministry of Health and Long-Term Care, is a multi-site project that involves a number of separate evaluation studies, joined together through use of a common data collection protocol. Another component of the Initiative is the development of tools to measure the critical characteristics of community support programs.

The CMHEI Newsletter presents the latest findings from the evaluation studies. To read the newsletter, visit: <http://www.ontario.cmha.ca/cmhei/>. If you have questions or comments regarding the newsletter, contact Susan Macartney at 416-977-5580 ext. 4122 or smcartney@ontario.cmha.ca. If you would like subscribe to the CMHEI Newsletter distribution list, simply send an email to smcartney@ontario.cmha.ca with the word "subscribe" in the subject field.

The following is a listing of the studies funded by the CMHEI:

1) "A Multi-Site Evaluation of Community Mental Health Programs in Ontario"

Coordinating Centre Team: Paula Goering (PI), Janet Durbin, Carolyn Dewa, George Tolomiczenko, Diana Raymond, Cristina Redko, Tess Sheldon (Health Systems Research & Consulting Unit, Centre for Addiction & Mental Health)

Partners:

CMHA Ontario, 7 individual projects
This five year multi-site study is entirely funded by the Ministry of Health and Long Term Care Mental Health Rehabilitation Reform Branch and administered by the Ontario Mental Health Foundation.

Project Contact Person:

Janet Durbin Janet_Durbin@Camh.net; (416) 535-8501 (6229)

Description of Project:

This multi-site project joins six separate evaluation studies through use of a common data collection protocol. The goal is to examine the roles played by different forms of community support in helping individuals with serious mental illness to improve their living conditions and quality of life. Investigators are examining how program types differ in whom they serve, their impact on users over time, their approach to delivery of service and support, their costs and cost-effectiveness.

2) "Variations in Assertive Community Treatment: A Study of Approaches and Outcomes in South – Eastern Ontario."

Place and Partners of Project:

Place: Kingston
Partners: Community Integration Program - Kingston Psychiatric Hospital, Psychosocial Rehabilitation Program – Kingston Psychiatric Hospital, Assertive Community Treatment Team – Brockville Psychiatric Hospital, Assertive Community Care Team – Frontenac Community Mental Health Services.

Project Contact Person:

Salinda Horgan Email: sh37@post.queensu.ca Phone: (613) 533-6000 x.74756

Description of Project:

This study examined the adaptations of four ACTT teams over a three-year period to determine the impact of variations on outcomes. Outcomes to be examined include time spent in hospital, quality of life, community integration, empowerment and social support. This study includes both a quasi-experimental design as well as a participatory action research (PAR) component.

3) "Evaluation of Intensive Case Management for People who are Homeless and Severely Mentally Ill"

Place and Partners of Project:

Tim Aubry, Bob Flynn, Doug Angus, Brad Cousins, Heather Smith Fowler (University of Ottawa), Marnie Smith (CMHA – Ottawa)

Project Contact Person:

Tim Aubry c/o Centre for Research on Community Services, 34 Stewart Street, Ottawa, Ontario K1N 6N5 tel: 562-5800 ext. 4815; fax: 562-5188; e-mail: taubry@uottawa.ca

Description of Project:

This study compares two groups of people – those receiving intensive case management services, and those receiving standard care in the community – in terms of client outcomes and the costs of supporting these individuals to live in the community. The study is also identifying which elements of case management help predict positive client outcomes.

4) “Explaining Outcomes: Developing Instruments to Assess the Critical Characteristics of Community Mental Health Support for People with Severe Mental Illness”

Partners of Project:

Brian Rush, Ph.D., Ross Norman, Ph.D. Clin.Psych., Cam Wild, Ph.D., Bonnie Kirsh, Ph.D., Steve Lurie (Chair, Advisory Committee); Project by the Centre for Addiction and Mental Health in partnership with Ontario Federation of Community Mental Health and Addictions Programs

Project Contact Person:

Ellen Tate, Project Co-ordinator, Centre for Addiction and Mental Health, 33 Russell St. 33 Russell St., Toronto, M5S 2S1; Tel: 416-535-8501 ext. 6575 email: ellen_tate@camh.net

Description of Project:

The “Explaining Outcomes Project” aims to improve understanding of how and why community support programs are effective for people with a severe mental illness. The overarching goal is: to identify the most important aspects of community support programs that help people achieve a better quality of life and to reduce their need for hospitalization. The starting point for the project is the development of measurement tools to assess critical program characteristics.

5) “A Randomized Controlled Trial of ACT and Intensive Case Management in a Canadian Inner City”

Place of Project:

St. Michael’s Hospital, Toronto

Project Contact Persons:

Donald Wasylenki Principal Investigator: 416-864-6060, ext 3080, Margaret Gehrs, Project Coordinator: 416-864-6060, ext 6855

Description of Project:

The study compares the impact of assertive community treatment and intensive case management on the lives of 80 individuals with severe and persistent mental illness in southeast Toronto.

6) “Evaluation of Crisis Occurrence and Resolution in Persons with Severe and Persistent Mental Illness”

Place and Partners of Project:

St. Michael’s Hospital, Toronto

Project Contact Person:

Rahel Eynan- Project Co-ordinator, Dr. Paul S. Links: 416-864-6099, ext 268 Dr. Sean B. Rourke Co-Principal Investigators: 416-864-5135

Description of Project:

The goal of the project is to determine the impact of intensity and type of case management on crisis occurrence and resolution in clients with severe and persistent mental illness.

7) “A Longitudinal Evaluation of Family Initiatives in Community Mental Health in Ontario”

Place and Partners of Project:

Katherine Boydell and John Trainor, Toronto, Centre for Addiction and Mental Health Community Partners: Schizophrenia Society of Ontario (Toronto Chapter) (SSO Toronto), Mood Disorders Association of Ontario (MDAO), Family Association of Mental Health Everywhere (FAME)

Project Contact Person:

Dr. Katherine Boydell, Community Health Systems Resource Group, The Hospital for Sick Children, Phone: (416) 813-8469, Fax: (416) 813-7337, Email: katherine.boydell@sickkids.ca

Description of Project:

This study is examining both the individual and system level impacts of self-help/mutual aid (SHMA) organizations. These organizations provide support, education and advocacy for family members who have a relative who has been diagnosed with a mental illness.

At the individual level, we are asking family members about their experience of coping, social support, burden, hope, stigma, and empowerment in relation to their family organization. One of our objectives is to examine the interaction of all these areas and determine what effect participation in the family SHMA organization has on family members.

In the system aspect of the study, we are looking at the objectives of these organizations, their activities, and their subsequent outcomes. In part, we are examining the process that these organizations use to affect change and whether or not this is effective.

8) “Longitudinal Study of Consumer/Survivor Initiatives”

Place and Partners of Project:

Ontario, Kitchener-Waterloo Research Partners: Wilfrid Laurier University, Centre for Research and Education in Human Services (project manager), Centre for Addiction and Mental Health, Ontario Peer Development Initiative

Project Contact Persons:

Dr. Geoffrey Nelson, Wilfrid Laurier University, Waterloo, ON, CANADA, N2L 3C5 Phone: 519-884-0710, ext. 3314, Fax: 519-746-7605, gneslon@wlu.ca
Dr. Joanna Ochocka, Centre for Research @ Education In Human Services, 73 King St. W., Suite 202, Kitchener, ON N2G 1A7, p: 519-741-1319 f: 519-741-8262 joanna@crehs.on.ca

Description of Project:

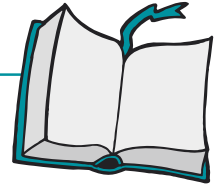
This is a collaborative study among four Consumer/Survivor Initiatives, Cambridge Active Self Help, the Consumer/Survivor Initiative of Niagara, Hamilton Mental Health Rights Coalition, Waterloo Region Self Help, and a group of researchers (see Research Partners). The purpose of the study is to evaluate the impacts of four consumer/survivor initiatives on their members and communities. The project Steering Committee comprises the research investigators, representatives of the four programs, and a representative from Ontario Peer Development Initiative. The Research Team includes consumer/survivor researchers from each program. ■

Wanted: Book Reviewers

Do you know of a book that should be reviewed for the *Dialogue*? Would you like to be a book reviewer? If so, please contact the Editor.



RESIDENT'S REVIEW



By: Krishna Balachandra, 4th year resident at the University of Western Ontario.

The Resident As Advocate

Under the current system, medical students face the challenge of choosing a post-graduate residency program relatively early on in their training. The main focus of the residency is the successful completion of the training program and obtaining certification from the Royal College of Physicians and Surgeons. Once successfully matched to a specialty, further choices must be made.

In recent years, medical graduates have shown a declining interest in psychiatry, thus there is a need to attract future psychiatrists. Post-graduate medical education in psychiatry can be a very rewarding and challenging experience. As the resident progresses through training, he or she is exposed to various practice styles and topics within psychiatry.

To successfully complete residency and to obtain certification with the Royal College of Physicians and Surgeons specific criteria need to be met. As one progresses through training, time can be a limiting factor. The resident is busy learning the fundamentals of psychiatry, caring for patients, obtaining a specific skill set and receiving appropriate supervision. Psychiatry is one specialty that has a variety of available career choices. And, there is incredible flexibility within psychiatry. The resident may also focus on further areas of interest such as research or electives in subspecialties. It is common for psychiatrists to maintain a variety of interests within psychiatry. This ensures a constant intellectual challenge and prevents burnout.

The future psychiatrist has to consider the specific type of career he or she wishes to pursue. There are many factors that will need to be considered including lifestyle, location, practice type and remuneration. One of the earliest choices that should be made is the amount of direct patient care one would like to do. This may influence one to pursue a research based or administrative career. Next, the resident should consider the type of patient population. This may narrow the choices to child and adolescent psychiatry, adult psychiatry, forensic psychiatry, and/or geriatric psychiatry.

Consideration must also be given to location of practice, for example, office based versus hospital based. There may also be opportunities in community mental health agencies. In addition, the Workplace Safety and Insurance Board, the Children's Aid Society, insurance companies and employee assistance programs often request psychiatric assessments.

The resident may also consider further fellowship training. Some examples include fellowships in addictions, forensic, psychogeriatric, schizophrenia, mood disorders, anxiety disorders, and research. The duration of a fellowship varies but it usually lasts one year post residency. For those residents interested in pursuing fellowship training abroad, for example in the United States, it will be necessary to obtain a visa and meet specific eligibility criteria. Depending on the competitiveness of the program, preparations for fellowship should be completed in advance. Funding is another concern. There may be stipends/grants available, or the fellow may have to generate his or her own income through billing.

There are many issues and challenges in psychiatry, such as the number of medical students choosing psychiatry, the demographics of the current psychiatrists, as well as the significant demand for psychiatrists in general.

I urge residents to also become advocates. In fact, the Royal College specifically states that the candidate "demonstrate the capacity to contribute effectively to improved health of patients and communities and recognize and respond to those issues where advocacy is appropriate."

There is a need for advocacy in various areas of psychiatry. For example, patients may face barriers to obtaining mental health care. Another significant factor is the stigma of mental health.

Residency can be an ideal time to become involved in advocacy. The first step in advocacy is to determine an area where one would like to focus his or her efforts. There is ample opportunity during residency to identify such areas. Next, is to determine specific goals. For example, a person suffering from a major mental illness and impairment in social/occupational functioning may need an advocate in obtaining social assistance. On a larger scale, one may choose to advocate to improve the current social assistance programs.

Residents are often eligible for membership in various organizations at discounted rates. OPA provides membership to residents for no cost at all. Membership in organizations such as the OPA can help the resident establish contact with key individuals and other residents with similar interests. Annual meetings often have specific sessions for residents.

On a personal note, being a resident member of the OPA has given me the opportunity to realize some of the immediate, short term, and long-term challenges facing psychiatry. It has provided a chance not only to observe but also to be a part of the process in dealing with these challenges. Are you aware that the OPA has set up a mentorship program to further assist its members? I would strongly encourage resident members to take advantage of this program and to realize the exciting career possibilities that exist!

I urge resident members to become advocates in the field of psychiatry and to get involved early. With a little effort and energy, we can address the many challenges facing psychiatry!

Krishna Balachandra can be contacted at: kbalacha@uwo.ca

Please forward your comments and ideas for Resident's Review to Khrista Boylan at the Department of Psychiatry, McMaster University, 4th Floor, Fontbonne Building, St. Joseph's Hospital, 301 James St. South, Hamilton, Ontario, L3P 3B6, email: khrista_boylan@hotmail.com