



Ontario Psychiatric Association DIALOGUE

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



MESSAGE FROM THE PRESIDENT

I have had a wonderful few months as OPA president, lucky to be surrounded and supported by the fantastic group of people that are your OPA Council and organizational staff.

Our main concern, and so focus of work, has been to address our financial situation. Derek Puddester, the Treasurer, has been instrumental in spearheading the process of identifying and stemming the flow of money from the OPA. This expense was largely a result of years of paying for overtime hours of work by individual OPA office staff. Our new administrative organizational structure, with the hiring of a management company at a fixed annual rate, allows us to outline a budget and remain within it. As well, Council has elected to hold some teleconferences instead of all face-to-face meetings, to minimize expenses while ensuring the work gets done.

Having resolved some of the issues regarding spending money, we now need to turn out attention to making it!

Firstly, we need more new members. While we have a strong membership, Dr. Bob Swenson, Chair of the Members Services Committee, reminds us that an increasing proportion of our members are becoming Life Members, a category that has no fee. We need to recruit younger members to offset this. Our plan is to have every Psychiatry resident in Ontario join the OPA. While the resident membership is free, we expect that once they join and see what the OPA has to offer, they will continue on as members during their career.

Dr. Douglas Wilkins, our Past President, is chairing a Task Force on Governance, and one of his tasks is to revisit the roles and goals of the OPA, in a rebranding exercise. We are confident that once we reassess, and define what the OPA means and stands for, and can offer its members, we will be able to promote this and attract more membership.

Also, we need to have increased attendance at the Continuing Education events. Dr. Cinda Dyer has planned a superb programme for the Fall Psychotherapy conference, on October 01, featuring Dr. Glen Gabbard.

Since the Annual meeting in January, Dr. Roumen Milev has been busy planning the next Annual Meeting, to be held in Toronto, in January 2006. There are some great speakers and topics planned. However, it is not too late to add your suggestions about what and whom you may want to hear. We have launched the Bring a Buddy campaign for this Annual Meeting. Bringing along a colleague who has not recently attended the Annual meeting will pay off for both of you. Stay tuned, or contact the OPA office, for further details.

The OPA works to advocate for both the profession of Psychiatry, as well as our patients. Dr. Dick O'Reilly, Chair of the Advocacy Committee, is working on issues of importance to our patients, such as efforts to lobby the government to increase the ODSP benefits.

Working as a physician today is working in a stressful environment. The threat of an audit would hang overhead, adding tension to an already full day. The recent report released by Justice Peter Cory, calls for change to the current medical audit process, and recommends, among other things, the replacement of the province's Medical Review Committee (MRC) with an independent Physician Audit. Such change is welcome and long overdue. I am working on a few initiatives that I believe will help to further address stresses in medicine, and help busy physicians feel appreciated.

Having the support and collegiality of our peers is unparalleled. Working, laughing, socializing, networking as an OPA member is great fun! Join in the fun today! Get more involved in the OPA.

*Mamta Gautam, MD, FRCPC
2005 OPA President*



Ontario Psychiatric Association Executive and Council



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FROM THE EDITOR

The Ministry of Health and Long-Term Care, as part of the Transformation agenda is restructuring how health care will be planned, coordinated and funded in Ontario. Fourteen Local Health Integration Networks (LHINs) are being established to lead and manage health care delivery. In preparation for the transition, the Ministry held workshops across the province to ask local health care providers to name the priorities in their region. Mental health and addictions were high on **every** priority list. Representatives from each geographic region were asked to develop a report for the LHIN Chairs and CEOs as a foundational document to guide their initial planning. Those reports have been completed and the Chairs / CEOs will be in place shortly. This is an opportunity to influence programs and funding for psychiatry and mental health. In this issue of Dialogue we give a snapshot of the LHINs. We are now on the political agenda and in a position to advocate for what is needed specifically in each part of the province.

In this issue we look at other advocacy initiatives. A letter was sent from the OPA Advocacy Committee to the Honourable Sandra Pupatello, Minister of Community and Social Services with recommendations for patients receiving benefits from the Ontario Disability Support Programme (ODSP). Also, many patients on ODSP are entitled to benefits for special diets. This is a legitimate way to increase benefits significantly and is underutilized because patients and physicians are not aware how simple it is to apply and how broadly it can be applied. We have included some preliminary information on this.

Finally, we are including a summary of some of the awards that are available to recognize the outstanding work of colleagues. Too often, we know of individuals who have contributed significantly to the profession but go unrecognized for their work. We encourage you to nominate someone who deserves an award.

As always, your comments, suggestions and ideas are welcome at any time. Have a safe and enjoyable summer.

June Hylands
Editor

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CALENDAR OF EVENTS

Members! Contact the OPA with the details on up coming 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.

June 8-10, 2005 - 20th Anniversary Psycho Geriatric Team Exchange 2005 (Kingston) - THE TEAM EXCHANGE is comprised of Geriatric Psychiatry Programs throughout Ontario, Canada providing specialized assessment, consultation, treatment and education to older adults, their families and service providers. For more information visit www.opga.on.ca.

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

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

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

June 16-17, 2005 - The Ottawa Anxiety & Trauma Clinic presents the 16th Annual Trauma & Dissociation Conference - "Making a Difference: PTSD and the Global Village" - This will be held at The Westin Hotel, Ottawa, Ontario Canada. Featuring Matthew Friedman, MD, Ph.D., US Dept. Of Veterans Affairs. Guest Speakers include: Lieutenant General Remeo Dallaire, Dr. Alexandre (Sacha) Trudeau and Dr. Massey Beveridge. For more information call; 613 225-1423, fax: 613 225-0130 or e-mail: pgmitch@cyberus.ca.

Aug 15-18, 2005 - Summer Emotions Institute; Level One with Les Greenberg, PhD. This program provides participants with a solid grounding in the skills training through a combination of brief lectures, video demonstrations, live modeling, case discussions, and extensive supervised role-playing practice. To register please visit www.emotionfocusedtherapy.org or phone: (416) 410-6699

Aug 22 - Aug 25, 2005 - Summer Emotions Institute; Level Two with Les Greenberg, PhD. This program provides participants advanced training in the skills required to work more directly with emotion in psychotherapy. Participants receive in-depth skills training through a combination of brief lectures, video demonstrations, live modeling, case discussions, and extensive supervised role-playing practice. *Pre-requisite:* Summer Institute Level One (or equivalent). For more information or to register please visit www.emotionfocusedtherapy.org or phone: (416) 410-6699

September 26-27, 2005 - Canadian Coalition for Seniors Mental Health. Best Practices in Senior's Mental Health Conference is being held in Ottawa. For more information, please visit www.ccsmh.ca.

September 17, 2005 (date tentative) - Mental Health Legal Issues. This conference through CAMH will include both practical workshops and presentations.

October 18-23, 2005 - The Joint Annual Meeting of the Canadian Academy of Child & Adolescent Psychiatry and the American Academy of Child and Adolescent Psychiatry is being held at the Sheraton Centre, Toronto. Deadline for late posters: June 15, 2005. All other deadlines have passed. For further information please visit www.aacap.org.

Report from the AGHPS

Much of the work of the AGHPS since our last report, has been directed to issues surrounding the implementation of the **Resident Assessment Instrument - Mental Health (RAI-MH)** into hospitals in Ontario. The RAI-MH has been mandated by the Ministry of Health and Long Term Care and the deadline for implementation is October 2005.

The RAI-MH was developed by *interRAI*, an international research group of clinicians and academics from 18 countries. It is an assessment tool - a standardized data collection system for mental health, designed to identify key clinical issues related to patient care planning, quality improvement and outcome measurement. The data would be ultimately linked to resource utilization and funding. It focuses on a person's functional status and quality of life and allows for appropriate referral as needed.

While the concept has been widely applauded, there are a number of issues and challenges facing hospital mental health programs. The project requires additional technology (hardware and software) and education. There are operational issues such as staffing that must be addressed. Each hospital must choose a vendor. All this is to be accomplished without any additional funding.

We surveyed 79 general hospital psychiatric services with a short turnaround time for response (three weeks). We received 25 completed surveys. Broad categories of issues identified include technology, "buy-in", resources, education and operational challenges. We are now in the process of developing a plan to assist members as they move forward in the process.

The full results of the survey and "go forward" plans will be available on the AGHPS web site at www.aghps.com.

Why join the OPA?

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

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

Objectives of the Ontario Psychiatric Association:

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

Member Benefits:

- Access to specialty Sections, workshops and courses
- Opportunities for networking
- Peer Mentorship Programme
- Registration discounts for the Annual Conference
- Complimentary membership for Residents and longstanding members
- Voting privileges at the Annual General Meeting and general meetings (Full Member, Life Member and Member in Training Only)

- Opportunities for maintenance of competence and continuing education credits
- Effective representation to the Canadian Psychiatric Association, the Alliance of Mental Health Services
- Joint partnership, with the Ontario Medical Association Section on Psychiatry, by means of the Coalition of Ontario Psychiatrists
- *Dialogue* - the quarterly Association Newsletter provides up-to-date information on issues affecting psychiatry and psychiatric practice

Other Information:

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

Ontario Psychiatric Association - Council Meeting

AGENDA

Date: Friday April 15th, 2005

Time: 11:00 - 4:00 P.M.

Location: Ontario Medical Association - Presidents Meeting Room 525 University Avenue, 2nd Floor, Toronto

Item	Time Allocated	Responsibility
1.0 Remarks from the President and Approval of Agenda	10 minutes	M. Gautam - I
2.0 Approval of Minutes of January 26th and January 29th 2005	5 minutes	All - A*
3.0 Business Arising	15 minutes	M. Gautam - I
3.1 President Theme Update		
3.1.1 Insurance		
3.1.2 Doctors facing mental illness		
3.1.3 Physician Appreciation Week		
4.0 Treasurer's Report	15 minutes	4.1 D. Puddester - ID
4.1 Report on finances		
5.0 Reports of Task Forces and Committees		
5.1 Advocacy Committee		5.1 D. O'Reilly - I
5.2 Communications Committee	3.5 hours	5.2 D. Puddester - I
5.3 Continuing Education Committee	(Includes	5.3 R. Milev - I
5.4 Finance/ Audit Committee	half hour	5.4 D. Puddester - I
5.5 Member Services Committee	break for	5.5 B. Swenson - I
5.6 Task Force on Governance	lunch)	5.6 D. Wilkins - I
6.0 Standing Reports		
6.1 CPA Reports		
6.1.1 Directors		6.1.1 - I
6.1.2 Council of Provinces		6.1.2 K. Anderson - I
6.1.3 Standing Committees	15 minutes	
6.1.3.1 Education		6.1.3.1 D. Puddester - I
6.1.3.2 Professional Standards & Practice		6.1.3.2 R. Milev - I
6.1.3.3 Scientific & Research		6.1.3.3 B. Swenson - I
6.2 OMA Section on Psychiatry		6.2 D. Wilkins - I
6.3 Working Group on Mental Health Services		6.3 J. Hylands - I
6.4 Coalition		6.4 D. Wilkins - I
6.5 Alliance for Mental Health Services		6.5 J. Hylands - I
6.6 Section Reports		6.6 E. Esmond - I
7.0 New Business	30 minutes	

Times noted for each item are approximate. I - Information D - Decision A - Attachment A* - Attachment sent by email
 Attachments: 2.0 Draft Council Minutes of January 26th and 29th 6.4 Coalition Minutes

CONGRATULATIONS TO: DR. MAMTA GAUTAM

We are proud of our OPA President, Dr. Mamta Gautam, who has been recognized by the College of Physicians and Surgeons of Ontario, which has selected her as one of five 2004 Council Award recipients. This award “recognized physicians who have demonstrated excellence, and come closest to meeting society’s vision of an ideal physician”.

Dr. Mamta Gautam is a psychiatrist in private practice in Ottawa, Canada, Since 1990. She is a Specialist in Physician Health and Well-being. Hailed as “The Doctors’ Doctor”, physicians make up her entire patient population. She has worked tirelessly to ensure that Physician Health is recognized as a topic of importance, and given the attention it deserves; and has developed an international reputation as an expert in this field.

Dr. Gautam received her medical degree from the University of Ottawa in 1985, and was awarded the Hyman Capien Award and the Pfizer Clinical Prize for the highest standing in Psychiatry. She completed her residence in Psychiatry, and went on to pursue a fellowship in Child and Adolescent Psychiatry.

Dr. Gautam was the first Director of the innovative and comprehensive University of Ottawa Faculty Wellness Program. She initially worked as a consultant to the University of Ottawa Dean’s Task Force on Physician Health for many years, and then focused on formalizing it to create the Faculty Wellness Program in 2000. She has liaised with the Mayor of Ottawa to make an annual proclamation of Physician Appreciation Day in that city, to recognize physicians’ efforts and improve morale in medicine.

Dr. Gautam has worked with the CMA to promote physician health, and assisted in the creation of the CMA Center for Physician Health and Well-being. This Centre was recently launched in August 2003, and Dr. Gautam serves as the Chair of the Expert Advisory Group to this Centre.

She is a Co-Chair of the Canadian Psychiatric Association Section on Physician Health. As President of the Ontario Psychiatric Association, she is focusing her efforts on the theme of “Health Practices”, aimed at promoting physician health. She is a member of the Planning Committee of the CMA/AMA International Conference on Physician Health. Her work in creating a physician resource program in Ottawa was the focus of a recent CBC Show. She has created videos on Physician Stress, and authored several articles and book chapters in this field.

Her book, *Irondoc: Practical Stress Management Tools for Physicians*, was released in October 2004. She writes a monthly column on Physician health issues, *Helping hand*, in the Medical Post.

She is on the faculty of many Medical Leadership Conferences, such as those of the Canadian Medical Association, University of Ottawa, and the Oregon-based Foundation for Medical Excellence, as well as the faculty of the Psychiatric Update for Family Physicians. Dr. Gautam is a dedicated mentor. She serves as a mentor, both in the University of Ottawa Mentorship Program for Medical Students, and in the Department of Psychiatry Mentorship Program. She mentors junior faculty in Ottawa, and elsewhere, who are interested in the area of Physician Health. As a member of Council of the Ontario Psychiatric Association, she created and launched the OPA Peer Mentorship Program.

Dr. Gautam is an internationally renowned public speaker, and a sought-after keynote speaker. She has created and conducted over 400 innovative seminars and practical workshops on physician stress and mental health for practicing physicians. Distinctive workshops designed to address the specific needs of select populations, including women physicians; physicians’ spouses, medical specialists, residents, medical students, and other health care professionals have all been very well received. She serves as a consultant to multiple local, national, and international advisory groups on physician well-being.

Her pioneering work in the field of Physician health is garnering attention and awarded the 2005 University of Ottawa Faculty of Medicine Alumni Award, for outstanding contribution by alumni to the community. Dr. Gautam was a nominee for the 2004 Dr. Derek Puddester CAIR Resident Well-being Award. She has been recently nominated for a national award, the Canadian Workplace Wellness Pioneer Award, which recognizes an individual who has made a pioneering contribution to the field of organizational health. Dr. Gautam was also a 2005 nominee for the Ottawa YMCA-YWCA Women of Distinction Award of Healthy Living. This award recognizes women who have improved the well being of their community, and are outstanding leaders.

The Ottawa Psychiatry Referral Service.

Submitted by Dr. Keith Anderson

The Psychiatry Referral Service was established in 2002 because Family Physicians who provide the bulk of primary mental health care to the citizens of Ottawa have found it very difficult to access psychiatrists. The Royal Ottawa Hospital closed its emergency service and no longer provides consultations in general psychiatry. Both outpatient departments of the Ottawa Hospital are closed to consultations from the community.

This service was instituted as a pilot project in Ottawa in April of 2002. The pilot was funded by a combination of a grant of \$2000 from the City of Ottawa, \$4000 from the Ministry of Health and Long Term Care and a subsidy from the Academy of Medicine of Ottawa. In both 2003 and 2004 one year funding came from the MOHLTC after much begging, pleading, and cajoling.

In 2002 Fifty-seven community based psychiatrists volunteered to be part of the Psychiatry Referral Service. They each agreed to see at least one new referral a month through the service. The Academy of Medicine of Ottawa agreed to act as a clearinghouse. Family Physicians could call the Academy and they would be given the names of 2-3 psychiatrists who were available to provide a consultation and possibly follow up as required. The list was constantly updated and some statistics were recorded.

An average of 72 consultations per month have been facilitated through the Service. This is the equivalent of an out patient service in a community hospital. The Referral Service has been accessed by over 500 Family Physicians. Almost half of Ottawa Family Physicians have used this service and feedback from them has been strongly positive. Psychiatrists are also happy with this service. We have not surveyed patients but their doctors report that they are very pleased with the service.

In January of 2005 George Smitherman, Minister of Health and Long Term Care, intervened in the situation and made it possible to secure ongoing funding of \$10,000 per year. This very valuable service will continue to be available to the family physicians of Ottawa and their patients. Family physicians can access the service by calling 733-3219

MEMBERS ON THE *MOVE* *MOVE* *MOVE*

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

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



CANADIAN ACADEMY OF GERIATRIC PSYCHIATRY 2005 ANNUAL SCIENTIFIC MEETING

"Building Networks-Crafting Excellence"

**Thursday November 3rd, 2005
Vancouver, British Columbia**

We invite you to attend the Canadian Academy of Geriatric Psychiatry scientific meeting to be held at The Fairmont Hotel Vancouver in spectacular Vancouver, British Columbia 3 November 2005. The meeting has been designed to address the information and networking needs for psychiatrists, family physicians and mental health professionals working with older adults.

This year Dr. Martha Donnelly, Head of the Divisions of Geriatric Psychiatry and Community Geriatrics at the University of B.C. is providing the leadership for the meeting as the Scientific Chair.

Topics for this year's event include minimal cognitive impairment, competencies, and a panel debate on off label use of medications. There will be key note speakers, interactive workshops, and a panel discussion.

**For more information and to register visit: www.cagp.ca
or email at: robyn@tocorp.ca**

Local Health Integration Networks (LHINs)

Why We Need to Pay Attention

The Ministry of Health and Long-Term Care is developing a new, more decentralized, model of health care delivery. While it seems that these restructuring initiatives are happening all the time, there are two reasons for members of the OPA to take an interest in the changes taking place. First, all planning decisions and eventually funding will come from Local Health Integration Networks (LHINs). Also, the Ministry has held a series of 14 workshops throughout the province to ask health care professionals to determine the priorities for their geographic area and to summarize these into a Priority document that will be distributed to the LHIN Chairs and CEOs for initial planning. Therefore, there is a window of opportunity to influence these key decision makers.

What are LHINs?

The Ministry of Health and Long-Term Care, as part of the Transformation Agenda, is committed to developing a “Made-in-Ontario” system of health care that emphasizes planning and decision-making at the local level. This is intended to move Ontario from delivering health services to a healthcare system that is easy for consumers to understand and access. In Ontario we have 155 hospitals, 581 long-term care facilities, 42 Community Care Access Centres, 37 local Boards of Health, 55 Community Health Centres, 70 community and public health labs, 600 Community Support Service Agencies, 353 mental health agencies, 150 addictions agencies, 5 Health Intelligence Units, and 7 regional ministries. Until recently we also had 16 District Health Councils. Even health care professionals with years of experience are challenged to understand the best and most efficient way to access services for patients. LHINs are a key component of the government’s vision. Through greater integration of services, LHINs will improve the accessibility of health services to allow people to move more easily through the health system.

Over the last 10-15 years, every other province in Canada has devolved health system management from a centralized model to some form of locally based health system to achieve better integrated and more efficient health. Unlike models in other parts of Canada, LHINs will not be *providers* of clinical services. Existing providers will continue to deliver services.

There are many success stories of health providers integrating services and collaborating in communities across Ontario. LHINs are intended to build on these successful partnerships and implement the best of these practices across an *entire* health system.

The underlying principles guiding the LHINs:

- Equitable access based on patient need
- Preserves patients’ choice
- Measurable, results-driven outcomes based on strategic policy formulation, business planning and information management
- People-centred, community-focused care that responds to local population health needs
- Shared accountability between providers, government, community and citizens

What are the Boundaries?

There will be 14 community-based LHINs (see Figure 1) across Ontario organized to ease the movement of people across a continuum of care, when and where they need that care. However, patient choice of physician and medical or acute services would not be limited by LHIN boundaries, i.e. LHIN boundaries would be permeable for patients. People will continue to be able to choose their health care provider as they do today. The government intends to devolve a good deal of power and authority to the LHINs, leaving the Ministry of Health and Long-Term Care (MOHLTC) to function as a head office, providing more strategic direction. Each LHIN will plan, coordinate, integrate, manage, and fund care at the local level within their defined geographic areas. These functions will be phased in over time. The model is based on the belief that local people are best able to determine local health care priorities. LHINs will be directed consult with the community in making those decisions. The government’s plan is specifically aimed at creating a system with shorter waiting times, better access to doctors and nurses and healthier Ontarians.

What will LHINs Fund?

By 2007/08 the government is expecting that LHINs will fund hospitals, divested psychiatric hospitals, community care access centres, community support service agencies, mental health and addictions agencies, community health centres, and long-term care facilities. It does not intend for LHINs to fund physicians, ambulance services, labs, or provincial drug programs.

Continued

How Can Mental Health Benefit?

14 LHIN community workshops were held across Ontario in November and December 2004. Approximately 4,000 people attended the workshop. At each workshop, participants identified integration priorities important for their LHIN and voted at the end of the day for the top 10 integration priorities in patient care and administrative/support services. Each LHIN community then developed an Integration Priority Report based on the top 10 priorities. Mental health and addictions were noted as a priority in all 14 reports. The reports will be presented to the founding LHIN Boards and CEOs as a foundation for their planning work. There is a window of time when we can inform, educate and influence decision makers and funders in all 14 areas of the province. The founding Chairs and CEOs are expected to engage the community in the process and to utilize the reports that have been submitted as a preliminary guide on regional priorities. This is the time for psychiatrists and other leaders in the mental health community to ensure that the focus is on mental health services.

Figure 1 indicates the 14 LHINs. To find out what LHIN you are in, and what services are in your LHIN, go to http://www.health.gov.on.ca/transformation/lhin/lhinmap_mn.html. To access the full Report that was submitted for your LHIN, go to http://www.health.gov.on.ca/transformation/lhin/reports/integ_reports.html

Local Health Integration Networks

Figure 1

	LHIN Name	Population Estimate
1	Erie St. Clair	610,000
2	South West	871,000
3	Waterloo Wellington	633,500
4	Hamilton Niagara Haldimand Brant	1,262,000
5	Central West	627,000
6	Mississauga Halton	899,000
7	Toronto Central	1,093,000
8	Central	1,353,000
9	Central East	1,356,500
10	South East	443,000
11	Champlain	1,100,500
12	North Simcoe Muskoka	376,500
13	North East	553,000
14	North West	234,000

Government of Ontario; Local Health Integration Networks (LHIN) April 2005

http://www.health.gov.on.ca/transformation/lhin/maps/lhin_overview.pdf

Ontario Disability Support Programme

The following letter was sent to The Honourable Sandra Pupatello by Dr. Mamta Gautam, President of the OPA and Dr. Richard O'Reilly, Chair of the OPA Advocacy Committee on behalf of the OPA Advocacy Committee.

May 24, 2005

The Honourable Sandra Pupatello
Minister of Community and Social Services
477 Mount Pleasant Road, 3rd Floor
Toronto, Ontario
M7A 1G1

Dear Minister Pupatello,

Re: Psychiatrists' recommendations for the Ontario Disability Support Programme

The Ontario Psychiatric Association was very disappointed that payments from the Ontario Disability Support Programme (ODSP) were not increased in the 2005 budget. ODSP is an essential part of the social support system in Ontario, designed to provide assistance to those citizens who cannot work because of physical or mental disability. Ontario psychiatrists have become increasingly concerned over the last ten years that the level of remuneration individuals with mental illness receive from the Programme is inadequate. We are also convinced that the administration of the Programme severely disadvantages Ontario citizens suffering from significant mental disability. Our major concerns with the Programme are as follows:

1. The current ODSP income support payment of \$930, provided to a single individual with serious disability, is inadequate to meet even the most basic needs of nutrition and housing. The average cost of a one-bedroom apartment in a medium sized community is \$550 to \$600 per month. The math is simple - single individuals with severe disability are left with \$330 to \$380 per month from which they must pay for their utilities, food, clothing, transportation and basic personal items. As a result, these individuals, already stigmatized in our society, are further marginalized by severe poverty. The inadequacy of the current payments to individuals on ODSP is highlighted by the fact that the rate was not increased during the years 1993 to 2004. While we recognize the increase of 3% that you provided last year, the effect of this increase has simply been to match the rate of inflation that has occurred since the Liberal Government took office. **We strongly encourage you to make disability support a priority and to commit to raise the rate by 10% in 2006.** This will provide a modest return of the real benefit lost through the effects of inflation between 1993 and 2004.
2. Of major concern to our patients with severe psychiatric disability is the arduous, sometimes impossible, process of applying for and maintaining ODSP benefits. The process was "streamlined" under the last Government. In effect, this means that it is less personal and that less assistance is provided to individuals who have difficulty negotiating an extremely bureaucratic system. Individuals with severe psychiatric disabilities, such as cognitive deficits, psychotic symptoms, decreased energy and amotivation from severe persistent depression have exceptional trouble with these tasks. They are often precipitously denied further ODSP benefits because of failure to submit forms in time causing stress and relapse. The Ontario Psychiatric Association can provide numerous examples from all areas of the province that demonstrated the scope of the problem. This is simply not good enough and requires immediate action. **We strongly urge you to simplify the application process for ODSP benefits.**
3. There are some specific barriers to providing timely benefits in the current system. The basic application process is too slow, often taking between six to nine months before benefits flow. Perversely, similar delays are frequently encountered when patients are transitioning from Homes for Special Care into less structured living environments. Those who have resided in the Homes for Special Care and are moving from this high intensity residential programme encounter unnecessary and significant obstacles. **We propose that unless there are unusual circumstances, a letter from a physician and completion of the appropriate forms should result in an immediate provision of ODSP benefits for those individuals attempting to leave the Homes for Special Care Programme.**
4. A constant frustration for both patients and psychiatrists is that patients lose their ODSP income support when they are hospitalized for longer than six months. This often means that they lose their housing, further delaying discharge back to the community. **We propose when recommended by the patient's physician ODSP benefits be extended beyond the six month cut-off to facilitate discharge back to the community.**

Ontario Disability Support Programme

5. An individual on ODSP is able to earn \$160 per month. Earnings above this amount are clawed back. The \$160 extra earning allowance has not been raised for many years and is clearly inadequate as an incentive to return to work. Patients with psychiatric disability have an understandable fear of losing their drug benefits if ODSP is discontinued because they earn over his limit. This hesitation to re enter the workforce is a barrier to patients and an unnecessary drain on public funding. **We recommend that the \$160 earning allowance be raised to \$300 and that the subsequent claw back be structured incrementally.** This will facilitate reintegration into the workforce for those who are able, and provide others who are not capable of full-time employment the opportunity to do limited meaningful work.
6. ODSP claws back the National Child Tax Credit benefit. This is also unfair to people with severe disability as they are, in effect, penalized for having a child. We suspect that elements of negative value judgements and stigmatization may lie behind this policy decision. **We request that the claw back of the National Child Tax Credit benefit be discontinued for both ethical and financial reasons.**

Psychiatrists in Ontario encounter the problems outlined above on a daily basis. Our members struggle to provide psychiatric services to this very disadvantage group of individuals. Often, however, the effects of our efforts are limited by the practical effects of poverty associated with the structure and operation of ODSP. We urge you to give serious consideration to implementing the changes that we are proposing above. Our members would be delighted to meet with you to provide more information and to partner with you in any way possible to improve the quality of life for these disadvantaged citizens of Ontario.

Sincerely,
Dr. Mamta Gautam
President, Ontario Psychiatric Association

Dr. Richard O'Reilly
Chair, Advocacy Committee, Ontario Psychiatric Association

Meet a Council Member

Andrea Waddell, M.D. - PGY-2 (Toronto)



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

Andrea: I am a Member-In-Training representative on the OPA council. I serve on the Communications, Continuing Education and Member Services committees.

OPA: Tell us a bit about your background.

Andrea: I was born and raised in Toronto. I attended Queen's University in Kingston for my undergraduate degree and then attended medical school at the University of Toronto. I started my residency in psychiatry at the University of Toronto in July 2003. I am currently finishing my second year of residency at the University Health Network and enrolled part-time in a master's program at the Ontario Institute for Studies in Education.

OPA: When did you join the OPA and why?

Andrea: I joined the OPA this year. I was aware of the organization but currently it has a fairly low profile among residents. I joined the OPA to run as a Member-In-Training for council. I think the OPA has the potential to be a great resource and community for residents across the province and I wanted to be involved.

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

Andrea: I have really enjoyed meeting the members from across the province. It has made me more aware of issues confronting psychiatry outside of my own experience in an urban academic health centre.

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

Andrea: Well, I can't say I have been in tune with the OPA for more than the past year. I'm not sure if the OPA ever had an active Member-In-Training program. I hope that this will become an integral part of the OPA. The OPA can provide opportunities for networking, mentorship and camaraderie, which will be invaluable to residents as they begin to develop their careers as psychiatrists.

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

Andrea: Probably one of the biggest things confronting us is our increasingly global society. In a given day I often see patients from many different countries and various cultural and religious backgrounds. As psychiatrists, we need to remain aware of the different experiences our patients bring with them as well as different beliefs about and ways of interpreting mental illness. I think it is important to remain open to the knowledge and experiences of our patients and to be vigilant against trying to fit everything into a western model of illness.

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

Andrea: I'm not sure exactly what I'd be doing but it would involve traveling, probably something in science and hopefully lots of laughter.

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

Andrea: 1. Health and happiness for my friends, my family and myself.
2. Time to travel and experience different places.
3. To enjoy the little things in life and remember to take the time to notice the details that make life rich.

Further down the list would be a self-cleaning apartment and a defined thesis topic for my masters degree!!

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

Andrea: 1. Effective and affordable treatments for the major mental illnesses - especially medications with more tolerable side effect profiles.
2. Adequate funding for accessible mental health treatment.
3. Improved public understanding of mental illness and reduced stigma for individuals suffering from mental illness.

The Canadian Collaborative Mental Health Initiative: (CCMHI)

The Canadian Collaborative Mental Health Initiative: (CCMHI)

Encouraging more collaboration among primary health care professionals, mental health care providers, consumers, families and community organizations is the goal of a two-year national initiative being funded by Health Canada's Primary Health Care Transition Fund. The Fund encourages reforms in primary health care that ensure that Canadians have access to the right care, by the right provider, when and where they need it.

The Canadian Collaborative Mental Health Initiative (CCMHI) will examine options to improve collaboration between professionals on the front line of health care delivery and others who specialize in providing mental health services. The goal is to put the patient front and centre, and to create the conditions for a variety of health care professionals to work together effectively.

Mental Health in the Context of Primary Care

Mental health is an integral element of primary health care and patients regularly turn to primary care providers for support, treatment and access to specialized mental health resources. Due to lack of awareness and co-ordination, however, they may not gain access to the broader range of specialized services available in their community. And yet there is good evidence that providers who work in collaborative care arrangements are in a better position to provide appropriate and effective care.

Collaborative arrangements include shared office space, or formal networking among specialists and primary care providers form a number of disciplines and sectors. In addition to providing treatment and rehabilitation services to Canadians with mental illness, care providers working together tend to encourage the concept of mental "wellness", through education and prevention programs.

By engaging the key players in mental health and primary health care, this Initiative will strive to develop strategies that promote and advance collaborative mental health involving primary care practitioners, mental health care providers, consumers, families and communities.

The CCMHI Initiative, along with others supported by the Fund, will contribute to a broader action plan to encourage primary health care reform and innovation in Canada. It reflects commitments made by Canada's First Ministers in 2001 to make adjustments to primary health care delivery to maximize access and service of Canadians, while strengthening the preventative and health promotion aspects of the health care system.

Vision

A well-integrated public health system with health care providers from a variety of backgrounds working in partnership with consumers and their families, communities and one another, to enable consumers to access prevention, health promotion, treatment/ intervention and rehabilitation services from the most appropriate provider: when they need it, in a location that is accessible, and with the fewest obstacles.

Key Deliverables

As part of its long-term legacy, this Initiative will deliver:

- A comprehensive national strategy on collaborative mental health care that includes treatment, prevention and health promotion components.
- Easy-to-use models and information tools (e.g. Toolkits, guidelines) for clinicians and planners.
- A "Charter" or agreement that commits partner organizations to a set of principles and an approach to collaboration.
- More awareness and appreciation of the benefits of collaboration.
- Collaborative mental health care models that can be adapted to meet the needs of specific populations.
- New training protocols for future practitioners.
- A listing of further research priorities.

Research and consultations that will deepen our appreciation and understanding of best practices in Canada, and options for new models for collaborative mental health care in primary care settings, are already well underway.

STEERING COMMITTEE MEMBERSHIP

Leadership from the Key Players

This timely mental health reform initiative has been developed by a consortium of twelve national organizations representing providers, consumers and families. They include:

Canadian Alliance on Mental Illness and Mental Health

Website: www.camimh.ca

Mr. Phil Upshall, National Executive Director

The Mood Disorders Society of Canada

Tel: 514-824-5565

Ms. Joan Montgomery, CEO

Schizophrenia Society of Canada

Tel: 905-415-2007

Canadian Association of Occupational Therapists

Website: www.caot.ca

Ms. Darene Toal-Sullivan, Director of Professional Practice

Canadian Association of Occupational Therapists

Tel: 613-523-2268

Dr. Terry Krupa, Chair, Occupational Therapy Program

Queens University, School of Rehabilitation Therapy

Tel: 613-533-6236

Canadian Association of Social Workers

Website: www.casw-acts.ca

Ms. Eugenia Repetur Moreno, Executive Director

Canadian Association of Social Workers

Tel: 613-729-6668

Mr. Jake Kuiken, Board Member

Canadian Association of Social Workers

Tel: 403-268-2664

The Canadian Collaborative Mental Health Initiative: (CCMHI)

Canadian Federation of Mental Health Nurses

Website: www.cfmhn.org

Ms. Denise Kayto, Manager of Acute Care Services, Mental Health

Saskatoon District Health, Hantelman Unit

Tel: 306-655-1819

Canadian Mental Health Association

Website: www.cmha.ca

Ms. Bonnie Pape, Director of Programs & Research

Canadian Mental Health Association

Tel: 416-484-7750

Dr. Keith Lowe, Research Consultant

Research and Planning Branch, Manitoba Education, Citizenship and Youth

Tel: 204-945-8772

Canadian Nurses Association

Website: www.cna-nurses.ca

Ms. Janet Davies, Director of Public Policy

Canadian Nurses Association

Tel: 613-237-2133

Canadian Pharmacists Association

Website: www.pharmacists.ca

Mr. David Gardner, Associate Professor

Department of Psychiatry and Pharmacy, Dalhousie University

Tel: 902-473-4955

Dr. Barry Power, Director of Practice Development

Canadian Pharmacists Association

Tel: 613-523-7877

Canadian Psychiatric Association

Website: www.cpa-apc.org

Dr. Nick Kates, Chair Steering Committee

Tel: 905-521-6133

Ms. Francine Knoops, Director, Professional & Public Affairs

Canadian Psychiatric Association

Tel: 613-234-2815

Canadian Psychological Association

Website: www.cpa.ca

Dr. Karen Cohen, Associate Executive Director & Registrar

Canadian Psychological Association

Tel: 613-237-2144

Dr. Lorraine J. Breault, Director of Equity

Faculty of Medicine and Dentistry, University of Alberta

Tel: 780-492-6420

Dietitians of Canada

Website: www.dietitians.ca

Ms. Marsha Sharp, Chief Executive Officer

Dietitians of Canada

Tel: 416-596-0857

Ms. Linda Dietrich, Regional Executive Director

Dietitians of Canada

Tel: 905-471-7314

Registered Psychiatric Nurses of Canada

Website: www.psychiatricnurse.ca

Ms. Barbara Lowe, Executive Director

Registered Psychiatric Nurses Association of Alberta

Tel: 780-434-7666

Mr. Robert Allen, Executive Director

Registered Psychiatric Nurses of Saskatchewan

Tel: 306-586-4617

The College of Family Physicians of Canada

Website: www.cfpc.ca

Dr. Marilyn Craven, Assistant Professor

Department of Psychiatry and Behavioural Neurosciences,

McMaster University

Tel: 905-522-1155

Dr. Francine Lemire, Director of Membership

The College of Family Physicians of Canada

Tel: 905-629-0900

Canadian Collaborative Mental Health Initiative

Website: www.ccmhi.ca

Mr. Scott Dudgeon, Executive Director

Canadian Collaborative Mental Health Initiative

Tel: 905-629-0900 ext. 461

Centre for Addiction and Mental Health (CAMH) The First Episode Psychosis Program

The First Episode Psychosis Program at the Centre for Addiction and Mental Health (CAMH) was established eleven years ago to assist individuals and families in dealing with the complexities of managing a first episode of psychosis. As part of our ongoing commitment to early intervention in psychosis, we have established the **PRIME Clinic (Prevention Through Risk Identification, Management and Education)**, which is dedicated to the early identification and treatment of individuals who may be in the earliest stages of a psychotic disorder. These individuals are at an increased risk of transitioning to a first episode of psychosis.

Referrals can be made by family physicians, psychiatrists, pediatricians, or mental health workers. Any person that is concerned for himself or herself, or for someone they know, may phone the clinic directly.

For more information or to receive a referral form, please contact the PRIME Clinic directly at (416) 260-4188

INTERESTING WEBSITES FOR YOU TO EXPLORE

www.eopa.ca - Ontario Psychiatric Association

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

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

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

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

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

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

CLASSIFIED ADS CAN BE PLACED BY CONTACTING THE OPA OFFICE AT (905) 827- 4659

MEMBERS CORNER:

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

The following is a submission from Aydogan Ugur, MD

WHAT IS LIFE

From beginning to end life is a dream,
At times full of joy, at times full of grim.

It is a lifelong learning process,
Time moves consistantly there is no recess.

It is an endless change, from day to day,
Making your adjustment is the only way.

You can make your life a Heaven or Hell,
It sure is up to you, no one can tell.

Life is a school of constant learning,
It is a one way trip there is no turning.

Your life style always is your own choice,
It is either calm, quiet or full of noise.

Sometimes life is full of funny jokes,
Nothing looks real, sounds like a big hoax.

Life is a long and hardest struggle,
You are the author you write the novel.

You are the artist your life is your art,
You can paint a masterpiece or a simple card.

Colours, forms,shapes in your life painting,
Are your special thought and your best feelings.

With your own music you do your own dance,
It is up to you to rock, tango or waltz.

Life for all of us is God's best gift,
That gives our spirit the geatest lift.

It is a fantasy, challenge, adventure,
You are in this world always to venture.

When the world flooded and skies were dark,
There was always hopes in Noah's Ark.

Always make your life a great living hope,
So hardship you face, you can always cope.

Keep up your smile make life full of joy,
Your time here limited you better enjoy.

When Grim Reaper comes and rings the bell,
It is time to go to Heaven or Hell.

Aydogan Ugur, MD

Special Diet Allowance for Patients Receiving Social Assistance

If you have patients who are receiving social assistance, you may be able to increase their entitlement with the Special Diet Allowance. This is an entitlement which any adult or child on social assistance can receive if approved by a health professional (e.g. doctor, some registered nurses, dieticians).

Many people on social assistance are not aware that they may be eligible, and even when people are aware of their eligibility, it is often difficult to find a health professional to complete the form. For example, in parts of Ontario access to a family doctor may be limited.

The Special Diet is not restricted to diets for serious medical conditions. For example, diets that are advantageous due to medication side effects could be included.

The patient and each member of the family who is, or will be, receiving social assistance are entitled to up to the maximum of \$250 per person per month based on what the health professional says is required. A list of what dietary items are covered and how much they can receive is available at: <http://cfcs.gov.on.ca/CFCS/en/programs/IES/OntarioDisabilitySupportProgram/Publications/odspisdir.htm>. (Click on Directive 6.4 for Special Diet Allowance.)

Items listed on the Special Diets Schedule are listed below. However, to ensure that the patient receives the optimum allowance and /or to investigate this further, contact your local legal clinic or community agency. Once you are familiar with the form and diet schedule, it takes only a couple of minutes to complete the form. There is a K code billing of \$20 for doing this. The difference in income for your patient can be significant.

Payable diets listed on the Special diets Schedule

Egg free	Diabetic or gestational diabetes	Probiotics (addition of yogurt with active culture)
Milk/Dairy free	Fat/cholesterol restrictions and/or high fiber	High protein
Wheat free	Gluten free	Protein restrictions and phosphorous restrictions
Bottled water	Infant formula- where breastfeeding not Recommended	Prunes
Breast feeding - milk based on non-dairy	Iron rich	Pureed food
High calcium	Ketogenic	Residue restrictions
High calorie and protein Restriction	Organic	Sodium / salt restrictions
Cranberry juice	Phosphorous restrictions	Sugar free/unsweetened products
Cystic fibrosis	Pregnancy-milk based on non dairy	Vitamins, minerals and herbal supplements



