



Canadian Psychiatric Association

Dedicated to quality care

Association des psychiatres du Canada

Dévouée aux soins de qualité

Year in Review 2007-2008

PRESIDENT'S MESSAGE



Photo by Jean Marc Carfise

*Patrick J. White, MB MRCPsych
President, 2007-2008*

"The Psychiatrist as Change Agent—Transforming Mental Health Care"—this is the theme I chose for my year as president. I wanted to encourage members to advocate assertively for a better system of care for our patients. It has proved an auspicious choice and I am pleased with the progress we made together in this regard during my presidency.

Over the last 15 months, the Mental Health Commission of Canada (the Commission) has taken shape. Its mandate—to address stigma, to achieve a national action plan for mental health and mental illnesses in Canada, and to improve knowledge exchange capacity in Canada—reflects the Canadian Psychiatric Association's (CPA) advocacy call of the past 10 years. Now that funding is in place for the Commission, it will have nearly another nine years to achieve these goals. In addition, Chair of the Commission, Mr. Michael Kirby, wants to do even more by leaving behind a movement and foundation that will carry on this work.

The CPA is committed to helping the Commission meet its goals.

It does seem that mental health's time has arrived.

The Globe and Mail's groundbreaking series, *Breakdown: Canada's Mental Health Crisis*, helped catapult the difficulties encountered by our patients and health care professionals into the limelight.

Our colleagues in medicine, via the Canadian Medical Association (CMA), have now also taken up mental health as a priority. It was my pleasure this August, at the annual meeting of the CMA General Council, to move the CPA resolution for parity in mental health care and to see it adopted unanimously by our colleagues in medicine, along with 12 more specific resolutions on mental health. We are now working closely with the CMA to advance these important commitments at the national level.

Further, the members of our newly formed CPA's Stigma Working Group and I, headed by our immediate past President Dr. Manon Charbonneau, were delighted with the response to our pilot survey on stigma during the annual conference. The 394 responses received are now being culled to define an action plan over the coming year and to inform our discussions with the Commission and other health providers on their anti-stigma campaign(s)—work

Dr. Susan Abbey, your new president, has said she will continue.

As a Board of Directors, we capped off the year with a Strategic Planning Session that redefined the mission, vision, and driving values of the CPA. This meeting further honed in on the six key result areas for the CPA over the next three years: advocacy, quality of professional life, maintenance of licensure, membership, knowledge transfer, and subspecialty recognition within a unified profession.

This past year we had the luxury of a good deal of public policy and media attention paid to mental health. This type of attention does not usually stick around for long on any single issue, and we will need to keep the issues at the front of the agenda by developing and strengthening relationships with all government and health agencies that make decisions about the services—decisions that make a difference to the care of our patients.

I look forward, as past president, to continuing to advocate for a strong profession for a healthy population and keeping mental illness and mental health issues on the government agenda and in the public eye.

MESSAGE FROM THE CHAIRMAN OF THE BOARD



Blake Woodside, MD FRCPC
Chairman of the Board

As Chairman of the Board of the Canadian Psychiatric Association (CPA), I am pleased to present members with the Year in Review, 2007-2008. This past year we overcame some significant ongoing financial challenges. As the year closes we are in fact predicting a healthy surplus for 2008. However, before year's end, we began to see signs that this upward cycle will likely be short-lived and that we will not be immune from the precipitous fall of the world economy in the last quarter of 2008.

Nonetheless, restrained financial means are not a reason to stand still. As Dr. White notes in his year-end message, the CPA has just revised its mission, vision, and values and decided on short- and medium-term strategic priorities to help psychiatry successfully meet the challenges and opportunities of our current environment. This will be the basis for our three-year plan to strengthen the profession, support our members, and enhance their ability to deliver quality care to patients. We will do this by building on our past successes and by forging ahead on some new initiatives.

Clearly, we must ensure that the CPA continues to support you in your practice. We must continue to engage those who are the future of our profession—the residents. We must also reach out to new members while maintaining valued services to existing members.

One of the most valued services we provide is the means to keep abreast of new developments in psychiatry. This past year we not only once again offered the premier psychiatric educational conference in Canada, we also brought learning opportunities closer to home

through the Continuing Professional Development (CPD) Institutes and the Collaborative Forums. We also brought back the International CPD Conference, after a two-year hiatus.

The Canadian Journal of Psychiatry, under the leadership of Editor-in-Chief Dr. Joel Paris and our esteemed Editorial Board, continues to gain credibility and ranks seventh among general psychiatry journals worldwide. *Canadian Psychiatry Aujourd'hui*, under the creative direction of Dr. Fabien Gagnon, continues to gain popularity.

CPA has also provided psychiatrists with new tools to support them in their work—by issuing a new CPA information paper, *Alternative Payment Contracts with Psychiatrists*, and a family booklet on schizophrenia, which is a companion to CPA clinical guidelines for schizophrenia co-developed by the Schizophrenia Society of Canada.

Our goal at the CPA is to continuously serve you better. I am optimistic that the Association's new three-year work plan should help us do just that.

NEW STRATEGIC DIRECTIONS

In November 2008, the CPA Board and Committee Chairs, and various Academy Presidents, gathered in old Montreal to set CPA's strategic priorities for the coming three years. The impetus was a changed advocacy and national policy environment with the achievement of Mental Health Commission of Canada (the Commission); the impending recognition of three subspecialties; discussion within regulatory bodies about re-licensure; and renewed financial challenges.

The new three-year plan will guide the CPA's efforts and ensure we remain in step with the desires of our members as well as able to respond to the opportunities presented by the Commission, the Canadian Medical Association's interest in mental health, and other unforeseen developments.

The Strategic Planning Session redefined the mission, vision, and driving values of the CPA. It also established the following key result areas: advocacy, quality of professional life, maintenance of licensure, membership, knowledge transfer, and

subspecialty recognition within a unified profession. And we agreed on the three largest "elephants" we need to address in the coming year: effectively interfacing with the Commission, addressing emerging proposals from our regulatory bodies for relicensure, and developing strategies to maintain unity within the profession after the subspecialties are recognized.

View the CPA's revised vision, mission, and values at:
<http://www.cpa-apc.org/browse/sections/0>

ADVOCACY



Mental Health Commission of Canada

CPA's strategy 10 years ago to focus on achieving a national strategy and to build the necessary alliances to make this happen has made a big difference. The alliances we built around the Canadian Alliance on Mental Illness and Mental Health—and continue to foster—has culminated in the establishment and funding of the Mental Health Commission of Canada (the Commission). But this is just the beginning. The Commission, under the leadership of the Mr. Michael Kirby, has outlined three key initiatives: an anti-stigma campaign, a knowledge exchange centre, and a national strategy for mental health.

Psychiatry is well positioned within the Commission with our esteemed colleague, Dr. David Goldbloom, as one of two vice-chairs to Mr. Kirby, three of the advisory committees led by psychiatrists (Dr. Simon Davidson—Children and Youth, Dr. Marie France Tourigny Rivard—Seniors, and Dr. Elliot Goldner—Science), as well as a psychiatrist sitting on most of the committees. More recently, Dr. Heather Stuart was named as Senior Consultant to the Commission's Anti-stigma/Anti-discrimination Campaign.

Last April, the CPA Board of Directors met with Dr. David Goldbloom and Howard Chodos of the Commission. Dr. Goldbloom and his co-Vice-Chair, Madeleine Dion-Stout, also shared the Commission's progress to date at the CPA Annual Conference in September.

National Mental Health Strategy

An effective and practical national mental health strategy that makes a difference to patient care is a top CPA priority. Draft principles for a national strategy were expected early in 2009 and will coincide with a first set of broad consultations. To influence the thinking around the national strategy, CPA has formed a taskforce to prepare a strategy paper outlining how to best influence the Commission.

Stigma

CPA publicly launched a working group on stigma headed by past President Dr. Manon Charbonneau at the September annual conference. An awareness campaign, consisting of a "Proud to be a Psychiatrist" T-shirt and a stigma survey, was highly successful and garnered almost 400 responses. The Stigma Working Group has an 18-month work plan to evaluate how to tackle stigma within psychiatry as well as against psychiatry. The Group includes Dr. Mamta Gautam, Dr. Pippa Moss, Dr. Wayne Baici,

Dr. Patrick White, Dr. Susan Abbey and Dr. Heather Stuart, a world-recognized expert on stigma.

Partnership with CMA on Stigma and Resource Parity

This August, Dr. Donald Milliken, CPA's Advocacy Committee Chair, co-led, on behalf of the Association, a packed special session on mental health at the Canadian Medical Association (CMA) annual meeting. The strategic session was the first time in decades that the CMA identified mental health as a priority during its General Council. The session was opened by a panel composed of Dr. Milliken, Michael Kirby, Chair of the Commission, and Austin Mardon, a patient living with schizophrenia. See Dr. Milliken's presentation at: <http://www.cpa-apc.org/media.php?mid=1113&xwm=true>

Following the special presentation, the mental health resolutions submitted by the CPA were passed virtually unanimously by the CMA General Council. CPA asked our physician colleagues to work together to transform patient care for mental illnesses beginning by fighting stigma within our own profession and physician organizations. We also asked that they advocate for parity of resources for mental health research and the full range of services

needed to treat mental illness. In the intervening months, CPA has worked actively with the CMA to prepare a practical implementation plan for the many mental health resolutions adopted and CMA has created a Board Working Group to



ADVOCACY cont'd

guide this implementation. CPA has two representatives on this working group.

See resolutions at:

<http://www.cpa-apc.org/media.php?mid=1114&xwm=true>

See CPA media release at:

<http://www.cpa-apc.org/media.php?mid=1086&xwm=true>

Partnerships on Wait-Times

The CPA continued to spearhead efforts to get mental health on the wait-times agenda. Last year we joined the Wait Times Alliance (WTA). The WTA is comprised of several national medical specialty societies whose members are directly involved in providing care to patients. This April, Dr. Milliken co-chaired the WTA's fifth annual Taming of the Queue Conference. This series of conferences was originally set up to pursue the five priority areas in the federal, provincial, and territorial health accord. This has been expanded and now includes mental health. This year's conference devoted a half day to mental

health and included a patient group as part of the panel. Currently, CPA is working with the WTA to develop a diary survey of actual wait-times. We are now working with the Canadian Paediatric Society to address children's psychiatric wait-times. This January, CPA also participated in a meeting organized by the Mood Disorders Society of Canada on wait-times in psychiatric emergency departments.

Standards of Psychiatric Care

CPA is developing standards of psychiatric care for people with serious psychiatric illnesses. As a first step, the Advocacy Committee drafted guiding principles and specific standards for the clinical organization of publicly funded programs dealing with major affective disorders. Initial feedback on this document was solicited at the annual conference and via the CPA's Fall 2008 electronic newsletter. Further consultations are planned in the New Year. View the draft standards at: <http://www.cpa-apc.org/media.php?mid=1254&xwm=true>

Alternative Fee Payments

The CPA Economics Committee issued an information paper, *Alternative Payment Contracts with Psychiatrists*, to assist member psychiatrists in their financial negotiations with government. This is a companion to the *Model Psychiatry Fee-for-Service Fee Guide* released in 2006.

In the News

CPA President Dr. Patrick J. White spoke to the media on your behalf on numerous issues including the effectiveness of SSRIs, human resources, the effects of stigma, resource parity for mental health, and the latest CIHI report on hospital admission rates. In addition, Dr. White, along with numerous CPA members, provided background and were interviewed for both iterations of *The Globe and Mail* series, *Breakdown: Canada's Mental Health Crisis*. Numerous members participated in an accompanying series of online live Question and Answer sessions including CPA Advocacy Committee Chair Dr. Milliken. View the series at: <http://www.theglobeandmail.com/breakdown>

GOVERNANCE

Presidential Rotation Modified

After years of discussion, an agreement was reached with the Atlantic provinces on a presidential rotation. For the purposes of the presidential rotation only, the Atlantic region now consists of two separate blocks. Nova Scotia and Prince Edward Island comprise one block, with Newfoundland and Labrador and New Brunswick forming the other. This means that, in the future, there will seven rotational blocks for the president instead of six, consisting of: 1) British Columbia, 2) Alberta, 3) Prairies (Saskatchewan

and Manitoba), 4) Ontario, 5) Quebec, 6) Newfoundland and Labrador and New Brunswick, and 7) Nova Scotia and Prince Edward Island.

Academies Now Observers on CPA Board

The Academies have been invited to sit as observers on the CPA's Board of Directors. The Board will also recommend a by law change in 2009 that will provide a voting seat to any psychiatric academy that achieves formal

subspecialty recognition from the Royal College of Physicians of Canada.

Bylaws Amended

In September, members approved changes to the appointment of Secretary-General to the CPA Board. The Secretary-Treasurer position will be elected by the Board of Directors from its membership for a two-year term, renewable once, and they must have at least two years remaining in their term as a Board member to be considered. In addition, changes to life membership requirements were approved by members.

CONTINUING PROFESSIONAL DEVELOPMENT: LARGEST CPA PROGRAM AREA

Annual Conference



The 2008 Annual Conference in Vancouver, the anchor of the CPA's high-quality Continuing Professional Development (CPD) program, offered hundreds of sessions and courses on new research in psychiatry, clinical practice methods, and tips on patient care. Among the highlights:

The conference opened with the CPA's second annual Public Forum, a colourful evening of theatre, art, and conversation. CPA President Dr. Patrick J. White hosted the event, which featured a performance by actress Victoria Maxwell of her highly acclaimed one-woman show, *Crazy for Life*. The evening was capped off by a vivid art exhibit of works by patients enrolled in nine Prevention and Early Intervention Programs for Psychosis from across Canada.

This art show was subsequently presented at the National Gallery of Canada during Mental Illness Awareness Week, coinciding with the Champions of Mental Health Dinner hosted by the Canadian

Alliance on Mental Illness and Mental Health. The now annual President's Public Forum is meant to encourage a dialogue between doctors, patients, and caregivers and to build bridges with all groups around our common goal—to eliminate stigma and improve understanding about mental illness.

Other programming of note included a lineup of dynamic invited speakers including the Clare Brant Memorial lecturer, Marlene Brant Castellano, who delivered the lecture named in honour of her late brother, Canada's first Aboriginal psychiatrist. Also back by popular demand were the informative Expert Psychiatrist Series, the resident's track, and CPA-at-the-Movies, which examined the film, *Bevel Up: Drugs, Users and Outreach Nursing*. The CPD Institutes offered a menu of four topics: adult ADHD, managing metabolic issues in patients with persistent mental illness, advances in therapies for major depression, and motivational interviewing.

CPD Close to Home

In 2008, the CPA continued to bring CPD programming to venues closer to home. A total of 18 CPD Institutes were offered at six provincial association meetings as well as four CPD Institutes at the Annual Conference. CPA also delivered Collaborative Forums in Mental Health to five Canadian cities. These intensive, practical, one-day updates cover a wide range of psychiatric disorders and offer a unique opportunity for family physicians and psychiatrists to network, dialogue, and establish collaborative working relationships in an educational environment.

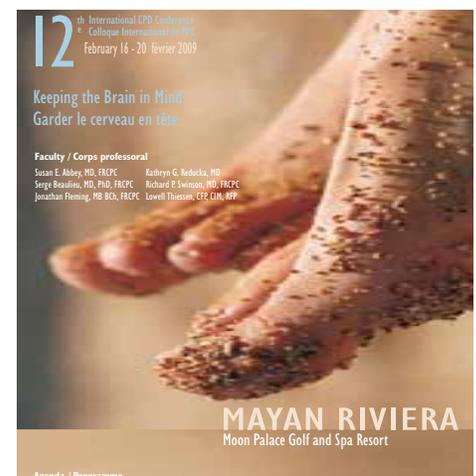
A new feature this year gave Forum attendees the option of enrolling in a

pre-, post-, and delayed-test program in conjunction with the ADHD module. The online tests allowed delegates to identify gaps in their knowledge, measure what they learned by attending the ADHD module, and show what they retained and applied to their actual practices. Participation also allowed delegates to compare their answers to their peers' aggregate score.

In total, the CPA cosponsored seven programs outside the annual conference in addition to the 10 cosponsored symposia offered at the conference.

ICPD Reinstated

The international meeting was reinstated and scheduled for February 16-20, 2009, in Cancun Riviera, Mexico.



CPD 2009 and Beyond

A major state-of-the-art Needs Assessment was conducted of members learning needs in 2008. This will inform our programming in 2009. The CPA Board will also look at new disclosure and conflict of interest guidelines for its CPD programs.

PUBLICATIONS

The Canadian Journal of Psychiatry (The CJP) and *Canadian Psychiatry Aujourd'hui (Aujourd'hui)* continue to be well-respected and valued sources of psychiatric research and mental health news. They placed first and second in many key readership categories when going head-to-head with other Canadian psychiatry publications.

The CJP continues to dominate the four psychiatry publications studied by the Print Measurement Bureau's Medical Media Study, while *Aujourd'hui* stood out from the competition as the only psychiatry publication listed in the 2008 study to show improvement.

Canadian Psychiatry Aujourd'hui

The percentage of psychiatrists reading *Canadian Psychiatry Aujourd'hui (Aujourd'hui)* increased from last year, ranking it ninth among the 30 publications listed in the PMB study—up one position from last year. *Aujourd'hui* also moved up two positions to sixth place for average page exposure (average issue readership times the percentage of pages read) for all physicians. These numbers are particularly impressive as *Aujourd'hui* was the only one of the four psychiatry publications to see an increase in these key indicators.

The Canadian Journal of Psychiatry

The Canadian Journal of Psychiatry (The CJP) is a key pillar of the CPA's efforts in knowledge transfer. With 67 per cent of Canadian psychiatrists reading *The CJP*, no other publication reaches more Canadian psychiatrists. *The CJP's* average page exposure is more than a third higher than its closest competitor. In this year's Journal Citation Report, *The CJP* had an impressive 19.5 per cent increase in its impact factor from 2.531 in 2006 to 3.026 in 2007, which pushed *The CJP* to fourth among Canada's 78 journals.

FOUNDATION OF THE CPA



Foundation of the Canadian Psychiatric Association
Innovations in psychiatry

La Fondation de l'Association des psychiatres du Canada
L'innovation en psychiatrie

The Foundation of the CPA continues to fund small-scale research and educational endeavours that would not typically attract industry funding. Two Foundation of the CPA grants were awarded in 2008. Dr. Jonathan Gray received \$8,000 for his study to examine the psychological and emotional effects of participating in Ottawa's Circles of Support and Accountability Program—a reintegration program for sex offenders who typically serve their entire sentence and are

at high risk to reoffend. The \$5,000 Scotia Award for Children and Mental Health was granted to Dr. Daphne Korczak and Dr. Benjamin Goldstein to study the impact of age of major mood disorder onset on course of illness in a large community-based sample and to address the question of whether child-onset depression represents a subtype of illness with distinct familial and clinical characteristics from that of adolescent or adult onset disease.

In 2008, the Foundation ran its first competition for the Great-West Life Innovation Fund: Clinical Innovations and Promising Practices in Psychiatric Disability Management. The Steering Committee issued six grants. Information about the winners and their projects will be posted on the website early in the New Year.



FINANCES

In 2006, CPA faced a significant downturn in advertising and sponsorship revenues and adopted numerous strategies that included cost-cutting, two membership fee increases, and a strong push to maximize sponsorships through the delivery of Continuing Professional

Development programming, especially the Collaborative Forums. As a result, we ended 2007 with a small surplus instead of a deficit, which the Board agreed to put back into reserves. Further, early projections for 2008 are that we should post a healthy surplus. However, by year

end, we were already seeing signs that 2009 would be much more challenging, in great part owing to the economic downturn that has affected our major sponsors as well as CPA's reserves investments and anticipated interest income. For these combined reasons, CPA posted a modest surplus for 2008.

THE PROFESSION

Subspecialty Recognition

The Canadian Academy of Child and Adolescent Psychiatry, the Canadian Academy of Geriatric Psychiatry, and the Canadian Academy of Psychiatry and the Law have received approval from the Royal College of Physicians and Surgeons of Canada (RCPSC) to move forward to the final step of the application process for subspecialty recognition.

CPA continues to support this process, morally, and with financial and organizational support. The RCPSC's final decision is expected in the spring of 2009.

Professional Guidelines

The CPA Clinical Practice Guidelines process has been tightened up under the direction of the Professional Standards

and Practice (PSP). Two new guidelines are under discussion.

PSP has also completed a mandatory review and update of numerous CPA papers, which will be published in 2009.

A new policy paper, *Media Guidelines for Reporting Suicide*, was approved in late 2008 and will be published and promoted in February 2009.

AWARDS

At the CPA Gala in September, the following psychiatrists, residents, and individuals were honoured for their exemplary contributions and outstanding achievements.

Dr. Paul Mulzer
CPA Paul Patterson
Education Leadership Award

Dr. Trevor Hurwitz
CPA C.A. Roberts Award
for Clinical Leadership

Dr. Michel Maziade
CPA J.M. Cleghorn Award
for Excellence and Leadership
in Clinical Research

Dr. Richard Boyer
The Alex Leighton Joint CPA-Canadian
Academy of Psychiatric Epidemiology
Award in Psychiatric Epidemiology

Dr. Jatinder Takhar
Association of Chairs of Psychiatry
in Canada Award for Excellence in
Education

Dr. Sherif Karama
Association of Chairs of Psychiatry in
Canada Annual Research Award
The Globe and Mail Editorial team for the
June 2008 series, *Breakdown: Canada's
Mental Health Crisis*
CPA Special Recognition Award



The Honourable David Hancock
CPA President's Commendation

Mr. Gary Mar
CPA President's Commendation

Dr. Michael Myers
CPA President's Commendation

Dr. Janet de Groot and team
Joint CPA-Council of Psychiatric
Continuing Education Award
for the most outstanding continuing
education activity
in psychiatry in Canada
in an academic setting

Dr. Laurence Jerome
of The Harley Street Group
Joint CPA-Council of Psychiatric
Continuing Education Award
for the most outstanding continuing
education activity
in psychiatry in Canada
in a rural/community setting

Dr. Ken Shulman
Canadian Academy of Geriatric
Psychiatry Award for Outstanding
Contributions to Geriatric Psychiatry

For a complete list of award winners, see:
[http://www.cpa-apc.org/browse/
documents/32&xwm=true](http://www.cpa-apc.org/browse/documents/32&xwm=true)

MEMBERSHIP AND MEMBER SERVICES

Membership for 2008 remained at an all-time high with over 3,000 members, representing 55 per cent of licensed psychiatrists in Canada and nearly 60 per cent of residents in psychiatry.

Fellows of the CPA

The honour of Fellow of the CPA was bestowed upon seven CPA member psychiatrists in recognition of their exemplary contributions to psychiatry.



Congratulations to Dr. John Bradford, Dr. John Deadman, Dr. Sidney Kennedy, Dr. Harriet MacMillan,

Dr. Michael Myers, Dr. Werner Pankratz and Dr. Emmanuel Persad

Member Satisfaction Survey

In 2008, CPA conducted a Member Satisfaction Survey. This was used, in part, to inform the CPA Strategic Planning Session. The results also inform Membership Affairs Committee recommendations. Ninety-eight per cent of respondents indicated that they are satisfied with the value of their membership.

Engaged Resident Population

The additional resources put into membership affairs have demonstrated its impact through an enormously engaged resident population. Residents are now represented on all CPA Committees as well as on the Editorial Board of the

Canadian Psychiatry Aujourd'hui. The Members-in-Training (MIT) section also launched an inter-university race with the University of Saskatchewan and Memorial University, taking first and second place, respectively. The race resulted in 120 new MITs. The MIT section also launched an online newsletter in 2008. In addition, CPA's Mentoring Program was expanded in 2008 with an online self-matching module and has connected 40 residents with mentor psychiatrists.

Changes to Life Membership

Members approved amendments to the category of life membership. These change the age of eligibility from 65 to 70 and remove the provision whereby members who, at the age of 70 had not achieved 30 consecutive years of active membership, could accrue the years they lacked at the rate of two per year rather than the usual one per year.

YOUR COMMENTS

Member comments and feedback are welcome. Please address all comments and feedback to:

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CPA Mission

As the national voice of Canadian psychiatrists, the Canadian Psychiatric Association advocates for the professional needs of its members and promotes excellence in education, research, and clinical practice.

CPA Vision

A strong profession for a healthy population

CPA Values

View the CPA's revised values on the CPA website at:
<http://www.cpa-apc.org/browse/sections/0>



Canadian Psychiatric Association
Dedicated to quality care
Association des psychiatres du Canada
Devouée aux soins de qualité