



Canadian Psychiatric Association

Dedicated to quality care

Association des psychiatres du Canada

Dévouée aux soins de qualité

Year in Review 2008-2009

PRESIDENT'S MESSAGE



Photo by Jean Marc Carisse

*Susan Abbey, MD, FRCPC
President, 2008-2009*

"Resilience," my presidential theme, built on the themes of recent presidents—"The Psychiatrist as Change Agent," (PJ White) "Humanity, Identity and Generativity," (Manon Charbonneau)—that have successfully driven the Association's work in advancing our advocacy agenda and informing the diverse work of our committees and working groups.

Resiliency is core to adapting to changing situations, stress and adversity. We all have elements of it and we can all work on "growing it." We are challenged as psychiatrists to foster resilience in our patients, ourselves and our association to better meet life's challenges and opportunities.

And they are many.

Early in my mandate, your association took stock of those challenges and opportunities, bringing together CPA Board members, committee and council chairs, academy representatives and other key psychiatrists to ponder the CPA's strategic

directions. Priority areas were selected to guide our actions over the next three years and further refined to four key result areas in August 2009.

We have made significant headway on some issues—notably geriatric, child and forensic psychiatry are now recognized as subspecialties by the Royal College.

On the knowledge transfer front, CPA published a book on the core competencies in psychiatry and continues to provide high quality continuing professional development (CPD) via its annual conference, the CPD CPA Institutes and the Collaborative Forums in Mental Health. In 2009, the Collaborative Forums, a series of inter-professional events geared to community psychiatrists and family doctors, attracted 30 per cent more delegates than in 2008.

On the advocacy front, CPA continues to foster partnerships to address challenges and opportunities. As part of the Wait Time Alliance (WTA), we surveyed our members on depression wait times, putting access to psychiatric care on the WTA report card and on the health policy agenda. Dr. Blake Woodside has worked hard as the CPA representative on the Canadian Medical Association (CMA) Board Working Group on Mental Health that has developed a draft five-year work-plan on mental health for CMA. The CPA is a member of the Physician Table on Mental

Health, which brings together the CMA, College of Family Physicians and the Canadian Paediatric Society to consider and develop collaborative opportunities presented by the Mental Health Commission of Canada's work on stigma and the mental health strategy for Canada. The CPA is also co-founder and co-chair of the broader Mental Health Table of Regulated Health Professionals.

The Stigma Working Group is pursuing a renewed workplan based on feedback from its 2008 survey which questioned members about priority areas for CPA action on stigma.

As President I was privileged to host our annual conference's Public Forum where we invited the local public to dialogue about thought-provoking issues surrounding mental illness. Many thanks to Dr. David Goldbloom and comedian Big Daddy Tazz who met on stage to interview each other about humour, mental illness and stigma and opened up their conversation to the standing room only crowd.

Arguably the birth of a mental health strategy for Canada will be a momentous occasion and its development has been and will continue to be a major CPA advocacy focus. During my presidency, the Commission released a draft framework for the mental health strategy and sought input from organizations and individuals, receiving responses from over 1,700 individuals and 250 organizations, including our

own. The Commission listened, and in November released the revamped framework with seven interrelated goals.

Many of the framework goals resonate with the concept of resiliency. Goal one states, "People of all ages living with mental health problems and illnesses are actively engaged and supported in their journey of recovery and well-being." The text that elaborates on this goal speaks of hope and building on strengths (a.k.a. building resilience). Goal five acknowledges the importance of treatment, systems and services. Goal six reinforces the need for actions to be based on evidence-based research. But goal seven resonates most of all. It states, "People living with mental health problems and illnesses are fully included as valued members of Canadian society." As I said in my President's address, the remission of symptoms isn't enough. We want our patients to be back and engaged in their lives in full citizenship.

It has been an honour to serve the Association's members and to work with the dedicated cadre of CPA volunteers who have worked hard to advance an advocacy agenda that benefits our members, our patients and the profession.

I thank you for the journey of the last year and wish our new President, Dr. Stanley Yaren, and our new Board Chair, Dr. Donald Addington, an equally fruitful year.

MESSAGE FROM THE CHAIRMAN OF THE BOARD



*Blake Woodside, MD FRCPC
Chairman of the Board*

What a privilege it has been to serve the Association's members as Board Chair for the last six years. As my mandate comes to an end, I would like to reflect on the achievements that happened on my watch—not that I'm taking personal responsibility for them, but I am pleased they took place while I was Chair.

The recognition of geriatric, child and forensic psychiatry subspecialties by the Royal College of Physicians and Surgeons of Canada has been a Herculean accomplishment. That event is the end of a decades' old battle, and I'm glad the CPA Board was able to

support the dozens of volunteers from the organization who made this happen. CPA now offers a vastly expanded and high quality continuing professional development (CPD) program. We offered CPD to over 2,000 individuals last year, in multiple sites, nationally and internationally, and the association is recognized as a leader in the provision of exceptional CPD.

I'm proud of our publications. We moved from the spartan Bulletin to Canadian Psychiatry Aujourd'hui, a change that was ably led by Editor-in-Chief, Dr. Fabien Gagnon. And *The Canadian Journal of Psychiatry* has been strengthened under Dr. Joel Paris' leadership.

I'm proud of our members-in-training who are now represented on the Board and most committees. These active, enthusiastic young people are our future and I'm glad they are keen on the CPA. I'm proud of our enhanced professional and public profile. We are now recognized as a significant force in the development and implementation of mental health policy in this country, and have the respect of our partner organizations. And I'm proud of our record of external advocacy as facilitators of the consensus that created and sustained the Canadian

Alliance on Mental Illness and Mental Health and that ultimately got us the Mental Health Commission of Canada. But I'm also proud of our advocacy with the Canadian Medical Association that got mental health on their agenda in a serious way, the newly formed Physician Table on Mental Health, and the larger Mental Health Table of Regulated Health Professionals.

I'm proud that we have 400 new members.

I'm proud to have worked with six wonderful presidents and Boards, with committed CPA volunteers and with a dedicated staff that together have made all the above possible.

Members of CPA Board are empowered, active and engaged. I am confident that your Association will continue to flourish under your new Chair, Dr. Donald Addington.

We have a strong association that's part of a vibrant specialty. Psychiatry has been the sleeping giant of Canadian medicine, and I think that giant is beginning to stir...

My most heartfelt thanks for the opportunity to serve you, and best wishes for the future.

CPA Key Strategic Result Areas 2008-2011

Effective advocacy

To influence the mental health policy environment
To influence the medical environment for improved patient care and outcomes

Leading knowledge transfer in psychiatry

Through a high quality journal, needs based CPGs, continuing professional development and other communications tools

A results oriented membership program

To enhance the quality of professional life for members
Focused on recruitment and retention

Working for a unified profession and supporting subspecialty recognition

ADVOCACY

The CPA priority areas for advocacy 2008-2011 were refined from six to four key result areas in August 2009: quality of professional life, leading in knowledge transfer in psychiatry, effective advocacy to influence the mental health policy and medical environments, and subspecialty recognition within a unified profession.

Stigma

The Stigma Working Group, created in November 2007, serves as CPA's expert advisory body on stigma and proposes, guides and directs the implementation of CPA initiatives to reduce stigma of mental illness.

The Working Group, chaired by Dr. Manon Charbonneau, began its task by collecting data. A 2008 survey sought examples from members regarding where they and their patients experienced stigma and discrimination. The 2009 survey concentrated on solutions, asking members to share the initiatives, actions or strategies which they had led or in which they had participated to reduce the stigma and discrimination experienced by patients, their families and health professionals.

Both surveys were twinned with an awareness activity to sensitize members to the Group's existence and work. In 2009, promotion included the giveaway of an elephant-shaped squeeze ball, alluding to stigma as the "elephant in the room," and with the tag line "put a squeeze on stigma" in reference to the proactive role CPA wishes to play in combating stigma.

The 2008 survey also asked members identified priority areas for CPA action on stigma. These are now under consideration by the Stigma Working Group

as they renew their work-plan and include: the stigma and discrimination towards people with mental illness in the emergency room, the stigma and (or) discrimination experienced by psychiatrists towards their profession, the application of best practices in workplace mental health in the settings where psychiatrists work and the ways in which stigma plays out through structural inequities within the health care system (e.g. access to medications, research funding, mental health services funding within hospitals).

In May 2009, in response to the Mental Health Commission of Canada's Request for Interest call on stigma, the CPA proposed three areas of collaboration with the Commission: developing an interactive module on stigma with the participation of consumers at the CPA's Collaborative Forums in Mental Health; establishing the CPA as a link to psychiatrists across Canada, who could facilitate access to their patients for survey purposes(now being pursued under the auspices of the Mental Health Table of Regulated Health Professionals),; and expanding the work of the CPA's Stigma Working Group to address the barrier stigma poses to the selection of psychiatry by medical students and to improve the psychiatry curriculum to reduce stigma in resident education.

The Commission has selected 50 "ready to go" projects. The CPA submission will be considered in the second round of proposals.

information on collaborative efforts by the CPA's Stigma Working Group.

CPA and the Media

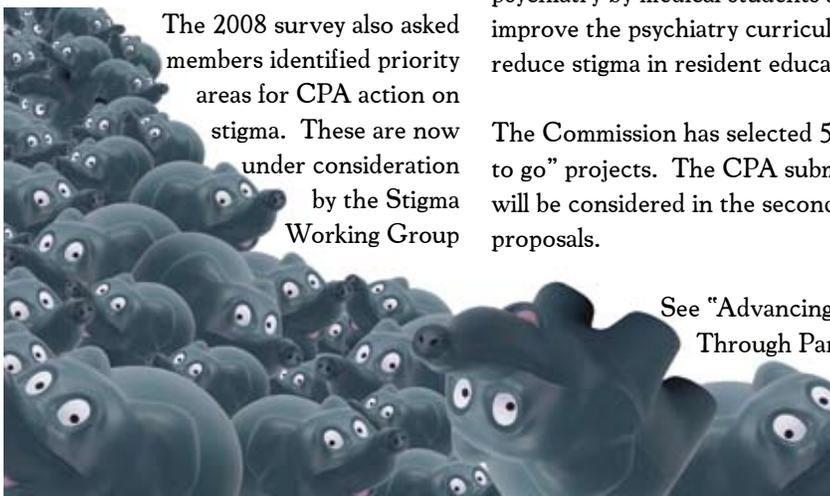
There is no doubt that mental health is increasingly in the news, presenting both challenges and opportunities.

Media Guidelines for Reporting Suicide

The CPA published the policy paper, *Media Guidelines for Reporting Suicide* last February. These guidelines, prepared by the Scientific and Research Standing Committee, were widely disseminated to members, journalists, journalism students and hospitals, as well as allied health organizations.

The paper seeks to increase awareness of suicide contagion and to encourage journalists to modify their reporting in line with the Canadian Association for Suicide Prevention and the Center for Disease Control guidelines on reporting suicide to decrease the likelihood of contagion. The paper also suggests a role for policymakers in monitoring the media to reinforce the guidelines where necessary.

The paper garnered significant attention from media including André Picard, the health reporter for the *Globe and Mail*, opening a healthy dialogue with journalists regarding the need for media guidelines on reporting suicide and the evidence behind them. Some expressed concerns that the guidelines could dissuade journalists from reporting on suicide, leaving the accompanying social and public health issues uncovered. The CPA responded to concerns from *The Ottawa Citizen* and Mr. Picard with



See "Advancing Advocacy Through Partnerships" on the next page for more

ADVOCACY cont'd

letters to the editor, by corresponding directly with the journalists and by posting online comments to their op-ed articles. Throughout the year, Dr. Susan Abbey and the paper's authors, Drs Jitender Sareen, Josh Nepon, Laurence Katz and Sarah Fotti responded to numerous inquiries from media giving interviews to the APA Psychiatric News and over a dozen interviews throughout Canada via a segment on syndicated CBC Radio.

Read the policy paper at:
<http://cpa-apc.org/browse/documents/273&xwm=true>

Read the CPA media release at:
<http://www.cpa-apc.org/media.php?mid=1276&xwm=true>

In Praise of Media

Your association used a positive-first approach with media in the face of two high-profile tragedies. All Manitoba journalists were sent a letter to the editor from Dr. Susan Abbey, which praised responsible coverage of the tragic beheading of Tim McLean by Vincent Li on a Greyhound bus bound for Manitoba—and cited in particular coverage by the *Globe and Mail* and Gordon Sinclair of the *Winnipeg Free Press*. This letter, which also ran in the *Saskatoon Star Phoenix*, prompted one reader with mental illness to write Dr. Abbey to thank her for her positive approach which she felt tactfully reminded the media that persons with mental illness are not the enemy, and are actually less likely to be criminals than to be victims.

Dr. Abbey also sent a letter to Mr. John Stackhouse, editor of the *Globe and Mail*, thanking him for publishing the compassionate and understanding eulogy delivered by the Prime Minister for the late Mr. Dave Batters, two-term Member of Parliament for the riding of Palliser, Saskatchewan who took his life after struggling for many years with depression.

Influencing Policy Through Media

The CPA issued a media release underlining significant recommendations from mental health policy research that were published in the November 2008 issue of *The Canadian Journal of Psychiatry*. Using data from an audit of suicides commissioned by the New Brunswick government, Dr. Alain Lesage and colleagues concluded that systematically coordinating mental health and addictions services would save a significant number of lives. While integrating services is not new, research making the case that systematically doing so can save lives is new. The release praised the New Brunswick government's early adoption of the recommendation to coordinate services and urged other governments to follow suit.

Media release: <http://www.cpa-apc.org/media.php?mid=1260&xwm=true>

During Mental Health Week 2009, the CPA issued a media release to remind individuals, organizations and governments that mental health is a smart investment in hard economic times.

Media release: <http://www.cpa-apc.org/media.php?mid=1292&xwm=true>

Mental Health Commission of Canada

Psychiatry continues to build ties with the Mental Health Commission. Many of your psychiatry colleagues serve as chairs and members on the Commission's advisory committees. Dr. Susan Abbey and Dr. Patrick White respectively attended



workshops held by the Commission in September and December 2008 to help frame its stigma campaign. In February 2009, Dr. Abbey and others participated in consultation meetings on the draft national strategy framework, and CPA members were invited to provide feedback on the draft to guide the CPA brief. The final framework was released this November, and work begins on how to attain its seven interrelated goals.

The CPA and the Canadian Psychological Association co-hosted a reception for Louise Bradley, Chief Operating Officer of the Commission in late summer. Ms. Bradley later attended the August CPA annual conference in her native city of St. John's, Newfoundland and participated in a two-hour meeting with senior members of the CPA executive, including Dr. Susan Abbey, President; Dr. Stan Yaren, incoming president; Dr. Donald Milliken, chair of the advocacy committee; and Dr. PJ White, to discuss areas of collaboration between the Commission and the CPA.

Advancing Advocacy Through Partnerships

In addition to taking independent action, CPA continued to advance its advocacy agenda by building partnerships.

CMA Board Working Group on Mental Health

The CPA has worked actively with the Canadian Medical Association (CMA) to prepare a five-year strategic plan on mental health to implement the mental health resolutions adopted at the August 2009 CMA General Council. Dr. Blake Woodside, CPA Board Chair, and Ms. Francine Knoops, CPA Associate Executive Director, represented the CPA on the working group. The work plan was finalized this November and goes before the CMA Board in February 2010,

ADVOCACY cont'd

after which the working group will likely disband. Your Association looks forward to working with the CMA through the implementation phase.

Physician Table on Mental Health

As an outgrowth of the CMA Working Group, the CPA facilitated a broader physician advisory group consisting of the CPA, CMA, The College of Family Physicians of Canada and the Canadian Paediatric Society. This Physician Table on Mental Health will continue to meet regularly to identify common interests in tackling mental health issues and working with the Commission.

Wait Times Alliance:

Psychiatric Wait Times

The CPA continued to participate in the Wait Time Alliance (WTA) and keep psychiatric wait times in the limelight. The CPA surveyed a sample of psychiatrists as part of a national physician diary study on wait times, and the results were released in the 2009 WTA annual report on Canadian medical wait times. Previous WTA reports monitored how well Canada was meeting the medical wait time benchmarks in five key areas set in the 2004 First Minister's 10-Year Plan to Strengthen Health Care. This report looked at five additional specialties areas, including psychiatry. The psychiatry component focused on depression treatment wait times since major depression is one of the more common mental illnesses, and timely treatment is critical. It is also an illness for which CPA developed a consensus on maximum wait times—four weeks for a scheduled appointment, two weeks for urgent cases and within 24 hours for emergent cases. According to the survey, we are not meeting our standards. The median time to treatment was six weeks, the median time to refer a patient to another specialist was 4.7 weeks and eight weeks before further investigation was

requested. Most concerning is that 37 per cent of psychiatrists refuse referrals compared to 23 per cent of all specialists, meaning psychiatrists are turning away patients because they do not have the capacity to take on a larger case load.

Mental Health Table of Regulated Health Professionals

In 2009, the CPA's Stigma Working Group worked closely with the Mental Health Table of Regulated Health Professionals (MHT) and the Mental Health Commission of Canada (MHCC) to submit a joint proposal to Health Canada to examine stigma within the health professions, one of the two initial groups targeted by the Commission's stigma initiative. Response to the proposal is expected in 2010.

The MHCC sees this table as an important mechanism to consult on the health professions component of the stigma campaign. The MHT is co-founded and co-chaired by the CPA and the Canadian Psychological Association and has staff-level representation from a wide range of health professions such as psychiatry, psychology, family medicine, social work, occupational therapy and more. Its mandate includes identifying problems common to health professional communities that pertain to patient mental health and responding collectively to and working collaboratively with the Commission.

Shared Care Working Group

The Shared Care Working Group, a joint working group of the Canadian Psychiatric Association and the College of Family Physicians of Canada, continues to meet and is on the verge of releasing a new position paper on shared care to replace the original 1997 paper.

CAMIMH

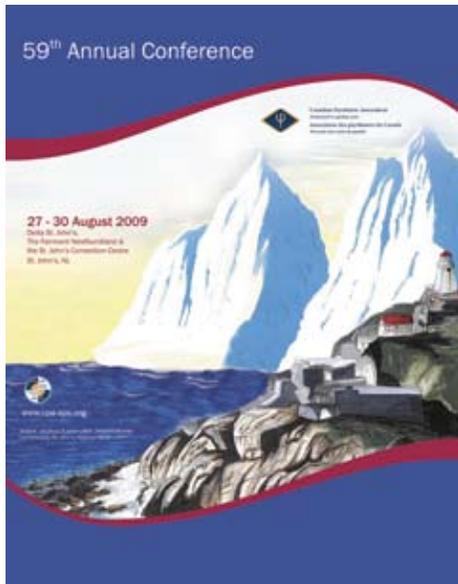
The CPA continued to take part in the Canadian Alliance on Mental Illness and Mental Health, participating in a two-day renewal meeting to revisit its mandate in the post-Commission era, including working within a task force to renew CAMIMH's strategic plan.

The Future of CPA Advocacy

In August 2009 the CPA Board voted to reframe the Association's Advocacy Committee with new terms of reference focused on four tiers of advocacy: strategy development capacity, relationship and political capital building, media-based communications and media relations, and policy development and enunciation. A robust strategy development capacity involves timely policy environment scans gathered in an efficient manner commiserate with resource limitations and an efficient structure through which to set priorities (proactive) and respond quickly to arising issues (reactive). Political capital building means nurturing and accumulating goodwill in those who influence decisions that matter to the Association. Media relations entail cultivating relationships with journalists, monitoring media pick-up of messages by others in the health sector and improving the pick-up of CPA messages. Policy development and enunciation is the substance behind the message. The goal is to use the expert knowledge of the CPA's committee and working groups and their products (e.g., guidelines and papers) to buttress the CPA advocacy agenda either by stepping up the promotion of those products or by working with committees to develop new papers on topic areas that correspond to desired policy changes. The 2009 mini-campaign around the media guidelines on suicide reporting is an example of the former approach.

CONTINUING PROFESSIONAL DEVELOPMENT: AN AREA OF CONTINUED GROWTH

Annual Conference



The 2009 Annual Conference in St. John's, Newfoundland, assembled over 400 experts in their field to offer a packed program including 36 symposia, 15 workshops, 11 courses, 36 papers, seven cosponsored symposia, four CPA CPD Institutes and 46 posters. Highlights included:

The CPA's third annual Public Forum, *What's So Funny About Mental Illness?*, an evening of comedy and conversation with stand-up comedian Big Daddy Tazz, a.k.a. Bipolar Buddha, and Dr. David Goldbloom, Vice-Chair of the Mental Health Commission of Canada's Board, was hosted by the CPA President, Dr. Susan Abbey. The Forum invites members of the public into the Annual



Conference and fosters dialogue between doctors, patients and caregivers about mental illness issues of common interest.

Other programming of note included a dynamic line-up of six invited speakers including a Distinguished Member Lecture on the Mental Health Commission of Canada by Dr. Goldbloom, the Clare Brant Memorial Lecture by Mr. Bill Mussell, Chair of the Native Mental Health Association, and a lecture on Pathways to Resilient Outcomes by Dr. Donna Stewart, the Lillian Love Chair in Women's Health at University Health Network and the University of Toronto. Programming was rounded out by popular programs such as the Experts in Psychiatry Series, the resident's track, CPA-at-the-Movies and a menu of four CPD Institutes on the topics of psychosis, recovery, atypicals and antipsychotics, and new directions in treating major depression.

The annual conference program subcommittee, which is chaired by Dr Nancy Brager, has been revitalized and expanded to include representation from the subspecialty academies, as well as family medicine.

CPA CPD Institute

The 2009 CPA CPD Institute programs garnered a total audience of more than 2,200 physicians, an increase of more than 10 per cent over the 2008 figures.

A key driver of increased attendance was

the Neuroscience and Clinical Advances in Psychiatry series, a new CPD Institute program created to build on the success of provincial CPD Institutes offered to psychiatrists in Alberta, Manitoba, Saskatchewan and the Atlantic provinces.

The Collaborative Forums in Mental Health also grew by just under 30 per cent compared to 2008. Geared to community psychiatrists and family doctors, the Collaborative Forums are a series of five one-day events that provide practical, needs-based CPD from an inter-professional perspective.

In addition to the provincial Institutes and Collaborative Forums, four CPD institute programs were offered during the CPA annual conference in St. John's.

ICPD

The International CPD conference was reinstated in 2009, and will continue in 2010 on board the Carnival Liberty cruise ship from March 6 to 13, 2010 with ports of call throughout the Eastern Caribbean.

Other CPD News

In 2009, nine CPA-codeveloped programs were implemented nationwide, and a further seven symposia were codeveloped by the CPA for presentation at the annual conference.

The CPD committee recently revamped the CPA's existing disclosure and conflict of interest policy to ensure the CPA's continued adherence to new CMA and RCPSC guidelines. The new policy, which was recently approved by the Board, will also help program planners effectively manage potential conflicts to further improve the quality of the CPA's CPD programs.

MEMBERSHIP AND MEMBER SERVICES

Membership for 2009 held steady at the 3,000 mark, representing 54 per cent of licensed psychiatrists in Canada and 53 per cent of Canadian psychiatry residents.

Honourary CPA Membership for Senator Kirby

At the 2009 annual general meeting, members granted one of CPA's most distinguished honours to Michael Kirby, the Chair of the Mental Health Commission of Canada, conferring to him an honorary CPA membership in recognition of his extraordinary leadership in taking mental illness issues out of the shadows of Canadian public policy.

Fellows of the CPA

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



Congratulations to Drs Deborah Elliott, David Goldbloom, Gary Hnatko, Joel Jeffries, Raymond Lam, Phillippa Moss, Dhanapal Natarajan, Margaret Steele, and Donald A. Wasylenki.

Surveys

International Medical Graduates

A joint survey by the Membership Affairs Committee and the Member-in-Training Section assessed the training issues faced by International Medical Graduates (IMG) in Canadian psychiatry training. The survey identified challenges for IMGs as well as potential issues for CPA to address.

Early Career Psychiatrists

Having identified early career psychiatrists (ECP) as a priority membership group, the Member-in-Training Section and the Membership Affairs Committee conducted an online survey to identify the professional and educational needs of ECPs, and how the CPA was perceived to be meeting those needs. The results of the ECP survey show that 61 per cent of responding ECPs said reduced CPA membership fees are very important when it comes to their decision to join the CPA, while 58 per cent said reduced annual conference registration fees are a very important factor.

The CPA currently offers reduced membership to ECPs in the first two years following certification.

The Board has assigned other issues highlighted by the survey to appropriate committees and councils.

Members-in-Training

Each of the six CPA regions is represented on the Member-in-Training Section's executive. Psychiatric residents

are represented on all CPA committees as well as on the Editorial Board of The Canadian Psychiatry Aujour'hui and on the CPA Board of Directors.

WPA Young Psychiatrist Council
The Member-in-Training Section sought candidates for the position of Canadian representative to the WPA Young Psychiatrist Council. The Section recommended Dr. Emiko Moniwa who was appointed to the position by the CPA Board of Directors.

MIT Travel Bursaries

The Section created and awarded six conference travel bursaries of \$1,000 to residents to defray personal expenses incurred by attending the CPA Annual Conference. These bursaries were funded by the CPA and were supplementary to the annual conference educational funds supplied by departments.

A Psychiatry Interest Group Network for Canadian Medical Students

The Member-in-Training Section launched inPSYCH. While still in the early stages, the objective of inPSYCH is to generate excitement about the future of psychiatry. inPSYCH will establish an innovative, trainee-led, collaborative framework for increasing medical student exposure to and interest in psychiatry, will provide a national platform for the exchange of ideas and resources, and nurture an unprecedented dialogue between the CPA and Canadian medical students.

Membership Race

The University of Saskatchewan won the 2009 inter-university membership race. The University of Calgary and Memorial University were in second and third place, respectively.

THE PROFESSION

Subspecialty Recognition

After three decades of toil, geriatric, child and forensic psychiatry received formal approval of subspecialty recognition this September from the Royal College of Physicians and Surgeons of Canada (RCPSC) Committee on Specialties. Over the years, the CPA has supported numerous subspecialization attempts.

On the verge of successful applications in 1996, the College called a moratorium on the recognition of all new subspecialties amid fears that subspecialization would fragment the base specialty as was the experience with internal medicine. Two years later, the moratorium was lifted and joint CPA and academy efforts renewed.

In early 2000, the CPA National Education Strategy Working Group (NSPGE) formed a subcommittee with representation from the CPA, the academies, the Royal College, the Coordinators of Postgraduate Education in Psychiatry and the Association of Chairs of Psychiatry in Canada. This subcommittee hammered out a consensus on the core competencies of the general psychiatrist, conducting an online survey of Canada's 5,000 psychiatrists.

The NSPGE completed its task in late 2007 when the RCPSC approved updated Objectives in Training (OTR) and Specialty Training Requirements (STR) for psychiatry based on those core competencies, paving the way for subspecialty recognition rooted in the base specialty. Over the last two years the academies, supported by the CPA, worked closely through the subspecialty application process.

Both the academies and the CPA remain committed to avoiding fragmentation of the profession and strengthening the

bond between the base specialty and the new subspecialties. At the 2009 annual general meeting, the Association modified its by-laws to give psychiatric academies that achieve formal subspecialty recognition from the RCPSC a voting seat on the CPA Board. Through the Council of Academies, the CPA is supporting the development of a position paper on PGY6 funding.

Your Association is also facilitating collaborative meetings between the respective academy education working groups who must now produce OTRs and STRs for their subspecialty.

Professional Guidelines

Professional Standards and Practice

In 2009, the Professional Standards and Practice committee developed four new CPA position papers on *The Fiduciary Duty of Psychiatrists*, *Committal*, *The Prescription of Psychotropic Medication* and *The Involvement of Psychiatrists in Coercive Interrogation and Torture*. The latter paper was published in 2009 and the balance will be published in 2010.

The committee has also revised another seven papers, including *Electroconvulsive Therapy*, *HIV Infection*, *Psychosurgery*, *The Duty to Protect*, *Trainee Safety in Psychiatric Units and Facilities*, *Mandatory Outpatient Treatment* and *Sexual Relationships With Patients*. Updated versions of the papers will be available in 2010.

Economics

The CPA Standing Committee on Economics developed a position statement on Parity in Time-based Models. It is slated for publication in the January 2010 issue of *The Canadian Journal of Psychiatry* and addresses the

issue of pay parity with other specialists in a time-based sessional model, which is the typical pay model for the care of complex, chronic illnesses in a shared-care or collaborative-care environment.

View paper at:
<http://publications.cpa-apc.org/media.php?mid=899&xwm=true>

Science and Research

The CPA Scientific and Research Standing Committee developed the policy paper, *Media Guidelines for Reporting Suicide* last February. These guidelines, were widely disseminated to members, journalists, journalism students and hospitals, as well as allied health organizations. For more details see "Media Guidelines for Reporting Suicide" on page 3 under the Advocacy section of this document.

Expert Advice

The CPA Scientific and Research Standing Committee consulted to the Canadian Agency for Drugs and Technologies in Health (CADTH) on possible mental health review topics.

CADTH is a national body whose mandates is to provide Canada's federal, provincial and territorial health care decision-makers with credible, impartial advice and evidence-based information about the effectiveness and efficiency of drugs and other health technologies. CADTH has indicated it will review cognitive behavioural therapy techniques (e.g., web-based, self-directed) and the techniques for administering electroconvulsive therapy, as well as what equipment is required to provide the recommended technique.

The science committee further recommended examining first and second generation anti-psychotics and polypharmacy.

PUBLICATIONS

CPA Publishes Book on Newly Defined Core Competencies in Psychiatry

In August 2009, the CPA published *Approaches to Postgraduate Education in Psychiatry in Canada: What Educators and Residents Need to Know*. The book was officially launched with mimosas and a book signing during the CPA's annual conference in St. John's, Newfoundland.



Designed to help both educators and residents to implement and negotiate the new Royal College of Physicians and Surgeons of Canada (RCPSC) Objectives in Training (OTR) and Specialty Training Requirements (STR) in psychiatry, the book uses a toolbox approach—offering a variety of ways to achieve the stated objectives and requirements.

The training requirements were the result of more than five years of consultations and deliberations led by the CPA's Working Group on a National Strategy for Postgraduate Education in Psychiatry (NSPGE). These requirements, which took effect for the July 1, 2008 cohort of residents, identify the core competencies residents must acquire.

The RCPSC's goals and objectives are general rather than specific. The

book fleshes out more detailed training targets with information not included in the RCPSC documents. Each chapter lists a variety of ways to attain the training targets. Some approaches use few resources while others use many, reflecting the diversity of resources available to psychiatry programs.

The book's chapter authors are experts and leaders in their respective fields, and many contributed substantially to the revised OTR and STR. Drs John Leverette and Emmanuel Persad, two of

the book's coeditors, are former program directors the third co-editor, Dr. Gary Hnatko, is the Chair of the Royal College Specialty Committee in Psychiatry.

In the interest of knowledge transfer, the book is being broadly disseminated

for free to all psychiatry program directors, current residents and residents for the coming three years, chairs of psychiatry, medical school deans and directors of undergraduate programs in psychiatry. CPA members received free copies at the annual conference and upon request throughout September and October.

Additional copies are available at moderate rates. Order your copy at: <http://publications.cpa-apc.org/browse/documents/469&xwm=true>

The Canadian Journal of Psychiatry

The Canadian Journal of Psychiatry continues on a trajectory to define itself as a top-quality scientific publication, with niches for extended reviews and original research. *The CJP* continues to receive

an increasing number of manuscripts—topping out at 280 in 2009. While the quality of those articles is increasing, less than one-third are being accepted for publication. It is the hard work of dedicated volunteers who serve on the Editorial Board and who peer review the articles that ensures the quality of research being published in *The CJP* is as high as it is.

Released in 2009, *The CJP*'s 2008 impact factor was 2.828—up from 2.071, or 36.5 per cent, just five years earlier. That's why 68 per cent of psychiatrists report reading *The CJP*—more than any other publication in the Print Measurement Bureau's annual Medical Media Study. Among those who do read *The CJP*, 74 per cent indicate they read every issue and 76 per cent say they read half or more of each issue. Overall, they spend more time reading each issue, from nearly 33 minutes in 2008 to more than 43 minutes in 2009.

Canadian Psychiatry Aujourd'hui

The popularity of *Canadian Psychiatry Aujourd'hui*, the CPA's tabloid news magazine, continues to grow among general practitioners and psychiatrists, according to the 2009 Print Measurement Bureau's Medical Media Study.

Readership among GPs is up 20 per cent from last year. The number of psychiatrists reading *Aujourd'hui* remained steady at 38 per cent of psychiatrists, but it is worth noting that *Aujourd'hui* jumped from a 10th place to a sixth place ranking among medical publications in the last year.

In 2009, psychiatrists who read *Aujourd'hui* reported spending additional time more thoroughly reading more issues.

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.

Foundation of the CPA Grant

In 2009, a \$5,000 Foundation of the CPA grant was awarded to Dr. Peter Braunberger to investigate how likely primary care team members are to identify eating disorders and symptoms and how likely they are to incorporate these disorders into differential diagnoses or into a care plan for aboriginal children and adolescents in Northwestern Ontario. This is a first step toward identifying the barriers that are thought to effect timely access to care for these youth. As primary care teams deliver the bulk of care to this population, physicians, nurse practitioners and children's mental health therapists will be screened.

Scotia Award for Children and Mental Health

The \$5,000 Scotia Award for Children and Mental Health was split equally between two projects.

Dr. Mark Johnston will develop and pilot research into a high intensity continuum of services targeting high risk violent youth. *Aspire*, the proposed program, will be based out of the Nova Scotia Youth Facility, the sole custody facility for youth in Nova Scotia, serving girls and boys aged 12 to 19. A comprehensive, multi-modal, multi-disciplined youth

leadership program, *Aspire* is built on a competency based model where youth experience living and interacting within a positive peer culture, learning the social skills attitudes and values necessary for success following release. Treatment is intensive, relationship based, and focused on the specific needs of the client.

Dr. Mitesh Patel will study the prevalence and health care burden of mental illness in youth who present to the inner-city hospital emergency department of St. Paul's Hospital and use the data to develop integrated treatment interventions designed to reduce the morbidity and frequency of inner-city youth presenting to the emergency department. Although it is generally accepted that inner-city and street involved youth who suffer from mental illness are underserved, their needs and service use remain largely unstudied.

Great-West Life Innovation Fund: Clinical Innovations and Promising Practices in Psychiatric Disability Management

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:

Dr. Jaye Wald received \$28,000 for the Development and Evaluation of a Return-

to-Work Program for Persons with Anxiety Disorders.

Drs Mark Lau and Andrea Grabovac received \$30,000 for Mindfulness-Based Cognitive Therapy for the Prevention of Depressive Relapse in the Workplace.

Drs Michael Seto, Phil Klassen and Maurice Siu received \$28,000 for a project Identifying Factors with a Risk of Workplace Violence and Aggression by Employees.

Drs Sagar V. Parikh and Raymond Lam received \$4,800 for an Evaluation of a Disease-Management Intervention Designed to Reduce Disability.

Drs Alain Lesage, François Borgeat, Nida Sieu, Christo Todorov, François-Yves Prévost and Ghislaine Roederer received \$5,000 for Intervisions Cliniques: Implementation of an Innovative Strategy to Improve Collaboration Between Psychiatrists and Family Doctors.

Drs Joti Samra, Elliot Goldner, and Derryck Smith received \$30,000 for Antidepressant Skills@Work: Dissemination of a Behavioural Intervention for Low Mood and Depression in Psychiatric Care.

For more information see the CPA website at:
<http://foundation.cpa-apc.org/browse/documents/30&xwm=true>



AWARDS

At the CPA President's Dinner and Awards Gala in August, the following psychiatrists, residents, and individuals were honoured for their exemplary contributions and outstanding achievements.

Dr. Hany Bissada
CPA C.A. Roberts Award
for Clinical Leadership

Dr. Allan S. Kaplan
CPA J.M. Cleghorn Award
for Excellence and Leadership
in Clinical Research

Dr. Thomas Edward Ungar
CPA Paul Patterson Education
Leadership Award

Dr. Scott B. Patten
Alex Leighton Joint CPA-Canadian
Academy of Psychiatric Epidemiology
Award in Psychiatric Epidemiology

Dr. Nick Kates
Association of Chairs
of Psychiatry in Canada
Award for Excellence in Education

Dr. Aristotle Voineskos
Association of Chairs of Psychiatry
in Canada Annual Research Award

Dr. Donna Stewart
CPA President's Commendation

The Coalition of Ontario Psychiatrists
(Drs Robert Buckingham, Sonu Gaind,
Richard O'Reilly and Douglas Weir)
CPA President's Commendation

The CPA-CFPC Shared Care
Working Group members
with special mention of
Co-Chairs, Drs Nick Kates and Garey
Mazowita as well as Dr. Francine Lemire
CPA President's Commendation

Dr. Cynthia Linda Baxter and the
Telemental Health Education Forensic
Education Series
Joint CPA-COPCE Award for the most
outstanding continuing education activity
in psychiatry in Canada, community/rural



Dr. Isabelle Michaud
COPCE Best Paper Award by a
Psychiatry Resident

Dr. Martha Donnelly
Canadian Academy of Geriatric
Psychiatry Award for Outstanding
Contributions to Geriatric Psychiatry

Dr. Kenneth Le Clair
Canadian Academy of Geriatric
Psychiatry Award for Lifetime
Achievements in Geriatric Psychiatry

Dr. Gary Rodin
Canadian Academy of Psychosomatic
Medicine Distinguished Member Award

Dr. Ajmal Razmy and Dr. Nikolas Grujich
Coordinators of Postgraduate Education
in Psychiatry Award

Mr. Alexander McGirr
Coordinators of Undergraduate
Psychiatric Education Award for Best
Paper by a Medical Student
Dr. Safa Elgamel
R.O. Jones Awards for Best Papers
presented at the 2009 CPA Annual
Conference, 1st place

Mr. Jeff Kelland
R.O. Jones Awards for Best Papers
presented at the 2009 CPA Annual
Conference, 2nd place

Ms. Adrienne Einarson
R.O. Jones Awards for Best Papers
presented at the 2009 CPA Annual
Conference, 3rd place

Dr. Valerie Taylor
Best Poster Award,
presented at the 2009 CPA Annual
Conference, 1st place

Dr. Angela Bowen
Best Poster Award
presented at the 2009 CPA Annual
Conference, 2nd place

Dr. Joann McIlwrick
Best Poster Award
presented at the at the 2009 CPA Annual
Conference, 3rd place

For a complete list of award winners and
additional details, see:
[http://www.cpa-apc.org/media.
php?mid=1351&xwm=true](http://www.cpa-apc.org/media.php?mid=1351&xwm=true)

FINANCES

2009 has been a financial roller coaster. As predicted, due to the global upheaval in financial markets in the fall of 2008, that year yielded a modest surplus despite resurgence in support for CPA CPD Institute programming and publications advertising as well as good annual conference attendance.

At that time signs of decline in 2009 operations revenues were already evident. These were caused by the general market crisis and the resulting fall in consumer confidence. These factors also contributed to an all time low attendance at the International Continuing Professional Development (ICPD) conference in Cancun, which incurred a significant financial loss of \$120,000. As well, the decision to return the annual conference to St. John's for the first time in 20 years, while setting the stage for a convivial and collegial gathering, yielded significantly lower than expected attendance (and paid registrations). These factors, combined with a continued reduction in pharmaceutical advertising

experienced by all medical publishers, adversely affected publications advertising revenues. As a consequence, subject to a final audit in February 2010, we anticipate a total loss of approximately \$230,000.

So far the roller coaster ride has been cyclical, and when charted over five or ten years, CPA's overall reserve position continues to increase incrementally with deficits in some years and surpluses in others. The trend for 2010 projects a return to a healthier surplus position. This is based on several factors. Advertising bookings for both the *The Canadian Journal of Psychiatry* and *Canadian Psychiatry Aujourd'hui* are on the upswing. Support for CPA CPD Institute programming has been confirmed and shows every sign of exceeding support in 2009. The Annual Conference will be in Toronto, which traditionally attracts a large psychiatrist registration. And finally, the 2010 ICPD has been altered in concept to a Caribbean cruise with terms that avoid penalties if target registrations are not

met—a condition not possible with land-based hotel venues.

Finally, the Board has revisited a recent decision to experiment with annual conference venues and locate the meeting outside the rotation of Vancouver, Toronto, Montreal and occasionally Halifax (and possibly Ottawa at a future date). The Board has reconfirmed a focus on larger destination cities only. This decision is based on a number of factors including the active presence of the CPD Institutes and Collaborative Forums at provincial and regional meetings, the Association's mandate to provide continuing professional development to as many members as possible and the need for a business model that ensures the overall sustainability of the CPA and its operations.

While there were member fee increases in 2006 and 2007 to offset critical cyclical downturns, the CPA Board has held the line on membership fees for 2008 through to 2010.

YOUR COMMENTS

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

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Fax: 613-234-9857

Email: president@cpa-apc.org

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 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
Dévouée aux soins de qualité