



Canadian Psychiatric Association

*Dedicated to quality care*

Association des psychiatres du Canada

*Dévouée aux soins de qualité*

# Year in Review 2011-2012



*Dr. Fiona McGregor  
President 2011-2012*

## PRESIDENT'S MESSAGE

Armed with their background information I was spokesperson at a number of events. In October 2011, I presented to a senate subcommittee on the health accord (under the guise of collaboration with primary care), advocating for national standards and parity of funding for mental health.

Later in the year we expressed concerns related to the Omnibus Crime Bill and its probable effect on the treatment of offenders with mental illness; thanks to Dr. Gary Chamowitz for spearheading the communication of our concerns.

We voiced concerns about cutbacks to Department of National Defence (DND) and met with General Walter Natynczyk and a number of DND staff. Senator Roméo Dallaire was helpful but once again we relied on the expertise of our members including Dr. Jitender Sareen. We were able to establish working relationships within DND to help advise on mental health issues and were pleased with the announcement of funding for mental health by Minister Peter MacKay.

The big news item this year was the long awaited release by the Mental Health Commission of Canada (MHCC) of the mental health strategy for Canada, *Changing Directions, Changing Lives*. Who would have thought this was such a big story that it would be leaked in the media? This experience gave me pause to reflect. At times, advocacy can seem time consuming and thankless work. However we need to remember that this was part of a 15 year process of lobbying and painstaking partnership building

that eventually became the Canadian Alliance on Mental Illness and Mental Health (CAMIMH).

As I previously noted, the release of a mental health strategy does not in itself bring more beds, train more psychiatrists, or produce more equitable funding from health care budgets; it does provide a powerful national reference from which to advocate for improvements. Its focus on system-wide care for the individual and the family, and the need for preventative measures to counter the risk of mental illness throughout the lifespan will address the need for Canadian benchmarks that ensure our patients will be less easily forgotten.

However the issue of accountability remains an enormous challenge for psychiatry. There is a desperate need for good outcome measures and I was pleased when MHCC Chair, Dr. David Goldbloom, informed us that the Commission would be spending its remaining five years working on the establishment of good measures that can be used by all of us.

Given the importance of partnerships in CPA's advocacy initiatives we continue to forge new lines of communication with politicians and decision-makers, as well as other physician and non-physician groups. We have also begun to nurture international relationships; on World Mental Health Day this October the presidents of CPA, The Royal College of Psychiatrists in the UK and Australia/New Zealand signed a joint declaration demanding parity of health for mental health.

Observing what was happening in clinical practice, watching the political agenda and the focus of other physicians, *Psychiatry in a Time of Transformation* seemed an appropriate choice of theme for my presidential year. This year has been of a whirlwind of press releases, media interviews, and meetings with political and other leaders, given the burgeoning interest in mental health in the country as reflected by media attention.

CPA has had to respond intelligently and thoughtfully to a number of political initiatives. I quickly realised how very fortunate we are to have so many members volunteering their time and expertise to help us advocate. The omnibus bills favoured by our government has meant extra work for our hard working, well informed staff who have been busily trying to untangle the minutiae and understand the impact on psychiatrists and their patients.

# MESSAGE FROM THE CHAIRMAN OF THE BOARD



Dr. Donald Addington  
Chairman of the Board, 2009-2015

As Chairman of the Board of the Canadian Psychiatric Association, I am pleased to present the CPA's 2011-2012 Year-in-Review.

In 2012 your Executive approved updated Association policies and practices, including revisions to its committee structure. The revisions bring CPA into line with the new national governance criteria for non profit organizations and complete a thorough policy review begun by my predecessor Dr. Blake Woodside. The changes will be brought to the Board for final approval in the spring and should position CPA as a more transparent, responsive and nimble organization.

2012 has also left CPA on solid financial footing. A moderate surplus is predicted and is largely attributable to CPA's excellent scientific offerings. Our annual

conference, continued professional development programming and publications not only give psychiatrists the tools and knowledge to stay abreast of current best practices but also provide significant revenue to support CPA programs, services, infrastructure and activities.

The annual conference is one our core scientific offerings. The conference has been guided by Dr. Nancy Brager as the Annual Conference Scientific Chair for nine years. I would like to offer my personal thanks for her years of dedicated service. She has been an integral part of the Conference's ongoing success. Dr. Glendon Tait, her capable co-chair for the past three years, stays on to direct the 2013 annual conference.

In addition to delivering excellent scientific programming CPA, through its many volunteers and Committees, offers thoughtful guidance on the mental health training of psychiatrists and fellow physicians. This is exemplified by the publication of the position paper *Guidelines for Training in Cultural Psychiatry* and by the flurry of conferences and public speaking engagements attended by Stigma-Discrimination Working Group members throughout the year to bring the message of CPA's *Stigma-Discriminator* position paper and its PEC (Protest, Educate, Contact) strategy to psychiatrists, family doctors and the public. CPA also sits on Royal College working groups seeking to identify the mental health core competencies for

other specialty disciplines and looking at the practice eligibility route for certification in psychiatry. This work is ongoing.

As Dr. Fiona McGregor notes in her President's Message and as evidenced by this Year-in-Review, advocacy continues to be a major area of focus for CPA. The statement, *The Treatment of People with Mental Illness in Correctional Settings* and the position paper, *The Criminalization of People With Mental Illness*, both authored by Professional Standards and Practice Committee member Dr. Gary Chaimowitz, received substantial media attention and were an important contributor to the public discourse on prisons and mental illness. Dr. McGregor herself was the point person on a number of hot CPA advocacy files including Canadian Forces mental health, suicide and refugee mental health.

This May the mental health community achieved a major milestone. The Mental Health Commission of Canada released the mental health strategy for Canada, *Changing Directions, Changing Lives*. A national strategy is one of the Association's longest standing goals. Now comes the hard work of analyzing the strategy in the context of our newly approved advocacy principles, and deciding how CPA can best help put the strategy into action.

I look forward to three more years as your Chairman and all the exciting work that is to come.

## PRESIDENT'S MESSAGE *continued*

Finally, I want to say how honoured I was to meet so many of you and the resident members during my presidential tour across the country. From Banff to St John's, I was moved by your hospitality and kindness and privileged to hear the common concerns around

increasing need and decreasing, fractured resources and to witness the optimism and enthusiasm with which many of you approach your professional lives.

It has been an exciting year yet I admit that it was with relief that I handed over the chain of office to your new president, the exceptionally capable Dr. Suzane

Renaud. I look forward to continuing to work with her on the advocacy committee as the CPA builds on the work of all the presidents and volunteers who have come before us.

All the best in this new year.

# ADVOCACY

Advocacy was a major focus for 2011-2012 as CPA worked individually and with partners such as the Canadian Alliance on Mental Illness and Mental Health to advance mental health policy and services in Canada. To guide their activity, the Advocacy Committee approved three advocacy principles:

- A patient centered system that provides timely access to evidence based mental health services.
- A mental health system driven by measurable goals for access and quality.
- A mental health services funding process that is publicly accountable and receives its appropriate share of health care funding.

What does this mean in a practical sense? In terms of accountability and funding, CPA is advocating that mental health funding increase from seven to nine per cent of overall health funding as recommended in the Mental Health Commission of Canada's mental health strategy. In terms of measurable goals and accountability, your association continues to work on wait times for psychiatric services. These are but two concrete examples of how these principles will be applied.

## Hot Files

The Advocacy Committee had a number of "hot files" this year. These resulted in press releases, news stories and editorials, letters to Ministers, Committee briefs, an appearance before a Parliamentary Committee as well as meetings with Members of Parliament and other leaders. Hot files included:

### Corrections

Hard on the heels of another report from the Correctional Investigator underscoring the inadequate treatment of mental health in federal prisons and in the shadow of the omnibus crime bill, Bill C-10, CPA released the position statement, *The Treatment of Mental Illness in Correctional Settings* at



a December 2011 media conference on Parliament Hill. Dr. Gary Chaimowitz, the author of the paper and then Chair of the CPA Professional Standards and Practice Committee, called on the federal government to address the growing crisis in Canada's correctional facilities. He told reporters that people with mental illness are already over-represented in Canadian prisons and that the lack of a robust mental health strategy to accompany the government's aggressive justice policy stance would make it likely Bill C-10 would result in an increased jail population and make the situation worse. The CPA statement, which made recommendations on how to improve access to treatment for the Canadian inmates who suffer from mental illness, garnered nationwide coverage in print, radio and TV.

The statement was followed by the February release of the CPA position paper, *The Criminalization of People With Mental Illness*. This paper made a number of recommendations aimed at keeping people with mental illness out of jails and urged the federal government to review the impact of new crime legislation on people with mental illness to ensure they are not unfairly affected.

Dr. McGregor also wrote to members of the Senate Standing Committee on Legal and Constitutional Affairs, the committee responsible for reviewing Bill C-10, and suggested several amendments to the legislation. In a subsequent letter to the Minister of

Public Safety, Vic Toews, Dr. McGregor pointed out that a disproportionate number of people with mental illness in correctional facilities are already in urgent need of attention and Bill C-10 would drive this to crisis proportions.

The Correctional Investigator released another report this October, drawing attention to the significant gaps in Correctional Service Canada's mental health framework. He noted a particular concern regarding the use of restraints and segregation. The CPA and the Canadian Psychological Association issued a joint release in support of the report, calling for urgent attention to the mental health needs of federal inmates. Past president and forensic psychiatrist Dr. Stan Yaren and Dr. Barinder Singh, MIT member of the CPA Advocacy Committee, wrote an editorial in *The Hill Times*, a publication well read by Parliamentarians, applauding the Correctional Investigator's mental health recommendations, noting that they bear a striking resemblance to those in the CPA statement.

### National Defence

In a media release last May, CPA expressed concern about a number of federal budget cuts, including those to mental health research in the Canadian Forces (CF). This drew the attention of Ottawa Citizen reporter Chris Cobb who approached CPA's President, Dr. Fiona McGregor for reaction to Chief of Defence Staff Walter Natynczyk's press conference where he made an appeal for more psychiatrists to work with CF members. Dr. McGregor's comments caught the attention of General Natynczyk and he requested a meeting. Subsequent to their initial meeting, Dr. McGregor has met once more with General Natynczyk as well as Colonel Rakesh Jetly, psychiatry and mental health advisor to the Surgeon General. In September she met with Minister of Defence Peter MacKay in Ottawa before heading off to Montreal

where she hosted a lunch between CPA leadership and CF personnel including the Surgeon General, Brigadier-General Jean-Robert Bernier, Colonel Jetly and other CF psychiatrists. As a result CF psychiatrists are considering forming CPA section on military psychiatry and two psychiatrists have since expressed interest in working in the military.

In September CPA issued a media release applauding Minister MacKay for his good judgement in reversing the proposed \$2.7 million DND mental health cut which would have seen the elimination of nine contracted physicians in nine of the Canadian Force's largest mental health clinics and the disbandment of a CF suicide research unit. The release also noted CPA was encouraged by an added \$11.4 million earmarked for mental health in the 2012 CF personnel healthcare budget.

## Immigration

The Association joined medical colleagues and others in asking the federal government to rescind cuts to refugee health coverage, including mental health, provided under the Interim Federal Health Program (IFHP). Since the 1950s the IFHP has provided health care, necessary medications, and some extended health benefits to refugees to ensure a standard of care for this vulnerable population.

In her letter to Citizenship and Immigration Minister Jason Kenney, Dr. McGregor noted that, apart from ethical considerations, this policy will likely result in costly emergency department visits and inpatient admissions and is unlikely to save taxpayers money.

CPA is keenly interested to see the results of the *Refugee Health Outcome Monitoring and Evaluation System* (Refugee HOMES) launched by Canadian Doctors for Refugee Care. This project is monitoring of consequences of the IFHP cuts. See <http://www.doctorsforrefugeecare.ca>.

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## A Mental Health Strategy for Canada

The mental health strategy for Canada, *Changing Directions, Changing Lives* was published this May. Chairman of the CPA Board, Dr. Donald Addington, took part in the process to validate the initial draft and discuss priority action items. Many psychiatrists contributed heavily to the strategy's development and deserve kudos. Our own Dr. Manon Charbonneau was featured on the cover and quoted in the printed strategy. As the Chair of the CPA Stigma-Discrimination Working Group, she has worked on a number of projects under *Opening Minds*, the Commission's anti-discrimination/anti-stigma initiative.

In its media release, CPA congratulated the Mental Health Commission of Canada (MHCC) on developing and releasing Canada's first-ever mental health strategy. Dr. McGregor called the strategy an historic milestone and something the Association has advocated for, both individually and in partnership with CAMIMH, for 15 years. She noted that it presents a powerful common reference from which all mental health stakeholders can advocate for improvements in services and supports and push for the development of Canadian benchmarks in mental health.

Dr. David Goldbloom, an active and long time CPA member, is now the Chair of the Commission. At this September's CPA Annual Conference, Dr. McGregor and Dr. Addington, along with the other members of the CPA's Advocacy Committee and Stigma-Discrimination Working Group, met with Dr. Goldbloom to discuss details of the strategy and the different ways CPA can help implement it. The Association and its Committees will now take a closer look at how this can be done.

## Stigma and Discrimination

Reducing the stigma and discrimination associated with mental illness is an important advocacy priority for CPA which continues to support the work



of Dr. Manon Charbonneau and the Stigma-Discrimination Working Group.

### **Protest, Educate, Contact**

In the aftermath of the release of the CPA position paper on stigma and discrimination, Dr. Charbonneau and members of the Working Group have attended a flurry of conferences and public speaking engagements to bring the paper and its PEC (Protest, Educate, Contact) Strategy to psychiatrists, family doctors and the public.

### **CME Module on Stigma**

The Working Group was one of several organizations who collaborated with the Mood Disorders Society of Canada, who partnered with Bell Canada and the Commission to develop an accredited web-based CME course on the stigma of mental illness. The course is aimed at physicians and specialists and is now available on the CMA website.

### **Stigma and Suicide**

In keeping with its goal to raise awareness about stigma among physicians, the Working Group sponsored a silent auction in support of Scott Chisholm's project *Collateral Damage: Images of Those*

*Left Behind by Suicide* during the Annual Conference's Opening Night. The project is designed to create a dialogue on suicide and features photos of people who have lost loved ones to suicide. The funds raised from the sold out auction will go towards publishing a book of portraits and supporting a web site, a gallery exhibition and education and training on suicide awareness and mental health. See <http://leftbehindbysuicide.org>

### **Mental Health Week and MIAW**

As a committed member of the Canadian Alliance on Mental Illness and Mental Health (CAMIMH), CPA partakes in CAMIMH's destigmatization activities including the Champions of Mental Health Awards and Mental Illness Awareness Week (MIAW). The Champions Awards recognize individuals or organizations that have advanced the cause of mental health in Canada. Although traditionally awarded in October during Mental Illness Awareness Week (MIAW), this year's awards were moved to coincide with Mental Health Week in May to create more sustained visibility for mental illness issues throughout the year.

October 2012 marked MIAW's 20<sup>th</sup> anniversary. On October 2nd newly inaugurated CPA President, Dr. Suzanne

Renaud, joined CAMIMH partners and the MIAW *Faces* on Parliament Hill to discuss mental health initiatives with Parliamentarians. The *Faces* are courageous individuals who lend their stories to help bring mental illness out from the shadows and are featured on the annual MIAW campaign posters. The 2012 champions were Dustin Garron, Sandra Yuen MacKay, Laurie Pinard, Chantal Poitra and Alicia Raimundo.

### **Suicide**

Suicide has been a consistently hot topic this year due to a number of widely publicized suicides. CPA was one of the first associations to throw its support behind NDP MP Megan Leslie's Private Members' Bill to create a national suicide prevention strategy. We similarly supported Conservative MP Harold Albrecht's Bill C-300 which calls for a suicide prevention framework. In February CPA issued a joint media release with CASP, CMA and CMHA and others to highlight both private members bills. A month later CPA submitted a brief to the House of Commons Standing Committee on Health. CPA's three suggested amendments to the Bill were brought forward at Committee but were voted down.

Throughout 2012 CPA received occasional requests for interviews about our media guidelines on covering suicide. But the case of BC teenager Amanda Todd and the Vancouver School Board's motion to write to the Canadian Association of Broadcasters, the BC Association of Broadcasters and the BC Press Council to request that they adhere to CPA guidelines on reporting suicide has led to a debate in the Canadian media about suicide coverage and, more specifically, the validity of the CPA guidelines given the rise of social media since they were published in early 2009. This healthy public discussion has been ably facilitated by the many media interviews given by Dr. Jitender Sareen, Chair of the CPA Research Committee and a coauthor on the guidelines.



Although CPA's evidence-based guidelines been criticized as overly restrictive, there is a silver lining. Whereas before many reporters and news organizations were unaware that guidelines for reporting on suicide existed, they are now aware not only of the CPA guidelines but also the WHO guidelines and the 2011 *Recommendations for Reporting on Suicide* which were developed by leading U.S. experts in suicide prevention and in collaboration with several international suicide prevention and public health organizations, schools of journalism, media organizations and key journalists as well as Internet safety experts. These guidelines correlate in large part with those of the CPA and will be consulted as our guidelines undergo their mandatory five-year review in 2013.

### Wait Times

CPA continues to advocate, along with the Wait Time Alliance (WTA), that governments expand their wait time efforts to include psychiatric services. Dr. Suzane Renaud, who became CPA President at September's annual conference, has agreed to be the francophone spokesperson for the WTA.

## Federal Advocacy

In 2012 CPA continued to strengthen connections to federal Parliamentarians.

Early in her mandate Dr. McGregor appeared as a witness before the Senate Standing Committee on Social Affairs, Science and Technology studying the progress on implementing the 2004 Health Accord. Although the Accord was ultimately renewed as a simple financial arrangement, the hearings presented CPA with the opportunity to highlight the lack of mental health funding at the federal level and the structural inequities in the health care system.

Throughout the year CPA leadership has reached out to federal politicians of all stripes, meeting with Minister Peter McKay, MPs Colin Carrie, Dany Morin, Harold Albrecht, Carolyn Bennett, Jack Harris, and Senator Roméo Dallaire. Most recently, CPA participated in a CAMIMH lobby day this October where Dr. Suzane Renaud, CEO Alex Saunders and CPA Public Affairs Manager Kelly Masotti met with Senators Jane Cordy and James Cowan, as well as Members of Parliament Wai Young, Andrew Saxton, Djaouida Sellah, Mark Strahl, Wayne Easter, Nycole Turmel, and Pierre Jacob.

## Provincial Advocacy

In light of a federal government which has increasingly distanced itself from

the delivery of health care, the CPA Advocacy Committee discussed greater involvement in provincial advocacy. In the past CPA has appealed to provincial premiers on matters of mental health related to the federal government. CPA wrote to premiers requesting they make dedicated mental health funds part of the Health Accord negotiations. CPA was also a joint signatory, along with the Canadian Psychological Association and the Canadian Mental Health Association, on a letter congratulating the Council of the Federation, made up of Canada's premiers, for holding a meeting to examine mental health issues in Canada.

The Advocacy Committee has concluded that while building federal links remains important as the federal government is a major provider of mental health services through its various responsibilities and it is wise to remain well placed should federal government policy or the government itself change, the CPA should consider how best to promote advocacy on mental health policies and delivery at the provincial level. As a first step towards exploring greater collaboration with the provincial associations, members of the CPA Advocacy Committee met with the Council of Provinces and invited the presidents of the provincial psychiatric associations to a preliminary meeting at the CPA annual conference to talk about common priorities and what form collaboration could take.

# FINANCE

CPA's Secretary-Treasurer Dr. Ted Callanan presented the 2012 year end forecast to the Board of Directors and to assembled members at the Association's Annual General Meeting. Finances were buoyed by a strong attendance at the annual conference, additional co-development, annual conference symposia, CPD accreditation activity and a stronger than expected showing in general publications revenues. Based on the first seven months of operations

Dr. Callanan announced that CPA expects to post a surplus of between \$80,000 to \$175,000. This has been accomplished in a year when significant funds were invested to renew CPA's technological infrastructure and in an economic climate where pharmaceutical companies are spending less on journal advertising and in support of accredited CPD programming. Pharmaceutical company spending tends to fluctuate with product cycles, with less investment as medications are

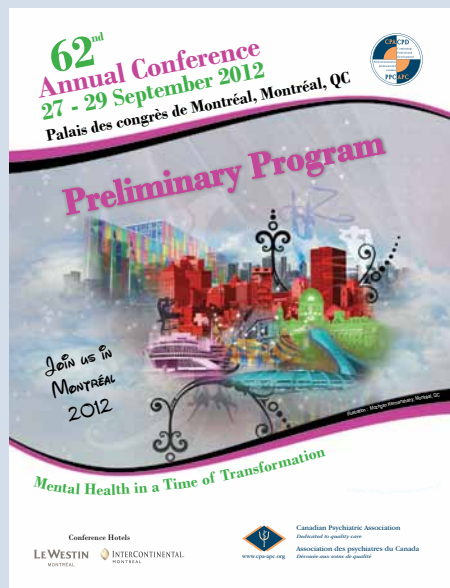
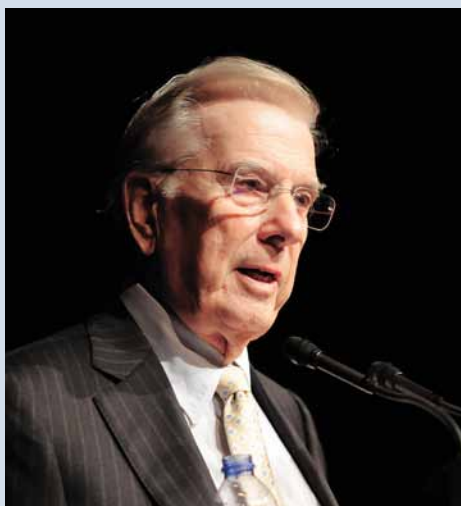
genericized and fewer new products launched. The CPA remains cautiously optimistic that, notwithstanding the current contractions in non-member fee or service related revenues, funding will remain stable enough into 2013 to negate the need for membership fee increases. Accordingly, Dr. Callanan announced that there will be no fees increase in 2013 while noting that this may be revisited for 2014 at next year's annual general meeting.

# CONTINUING PROFESSIONAL DEVELOPMENT

## Annual Conference

The Annual Conference assembled over 500 experts in their field this year and attracted delegates in even greater numbers than last year. Invited speakers included, Dr. Thomas Ungar who delivered the Distinguished Member Lecture, “*Takin’ It to the Streets*”: *Using Design Innovation to Improve Care and Reduce Stigma* and Dr. Vincent Felitti, the co-Principal Investigator of the Adverse Childhood Experiences (ACE) Study. He spoke on the implications for psychiatry and medicine of this large and longitudinal study and, in a separate workshop, discussed how the results can be applied to clinical practice.

This year’s conference included a gala with a shortened awards segment, allowing for a renewed emphasis on socializing and networking. In a departure from tradition, the conference was kicked off with a Thursday night opening session where the guest speaker was award-winning journalist and former CTV news anchor, Lloyd Robertson. Mr. Robertson was accompanied by his daughter Nanci Hester and both spoke openly about “*Living with a Shadow*”, giving a candid and informative presentation about mental illness in a family.



2012 also brought a number of technological improvements to the CPA conference. The calendar tool which allows members to view and search the scientific program and abstracts in real time was upgraded by modifying the Outlook calendar function to automatically adjust to time zones as users traveled with their device. Also a first, the CPA made controlled access to wireless internet available to all conference delegates.

Evaluations for both individual and the overall sessions were made available to delegates in real time through all mobile devices and laptops, allowing candidates to give feedback while the session was still fresh in their minds. This change brought triple the response rate for both types of evaluations and has already been analyzed to improve next year’s programming. This change also allowed CPA to offer presenters more and timelier feedback on their sessions.

2012 also marked a change of leadership. After nine years of dedicated service Dr. Nancy Brager, who has been an integral part of the ongoing success of the Annual Conference, stepped down from her role as Annual Conference Scientific Chair. She hands

over the reins for the 2013 annual conference to Dr. Glendon Tait, her capable co-chair for the past three years.

## CPA CPD Institute

Overall attendance at 2012 CPA CPD Institute programs, including *Perspectives in Mental Health Care*, is on track in comparison to 2011 figures. The fall series for psychiatrists, *Innovations in Psychiatric Care: From Neuron to Clinical Practice*, was presented in October and November in Vancouver, Montreal and Toronto. In addition to the *Innovations* and *Perspectives* programs, CPD Institute programs were offered in conjunction with the annual meetings of the Alberta, Manitoba and Saskatchewan Psychiatric Associations, and four presentations were offered during the CPA annual conference in Montreal in September.

## International CPD Conference

The ICPD conference took place on board the *Celebrity Solstice* from Feb. 26 – Mar. 4, 2012 with ports of call throughout the Eastern Caribbean. Drs. Peter Boyles, Peter Collins, Lawrence Martin and Marie-Josée Poulin led a variety of sessions, including ones focusing on women’s issues in psychiatry, hoarding, excited delirium, integrative psychotherapy, paraphilias, mood disorders, harassment and stalking, cognitive behaviour therapy, as well as the assessment of parental capacities in mentally-ill parents.

## Other CPD News

Ten programs were codeveloped by the CPA. Six were implemented nationwide and four others were offered during the annual conference.

## Professional Guidelines

In 2012, the CPA approved a paper on consent and capacity in psychiatry for future publication and released an updated online version of the existing courtroom testimony statement. As well, three new position papers were published: *The Treatment of Mental Illness in Correctional Settings*, *The Criminalization of People With Mental Illness* and *Guidelines for Training in Cultural Psychiatry*.

### **The Treatment of Mental Illness in Correctional Settings**

This statement calls on the federal and provincial governments to improve the psychiatric services available to inmates, parolees and probationers. People with mental illness are disproportionately represented in Canada's jails, are frequently untreated or undertreated, spend extended periods of time in segregation cells and are at increased risk of self-harm. CPA recommendations include: that all inmates be screened for mental health concerns upon admission and a treatment plan be prepared where applicable; and that any segregation of psychiatric patients at risk of self-harm be reviewed closely and at regular intervals, with the involvement of psychiatric services. The statement also proposes the formation of a joint task force including CPA, the Canadian Academy of Psychiatry and the Law, and federal and provincial correctional services, to develop a mental health strategy for psychiatric patients in jails which would be regularly evaluated.

### **Criminalization of People With Mental Illness**

This position paper details the effect of the closure of psychiatric hospitals, the consequences of inadequate community resource funding and other factors contributing to the criminalization of people with mental illness. In its paper

the CPA recommends that the federal government work with the provinces to ensure they remain accountable for providing sufficient and appropriate community and hospital mental health resources, affording people with mental illness adequate diagnosis and treatment before they reach the judicial system. The CPA further recommends that all levels of government review the impact of the new federal crime legislation to ensure people with mental illness are not unfairly affected. The Association also proposes that the Mental Health Commission of Canada and government create a mechanism to monitor the interplay among prisons, hospitals and the community. Research into the factors that predict when people with serious mental illness become involved in the criminal justice system and what mechanisms prevent criminal justice involvement is also recommended.

### **Guidelines for Training in Cultural Psychiatry**

The paper puts forward national guidelines for the integration of culture in psychiatric education and practice. It sets out the rationale, content and pedagogical strategies for training in cultural psychiatry. It is based on a review of literature, experiences with existing training programs and expert consensus. The paper, prepared by the CPA Section on Transcultural Psychiatry for the CPA Standing Committee on Education, addresses issues relevant to general psychiatry as well as to specific populations including immigrants, refugees and ethnocultural communities as well as First Nations, Inuit and Métis.

## Psychiatric Subspecialties

Throughout 2012 working groups of the child, geriatric and forensic academies have been preparing core Royal College documents for subspecialty certification such as the Standards of Accreditation,

Objectives of Training, the Final In-Training Evaluation Report, and the Specialty Training Requirements that will form the standards for the subspecialties. Canadian psychiatrists who specialize in child and adolescent, geriatric and forensic psychiatry will get their first chance to obtain official RCPSC psychiatric subspecialty certification through the Practice Eligibility Route exam in the fall of 2013.

## A Collaboration with CADTH

One-third of patients with schizophrenia have a poor response to treatment with an antipsychotic. Although not recommended in most clinical practice guidelines, other strategies may be tried in an attempt to improve treatment response. These may include prescribing an atypical antipsychotic at a dose higher than that recommended (high-dose AAP treatment strategy) or prescribing an atypical antipsychotic in combination with another antipsychotic medication (combination AAP treatment strategy). But are these strategies safe and effective? At the CPA's request, and with the expert involvement of Dr. William Honer, Dr. Richard Williams, Dr. Gary Remington and Dr. Heather Milliken, the Canadian Agency for Drugs and Technologies in Health (CADTH) undertook an optimal use project on this topic. The project results were presented at the CADTH Symposia in April 2012 and as a poster at the CPA Annual Conference in September. The CPA, under the leadership of CPA Chairman and schizophrenia expert Dr. Donald Addington, continues to be involved in the knowledge transfer phase of the project. All reports on the *Atypical Antipsychotics for Schizophrenia: Combination Therapy and High Doses* project are available at [www.cadth.ca](http://www.cadth.ca)



# AWARDS



*Dr. Donald Addington congratulates Dr. Pierre Beausejour*



*Harold Albrecht, MP and Marc Kajouji with Dr. Fiona McGregor*

During the CPA's Annual Conference last September, the following psychiatrists, residents and individuals were honoured for their exemplary contributions and outstanding achievements. More information on the winners is available on the CPA website.

**Dr. Pierre Beausejour** received the CPA Special Recognition Award for his leadership in founding and nurturing Mental Illness Awareness Week and fostering partnerships with mental health organizations to form the Canadian Alliance on Mental Illness and Mental Health, a key player in advocating for a mental health strategy for Canada. This May the Mental Health Commission of Canada released its long awaited mental health strategy for Canada.

**The Kajouji Family and Mr. Harold Albrecht, MP** were jointly awarded the CPA President's Commendation for advancing the cause of suicide prevention. The Kajouji Family showed great courage as they moved past the pain of losing Nadia and the stigma that surrounds suicide to speak

out publicly for better suicide prevention in Canada. Nadia's brother Marc became an Ambassador for Your Life Counts, an internet response and resource hub primarily for youth and families, providing help and practical advice and communicating with youth in the media they relate to and are comfortable with in a non threatening environment where anonymity can be maintained.

The Kajouji family's story also struck a chord in Member of Parliament, Harold Albrecht, inspiring him to get Internet-based suicide encouragement clarified in the Criminal Code as akin to counseling suicide offline. He also introduced Bill C-300 which calls for a federal framework for suicide prevention.

**Dr. Stanley Kutcher**  
Paul Patterson Innovation in Education Leadership Award

**Dr. Keith Anderson**  
C.A. Roberts Award for Clinical Leadership

**Dr. Emmanuel Stip**  
J.M. Clegghorn Award for Excellence and Leadership in Clinical Research

**Dr. Julio Arboleda-Flórez**  
Alex Leighton Joint CPA-Canadian Academy of Psychiatric Epidemiology Award in Psychiatric Epidemiology

**Dr. Tariq Hassan**  
R.O. Jones Award for Best Paper at the 2012 CPA Annual Conference, first place

**Dr. Diana Blank**  
R.O. Jones Award for Best Paper at the 2012 CPA Annual Conference, second place; and Best Poster at the 2012 CPA Annual Conference, second place

**Dr. Paul Kurdyak**  
R.O. Jones Award for Best Paper at the 2012 CPA Annual Conference, third place

**Dr. Wid Kattan**  
Best Poster at the 2012 CPA Annual Conference, first place

**Dr. Kanwal Mohan**  
Best Poster at the 2012 CPA Annual Conference, third place



*Dr. Stanley Kutcher*



*Dr. Keith Anderson*



*Dr. Emmanuel Stip*

# MEMBERSHIP

Membership for 2012 held steady at around the 3,000 mark.

## Fees

2012 marked the first time in four years that membership fees were increased. The increase of between 10 to 14 per cent generated approximately \$90,000 in new revenues that were added to the general coffers to help CPA maintain the programs and services valued by its members and to continue advocating on behalf of the profession and patients.

## Fellowship Program

To more fully recognize the vast spectrum of talents and achievements amongst its members, the CPA expanded its member recognition program to offer two separate categories of achievement for exceptional psychiatrists, *Fellow of the CPA* and *Distinguished Fellow of the CPA*. In 2012 existing Fellows of the CPA received the title of Distinguished Fellows of the CPA and 17 new Fellows of the CPA were named under the new criteria.

## Members-in-Training

Members-in-training are an active section. Many members of their Executive are involved in CPA committee work. To name a few: Dr. Barinder Singh co-authored an editorial with Dr. Stanley Yaren, on mental illness and corrections which was published in the October 29 edition of *The Hill Times*, an influential newsweekly widely read by most federal politicians and decision-makers; Dr. Maryana Duchchercher offered the resident's perspective at an annual



*The inaugural Distinguished Fellows of the CPA include: (Front row, from L to R) Dr. John Leverette, Dr. Marie-France Tourigny-Rivard, Dr. Richard Swinson, Dr. Donna Stewart, Dr. Ray Lam, Dr. Mamta Gautam, Dr. Nady el-Guebaly, Dr. Emmanuel Persad, Dr. Deborah Elliott, Dr. Manon Charbonneau, Dr. Pamela Forsythe, Dr. Dominique Bourget, Dr. Pippa Moss, Dr. Rachel Morehouse, Dr. Renée Fugère, Dr. Raymond Tempier, Dr. Renée Roy and Dr. Kola Oyewumi (Second row, from L to R) Dr. Nizar Ladha, Dr. David Goldbloom, Dr. Ted Callanan, and Dr. Jeffery Riess. (Third row, from L to R) Dr. Werner Pankratz, Dr. Stanley Kutcher, Dr. Aidan Stokes, Dr. Don Milliken and Dr. Roger Bland. (Fourth row, from L to R) Dr. Gary Chaimowitz, Dr. Fabien Gagnon, Dr. Susan Abbey, Dr. John Deadman and Dr. Robert Swenson. (Back row, from L to R) Dr. Simon Brooks, Dr. Gary Hnatko, Gilles Chamberland and Dr. Paul Fedoroff. Absent: Dr. Jean-Marie Albert, Dr. Julio Arboleda-Flórez, Dr. John Bradford, Dr. Mimi Israel, Dr. Sidney Kennedy, Dr. Joseph Joel Jeffries, Dr. Nicholas Kates, Dr. Alain Lesage, Dr. Paul Links, Dr. Harriet MacMillan, Dr. William McCormick, Dr. Roumen Milev, Dr. Michael Myers, Dr. Dhanapal Natarjan, Dr. San Duy Nguyen, Dr. Sagar Parikh, Dr. Joel Paris, Dr. Allan Peterkin, Dr. Gail Robinson, Dr. Joel Sadavoy, Dr. Margaret Steele, Dr. Louis van Zyl, Dr. George Voineskos, Dr. Donald Wasylenki, Dr. Blake Woodside, Dr. Ari Zaretsky.*

conference symposia sponsored by the Research Committee which posed the question, *What are the Optimal Strategies in Developing the Next Generation of Clinician Scientists in Psychiatry?*; Dr. Layla Dabby, member of the Stigma-Discrimination Working Group, continues to work with the Mental Health Commission of Canada on a research project which will use associative implicit testing to give health professionals, including psychiatrists, insight into their attitudes towards people with mental illness and Dr Nathalie Husarewycz is updating the Education position paper on PGY1 training.

The MIT mentorship program matches up residents with psychiatrists. At last count there were 17 active pairs and several mentors and protégé(e)s were waiting in the wings for the correct match.



*2012 Fellows of the CPA 2012 (listed alphabetically): Dr. Moses Alatishe, Dr. Shabbir Amanullah, Dr. Pierre Beauséjour, Dr. Philip Beck, Dr. David Crockford, Dr. Jonathan Davine, Dr. Murray Enns, Dr. Wayne Furlong, Dr. Leslie Kiraly, Dr. Jodi Lofchy, Dr. Amin Muhammad, Dr. Hugh Parfitt, Dr. Bruce Pollock, Dr. François Primeau, Dr. Suzane Renaud, Dr. Jitender Sareen and Dr. Gerald Schneiderman.*

## PUBLICATIONS

CPA continues to publish its peer-reviewed scientific journal, *The Canadian Journal of Psychiatry (The CJP)*. It also keeps members informed about CPA activities and clinical issues of the day through its quarterly newsmagazine, the *Canadian Psychiatry Aujourd'hui*, social media and our monthly electronic newsletter, *Psych-e*.

### **The Canadian Journal of Psychiatry**

*The CJP* launched the cyberCJP in January 2012, with monthly emails advising CPA members when the Flash-based, electronic issue is available online. This is a new exclusive member benefit, as the general public must wait six months after publication to read full-text articles online.

With Dr Joel Paris' second five-year term as Editor-in-Chief of *The CJP*

coming to an end in 2014, the CPA has started the process for choosing his successor to ensure a smooth transition.

### **Canadian Psychiatry Aujourd'hui**

*Canadian Psychiatry Aujourd'hui* continues to keep CPA members engaged in the activities of the Association and informed on clinical and professional news. *Aujourd'hui* is YOUR magazine and we want to hear from you. Ideas and opinions are always welcome at: [www.aujourd'hui@cpa-apc.org](mailto:www.aujourd'hui@cpa-apc.org)

### **Social Media**

CPA continues to build its social media presence on Facebook, Twitter and LinkedIn. At this year's

annual conference CPA sponsored an introductory social media session with a professional focus. Delivered to a standing room only audience, the session covered how to keep ones professional and personal social presence separate, social media etiquette and how to recognize and avoid social media pitfalls. The session also provided real world examples from fellow physician delegates who shared their experiences with social media.

Stay tuned for Social Media Part II at the 2013 conference.



# OUR MEMBERS ARE OUR STRENGTH!

Through membership in the Canadian Psychiatric Association, you actively strengthen the national voice of psychiatry on mental health and healthcare policy.

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## YOUR COMMENTS

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

President  
Canadian Psychiatric Association  
141 Laurier Avenue West,  
Suite 701  
Ottawa, ON K1P 5J3  
Tel: 613-234-2815  
Fax: 613-234-9857

Email: [president@cpa-apc.org](mailto:president@cpa-apc.org)

## GOVERNANCE

CPA has nearly completed the lengthy task of clarifying and updating its policies and practices including revisions to its committee structure and meeting new national governance criteria for non profit organizations. These changes are

to be finalized in spring 2013, completing changes begun in 2006 by then Board Chairman, Dr. Blake Woodside. These changes should position CPA as a more transparent, responsive and nimble organization.

## FOUNDATION OF THE CPA



A \$3,000 **Scotiabank Grant for Children and Mental Health** was awarded to Dr. Angelita Sanchez and her co-investigator Dr. Kuppuswami Shivakumar for their pilot study, *Perceived Distress Levels and an Analysis of Risk Factors Among Northern Ontario Aboriginal Youths One Year After Exposure to Suicide*.

Despite the increased number of suicides among Aboriginal youths, the mental health services to this vulnerable population remain limited. In early 2011, there was an increase in the number of suicides in Birch Island, a Northern Ontario community. There were four suicides in six months—higher than the averaged national suicide rate—and six suicide attempts in the following few months. This resulted in fear and apprehension among families in the community as well as among mental health providers, prompting urgent requests for more community support for this underserved and vulnerable population.

With the use of a structured questionnaire, Dr. Sanchez' study will measure the distress level among aboriginal youths one year after being exposed to suicide, as well as identify the risk factors contributing to the perceived distress. The needs identified by the study will then be used to assess the suitability of existing community mental health services for youth and to address the current mental health needs and problems of youth in the Birch Island community.

The study will use the Canadian Community Health Survey (CCHS) questionnaire initially administered by Statistics Canada in 2000. Eight domains will be included will be included in the study. Self-esteem and the youth's self-perception will be discussed as well as the use of illicit substances such as alcohol. Contacts with mental health professionals and health care utilization will also be determined. Mood, distress, depression, suicidal thought and suicide attempts will be examined.