



# Ontario Psychiatric Association

JUNE 2001

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

## DIALOGUE

### Message from THE PRESIDENT



My wife and I have spent the earlier part of this evening finalizing plans for our summer holiday. Holidays are such a treat. We all work hard and need to take down time. When I was in school, recess was my favorite subject. Your Council has been working hard too. We have been busy implementing some of the changes that we discussed last year. A principal change has been that we now have a clear committee structure. We have in place five committees - Finance/ Audit, Communications, Membership Services, Continuing Education and Advocacy. Each Council member serves on at least one committee. The committees are busy defining their terms of reference.

The aim is to find ways to best serve the membership. Our newly instituted membership recruitment and renewal process has been an unmitigated success. We have increased membership by about 30%. New members are listed in this issue for your information. Linking our renewal process with the CPA accounted for most of the new member increase but another major factor is the extremely high quality of the scientific program that Ann Thomas and her committee developed for the 2001 annual conference.

We are in a rather quiet political time in Ontario right now. We are in the middle of a four year agreement with the government so no crisis exists on that front. We have a new Minister of Health and Long-Term Care, Tony Clement. So far, he seems willing to work with doctors and appears to be aware of the significance of mental health issues. One item we will need to address will be the report from the RBRVS Commission which is expected, I'm told, this fall.

The OPA is one half of the Coalition of Ontario Psychiatrists. As OPA President, I am a member of the Coalition along with the Past President and President Elect for OPA and the Chair, Vice Chair and Past Chair of the OMA Section. Fortunately for us, Alan Eppel, who served for three years, has agreed to continue to assist us. The Coalition provided significant input on the privacy legislation that was not passed. The Coalition has a paid lobbyist who helps us to enhance our visibility and influence the government. In addition, the Coalition is also preparing a detailed report regarding lead agencies which we hope will have an impact on the output of the nine Mental Health Implementation Task Forces in the province.

2001 has been declared as the International Year of the Volunteer. Why do I raise this ? When one thinks of volunteers, there is a tendency to think of those nice folks who are so helpful at the hospital. But, there is another group of willing and able people who joyfully give of their time on your behalf. I'm talking about the members of the OPA Council. This year we said farewell to some Council members - Alan Eppel, Don Brown, Bob Buckingham, Judy Hamilton, Rahul Manchanda, Jeff McAuley and Todd Tomita. This year's Council members include those who

were on Council last year - Mamta Gautam, Jane Howard (who is currently Treasurer), Don Pearsall, Margaret Steele (who is currently President Elect), Bob Swenson, Ann Thomas, Doug Wilkins, and Blake Woodside (currently Past President) - and new members whom we welcome this year - Fed Allodi, Khrista Boylan, Ranjith Chandrasena, Adrian Hynes, Clare Pain and Pauline Ptyka. Pauline deserves a special note since she agreed to come back to Council after a year off to become our new Secretary. Blake Woodside is particularly generous with his time, he not only is Past President but he also chairs two committees. My sincere thanks to all Council members who give of their time for OPA.

Perhaps you might consider "giving back" to your profession by volunteering to run for Council next year. I would love to serve with you. Please feel free to contact me with any questions or concerns that you have about your Association. ■

*Dr. Keith Anderson, MD, FRCPC  
President, Ontario Psychiatric Association*

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#### Next Issue:

**Sept. 2001 focusing on Suicide and Suicide Prevention; articles are welcome and should be submitted by Aug. 15th.**



## Ontario Psychiatric Association Executive and Council



**President**  
Dr. Keith Anderson



**President Elect**  
Dr. Margaret Steele



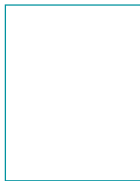
**Past President**  
Dr. Blake Woodside



**Acting Secretary**  
Federico Allodi



**Treasurer**  
Dr. Jane Howard



Dr. Krishna Balachandra



Dr. Khrista Boylan



Dr. Ranjith Chandrasena



Dr. Mamta Gautam



Dr. Adrian Hynes



Dr. Clare Pain



Dr. Donald Pearsall



Dr. Robert Swenson



Dr. Ann Thomas



Dr. Doug Wilkins



**Secretary**  
Dr. Pauline Pytka

**OPA Mailing Address:** 1141 South Service Road West, Oakville, Ontario L6L 6K4  
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**Production Co-ordinator:** Lorraine Taylor  
**Design & Production:** QR Imaging Inc.

*The OPA reserves the right to refuse requests for advertising.  
The views expressed in this newsletter do not necessarily reflect the views of the OPA Council.*

## Contributors to this issue of Dialogue are:

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## From THE EDITOR

I have been reading quite a bit lately about the fact that 2001 has been designated as the International Year of the Volunteer. I did some research on this and found out some interesting statistics. Did you know that nearly one in three Canadians volunteer their time? Did you know that the volunteer participation rate climbed from 26.8 per cent in 1987 to 31.4 percent in 1997? Did you know that one in three Canadians, over the age of 15, volunteer their time to charitable and not-for-profit organizations? Each day our world is made better by the actions of volunteers in our community. There are many among us that give freely of their time, energy and resources.

Of course the OPA is one such not-for-profit association which depends on volunteers. Your time is needed to help your association. Please consider sending in an article for Dialogue and share your expertise and thoughts with your colleagues. The next issue of Dialogue will be out in September and will focus on suicide and suicide prevention. Do you have anything that you would like share with others on these topics?

In this issue we have a short Readership Survey. Please take a moment and fill it out. I know you are busy, but we need to evaluate Dialogue and it should only take a few minutes of your time. Your response will help us deliver a better newsletter to you. And you may win \$100 off your registration fee to the 2002 OPA Annual Conference in Toronto. We will share the comments we receive from the survey with you. Maybe you have a suggestion? Please let us know. Thanks for your time. ■

*Elizabeth Leach*  
Editor

Included with this issue of *Dialogue*, for your information, is a brochure produced by the Ministry of Health and Long-Term Care, "How changes to Ontario's Mental Health Act may affect you or people you know – What is Brian's Law?"

## MEMBERS!

The OPA has recently instituted an email tree that will be used to forward information to you periodically to keep you up-to-date on recent news about your Association. If you have not provided us with your email address, or, if you prefer to receive your information via FAX, please call the Head Office at 905-827-4659.

# CALENDAR OF EVENTS



Members! Contact the OPA with the details on upcoming educational events and we will do our best to include them in the *Dialogue*. Additional information on these events can be obtained from the OPA Head Office.

## ONTARIO PSYCHIATRIC ASSOCIATION COUNCIL MEETINGS - TORONTO

Friday, September 14, 2001; November T.B.A.; space is limited, please contact Lorraine Taylor, OPA Executive Assistant, for locations or further details; 905-827-4659

## 18TH ANNUAL CAPE COD SUMMER SYMPOSIA

June 18-August 24, 2001

This program presents 3 Speakers per week over a 10-week period. Topics include: ADHD and Connectedness; Treating Troubled Children and Their Families: A Brief, Intensive Approach; Difficult Personality Disorders: A Comprehensive Treatment Approach; Alcohol and Drug Abuse: New Treatment Approaches; and many more.

Registration is \$495.00 U.S./week; additional weeks are \$300.00 U.S.

Contact Information: New England Educational Institute, 92 Elm Street, Pittsfield, MA, 01201, tel: 413-499-1489, fax: 413-499-6684, [www.neei.org](http://www.neei.org) email: [educate@neei.org](mailto:educate@neei.org)

## 26TH ANNUAL REVIEW COURSE IN CHILD AND ADOLESCENT PSYCHIATRY CHICAGO

June 20 – 23, 2001

Contact Information: 202-966-7300; fax: 202-966-2891; email: [meeting@aacap.org](mailto:meeting@aacap.org)

## DEALING WITH DEMENTIA: SHARED REALITY AND VISION

June 21, 2001

Renaissance Toronto Hotel at Skydome, 1 Blue Jays Way, Toronto

Presented by: Ontario Hospital Association in conjunction with the Alzheimer Society of Ontario

Over the last decade there have been important changes in our understanding of dementias and significant progress in the development of treatments. Join clinicians, care providers and policy makers as they share information and successful approaches to serving this population.

Contact Information: Educational Services, OHA, 200 Front St. W., Suite 2800, Toronto, M5V 3L1, 416-205-1352, Fax: 416-205-1340, email: [edstemp@oba.com](mailto:edstemp@oba.com)

## INTRODUCTORY LEARNING LAB

The Hincks-Dellcrest Institute, 114 Maitland St., Toronto

June 21 & 22, 2001

Learn the theoretical knowledge and technical skills of this highly respectful and efficient approach to therapy in an interactive and fun environment.

James Duvall

Contact Information: Kristen Cox, Registration Co-ordinator, External Training, 416-972-1935 ext. 3345, fax: 416-924-9808 email: [training@bincksdellcrest.org](mailto:training@bincksdellcrest.org)

## ROBIN HUNTER MEMORIAL LECTURE "IS WHAT'S GOOD FOR THE GANDER, GOOD FOR THE GOOSE?"

June 22, 2001

Donna Stewart, MD, FRCPC

McLaughlin Lecture Theatre, Room EG61, Sunnybrook & Women's College Health Sciences Centre, Sunnybrook Campus, 2075 Bayview Ave, Toronto

Contact Information: 416-480-4094

## MOVING FORWARD TOGETHER

Sponsored by the Schizophrenia Society of Canada and the Schizophrenia Society of Ontario

June 22 – 24, 2001

Toronto Airport Hilton

Keynote Speaker: Dr. Patch Adams, the doctor who inspired the recent Robin Williams film of the same name.

Contact Information: Schizophrenia Society of Canada 416-445-8204, fax: 416-445-2270, website: [www.schizophrenia.ca](http://www.schizophrenia.ca)

## 15TH WORLD CONGRESS OF SEXOLOGY

Paris, France (Co-sponsored by WHO)

June 24 – 28, 2001

Contact Information: [www.parisexo-2001.com](http://www.parisexo-2001.com) or Scientific Secretariat 17, rue de Seine, 92100 Boulogne - France

## FIVE DAY SUMMER INTENSIVE

An Intensive Brief Therapy Training Program

June 25 – 29, 2001

The Hincks-Dellcrest Institute, 114 Maitland St., Toronto

James Duvall; Eric King

Designed for the experienced practitioner, this program will introduce new findings based on research conducted at BTTC-I and the field at large that affect our clinical practice.

Contact Information: Kristen Cox, Registration Co-ordinator, External Training, 416-972-1935 ext. 3345, fax: 416-924-9808 email: [training@bincksdellcrest.org](mailto:training@bincksdellcrest.org)

## 7TH WORLD CONGRESS OF BIOLOGICAL PSYCHIATRY: GATEWAY TO BIOLOGICAL PSYCHIATRY IN THE NEW MILLENNIUM

Berlin, Germany

July 1 – 6, 2001

Contact Information: [www.biol-psybiat-berlin.de](http://www.biol-psybiat-berlin.de)

## FIFTH ANNUAL MCMASTER MUSKOKA SEMINARS

July 9 – August 17, 2001

These seminars are designed to provide clinicians with an outstanding opportunity to combine a stimulating symposium with a relaxing summer vacation. This series of seminars is hosted by the Faculty of Health Sciences, Department of Psychiatry, McMaster University, in conjunction with St. Joseph's Healthcare, Hamilton.

Website: [www.mcmastermuskokacme.com](http://www.mcmastermuskokacme.com)

## RESPECTING DIVERSITY IN MENTAL HEALTH IN A CHANGING WORLD

Vancouver

July 23 – 28, 2001

CMHA National Conference. In partnership with the Biennial Congress of the World Federation for Mental Health.

Contact Information: [www.cmha.ca](http://www.cmha.ca)

*continued on following page*

#### NIAGARA CONFERENCE ON EVIDENCE-BASED TREATMENTS FOR CHILDHOOD AND ADOLESCENT MENTAL HEALTH PROBLEMS

July 26 – 28, 2001

Queen's Landing Inn and Conference Resort, Niagara-On-The-Lake,  
8:00 am – 5:15 pm

This conference is coordinated by the Dept. of Psychology of SUNY Buffalo and the Dept. of Psychiatry and Behavioural Neurosciences of McMaster University and Co-chaired by William E. Pelham, Jr., Ph.D., SUNY Buffalo and Charles E.

Cunningham, Ph.D., McMaster University

Contact Information: 716-645-3705

website: <http://www.specialevents.buffalo.edu/nc.shtml>

#### INSTITUTE FOR THE ADVANCEMENT OF SELF PSYCHOLOGY

Offers a four year training program in the psychoanalytic theory and clinical techniques of self psychology.

September 2002

Contact Information: IASP, 416-690-3722;

email: [rosemary.adams@sympatico.ca](mailto:rosemary.adams@sympatico.ca)

#### ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA ANNUAL CONFERENCE ON MEDICAL EDUCATION AND PROFESSIONAL DEVELOPMENT "TURNING A NEW LEAF"

Ottawa

September 20-22, 2001

Contact Information: 613-730-6231 or 1-800-668-3740 ext. 231,

fax: 613-730-8252, email: [meetings@rcpsc.edu](mailto:meetings@rcpsc.edu)

website: [http://rcpsc.medical.org/english/public/annmeeting/geninfo\\_e.html](http://rcpsc.medical.org/english/public/annmeeting/geninfo_e.html)

#### PSYCHOANALYTIC PSYCHOTHERAPY: COGNITIVE BEHAVIOUR THERAPY

A Critical Discussion

September 28 (afternoon), 29 (morning), 30 (morning), 2001

To be held at the Town Hall, King Street, Picton, Ontario

Martin Anthony, Ph.D., Sheldon Heath, MD, FRCPC, FAPA, FRCPsych

Psychoanalytic Psychotherapy and Cognitive Behaviour Therapy appear to be competing treatment methods – each with its subdivisions as to treatment approaches. Each presenter will give case presentations to illustrate some of the clinical approaches and defend these and the other will evaluate the clinical work from his perspective.

Contact Information: Dr. E. S. Heath 416-967-6724 email: [sheath@reach.net](mailto:sheath@reach.net)

#### PSYCHOSOMATIC MEDICINE RESEARCH DAY

October 5, 2001

St. Michael's Hospital

Dr. Mindy Fullilove

Contact Information: 416-340-4034, fax: 416-340-4198

email: [donna.dunlop@ubn.on.ca](mailto:donna.dunlop@ubn.on.ca)

#### MENTAL ILLNESS AWARENESS WEEK

October 7 to 13, 2001

Contact Information: Canadian Psychiatric Association, 613-234-2815,

fax: 613-234-9857, email: [miaw@cpa-apc.org](mailto:miaw@cpa-apc.org),

website: <http://www.cpa-apc.org>

#### USE OF RESTRAINTS

October 11, 2001

Contact Information: Educational Services, OHA, 200 Front St. W., Suite 2800, Toronto, 416-205-1362, fax: 416-205-1340, email: [mcento@oha.com](mailto:mcento@oha.com)

#### NINTH ANNUAL SANTA FE SYMPOSIA FOR MENTAL HEALTH PROFESSIONALS

October 12 – 28, 2001

Radisson Santa Fe, 750 N. St. Francis Dr., Santa Fe, NM

Friday, Saturday, Sunday – 8:00 – 1:30 Daily

The Ninth Annual Santa Fe Symposia provides psychologists, psychiatrists,

psychiatric social workers, psychiatric nurses, and allied mental health professionals with an outstanding opportunity to combine a stimulating symposium with an enjoyable vacation in the beautiful southwest. Distinguished faculty, who are leaders in their fields, will present nine different weekend symposia over three weekends in the fall.

Contact Information: New England Educational Institute, 92 Elm St.,

Pittsfield, MA, Tel: (413) 499-1489, Fax: (413) 499-6584

email: [educate@neei.org](mailto:educate@neei.org) Website: [www.neei.org](http://www.neei.org)

#### GENERATION TO GENERATION: BREAKING THE INTERGENERATIONAL CYCLE OF TRAUMA

TRAUMA AND RESILIENCY SERIES – A DIVISION OF THE HINCKS-DELLCREST INSTITUTE

October 15 & 16, 2001

Elsa Broder, M.D., FRCPC and Annette Kussin, M.S.W.

The Hincks-Dellcrest Institute, 114 Maitland St., Toronto 9:00 – 4:30

Contact Information: Kristen Cox, Registration Co-ordinator,

External Training, 416-972-1935 ext. 3345, fax: 416-924-0908

email: [training@hincksdellcrest.org](mailto:training@hincksdellcrest.org)

#### BRIEF THERAPY APPROACHES WITH LONG-TERM FAMILIES

October 18 & 19, 2001

The Hincks-Dellcrest Institute, 114 Maitland St., Toronto 9:00 – 4:30

Contact Information: Kristen Cox, Registration Co-ordinator,

External Training, 416-972-1935 ext. 3345, fax: 416-924-0908

email: [training@hincksdellcrest.org](mailto:training@hincksdellcrest.org)

#### RECLAIMING OUR ROOTS

Ontario Conference on Mental Health and Addiction

Sponsored by: Canadian Mental Health Association; Centre for Addiction and Mental Health

October 22 & 23, 2001

Toronto Airport Marriott Hotel, 901 Dixon Rd., Toronto

Roy Bonisteel, Author, broadcaster, former Host of CBC-TV's "Man Alive" and

Dr. James Prochaska, Professor, Clinical and Health Psychology, Rhode Island University, internationally recognized as a developer of the stage model of behaviour change. This conference is a key educational opportunity for people in the mental health and addiction fields to examine leading edge research, program and services, translating the latest breakthroughs and knowledge into improved services. The conference will feature an innovative new format, offering 7 in-depth Learning Institutes on: Spirituality; Mental Health and Addictions in the Workplace; Governance and Management of the Non-Profit Agency in 2001; Forensic Services in Mental Illness and Addiction; First Episode Psychosis-Around Canada and the World; Building Children's Resilience and an Addiction topic TBA.

Contact Information: Allen Flaming, 416-977-5580 ext. 4121,

Fax: 416-977-2264 email: [aflaming@ontario.cmba.ca](mailto:aflaming@ontario.cmba.ca) OR

Rhonda Mauricette: 416-535-8501

ext. 4714, [rhonda\\_mauricette@camb.net](mailto:rhonda_mauricette@camb.net) or see website at

<http://www.ontario.cmba.ca/conf2001/index.htm>

#### DEPRESSION ACROSS THE LIFESPAN

October 29 & 30, 2001

James Coyne, Ph.D.; Nili Benazon, Ph.D.

The Hincks-Dellcrest Institute, 114 Maitland St., Toronto 9:00 – 4:30

Contact Information: Kristen Cox, Registration Co-ordinator,

External Training, 416-972-1935 ext. 3345, fax: 416-924-0908

email: [training@hincksdellcrest.org](mailto:training@hincksdellcrest.org)



#### ONTARIO HOSPITAL ASSOCIATION CONVENTION & EXHIBITION – OHA 2001

November 5, 6, 7, 2001

Metro Toronto Convention Centre, North Building, Toronto

Hosted by The Ontario Hospital Association

Contact Information: <http://www.oba.com>; 416-205-1354, Fax: 416-205-1340

#### TREATING AFFECT PHOBIAS IN SHORT TERM DYNAMIC PSYCHOTHERAPY

November 15 & 16, 2001

Stuart Andrews, LMHC, NCC

The Hincks-Dellcrest Institute, 114 Maitland St., Toronto 9:00 – 4:30

Contact Information: Kristen Cox, Registration Co-ordinator,

External Training, 416-972-1935 ext. 3345, fax: 416-924-0908

email: [training@hincksdellcrest.org](mailto:training@hincksdellcrest.org)

#### CANADIAN PSYCHIATRIC ASSOCIATION 51ST ANNUAL MEETING

November 15-19, 2001

Fairmont Queen Elizabeth Hotel, Montréal, Québec

Presidential Theme: New Century: Overcoming Stigma, Respecting Differences

Contact Information: CPA, 613-234-2815, fax: 613-234-9857,

email: [miaw@cpa-apc.org](mailto:miaw@cpa-apc.org), website: <http://www.cpa-apc.org>

#### ONCE UPON A TIME...IMPROVISATIONAL TECHNIQUES FOR CLIENT-CENTRED THERAPY

November 29 & 30, 2001

The Hincks-Dellcrest Institute, 114 Maitland St., Toronto 9:00 – 4:30

Contact Information: Kristen Cox, Registration Co-ordinator,  
External Training, 416-972-1935 ext. 3345, fax: 416-924-0908

email: [training@hincksdellcrest.org](mailto:training@hincksdellcrest.org)

#### ONTARIO PSYCHIATRIC ASSOCIATION

Annual Meeting – “Psychiatry in the Community”

January 17, 18, 19, 2002

Toronto Marriott Eaton Centre Hotel, 525 Bay Street, Toronto

Contact Information: OPA Head Office, (905) 827-4659, email: [opa@istar.ca](mailto:opa@istar.ca) ■

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



APRIL 27, 2001

#### Provincial Telepsychiatry Project Receives Federal Support

**London, Ontario-** Today, Federal Health Minister, the Honourable Allan Rock, MP announced that the Government of Canada will contribute \$2.5 million to **Project Outreach**. **Project Outreach** is an innovative partnership led by St. Joseph's Regional Mental Health Care sites in London and St. Thomas, to provide mental health services to remote, under serviced and First Nation communities in Ontario.

“**Project Outreach** is important because it enables us to provide mental health services that are client-centred, community based and multidisciplinary in their approach”, said Dr. Robbie Campbell, Medical Director for the project. In addition he said, “the use of this technology helps to address issues that have challenged us in the past such as geographical barriers, staff shortages, waiting lists and reintegration issues.”

**Project Outreach** currently operates a 23 site telepsychiatry network. Today's funding, which originates from the Canadian Health Infrastructure Partnerships Program (CHIPP), will enable the project to integrate the four major psychiatric centres-London, Toronto, Hamilton and Ottawa, with up to 100 remote municipal and First Nations sites.

“**Project Outreach** is providing us with the opportunity of reaching the isolated First Nations communities with professional psychiatric services”, explains Joe Miskokomon, Chief of the Chippewas of the Thames, a community southwest of London. “In the past, many of our people have been at risk with little support or follow-up treatment”, Miskokomon said. “Telepsychiatric services gives people the ability to remain in contact with our communities and receive continual services whether they are traditional or western approaches.”

“Today's announcement will assist **Project Outreach** in its goal of working together with universities, hospitals and remote community facilities to deliver secure, reliable psychiatric services”, said Cliff Nordal, St. Joseph's President and CEO. He adds, “the result will be a more rapid response to the needs of people experiencing a mental illness.”

**Project Outreach** is a unique combination of First Nation communities working through The Economic Development Corporation of the Chippewa of the Thames and the Departments of Psychiatry at The University of Western Ontario, The University of Toronto, McMaster University and The University of Ottawa Medical Schools and their affiliated hospitals. With their industry partners headed by VPI (Virtual Professionals Inc.) and including Bell Canada, Telesat, ADCOM, Management Science Associates (MSA), and Communications Research Centre (CRC), the project is able to bring psychiatric care to under serviced areas via ISDN, wireless, satellite or approved IP formats in a secure, seamless and cost effective network that is designed to include all communities who identify a need for services.

“The benefits to many remote and under-served communities are clear”, explains Dr. Campbell. “Telepsychiatry means that patients can be treated in their own communities without delay. Community health care workers become more involved in their patients' treatment and have access to the clinical resources they need.”

For more information please contact:

Kathy Burrill, Director of Communication and Public Affairs

St. Joseph's Health Care London

Telephone: (519)646-6100 ext. 65262 ■

# AGENDA OPA Council

Friday, March 30, 2001 – 12:00 noon

Small Boardroom, Ontario Medical Association,  
525 University Ave.

## 1.0 Remarks from the President

## 2.0 Approval of Agenda

3.0 Approval of Minutes of January 17,  
2001 and January 20, 2001 OPA Council

## 4.0 Old Business

- 4.1 OPA Restructuring
  - 4.1.1 Changes to the Bylaws
- 4.2 Coroner's Reports
- 4.3 JPPC Psychiatric Working Group
- 4.4 Joint OPA/CPA Dues Collection
- 4.5 Legal Challenges
- 4.6 Letter re: Bloor Viaduct
- 4.7 Privacy Legislation
- 4.8 Forensic Section
- 4.9 Executive Assistant – Employment Contract

## 5.0 Treasurer's Report

## 6.0 Reports of Task Forces and Committees

- 6.1 Committee Terms of Reference
- 6.2 Continuing Education Committee

- 6.3 Joint Recognition Committee
- 6.4 Member Services Committee

## 7.0 Standing Reports

- 7.1 OMA Tariff/RBRVS
- 7.2 CPA Report
- 7.3 Working Group on Mental Health Services
- 7.4 Coalition
- 7.5 Council of Provinces
- 7.6 Alliance for Mental Health Services
- 7.7 Dialogue

## 8.0 Section Reports

- 8.1 Child & Adolescent Psychiatry

## 9.0 New Business

- 9.1 Guest Speaker: Mr. Mounir Marhaba
- 9.2 CPA Nominations
- 9.3 Resignation of Resident Member
- 9.4 CAMIMH Meeting
- 9.5 Suspension of an OPA Member
- 9.6 Date for November Council Meeting

## THE ONTARIO PSYCHIATRIC ASSOCIATION

IS PLEASED TO WELCOME THE FOLLOWING NEW MEMBERS UP TO MARCH 30, 2001

Susan Jane Adams  
Abdul B.M. Ahmed  
Halszka Arciszewska  
Khalil Asayesh  
Jack Barabtarlo  
Jane Barlow  
Marino Battigelli  
Devayanee Bhide  
Henry Bibr  
Michael J Bloudoff  
Elspeth Bradley  
Francine Brill  
Alan Brown  
Robert P Carr  
Walter J Cassidy  
Clara Cebrian  
Lorne Chapman  
Hughes Chasse  
Simon S Chiu  
Sylvia Clarke  
Gerald Cooney  
Leonardo Cortese  
Martin Côté Beck  
Nicholas J Delva  
Jane Dianne Dennis  
Aleksander I Dias  
Pablo Diaz

Stanley Dobrowolski  
Rene Ducharme  
Malgorzata Dudek  
Frances Edye  
Engracia Eusebio-Torres  
Maeve Fahy  
Francis Priyalal Fernando  
Brian Fishman  
Sandra N Fisman  
George Fraser  
Alison Freeland  
Janusz Gawlik  
Ross Golden  
Hassan Hakim  
Sheila Heaton  
Sophia Hrycko  
Stephen Hucker  
Diana Ingram  
Mary Elizabeth Johnston  
Victoria J Jones  
Michael J Kelly  
Albert Kerenyi  
Sidney H Kennedy  
Arshad Khan  
Badarunisa B Khan  
Robert Joseph King  
Michael S W Lee

Neil Levitsky  
Anthony Joseph Levitt  
Karl G Loszak  
David Paul Lumsden  
Kevin Lee Maindonald  
N Malempati  
Vinod Malik  
Huston Marcy  
Ewa Lidia Martens-Kmiotek  
John R McCready  
Mary K McLean  
Laura A Molnar  
Suneeta Monga  
Wendy Moore  
Sury Naidoo  
Toba Oluboka  
Gulshan Panjwani  
George Papatheodorou  
Maureen Pennington  
Lino Pistor  
Vijayalaxmi Prabhu  
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Catherine Lynn Shea  
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Valerie Thomson  
Atilla Turgay  
Robert van Reekum  
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Charles B Wall  
Zul Wallani  
Kilian B Walsh  
Wayne R Watson  
Dixy Lee West  
Cornelia Wieman  
Peter Charles Williamson  
David A K Wilson  
Krystyna H Wojakowski  
David Wright  
Eric D Zarins  
Peter Zelina

## London/Middlesex Mental Health Alliance

On May 9, The London Mental Health Alliance (LMHA) formally signed a memorandum of agreement between London and Middlesex County mental health services, consumers and families. The agreement is one of the first of its kind in Canada. It paves the way for work to begin in building a more efficient and effective provision of local services to facilitate client-centred support, rehabilitation, treatment and recovery.

The LMHA involves 16 members including:

- Can-Voice
- Canadian Mental Health Association-London Middlesex Branch
- Family Services London
- Family Outreach Project
- Mission Services of London
- WOTCH Community
- SEARCH Community Mental Health Services
- London East Community Mental Health Services
- London Intercommunity Health Centre

- Regional Mental Health Care London
- St. Joseph's Health Care London
- London Health Sciences Centre
- The Crest Centre
- Salvation Army
- Regional Support Associates
- London Mental Health Crisis Services

The LMHA will now focus on service planning to ensure maximum efficiency and appropriate, accessible care, coordination, implementation and evaluation of systems design.

For more information contact:

*Mr. Bill Cline, Co-Chair, London Mental Health Alliance, Executive Director, WOTCH (Western Ontario Therapeutic Community Hostel), (519) 432-1607 or Dr. Beth Mitchell, Co-Chair, London Mental Health Alliance, Manager, Mental Health Care London Health Sciences Centre, (519) 685-8500 ext. 75598 ■*

## TRANSFER OF MENTAL HEALTH SERVICES FROM KINGSTON PSYCHIATRIC HOSPITAL TO PROVIDENCE CONTINUING CARE CENTRE

March 5th marked the transfer of mental health services of Kingston Psychiatric Hospital (KPH) to the governance and management of Providence Continuing Care Centre (PCCC). This important part of mental health reform was a first step in moving mental health issues into the main stream of health care delivery. The historic moment was marked and celebrated in a variety of ways throughout the last few months. Special projects captured the history of KPH and the Community Advisory Board in written form. For posterity, a museum display was established in the hospital lobby and a video was produced. Under the theme of "A new beginning in the Odyssey of care" PCCC informed the community about the transfer

using advertisements, personal letters, newsletters and news articles. On May 31st a living testimonial to the past and monument to the future will be installed on the property at 752 King Street West. Two red maples representing PCCC and KPH as they existed before March 5th will be planted one on each side of a red oak representing the wish for a healthy future for all.

*For more information contact: Debra Bond-Gorr, Director of Development & Public Relations, PCCC, 340 Union Street, P.O. Box 3600, Kingston, ON K7L 5A2, tel (613) 548-7222 ext. 2228 ■*

## HEALTH-RELATED HIGHLIGHTS FROM THE BUDGET

In the May 9th budget, Finance Minister Jim Flaherty introduced Ontario's third consecutive balanced budget and outlined the investment in health care:

- The current budget provides for an investment of \$23.5 billion in health care;
- \$20 million annual increase for Children's Treatment Centres;
- \$26 million invested over three years to upgrade, renovate and build or purchase new facilities for community mental health organizations;

The government will introduce legislation to require hospitals to balance their budgets each year. The achievements of the most efficient hospitals will be showcased. The government has introduced a Public Sector Accountability Act that would require all significant public-sector organizations (such as hospitals) to report annually on their performance, present annual business plans and balance their budgets every year.

Over the next year, SuperBuild will work with MOHLTC and other health care partners to develop a long-term health infrastructure strategy by evaluating needs, analyzing the relationship between capital investment and the quality of health services, evaluating public/private partnership options, investigating alternative methods of financing health care infrastructure and technology, and finding better ways to invest in new technologies.

### Ontario Mental Health Funding

On January 23, 2001 the Ontario Ministry of Health and Long-Term Care announced \$15.8 million for enhanced mental health services. The funding was intended to help people with serious mental illness who pose a danger to themselves or others. Six out of seven regions received \$1.07 million; Toronto

was to receive twice that amount. The funds were to be for case management and community care. More than \$2.3 million is to go to strengthen rights advice services and the work of the Consent and Capacity Board. In addition, \$1 million is to flow to The Ontario Council of Alternative Businesses to create employment opportunities, \$1 million to the Ontario Mental Health Foundation for research to assist in developing mental health programs and priorities and \$500,000 to the Ontario Federation of Community Mental Health and Addiction Programs to develop a method of monitoring and evaluating the implementation of the Mental Health Act (Brian's Law). The new Mental Health Act, which came into effect on December 1, 2000, amended health legislation and included provisions for mandatory community treatment orders.

### \$2.2 million for Alzheimer Disease

On March 27, Ontario announced \$2.2 million in funding for people with Alzheimer Disease, with more than \$1.7 million going to the Alzheimer Society of Ontario for projects which will support the implementation of Ontario's Alzheimer Strategy, including the training of staff in long-term care facilities, Community Care Access Centres and community support service agencies. Funding will also be used to develop Dementia Networks – community-led partnerships among health care providers, planners and advocates that help improve patient access to services. \$500,000 will go to the Ontario College of Family Physicians to design and implement a training program for family physicians on early detection and diagnosis. Ontario's five-year, \$68.4 million strategy for Alzheimer Disease was launched in 1999. A summary of the strategy and the full strategy document (49 pages) are available at:

<http://www.gov.on.ca/MOH/english/pub/disease/alz/summary.html>. ■

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# World Mental Health Day

"The simple truth is that we have the means to treat many disorders." Dr. Gro Harlem Brundtland, Director-General of the World Health Organization.

For World Mental Health Day (April 7), the World Health Organization targeted mental health, with emphasis on depressive disorders, schizophrenia, Alzheimer's Disease, alcohol dependence and developmental disability. Mental Health: Stop Exclusion - Dare to Care was the theme and slogan. The WHO focused on two universal messages:

1. All societies need to focus on a reduction in the treatment gap of mental health disorders. Many advances have been made in research regarding the available treatment settings (hospitals, community care, etc) and evidence-based methods for intervention. Meaningful knowledge has been gained on the causation, associations, characteristics and the prevention of mental/brain problems. The

benefits of this knowledge have yet to reach all populations, particularly the underprivileged. Many countries are reluctant to effectively address the burden of existing mental health problems through appropriate policy, legislation and services.

2. The pervasive effects of social exclusion resulting from stigma and discrimination and the out-dated nature of many mental institutions prevents people in need from seeking treatment. Less exclusion, less discrimination will help those afflicted and their families to lead better and more productive lives and encourage those in need to seek treatment.

*For more information check out the website: <http://www.who.int/world-health-day/index.en.html> ■*

February 6, 2001

The Hon. Mel Lastman  
Mayor of Toronto  
Toronto City Hall

Re: Bloor Viaduct

Dear Mr. Lastman,

I am writing on behalf of the Ontario Psychiatric Association regarding the situation surrounding the Bloor Viaduct in Toronto. As you know, this particular structure is an extremely common location for suicide attempts, the majority of which are unfortunately lethal. Individuals involved in the provision of mental health services, the members of the Ontario Psychiatric Association, of course, can be interested in any steps that can be taken to reduce frequency of completed suicides in our communities. In this regard, the Bloor Viaduct is a particularly important situation as the erection of a barrier of some type would very likely significantly reduce deaths at this site.

I am aware that Council is actively considering whether to go to the expense of erecting such a barrier, being concerned as well about the effect that such a barrier will have. In my own personal view and the view of my Association, the expense of such a barrier is most certainly worthwhile, given the number of deaths that occur annually at the site. Numerous suggestions have been put forward for designs which will minimize the disruption to the site and, in any event, both myself personally and our Council generally will hold the position that it is essential to move forward with this project as quickly as possible.

Either I, or other members of the Ontario Psychiatric Council, would be happy to meet with you at any time regarding this matter.

Yours very truly,

D. Blake Woodside, M.D., FRCPC  
Past President, Ontario Psychiatric Association

DBW:sms

Ms. Trudy Ferin  
Works Committee, Clerk's Office  
1st Floor, Secretariat Division  
Toronto City Hall, 100 Queen St. W.  
Toronto, Ontario, M5H 2N2



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# TAKING THE ATTRACTION OUT OF A “SUICIDE MAGNET”

by Michael McCamus Vice-Chair, Bloor Viaduct Project Steering Committee

On June 1, award-winning Canadian author H.S. Bhabra walked from his Toronto home to Bloor Street's Prince Edward Viaduct and leapt to his death. Since 1919, the landmark bridge has been the site of over 400 suicides, making it the world's No. 2 “suicide magnet.” But a group of SSO members have been campaigning since 1997 for high fences to prevent these tragedies. Our story is a lesson in the power of family advocacy.

In June 1997, Al Birney, then-president of the East York Chapter of the SSO, moved that we take action. In two years, SSO members had lost four children at the Viaduct. Birney was invited to chair a “Bridge Committee.” With a team of suicide experts, doctors, police, families and volunteers (including myself), Birney researched safety fences, collected 1,200 signatures on a petition, visited 46 of 58 city councillors, held a national news conference, and helped spur the first coroner's inquest in 80 years to probe a Viaduct suicide.

The July 1998 inquest into the death of teen Kenneth Au-Yeung recommended a suicide barrier fence. Jurors heard evidence that high barriers at other so-called suicide magnets—the Empire State Building, the Eiffel Tower, Duke Ellington Bridge in Washington, and Sydney Harbour Bridge in Australia—had helped prevent deaths. That same month, Toronto city council announced a competition to design a \$1.5-million barrier. The winning entry was the Luminous Veil, a five-metre screen of stainless steel rods, by Dereck Revington and Morden Yolles. It won the 1999 Canadian Architect Award of Excellence.

But the need to maintain annual safety inspections of the bridge's subway train track complicated construction of the barrier, and for six months, Toronto transit and city staff feuded over the cost of a new inspection crane. During the delay, Toronto's construction market boomed and prices skyrocketed. Birney and barrier proponents made four presentations to transit and city hall committees. Letters from the Au-Yeung family, former federal finance minister Michael Wilson, and international suicide experts urged a settlement. At last, in May 1999, city council voted 46-2 to approve a new crane and a \$2.5-million barrier budget. But the lowest bid to build the Luminous Veil came in at \$5.5 million.

Heart-broken, Birney and the Veil's supporters asked councillors to renegotiate the construction terms and start a fundraising campaign. In January 2000, councillors on the Works Committee voted to ditch the Veil, and start all over. In response, Birney and his allies held another news conference that resulted in a meeting with Toronto Mayor Mel Lastman. In February, Lastman spoke at city council for bereaved families.

“They have friends and relatives who have jumped from that bridge,” he pleaded. “This is a terrible thing.”

When some councillors asked why they shouldn't just build a chain-link fence or bus shelter, the mayor answered, “It's an historic bridge, and I think it should look great.”

Council voted 36-11 to reaffirm its \$2.5-million support for the Veil, and endorsed a fundraising campaign with city staff support. After the vote, the mayor drew councillors' attention to Birney and I, who were seated in the gallery. Asking them to acknowledge our years of volunteer work, the mayor led the city council in a standing ovation.

Al Birney and I pledge that we will not rest until family advocacy succeeds and the suicides stop.

For more information on the bridge committee and its campaign, visit the SSO website at [www.schizophrenia.on.ca](http://www.schizophrenia.on.ca). ■



*This landmark Toronto bridge has been the site of more than 400 suicides since 1919.*



*An artist's conception of “The Luminous Veil,” a proposed barrier that would prevent people from jumping off the bridge.*

THIS WAS ORIGINALLY PUBLISHED IN THE ADVOCATE (SCHIZOPHRENIA SOCIETY OF ONTARIO). REPRINTED WITH PERMISSION.

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# Professional Practice and Liability on the Net

Bernard C. LeBlanc

## How to Avoid Unwanted Attention from your Regulator

The incidence of complaints against professionals has been rising consistently, and it is expected to continue to rise. Not only are more complaints being made against practitioners in virtually every profession, but the number of complaints being made is also rising in a disproportionate rate to the number of practitioners there are. In plain English, more people are complaining more often.

Responding to complaints is almost always a time-consuming, emotional task that no one (except perhaps for lawyers) enjoys doing. Your professional competence or skills are often called into question, and you certainly cannot bill for your time. In addition, it is difficult to imagine a circumstance where a practitioner would not wish to provide a full and complete response to the complaint, with the result that the process can be difficult and time-consuming.

Virtually every regulator and liability carrier will say that, by far, the singly most important factor that drives complaints is the lack of appropriate communication. There are several variations on this theme. Most complaints involve allegations that:

- (a) the person was rude to me;
- (b) the person's office staff was rude to me;
- (c) the person (or staff) never returned my call;
- (d) the procedure or approach to treatment or services was not fully explained to me;
- (e) the possible consequences of the professional services were not described to me; or
- (f) the result of the services wasn't what I expected.

Clearly, no practitioner can hope or expect to have an excellent, professional relationship with every patient or client. However, there are active steps that you can take to at least minimize the risk of these sorts of complaints.

First, be nice. It sounds simple, and maybe a little silly, but it works. Simply put, someone will be far less likely to complain about you if they like you, or at least respect you.

Instruct your office staff to be nice. People can sometimes be very demanding, but make sure your staff makes every effort to listen, be patient and help your patients/clients as much as they can. If they feel overwhelmed, tell them they should see you about it.

Third, make sure that the lines of communication with your patients/clients stay open. Explain things to them, and be sure to document your efforts in case there is a complaint. This also means ensuring you have "informed consent" for virtually everything that you do. Make sure that you explain what might go wrong, especially the more serious potential outcomes.

Finally, take action at the first sign of trouble. Too often we try to avoid or forget about difficult cases or problems. But quick action can very often stop a molehill from becoming a mountain. One phone call to someone can avoid the complaints process altogether.

For specific legal advice, please consult a lawyer experienced in these areas.

### FOR MORE INFORMATION

This newsletter is published by Steinecke Maciura LeBlanc, a law firm practising in the field of professional regulation. If you are not receiving a copy and would like one, please contact:

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Toronto, Ontario M5G 1E6*

*Telephone: 416-626-6897 Facsimile: 416-593-7867,*

*E-Mail: [rsteinecke@sympatico.ca](mailto:rsteinecke@sympatico.ca) ■*

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## NEW COMMUNITY MENTAL HEALTH FACILITY IN STRATHROY, ONTARIO

SEARCH Community Mental Health Services is a small rural mental health agency located in Strathroy, Ontario. The agency has been in operation since 1977 and is funded by the Ministry of Health and Long-Term Care. SEARCH provides a variety of programs to people who experience mental health difficulties.

For the past year, SEARCH has been waiting to hear from the Ministry of Health and Long-Term Care in order to proceed to call for tender to build a 6400 sq. ft. facility. The new facility will be Ontario's first purpose-designed freestanding

community mental health facility. It will provide space for consumer-run programs, an activity program, a community kitchen, laundry facilities and staff offices. Situated in a mixed residential, commercial and industrial neighborhood, the facility will also serve as the hub for mental health services in the county of Middlesex. *For further information contact Vicky Stevens, Executive Director, (519) 245-0120 or [search@strathroy.isp.on.ca](mailto:search@strathroy.isp.on.ca) ■*



# DIALOGUE READERSHIP SURVEY

This is your opportunity to tell us what you think about *Dialogue*. It should only take a few minutes of your time to complete. If you complete and return this survey by July 31, 2001, we will enter your name in a draw for a chance to win \$100.00 off your Registration Fee for the 2002 OPA Annual Conference in Toronto from January 17th to the 19th.

- 1) Do you read *Dialogue* on a regular basis ?  
Yes\_\_\_\_\_ No\_\_\_\_\_
- 2) Do you pass on *Dialogue* to others?  
Yes\_\_\_\_\_ No\_\_\_\_\_
- 3) Do you think *Dialogue* tells you about what is happening in psychiatry ? Yes\_\_\_\_\_ No\_\_\_\_\_
- 4) Are there certain sections that are helpful/of interest to you ? (Please check one)  
☐ A Very useful/interesting      ☐ B Somewhat useful/interesting  
☐ C Not very useful/interesting      ☐ D Useless/uninteresting



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|--|---|--|---|
| (1) Message from the President                                 | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | (11) Government news                   | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| (2) From the Editor  | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | (12) Information on Coroners' Inquests | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| (3) OPA Council Agenda   | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | (13) General OPA news                  | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| (4) Coalition of Ontario Psychiatrists news                    | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | (14) General OPA events                | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| (5) Resource Based Relative Value Schedule (RBRVS)             | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | (15) General Mental Health information | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| (6) Central Tariff Committee (CTC) info                        | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | (16) Mental Health Statistics          | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| (7) Book Reviews   | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | (17) Advertisements                    | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| (8) Resident Assessment Instrument –<br>Mental Health (RAI-MH) | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | (18) Commission info                   | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| (9) Calendar of Events   | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | (19) Other (specify) _____             |   |
| (10) Members on the Move (what members are doing)              | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |  |   |

- 6) Other comments or suggestions ?

Please print your name and phone number below to be entered in the draw:

Name	Phone number
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Membership category: Full ☐ Associate ☐ Life ☐ Resident ☐

Thank you for completing our survey. The results will be in the Sept. 2001 issue of Dialogue.  
Return survey by FAX to the OPA Head Office at (905) 469-8697.

# Mental Health Service Utilization: The Untreated Majority

By: Corey S. Mackenzie, M.A.

*How effective is our mental health care system at helping individuals with psychiatric problems? Are we doing a reasonably good job of helping those with mental disorders?*

Large-scale epidemiological surveys in both the United States (e.g., the Epidemiologic Catchment Area survey and the National Comorbidity Survey) and Canada (e.g., the Edmonton Survey and the Ontario Mental Health Survey) suggest that between 30% and 50% of individuals will have a diagnosable mental disorder in their lifetimes, and between 20% and 30% of individuals will have had a mental disorder in the past year (Bland, Newman, & Orn, 1988; Howard et al., 1996; Lin, Goering, Offord, Campbell, & Boyle, 1996). A growing body of empirical research is demonstrating that approximately two-thirds of individuals who receive treatment, regardless of whether it is pharmacotherapy, psychotherapy, or electroconvulsive therapy, will benefit from it.

Despite the high prevalence of mental illness and the proven effectiveness of psychiatric treatment, a consistent and disconcerting finding is that a significant proportion of individuals with mental health concerns are not receiving professional help. Between 70% and 80% of North Americans with diagnosable mental disorders do not receive services for their problems (Bland, Newman, & Orn, 1997; Howard et al., 1996; Lin et al., 1996). Certain demographic groups, such as men, older adults, and individuals who are poorer, less well-educated and living in rural areas, are particularly unlikely to receive mental health services (e.g. Vessey & Howard, 1993). This means that even if treatment were 100% effective, we would be addressing the mental health needs of as few as one fifth of Canadians with mental disorders. This mental health service gap translates directly into unnecessary physical, psychological, and social suffering for a substantial number of Canadians who do not receive effective mental health services.

*What are the potential explanations for why these people are not being treated? Why is it that a majority of individuals experiencing significant mental health problems are not receiving effective mental health services?*

Three sets of factors are thought to affect service use: Professional barriers, practical barriers, and personal barriers. According to the professional barrier explanation, many individuals with mental health concerns do not receive psychiatric services because of the attitudes and actions of mental health professionals. Specifically, mental health professionals may be poor at recognizing and properly diagnosing mental health problems. In addition, their attitudes and beliefs are thought to hinder the provision of treatment for certain individuals (Butler, Lewis, & Sunderland, 1998; Lasoski, 1986). Empirical evidence does, in fact, support the influence of professional barriers to services. Both psychiatrists and psychologists have been shown to prefer to work with younger patients and females rather than patients who are older and male (Ray, McKinney, & Ford, 1987; Zivian, Larsen, Knox, Gekoski, & Hatchette, 1992). Research has demonstrated that psychiatrists, psychologists, and family physicians believe, incorrectly, that treatment is less effective for older adults (Mackenzie, Gekoski, & Knox, 1999; Ray, Raciti, & Ford, 1985). Psychiatrists have also been shown to be more likely to diagnose women than men with identical symptomatology (Loring & Powell, 1988). Finally, non-psychiatrist physicians, who are both gatekeepers to the mental health system and providers of the majority of mental health services in North America (Howard et al., 1996; Lin et al., 1996), have been shown to be poor at recognizing and diagnosing mental illness (Norquist & Regier, 1996), especially in older adults and men (Gatz & Smyer, 1992; Iliffe et al., 1991).

Practical barriers are also hypothesized to contribute to the mental health service gap. According to this explanation, many individuals do not receive psychiatric

help because their access to services is blocked by factors such as financial and bureaucratic impediments, lack of transportation, institutionalization, time restraints, and disability (Blanch & Levin, 1998; Butler et al., 1998; Lasoski, 1986; Yang & Jackson, 1998). Unfortunately, although it is intuitive that such barriers might prevent certain individuals from receiving treatment, very little empirical research has been conducted to test this hypothesis.

A third explanation for the mental health service gap involves personal barriers to psychiatric services. According to this explanation, individuals are responsible for their own low rates of service utilization. It may be that they are poor at recognizing mental health symptoms (e.g., somatization). On the other hand, perhaps certain individuals lack knowledge about how to deal with mental health concerns or have negative attitudes related to seeking professional help for psychological problems (Blanch & Levin, 1998; Butler et al., 1998; Hagebak & Hagebak, 1980; Stefl & Prosperi, 1985; Yang & Jackson, 1998). It is not surprising, perhaps, that research has supported the notion that personal barriers affect mental health service use. For example, women have been shown to be roughly twice as likely as men to report both physical and psychological symptoms (Kroenke & Spitzer, 1998). Knowledge has also been shown to be a barrier to services. According to a survey, organized by the American Psychological Association, 68% of 1,200 adults felt that lack of knowledge regarding how to find an appropriate mental health professional was an important barrier to seeking psychiatric help. In addition, 66% reported that a lack of knowledge about when and if it is appropriate to seek professional help was an important barrier (Farberman, 1997). Finally, attitudes toward seeking psychiatric services have been shown to be predictive of both intentions to seek mental health services and actual service use (Cepeda-Benito & Short, 1998; Deane & Todd, 1996).

*How, then, can we do a better job of addressing Canadians' mental health needs? Are there potential alternatives to a strict focus on treatment in order to improve the quality of life for Canadians with mental health concerns?*

Research examining the influence of professional, practical, and personal barriers to service utilization suggests several potential directions. It may be, for example, that programs aimed at increasing knowledge and changing attitudes among both laypeople and mental health professionals can reduce the mental health service gap. Simply reducing the size of this gap is not enough, however, as the mental health care system could not support an increased patient care load of up to 80%.

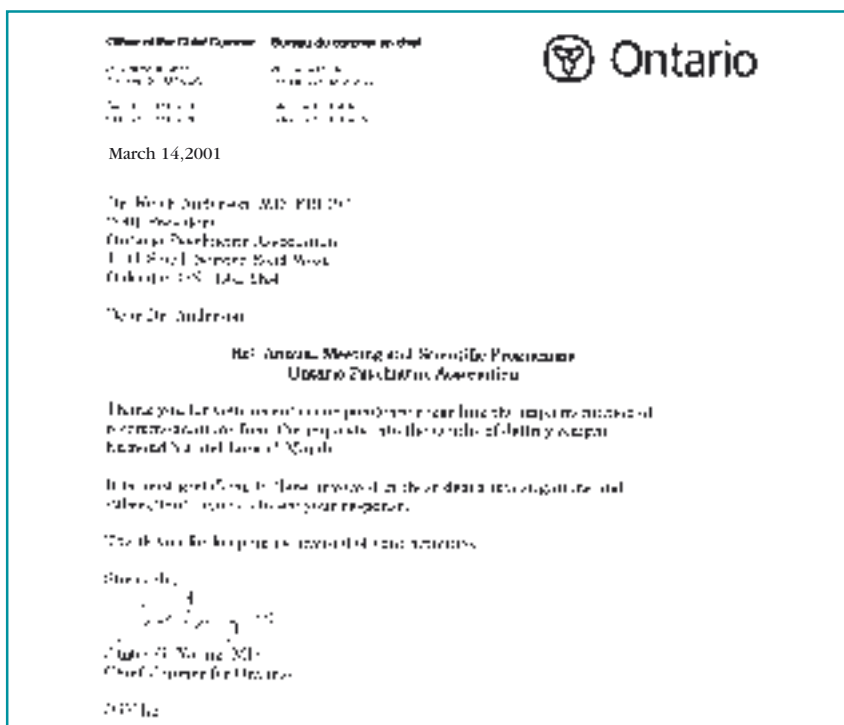
Mental health professionals and the Canadian government may have to entertain alternative strategies to the traditional focus on treatment in order to reduce the size of the mental health service gap. Health promotion, disease prevention, and early intervention have been shown to be effective methods for improving physical health. Within the mental health care system, on the other hand, such strategies are relatively novel. To date, mental health promotion, disorder prevention, and early intervention strategies have largely focused on paediatric populations, although these concepts are receiving increasing attention with respect to adult and older adult populations in recent years (Smyer, 1995; Waters, 1995). Although psychiatrists and other mental health professionals may not be in positions to develop or implement promotion, prevention, and/or early intervention initiatives, we can advocate for their potential to benefit our patients, as well as to help individuals who do not receive our services.

*For more information please contact Corey Mackenzie at Baycrest Centre for Geriatric Care; 3560 Bathurst St., Toronto, ON M6A 2E1 (416) 785-2500 ext. 2458 or coreym@psyc.queensu.ca*



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## PENETANGUISHENE AREA MENTAL HEALTH IMPLEMENTATION TASK FORCE

On May 15, Helen Johns, the Associate Minister of Health and Long-Term Care announced the start of a task force to help the Ontario government improve mental health service delivery in the Penetanguishene area. The Penetanguishene Area Mental Health Implementation Task Force is one of nine task forces in Ontario developing recommendations on the implementation of mental health reform, provincial psychiatric hospital restructuring, and community investments. The task forces provide advice and recommendations about the implementation of restructured local and regional mental health systems according to the Ministry of Health and Long-Term Care's mental health policy; developing a service continuum that includes treatment, community services, alternative supports, and consumer and family initiatives; streamlined service access through better links across first line, intensive and specialty services; strategies to promote an understanding of mental health issues; and roles and responsibilities of mental health care

providers. The task forces will also develop a multi-year implementation plan for restructured local and regional services including streamlined access to mental health services; reallocation of resources; specialty services; requirements of people with multiple service needs, such as people who have a dual diagnosis, people with concurrent disorders and people who require psychogeriatric services; and performance measures and evaluation.

During the next 18 months, the 21-member task force will look at how to improve choice and access for mental health consumers, tailor services to consumer needs, link services so that consumers can move from one part of the system to the other, and ensure that services are based on best practices. The task force represents the communities of Simcoe, Dufferin, Muskoka and southern Parry Sound. ■

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## TORONTO AND PEEL MENTAL HEALTH IMPLEMENTATION TASK FORCE

A task force to help the Ontario government improve mental health service delivery in the Toronto-Peel area was launched on May 17. The Task Force represents the communities of Toronto and Peel Region. The 32 member Toronto and Peel Mental Health Implementation Task Force is chaired by Michael Wilson. The Task Force Members are:

Jeann Simpson, Chief Operating Officer at the Centre for Addiction and Mental Health; Dr. Greg Carter, Community Advisory Board Member at the Whitby Mental Health Centre; Murray MacKenzie, President and CEO of North York General Hospital; Dr. Don Wasylenko, Chief of Psychiatry at St. Michael's Hospital and Chair of the Department of Psychiatry at the University of Toronto; Margaret Bickerton, Health System Director at Trillium Health Centre; Dr. Marino Battigelli, Chief of Psychiatry of The Credit Valley Hospital; Uwe Marshner, Program General Manager, Centenary Site of the Rouge Valley Health System; Lawrence Rayner, Peel; Laurie Hall, Business Developer with the Ontario Council of Alternative Businesses; Diana Capponi, Executive Director of the Ontario Council of Alternative Businesses; Lana Frado, Executive Director of the Sound Times Support Services; Diane Froggatt, Executive Director, World Fellowship for Schizophrenia and Allied Disorders; Phil Upshall, Chair of the Canadian Alliance on Mental Illness and Mental Health; Sandy Milakovic, Executive Director, Peel Branch of the Canadian Mental Health Association; Barbara Quinn, COTA Board Member; Arnold Minors, Chair of Across

Boundaries; Terry McCullum, Executive Director of Loft Community Services; David Conn, Head of the Department of Psychiatry at Baycrest Centre for Geriatric Care; Peggy Birnberg, Executive Director of Houselink Community Homes Inc.; Camille Orridge, Executive Director of the Toronto Community Care Access Centre; Dr. Ty Turner, Chief of Psychiatry at St. Joseph's Health Centre in Toronto; Dr. Ted Lo, community psychiatrist in Toronto; Dr. Stephen Connell, Past Chair of the Psychiatry Section of the Ontario Medical Association; Dr. Ken Harrison, general practitioner at the Centre for Addiction and Mental Health; Fiona Ryner, Chair of the Halton-Peel District Health Council; Carole Kerbel, Chair of the Toronto District Health Council; Susan MacDonnell, Senior Manager of Research at the United Way of Greater Toronto; Dave Rowan, Superintendent of Student and Community services at the Toronto District School Board; and Bill Wilkerson, President, Business & Economic Round Table on Addiction & Mental Health.

### Ex-officio members

Marnie Weber, Toronto Regional Director at the Ministry of Health and Long-Term Care; Mike McEwen, Central West Regional Director at the Ministry; Marilyn Renwick, Toronto Regional Director at the Ministry of Community and Social Services; Adair Roberts, Task Force Coordinator. ■

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## TASER: NEW ALTERNATIVE TO LETHAL FORCE

The Ontario government approved a Toronto Police Service request for a pilot project to test the effectiveness of a new alternative to lethal force when apprehending individuals who pose a threat to themselves or others. The Toronto Police Service is testing the effectiveness of TASER (Thomas A. Swift Electrical Rifle) which uses a laser sighting system that employs a pulsating electrical current and overpowers the body's normal electrical signals in the nervous system to subdue an individual. The gun shoots two darts of 50,000 volts and 26 watts of electrical current, which can penetrate two inches of clothing. Medical experts say the TASER does not harm nerves, muscles, or any other part of the human body.

The person recovers in minutes from the effects. The use of TASER has potential safety benefits for both police and suspects during apprehension and is intended for use with persons with mental illness who become violent when approached by police. The Police Services Act and its regulations require the Solicitor General to approve equipment and weapons used by police services across Ontario. The TASER is also being tested by the Ottawa-Carleton Regional Police Service. Currently, TASER technology is used successfully by the Victoria Police Department and the Edmonton Police Service. ■

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# BOOK REVIEW: The Last Taboo: A Survival Guide to Mental Health Care in Canada By: Scott Simmie and Julia Nunes

By: John C. Deadman, M.D., D. Psych., F.R.C.P.C., Associate Clinical Professor,  
Department of Psychiatry and Behavioural Neuroscience, McMaster University

I first met Mr. Scott Simmie at an Ontario Psychiatric Association Annual Meeting about four years ago. He told us that he was writing some articles on mental health for the Toronto Star. I found these articles to be provocative and they challenged some of my views on the delivery of mental health care. I then learned that he was working on a book, and at the OPA meeting last January, I learned that the book was about to come out. The Last Taboo is written by Scott and Julia Nunes. It was not until I had read it that I appreciated the authors' personal experience and comprehensive knowledge of this subject.

The book has twelve chapters plus an appendix, glossary and bibliography. The Appendix lists government and other mental health organizations and helping groups by province. The *Glossary* defines and describes mental health terminology, and the *Bibliography* lists useful books and websites. In *Chapter One*, Scott recounts his personal experience with a major affective disorder while on assignment in Moscow. In *Chapter Two*, Julia describes her struggle to get help for Scott and to get him back to Canada where he could receive treatment and be with family and friends. It is a chilling tale which describes the panic often experienced by our patients, and the shortcomings of mental health services both here and abroad.

The remaining ten chapters give a semi-technical account of mental illness, its treatments and the problems that people, who suffer from these illnesses, encounter. Before each chapter is a vignette—one person's account of coping with mental illness. Each one illustrates a different form of mental illness from the perspective of the person who suffers from it. These vignettes graphically portray mental disorders in a personal way that our patients will recognize, but often families and caregivers will not. Chapters Three, Four and Five talk about mental illness and describe, in lay terms, the various psychiatric conditions and disorders.

Chapter Six "*Getting Help*" describes the formal and informal systems of mental health care and how consumers, who are informed and persistent, can get the help they need. Chapter Seven, "*Giving Help*", tells how people with mental disorders would like to be treated, and how families, friends, employers and others can help them to be treated in that way. Chapter Eight, "Meds", describes the drugs and physical treatments that are available, including ECT and psychosurgery. These controversial topics are handled in a balanced and objective way. Chapter Nine, "Alternatives", discusses herbal and other alternative therapies, lumped in with a few therapies which many psychiatrists would regard as "on the fringe". Presumably in an effort to be fair to the various therapeutic approaches, this sometimes wanders a bit too far from scientific objectivity for my liking, but professional helpers must remember that many of our patients will explore these alternatives despite our advice. They should at least have sources of information which are as reliable and objective as possible.

Chapter Ten "*Suicide*", handles a very difficult topic in a comprehensive and generally sound way. Experts in the field are consulted and quoted. It is aimed both at people who may be contemplating suicide and the indigenous caregivers who are trying to prevent it. Chapter Eleven, "*Stigma*", discusses the persistence of stigma even at a time when these conditions are no longer considered to be a moral or a spiritual weakness, yet in many quarters are still treated as such. Such attitudes make the problems more difficult or may discourage the sufferers from

seeking help. Chapter Twelve, "*A Home, A Job, A Friend*", discusses rehabilitation, recovery and developing a sense of self. This is the key element in the patient's recovery and one that is sometimes not adequately considered.

I detected one error of fact that I suspect is an editing oversight. On page 234, "olanzapine" is referred to as causing agranulocytosis. Of course, it should be "clozapine". Other than that, the information is authoritative, generally quite accurate, if somewhat simplified for a lay readership. The book uses terms like "consumer" and "survivor". At first I was somewhat offended by this which reminds me of the rhetoric of the "anti-psychiatry" movement. But the terms are used in a "matter of fact" way and fit the context. And, we must remember that this is the way many of our patients feel about their illness, and the treatments that they receive. So it seems to me that if we are going to help them, we must communicate with them in terms that are meaningful to them.

It is difficult for me to sum up this book in a few words. It is well written, it does not mince words on shortcomings in the system or issues that are often not mentioned in the glossy brochures. It uses the brisk style of professional journalists but this is a style that lends itself to the approach that the authors have taken. It is not written for professionals, but for all those who suffer from mental illness but have been unable to find help or have been dissatisfied with the help which they did find. It is for people who, sometimes unwillingly, are thrust into the role of caregiver and feel very uncertain as to how to cope with the ill friend or relative. It is for the general public, who read about tragic events such as the shooting death of Edmond Yu, and try to make sense of it. I feel that we can, with confidence, recommend this book to our patients for an understandable and readable discussion of mental illness and the system of mental health care in Canada.

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**Scott Simmie**, prominent Canadian journalist and former foreign correspondent for the CBC, wrote a series for The Toronto Star on mental illness from a consumer's perspective for which he received the C.M. Hincks Award from the CMHA National. He has also been awarded the Atkinson Fellowship in Public Policy and received the OPA's T.A. Sweet Award in 1999.

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

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# Central Tariff Committee (CTC) Update

by K. Sonu Gaind, Tariff Chair, OMA Section on Psychiatry

The Section on Psychiatry submitted the following item to the OMA CTC for consideration this year.

## 1. Developmental Neuropsychiatric Consultation

During last year's Marathon session, the CTC approved a new code for a Paediatric Neurodevelopmental Consultation. This code was for paediatricians providing service for children with complex conditions such as autism and global developmental disorders. There are a handful of psychiatrists in Ontario who also provide the same service, but are unable to utilize the new code available to paediatricians. The Section recommended the addition of a new fee code, the Developmental Neuropsychiatric Consultation, which would essentially be the same as the paediatric Neurodevelopmental Consultation but would be available for use by psychiatrists providing this service.

## 2. Internal Relativity Re-Adjustment of Time-Based Psychiatric Fees

Last year, the CTC approved an increase to time-based Psychiatric Care and Psychotherapy fees of approximately 4.54%. Psychiatric Care and psychotherapy billings comprise the large majority of all psychiatric billings, thus the Section felt it most relevant to increase those fees last year. The remaining psychiatric time-based codes, combined, amount to approximately only 10% of the cost of Psychiatric Care and Psychotherapy. To maintain the internal relativity of psychiatric fees, the Section requested that the remaining time-based psychiatric fees be increased by the same amount, or 4.54%.

## 3. Modernization of Psychiatric Care Definition

Since last year's Marathon session, OHIP has introduced several new time-based codes for remuneration of Community Treatment Order (CTO) services for psychiatric patients. These codes set a new precedent in the OHIP Schedule of

Benefits by explicitly stating that the codes will pay for time spent in a variety of non-face-to-face patient related activities for psychiatric patients. However, CTOs are only applicable to patients who are certifiable under the Mental Health Act, as psychiatric patients who are not deemed certifiable cannot be placed on a CTO. Despite this, the non-face-to-face patient related activities required for non-certified psychiatric patients are equally important, and may be as or more intense than those required for certified patients. The Section requested that the definition of Psychiatric Care be modernized to make it consistent with the provisions recently recognized by OHIP for payment of non-face-to-face patient related activities for psychiatric patients.

## 4. Allowing Treatment Therapy to be Billed the Same Day as a Consultation

The Preamble to the OHIP Schedule of Benefits precludes psychotherapy from being billed the same day as a consultation. However, there are instances when patients become acutely destabilized during the course of a consultation and require immediate treatment extending beyond the consultation. The parallel would be a surgeon consulting on a patient with an acute abdomen, and then proceeding to perform an appendectomy. However, if faced with prohibitions similar to the ones faced by psychiatrists, the surgeon would be unable to bill anything for the surgical procedure. The Section feels the existing prohibition against billing psychotherapy the same day as a consultation should be removed.

The Section presented the above requests to the CTC in the spring, and is now awaiting the CTC's response. Of course, the practical issue of implementation of the CTC's recommendations remains a concern, as the OMA has chosen not to implement the CTC recommendations for the past three years. The Section continues to believe it is important for the medical profession to have a mechanism for adjusting the relativity of its fees, and continues to advocate for implementation of the CTC recommendations. ■

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# Building Ontario's Capacity to Plan, Educate, Recruit and Retain Physicians to Meet Health Needs

The Executive Summary of the Report of the Expert Panel on Health Professional Human Resources, January 2001 states that:

"Over the next 10 years, Ontario's population is expected to increase by about 12%, and age significantly. As the population grows and ages, its need for health services will also grow. Government has made a commitment to meet those needs"... "Yet there are signs -- physician shortages in some parts of the province, nursing shortages, waiting lists -- that Ontario's health care system (like those in other provinces) may not have the number and mix of human resources to meet health needs. Recent reports from Dr. Robert McKendry (the Fact Finder on Physician Resources in Ontario appointed by the government and the Ontario Medical Association in 1999), the Canadian Medical Forum and the Institute for Clinical Evaluative Sciences -- all released late in 1999 -- specifically identified problems with the supply, mix and distribution of Ontario's physician services." "... "To address these needs and ensure Ontario has the right supply, mix and distribution of physician services in the future, the Minister of Health and Long-Term Care established the Expert Panel on Health Professional Human Resources." "... " the Expert Panel proposes that Ontario take a strategic, systems-

wide approach to health workforce planning. The problems cannot be solved by simply adjusting the number of students going into the system. They require a more comprehensive approach, one that will address all the factors -- including education, incentives, demographics, public expectations and health policies -- that affect where and how health professionals practice and the type of services they provide. To shape the physician workforce to meet health needs, the Expert Panel suggests Ontario take four steps to build its capacity to plan for, educate, recruit, and retain physicians:

1. PLAN PHYSICIAN SERVICES TO MEET NEEDS
2. PROVIDE APPROPRIATE EDUCATION
3. PRODUCE THE RIGHT SUPPLY AND MIX OF PHYSICIAN SERVICES
4. ATTRACT AND RETAIN PHYSICIANS WHERE THEY ARE NEEDED

*The full text of the Executive Summary and report (see Shaping Ontario's Physician Workforce, 761kb/113 pages/PDF format) are available for download at: <http://www.gov.on.ca/health/> ■*



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# CHILD PSYCHIATRY

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## Canadian Association develops Childrens Rights Survey

The Canadian Coalition for the Rights of Children has developed an on-line questionnaire to help it determine knowledge levels regarding the United Nations Convention on the Rights of the Child. The questionnaire can be found at: <http://www.rightsofchildren.ca/qutb8uns/nsurveye.htm>.

## Because Kids Grow Up...

A quarterly newsletter of NAMI, the Nation's Voice on Mental Illness, for professionals and families touched by childhood-onset mental illnesses. From: NAMI at 2107 Wilson Blvd., Suite 300, Arlington, VA, 22201-3042. Ph: 703-524-7600, fax: 703-524-9094, email: [Brenda@NAMI.org](mailto:Brenda@NAMI.org), see website: [www.nami.org](http://www.nami.org) Individual/family NAMI memberships are \$25, professional \$40.

## Mental Health Services for Ontario's Youngest Children and their Parents—A Proposal

A recent report, issued by Children's Mental Health Ontario, proposes that the Province of Ontario make a \$30 million annual investment in the mental health of children under the age of seven. The report suggests the proposed funding would be used to:

- Help to put vulnerable young children on a positive life course and relieve pressure on stressed-out families;
- Build on recent provincial investment in improved mental health services for children, and fit within both provincial policy priorities and the federal-provincial agreement on early child development; link to initiatives in the early years, such as Healthy Babies, Healthy Children, that are identifying young children with mental health needs;
- Support related service systems, including:
  - Child welfare agencies that are taking into care more children who have been emotionally, as well as physically, hurt by abuse and neglect
  - Kindergarten classrooms and child care centres whose staff are not trained to deal with children with serious emotional and behavioral disorders;
- Ultimately make our communities safer and more livable, as fewer children will experience the downward spiral of serious mental disturbance in their adolescent and adult years.

To read or download the full proposal please visit:  
[http://www.cmbo.org/pdf\\_files/preschbproposal.pdf](http://www.cmbo.org/pdf_files/preschbproposal.pdf)

## Ontario Teen Hospitalizations for Mental Health

On March 6, The Institute for Clinical Evaluative Studies (ICES) released a study which looked at inpatient and outpatient services provided to Ontario's children

and compared rates of hospitalization and other medical treatments in Ontario between 1992 and 1998. In general, children in Ontario are admitted to hospital less frequently than in the past with the notable exceptions of infants for jaundice and teenagers for psychiatric disorders. By 1997/98, mental disorders became the most common reason for a medical admission for males aged 15 to 19 years, and is the second most common reason for admission of females of the same age. The most common single diagnosis for both males and females is recurrent manic disorders. In both cases, the rates of admission for this disorder increased over time. Another common reason for admissions for both males and females was depressive disorders. The researchers noted, when discussing the increasing rates of admission of teenagers of both genders for mental disorders, in particular manic and depressive disorders, that, in the context of "overall decreasing inpatient care this change implies either there is an increasing burden of illness, an increase in diagnosis, a decrease in community or ambulatory-based interventions for these problems, or some combination of these factors. Delineating the role of these factors has important implications for the care of these children and the allocation of appropriate health care resources." For more information see "Inpatient and Day Surgery Use by Children in Ontario" at: <http://www.ices.on.ca/index.asp>

## Guide to Children's Mental Health Programs and Services

The latest report on children's mental health programs and services across Ontario is now available. The Guide was compiled by Children's Mental Health Ontario based on the results of a survey of member centres and is the only source of information on children's mental health programs and services throughout Ontario. The report includes:

- A summary of information about children's mental health centres in Ontario
- Detailed program descriptions in 5 program categories: Community/Outpatient, Day Treatment, Residential, Prevention and Other
- A list of Children's Mental Health Ontario member centres and addresses
- Catchment areas for children's mental health centres.

You can order copies, cost is \$50.00, at the following website:  
<http://www.cmbo.org/GuideOrderForm.shtml>

## Teaching Teachers

The Toronto District School Board, in conjunction with the Canadian Psychiatric Research Foundation, has launched a helpful new mental health information resource for teachers. "When Something is Wrong" is a brief guide that helps educators to identify depression, schizophrenia, and anxiety, eating and impulse-control disorders in students. ■

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# MEMBERS ON THE MOVE

Members on the Move is a new section in *Dialogue* highlighting members with promotions and new positions. To get your new appointment in "Members on the Move" send us the following information – your name, position, date of appointment, the organization you were with and the new organization (if applicable), your email, phone number and address. We will run these

announcements as we receive them, and as space in the *Dialogue* allows. Please forward your items in writing to Lorraine Taylor, at the OPA Head Office, 1141 South Service Rd. W., Oakville, Ontario, L6L 6K4 or by email: [opa@istar.ca](mailto:opa@istar.ca) ■





## PRESCRIPTIONS FOR DEPRESSION-RELATED PROBLEMS CONTINUE TO RISE

IMS Health Canada reported that the number of Canadians who see their physicians for depression-related problems continues to rise for the sixth consecutive year. In the last six years, visits for depression have increased 36% across Canada. Depression used to be the fourth leading cause for seeing a doctor, but moved to the second leading cause in 1995, right behind hypertension. In 2000, Canadians visited their doctors 7.8 million times for depression disorders.

## THE ONTARIO PROBLEM GAMBLING HELPLINE

For most people gambling is an entertaining and fun activity. However, for a small percentage of people, gambling can become a nightmare. The Ontario Problem Gambling Helpline (OPGH) operates province-wide and is open 24 hours a day, 7 days a week to help guide these people to the treatment they need. The computerized database contains up-to-date, detailed, descriptive information about problem gambling treatment services in Ontario that are funded by the Ontario Substance Abuse Bureau. The Helpline offers support and understanding to those in need of assistance. The Helpline is completely confidential and anonymous, and can provide service in over 140 languages. The toll-free number for the Helpline can be found on the Emergency Page of all Bell Canada directories.

Since 1997, the Helpline has received calls from over 17,000 individuals. Of these calls, 42% were received from problem gamblers, 21% were from a family member/significant other, 26% were non-problem gamblers/others seeking general information, and 27% were from professionals (e.g., social workers, psychologists, psychiatrists, etc.) seeking information and referral to problem gambling counseling services in the province of Ontario. A recently developed Directory of Problem Gambling Treatment Services in Ontario is currently available on a complimentary basis. A Virtual Treatment Directory can be accessed through the OPGH web site at [www.opgh.on.ca](http://www.opgh.on.ca). The site also includes background information about the Helpline. For further information call 1-888-230-3505

## MENTAL HEALTH WEBSITES FOR YOU TO CHECK OUT:

The Canadian Network for Mood and Anxiety Treatment (CANMAT) [www.canmat.org](http://www.canmat.org)

Vancouver based information site [Mental Health.com](http://www.mentalhealth.com)

The Harvard Mental Health Letter is a monthly review of the professional literature with original and often controversial articles by experts in all areas of mental health theory, treatment and research. Practical advice for professional and lay caregivers and patients is offered on a range of mental health subjects. <http://www.health.harvard.edu/newsletters/mltext.shtml>

Canadian Mental Health Website, built by Vancouver psychiatrist Dr. Phillip Long. Dr. Long has built, from his own pocket, one of most-used websites for patients suffering from mental illness. In 1995, Dr. Long started Internet Mental Health, [www.mentalhealth.com](http://www.mentalhealth.com). The site, which received a special recognition award in 1995 from the Canadian Psychiatric Association, outlines symptoms and treatment for everything from mood disorders to alcoholism and provides an extensive list of medications commonly used in the treatment of psychiatric illness.

### Ontario Addictions Aggression Web Site

A team of program consultants from the Ontario's Centre for Addictions and Mental Health (CAMH) has developed a website to help in treating men with substance abuse and violence issues.

The site is located at: <http://sano.camh.net/aggression>

The Depression Information, Education and Resource Centre toll free public line 1-888-5575051 ext. 8000 physician line 1-888-557-5050 ext. 800 [www.fhs.mcmaster.ca/direct](http://www.fhs.mcmaster.ca/direct)

Covering Mental Health: A Resource Guide for Reporters and Editors, which is part of the Columbia Journalism Review website: [http://www.cjr.org/resources/mental\\_health/index.asp](http://www.cjr.org/resources/mental_health/index.asp) The guide was developed to help journalists do a better job of covering mental health issues. ■

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Paxil ad  
to be stripped in  
by Printer