The Canadian Psychiatric Association acknowledged the outstanding work of 16 individuals at the 2003 annual meeting in Halifax during the President’s Banquet and Award Ceremony and the 53rd Annual Meeting.

Dr. Bruce McCreary won the CA Roberts Award for Clinical Leadership for his administrative innovations and the superior quality of psychiatric care he has given his patients for over 40 years. Dr. McCreary has dedicated his life to the delivery of service to individuals with intellectual disabilities. He has been the driving force behind the establishment and maintenance of formal agreements with affiliated agencies in the field of developmental disabilities.

Dr. Ashok Malla received the JM Cleghorn Award for Excellence and Leadership in Clinical Research for his overall contributions to schizophrenia and psychosis research and for establishing the early intervention program for psychosis at the London Health Sciences Centre—a program now recognized nationally and internationally as a leader in excellence for clinical psychiatric research dealing with first-episode psychosis.

Dr. Elliot Goldner was acknowledged for his innovative work in postgraduate education with the Paul Patterson Education Leadership Award. Dr. Goldner founded a division of Mental Health Policy and Services in the University of British Columbia’s psychiatry department and brought together a distinguished team of educators to establish a national training program in mental health services research.

The Mental Illness Awareness Special Recognition Award went to Dr. Theresa Clarke, who was nominated by a local CMHA branch for her passion and partnership in working with patients, family members and the community.

Professor Jane Murphy, wife of Dr. Alex Leighton, received the Alex Leighton Joint CPA–Canadian Academy of Psychiatric Epidemiology (CAPE) Award in Psychiatric Epidemiology for her direction of the Stirling County Study, a long-term investigation of psychiatric epidemiology in a general population that has laid the foundation for a 40-year perspective on trends regarding prevalence, incidence, course of illness and mortality. The award was established in 1998 to recognize Dr. Leighton as the pioneer of Canadian psychiatric epidemiology on his 90th birthday. Dr. Leighton was present to see his wife so honoured, and he himself received a spontaneous affectionate standing ovation.

Dr. Harry Karlinsky received the Joint CPA and the Council of Psychiatric Continuing Education Award for the most outstanding continuing education activity in psychiatry in Canada for his program, Frames of Mind. This highly imaginative program combines commercial films and documentaries with relevant mental health presentations.

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Senator Michael Kirby Challenges Community to Define New Canadian Mental Health Care Model

Senator Michael Kirby, chair of the Senate Committee on Social Affairs, Science and Technology gave the first public commentary on what may be needed to transform the mental health system. His comments were based on the preliminary findings of the Committee’s mental health study and were given at an opening session of the Canadian Psychiatric Association’s annual meeting in Halifax. The session was organized by Dr. David Goldbloom and included presentations by Dr. Elliot Goldner, Dr. Pierre Beauséjour and Dr. Pamela Forsythe on the need for a national mental health policy in Canada.

Senator Kirby noted that, based on hearings to date, the current model of mental health care is clearly “extremely dysfunctional” and in need of a major redesign. During his presentation, he challenged psychiatrists with several notions that should be considered when searching for solutions to the high prevalence of largely untreated mental illness and addiction as well as the impediments to service access and improved mental health outcomes.

The Senator acknowledged that mental health and mental illness receive little attention and fewer resources, compared with physical illness, and that government funding is channelled to the acute care of physical illnesses because of the pressures on government to treat the sick. He observed that stakeholders seem attached to two “bipolar” approaches to mental health that divide the community. These encompass conflicting concepts of “mental health” versus mental illness, mental illness as purely a brain disease versus something caused by multiple factors, and biomedical versus psychosocial intervention. Rather than choosing either the mental health or the biomedical model, the Committee hopes to recommend a new model as part of the solutions discussion that will be the focus in the second phase of the Senate study.
The persistence of stigma and discrimination continues to make people reluctant to seek treatment; perpetuates outdated treatment methods; leads to the perception that recovery from mental illness is not possible; and is responsible for the chronic underfunding of research, treatment and support services, said Senator Kirby. He noted, “What has struck me is the full extent of the impact of stigma and discrimination and how they rear their ugly heads in so many ways.” The Committee has concluded that educational campaigns alone are ineffective, but Senator Kirby sees few clear strategies for combating stigma. He asked, “Is there anything public policy should do to address stigma given the dynamic between attitudes and policies?” The Committee is looking for truly creative suggestions.

Senator Kirby characterized the system that evolved following deinstitutionalization as extremely fragmented. Dr. Forsythe later described the system as one that forces patients into an elaborate game of snakes and ladders to access services. The Committee has been told that patients need a seamless navigation between the services that support recovery. This is an easy solution to articulate, says Senator Kirby, but difficult to implement given the ideological splits between mental health disciplines, the varied interests of consumer survivor and advocacy groups and jurisdictional divisions between the provincial and federal governments.

The Committee’s questions include the following: Should mental health be delivered almost entirely through community-based programs and would this imply that the mental health delivery system ought to be separate from the acute care delivery system? Does this, in turn, mean mental health should be governed by a new piece of legislation other than under medicare? Given that provincial governments have been slow to move funding from institutions to the community, is there a need to change the funding system so that resources follow the individual rather than going directly to the institutions? Will embedding mental health services directly into a primary health care model ensure an integrated and comprehensive system? How do we redesign the system to provide a single point of entry?

The absence of a national policy for mental health, mental illness and addiction also impedes access to services, according to Senator Kirby. He noted that, while all levels of government are involved in funding and delivering mental health services and addiction treatment, there are no national standards to guide the funding and delivery of these services. Although the Canada Health Act’s stated primary objective is to promote and restore both physical and mental well being, the Act expressly excludes hospitals or institutions “primarily for the mentally disordered” explained Senator Kirby.

(Editor’s note: this exclusion has its roots in the original hospital insurance act that gave birth to medicare. Provincial psychiatric hospitals were excluded from the insurance scheme because the federal government had already put in place a grant system to improve the quality of these institutions.) This exclusion is discriminatory he said. “To what extent should mental health care be covered under the Canada Health Act?” Senator Kirby asked.

The Committee wants to explore how all levels of government could be involved, what role the federal government should play, what needs to be addressed and where we start with a national action plan. Pointing to the Canadian Alliance on Mental Illness and Mental Health’s (CAMIMH) action plan proposals, he asked in what ways the federal government could exercise leadership. How can the federal government better assume its responsibilities with respect to surveillance, promotion and prevention? How can integration of services and supports be achieved? What are the research priorities?

Finally, Senator Kirby also made reference to the Senate Committee’s likely approach to making funding recommendations. He said it is clear to the committee that mental illness is funded as a poor second cousin compared with physical illness, and the allocation of resources must equally change even though more money, people and resources are unquestionably needed. Hence, before recommending new investment, the committee will investigate how the system functions so that new money buys change. This will include questions about which mental health services are paid for publicly and which are paid for privately. Senator Kirby explicitly asked whether psychologists should be paid from the public purse, as physicians are.

Dr. Goldner set the stage for psychiatry’s response to Senator Kirby’s questions by providing an overview of the history of mental health policy in Canada from the early asylums to deinstitutionalization. He pointed to four opportunities for reform: primary care, workplace mental health, integration of mental health and addiction services and coordination of the criminal justice system with mental health services.

Dr. Beauséjour, as founding member of CAMIMH along with Dr. Forsythe, explained how CAMIMH is beginning to bridge the polarities identified by Senator Kirby and is building a new basis for consensus among the patient, family and community sector, service providers and professionals, and all levels of government. It has already agreed on a shared vision and the basic ingredients of an action plan for advancing Canada’s mental health system.

Senator Kirby reinforced that the Senate Committee is fully committed to completing its study, noting that it is the only national forum currently available to discuss mental health. The Committee is expected to table a report of its first round of hearings, with some suggestions for reform, in fall 2004. This will be followed by a set of national public hearings focused on finding solutions and a comprehensive report on recommendations for reform in spring 2005.

The full text of all four presentations can be found on the CPA web site at www.cpa-apc.org. HC/FK
Association Business

A Change of Office and New CPA Board of Directors

The President’s Banquet was the occasion for the official assumption of the president’s office. Dr. Aruna Thakur accepted the chain of office to become the 2003–2004 CPA president from Dr. Blake Woodside, who will now take on the role of CPA Board chair. She also presented CPA President-elect, Dr. Asad Mahmud of New Brunswick.

Dr. Thakur is a clinical psychiatrist who has special interests in the areas of eating disorders, chemical addictions and hypnotherapy. She has been involved in organized medicine since the early 1980s and the Saskatchewan Psychiatric Association since 1976. Among her roles she has served as president of the Saskatchewan Psychiatric Association (1995–1999) and president of the Federation of Medical Women of Canada (1982). She has been very active in the social and health service through the United Way and has been involved with Larson Intervention House, a Saskatoon detoxification centre. She chaired the board for 10 years until 1989 and remains a board member. She also established the Thakur Eating Disorder Trust Fund at the University of Saskatchewan in 1984. Newly elected chair, Dr. Blake Woodside, specializes in the treatment of eating disorders in adults and is currently director of the inpatient eating disorders program at the Toronto General Hospital, an associate professor in the Department of Psychiatry at the University of Toronto and has an active academic research career. He has been recognized locally and by the American Psychiatric Association for his contributions to undergraduate medical education. Dr. Woodside has a long history of involvement in organized medicine. He has served in various capacities for the Ontario Medical Association, the Canadian Medical Association, the Ontario Psychiatric Association, and the Canadian Psychiatric Association, for which he served as president in 2002–2003 and chaired the Economics Committee for six years.

Dr. Thakur and Dr. Mahmud also represent their provincial associations and are joined on the CPA Board by 4 new provincial directors: Dr. Kevin Hogan of Newfoundland, Dr. Manon Charbonneau of Quebec, Dr. Robert Buckingham of Ontario and Dr. Jack Kettler of Manitoba. Dr. Roger Bland was appointed for a second term to represent Alberta. Dr. Andrew Moul- den from the University of Toronto was elected to the post of director-in-training subsequent to a mail ballot election. The Members-in-Training and the CPA Fellows Section, under Dr. Khrista Boylan’s leadership, is working with British Columbia residents to fill the director-in-training position for their region.

The new members join returning Board members: Dr. Ken Hashman, secretary treasurer; Dr. Pippa Moss, provincial director for Nova Scotia; Dr. Mark Traintiffilou, provincial director for PEI; and Dr. Sean Flynn from British Columbia. HC

Award Winners from p 25

The Canadian Academy of Geriatric Psychiatry (CAGP) chose the 2003 annual meeting as the venue to launch the first ever CAGP Award for Outstanding Contributions to Geriatric Psychiatry. Dr. David Conn presented Dr. Marie-France Tourigny-Rivard with the inaugural award for her national leadership and outstanding contributions in education and service development in the field of geriatric psychiatry.

Two Association of Professors of Psychiatry of Canada (ACPC) awards were presented by Dr. Donald Addington, ACPC’s current chair. Dr. David Robinson won the ACPC Award for Excellence in Education for his well-known humorous texts for undergraduate education. Dr. Jennifer Couturier won the ACPC Annual Research Award given to a resident. Dr. Couturier was acknowledged for her initiative and sustained commitment to research during her residency and the successful publication of her work, mostly as first author. Four residents from Laval University shared this year’s Coordinators of Post-Graduate Education in Psychiatry (COPE) Award: Dr. Philippe Tremblay, Dr. Philippe Tremblay, Dr. Philippe Tremblay, Dr. Philippe Tremblay, Dr. Philippe Tremblay, Dr. Philippe Tremblay accepted the award on behalf of his colleagues from COPE chair, Dr. Phil Tibbo.

Dr. Jitender Sareen won the RO Jones Award for Best Paper by a psychiatrist.

The RO Jones Award for Best Paper by a resident was given to Dr. Alana Holt Seitz for her collaboration with Dr. David Crawford and Dr. Beverly Adams. Best 2003 annual meeting poster was awarded to Dr. Jeffrey P. Reiss. HC
October 5 to October 11 was Mental Illness Awareness Week (MIAW) this year. The campaign theme, “Mental Illness and the Family—Resources for Recovery,” was embraced by many national organizations, which used the theme and the campaign materials for their events aimed at raising awareness about mental illness. The theme of this year’s campaign focused on the tapestry of families associated with the recovery process of mental illness.

During MIAW, the Canadian Alliance on Mental Illness and Mental Health (CAMIMH) hosted the first annual National Champions of Mental Health luncheon to honour outstanding Canadians for helping to advance the mental illness and mental health agenda in Canada. Held October 7 at the National Arts Centre in Ottawa, the parliamentary luncheon inaugurated the CAMIMH National Champions of Mental Health Awards under the theme “It’s About Time—it’s About Mental Health.” In keeping with the theme, the recipients were presented with engraved clocks as awards.

“This luncheon promises to mark a significant milestone in CAMIMH’s efforts to raise awareness about the devastating effects of mental illness on our society and the importance of mental health,” CAMIMH chair Phil Upshall said at the luncheon.

The Standing Senate Committee on Social Affairs, Science and Technology was presented with a 2003 National Champion of Mental Health award in the government category. Senator Michael Kirby, chair of the Senate Committee, accepted the award on behalf of the Senate Committee members, many of whom attended the luncheon. The Committee is currently conducting a study on mental health.

Member of Parliament Dr. Carolyn Bennett also received a National Champion of Mental Health award in the government category. Dr. Bennett is currently the chair of the Standing Committee on Human Resources Development and the Status of Persons with Disabilities. John Hunkin, president and CEO of the CIBC group of companies, was honoured as a Champion in the corporate sector.

Dr. Remi Quirion, Scientific Director of the Institute of Neurosciences, Mental Health and Addictions, received a Champion of Mental Health award for research, and Rona Maynard, editor of Chatelaine Magazine, received a Champion award for her work in the media to raise awareness about mental health issues.

“These Champions have worked with—and for—Canadians from all walks of life to ensure that this important issue receives the attention it needs and deserves,” said Upshall after the awards ceremony.

CPA members Dr. Pierre Beauséjour, Dr. Keith Anderson, Dr. David Goldbloom and Dr. Julio Arboleda-Flórez joined other CAMIMH members in honouring the award recipients for their exemplary work in the mental health sector. DV
CPA recognizes courage of Lt.-Gen (Ret.) Roméo Dallaire in raising awareness about mental illness with MIAW award

The CPA has awarded its 2003 Special Recognition Award for Mental Illness Awareness to Lt.-Gen (Retired) Roméo Dallaire. The award honours Dallaire for his courage, leadership and dedication in raising awareness about mental illness in Canada’s workplaces despite the mental health challenges he has faced as a result of his own work.

Dr. Pierre Beauséjour presented Dallaire with the award during Mental Illness Awareness Week (MIAW) on behalf of the CPA and the more than 20 national organizations that partner with the CPA on MIAW. The ceremony took place at the federal government’s inaugural interdepartmental Employee Assistance Program (EAP) Conference in Ottawa on October 1. Lt.-Gen (Ret.) Dallaire was the EAP conference’s keynote speaker.

Dallaire is a renowned Canadian expert on the subject of workplace health. A highly decorated soldier, he served for 30 years with the Canadian Armed Forces. Recently retired, he has spearheaded the effort to redefine the long-term professional development and training requirements of the Canadian Forces officer corps, and he continues this work in an advisory role. He also continues to work on the Canadian Armed Forces Mental Health Project. His speech to the federal government employees at the conference highlighted the importance of recognizing mental health issues in the workplace.

“Despite how difficult it must be at times for you, your willingness to continue to speak about your own challenges and about mental health and mental illness in relation to workplace issues helps break down barriers and stigma,” said Dr. Beauséjour in presenting Dallaire with the CPA’s Special Recognition Award for Mental Illness Awareness. “Mental Illness should always be approached as a human issue and you brought a human face to the workplace of the armed forces of Canada. It is by sharing personal experiences with mental illness that we will be able to change attitudes.”

The EAP conference, presented in partnership with several government departments along with the CPA, was just one of several events using the backdrop of the MIAW 2003 national public education campaign to profile mental illness issues.

Members’ Corner

CPA member awarded France’s highest honour for pioneering work in psychiatry in prisons

In June, CPA life member Dr. Chunilal Roy was awarded France’s top honour when he was named a Chevalier (knight) de l’Ordre de la Légion d’honneur, by the French government.

Considered a pioneer in treatment in prisons, the Vancouver-based psychiatrist and professor emeritus at the University of British Columbia was awarded the medal by Canada’s ambassador to France, Raymond Chrétien, at a ceremony in Paris earlier this year.

Dr. Roy was recognized by France for his work in forensic psychiatry, which he has specialized in for the past 30 years. Instrumental in promoting the Oath of Athens, a 1979 declaration adopted by Amnesty International that outlines ethical principles for doctors working in prison settings, Dr. Roy is a long-time and ongoing supporter of the ethical practice of medicine in prisons. He helped establish the International Council of Penitentiary Medicine in 1977, which is now affiliated with the United Nations. He was the first medical director of the Abbotsford Regional Psychiatric Centre.

Dr. Roy was also awarded Knighthood by the Order of St. John (Knights of Malta) in 1993. In July 2001, he was presented with a Certificate of Appreciation for his contribution in the field of mental health on behalf of the House of Commons. DV
Health Canada oversees market withdrawal of nefazodone

Health Canada is working with manufacturers to take the antidepressant drug nefazodone off the market as early as the end of November 2003. This action has been taken as a result of the drug’s safety evaluation, which found the medication poses a risk of causing serious liver-related adverse effects.

Available internationally since 1993, nefazodone is a prescription-only product approved for sale in Canada in 1994 and sold under the trade name Serzone® by Bristol-Myers Squibb Canada Inc. Earlier this year, Bristol-Myers Squibb removed Serzone® from the market in Europe, while Spain and Turkey both suspended its sale. While nefazodone is still sold in the United States, the FDA in 2002 required Bristol-Myers Squibb to issue a letter to health-care professionals advising them of the latest risk information about the drug and informing them of changes made to the drug’s prescribing information.

Health Canada is asking consumers and health-care professionals to report any suspected adverse effects associated with the use of nefazodone products to Health Canada using the following contact information:

- Toll free hotline: 1-866-234-234
- Toll free fax: 1-866-678-678
- E-mail: cadrmp@hc-sc.gc.ca

For more information on the adverse reactions report go to: www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/adrv13n1_e.html

For more information on the latest Health Canada Advisory regarding nefazodone go to: www.hc-sc.gc.ca/english/protection/warnings/2003/2003_83.htm

Editor’s note: The above summary of Health Canada’s letter to professionals is published by the CPA at the suggestion of Dr. Irvine Epstein, chair of the Canadian Psychiatric Association’s Psychopharmacology Section, to ensure maximum dissemination of notice of withdrawal of nefazodone from the Canadian market. A report of a study by Dr. Donna Stewart to determine the prevalence of adverse reactions to nefazodone reported in the Health Canada database was first published by the Canadian Journal of Psychiatry in May 2002 and can be found at: http://www.cpa-apc.org/Publications/Archives/CJP/2002/may/briefCommunicationNefazodone.asp.

Santé Canada supervise le retrait du marché de néfazodone

Santé Canada travaille avec les fabricants à retirer du marché le médicament antidépresseur néfazodone dès la fin de novembre 2003. Cette mesure a été prise par suite des résultats de l’évaluation de l’innocuité du médicament, laquelle a révélé qu’il risque de causer de graves effets indésirables au foie.


Santé Canada demande aux consommateurs et aux professionnels de la santé de déclarer tout effet indésirable soupçonné associé à l’utilisation des produits de la néfazodone à Santé Canada, à l’aide des renseignements suivants : ligne d’assistance sans frais, 1-866-234-2345; télécopieur sans frais, 1-866-678-6789; et par courriel, cadrmp@hc-sc.gc.ca


Professor Frederic Grunberg, past president of the Canadian Psychiatric Association (1985) and a founding member of the National Council on Ethics in Human Research, passed away in October 2003. He was a tireless mentor who inspired generations of psychiatric residents and other students to go farther and do greater things. Right up until this summer, his office door was always open to colleagues who would come to seek career advice or to discuss questions relating to the bioethics unit at the Louis H. Lafontaine Hospital; he continued with clinical work, helping to lighten the heavy burden of his younger colleagues.

Professor Grunberg was of liberal Jewish origin, born in Alexandria and trained in medicine in Montpellier, France, and at the Institute of Psychiatry in London. He established himself in Saskatchewan in 1956 and, as an avant-garde psychiatrist, took part in the first wave of deinstitutionalization in Canada, backing his colleague and partner Dr Hughes Lafave. In 1967, he was medical commissioner in New York State and teaching at Albany. He was recruited in 1976 by Dr Denis Lazure, the director of the Louis H. Lafontaine Hospital in Montreal, as director of education. Even though the two men might have disagreed on questions of national politics (and Professor Grunberg loved talking politics), they were united in their quest for social justice and improving the quality of care and practices in psychiatric establishments and in the community for people suffering from mental disorders. Through his mentoring and his involvement, he contributed to the development of this psychiatric hospital into an organization that combines major clinical functions with higher education and research.

While participating in the social psychiatry movement, he continued to focus on the other biological, clinical and psychological dimensions of psychiatry in his teaching. With Dr Pierre Lalonde, he inspired and supported the development of a clinical psychiatric manual with a biopsychosocial approach that, through subsequent editions, has become the leading clinical psychiatry manual with a biopsychosocial approach that, de l'éthique et de la recherche chez l’humain nous a quittés en octobre 2003. Il a été un mentor inlassable, inspirant des vagues de résidents en psychiatrie et d’autres étudiants d’aller plus loin et de faire mieux. Il laissait ouverte la porte de son bureau jusqu’à cet été 2003 pour ses collègues qui venaient le consulter pour leur carrière, pour les questions d’éthique au module de bioéthique de l’hôpital Louis-H Lafontaine; il a continué le travail clinique soutenant ainsi la lourde tâche de ses plus jeunes collègues.


Participant au mouvement de psychiatrie sociale, il ne négligeait pas les autres dimensions biologiques, cliniques et psychologiques dans son enseignement. Il a inspiré et soutenu avec le Dr Pierre Lalonde le développement du manuel de psychiatrie clinique, une approche bio-psycho-sociale, qui est devenu au fil des éditions le premier manuel de psychiatrie francophone. Choqué par l’approche de santé publique en prévention du suicide au Québec au début des années ’80 qui scotomisait le rôle des troubles mentaux, il a soutenu le développement de la première étude canadienne à cas-témoin sur la question. Il a vu les résultats publiés tant dans l’American Journal of Psychiatry que dans Santé Mentale au Québec. Il est ensuite intervenu souvent sur la question dans les forums académiques et publics, de sorte que maintenant les troubles mentaux ont retrouvé une juste place parmi les causes du suicide et dans les plans provinciaux québécois de prévention.

Dans les dernières semaines, alors qu’il savait l’issue de sa condition, il confiait avec lucidité et sérénité qu’il avait vécu 76 belles années. Il s’est éteint à son domicile, entouré des siens, sa conjointe, ses enfants et petits-enfants.

Il nous laisse comme psychiatres le souci d’excellence et il s’est élevé parmi nous au statut de Professeur.

Professeur Frédéric Grunberg, salut !