

MIAW 2003: Let's Turn Around the Persistent Stigma Surrounding Mental Illness Together

October 5–11, 2003, is Mental Illness Awareness Week (MIAW). The theme of this year's campaign is Mental Illness and the Family—Resources for Recovery, with the focus on the tapestry of families associated with the recovery process of mental illness.

MIAW offers an excellent backdrop to organize an event that helps raise awareness about mental illness. "Together we can do something to turn around the persistent stigma surrounding mental illness," says Dr. Pierre Beauséjour, Chair of the CPA and founding chair of MIAW. He adds, "I am encouraged by the quality and level of national activity that is being tied into the MIAW 2003 campaign." On Oct. 7, the newly expanded Canadian Alliance on Mental Illness and Mental Health (CAMIMH) will host the "CAMIMH Champions of Mental Health Luncheon on the Hill" at the National Arts Centre in Ottawa. This parliamentary luncheon will inaugurate a new honour: the CAMIMH Mental Health Champion Awards under the theme, It's About Time—It's About Mental Health. The first interdepartmental Federal Government Employee Assistance Program (EAP) conference will take place on

Oct. 1. The CPA has been collaborating with Health Canada, who are taking the lead for the conference, including securing the conference's keynote speaker, Lt.-Gen (Ret.) Roméo Dallaire. In addition, the Department of Psychiatry at Queen's University will host the Second International Conference on the Stigma of Mental Illness during MIAW. Running from Oct. 8 to 10, the theme of the conference is "Stigma Across the Life Span."

More details about these and other events can be found on the MIAW Web site at www.cpa-apc.org/MIAW/MIAW.asp in the Calendar of Events section. While at the MIAW Web page, organizations are encouraged to submit details about their MIAW activities, so that media can be directed to local events for stories during MIAW.

The CPA provides organizers of MIAW events with supportive materials including theme posters, bookmarks and a guidebook for planning, all of which can be ordered online. Also, for the 12th consecutive year, the CPA will recognize at least one individual or group for their outstanding contribution to raising awareness about mental illness in Canada.

Nomination forms are available online.

First launched by the CPA in 1992, the underlying goals of MIAW are to contribute to the destigmatization of mental illness and to informed decision-making about treatment and seeking care. While there is increasing evidence that attitudes about mental illness require ongoing and targeted strategies, Dr. Beauséjour notes that the CPA has maintained the campaign to provide an annual focal point for local groups, hospitals and national organizations to engage their communities in a discussion about mental illnesses and to provide information about the nature of mental illnesses and their available treatments. The CPA is continuing to call for a national action plan on mental illness and mental health in partnership with CAMIMH that would include federal leadership and significant resources to support a multifaceted public education strategy with an evaluation framework and based on best practices.

A number of potential sponsors were approached to increase external financial support for this year's campaign. GlaxoSmithKline Inc. (GSK) and Wyeth generously stepped forward with financial contributions that help

offset the printing and publicity costs underwritten by the CPA to provide Canada with a backdrop for MIAW this year. The balance of funding comes from CPA general revenues along with small contributions from a number of national organizations that are partnering with MIAW this year.

MIAW is facilitated by the CPA in partnership with CAMIMH members and a number of other national groups such as the Canadian Psychiatric Research Foundation, the Canadian Nurses Association, the Canadian Association of Social Workers, the Canadian Association of Occupational Therapists and the College of Family Physicians of Canada. CAMIMH includes CPA, the Autism Society of Canada, the Canadian Association for Suicide Prevention, the Canadian Coalition for Seniors Mental Health, the Canadian Federation of Mental Health Nurses, the Canadian Medical Association, the Canadian Mental Health Association, the Canadian Psychological Association, the Mood Disorders Society of Canada, the Native Mental Health Association of Canada, the Schizophrenia Society of Canada and the National Network for Mental Health. *FK/DV*

Special Policy Symposium at CPA Annual Meeting to Include Senator Kirby

The Canadian Psychiatric Association's 2003 annual meeting features a special policy symposium chaired by Dr. David Goldbloom. Senator Michael Kirby, Chair of the Senate Committee on Social Affairs, Science and Technology, joins Dr. Elliot Goldner, Dr. Pierre Beauséjour and Dr. Pamela Forsythe to discuss the need for a National Mental Health Policy in Canada. Senator Kirby will speak to the mental health study currently underway by his Committee. This is but one of the outstanding sessions available at the CPA's annual meeting in Halifax from Oct. 30 to Nov. 2. Under the theme, *Under One Roof—A Tapestry of Families*, the annual meeting

offers diverse learning prospects for Maintenance of Certification (MOC) credits, reports on the latest research, and is the annual occasion to spend time and network with colleagues from across Canada.

"As the leading mental health CPD activity for Canadian psychiatrists, we're not content to sit on our laurels," says Dr. Susan Abbey, Annual Meeting Program Chair. "So in addition to the myriad of courses, symposia, workshops and discussions with experts, the 2003 annual meeting is offering new learning formats and expanded paper and poster sessions." This year's new learning formats include networking discussion groups as

well as an attempted murder mystery—a team-based game that will teach you about the medical complications of psychiatric medications.

Invited lecturers at this year's meeting include Dr. Jock Murray (*A History of Marijuana as Therapy*); Dr. Zindel Segal (*Sequencing Pharmacological Remission with Psychological Prophylaxis in Major Depression*); the Honourable Mr. Justice Richard D. Schneider (*Mental Health Court*); and Dr. Richard Swinson, Chair of the Department of Psychiatry at McMaster University, who will give the distinguished member lecture.

The meeting will take place in Halifax at the World Trade and Convention Centre.

For more information on the meeting, contact the Meeting Coordinator, Heather Cleat, at 613-234-2815 (242). For registration information, call the Registration Coordinator, Scott Kettles, at 613-234-2815 (231). You can also register online at www.cpa-apc.org. Accommodations can be booked at the Delta Barrington and Delta Halifax conference hotels by downloading a fillable pdf form from www.cpa-apc.org/Abstracts/intro.asp. *HC*

CPA Tightens Rules on Scientific Program for 2003 Annual Meeting

Scientific program sessions of the CPA's annual meeting that receive unrestricted educational grants will undergo additional scrutiny this year, says the Annual Meeting Program Chair, Dr. Susan Abbey.

The annual meeting is set to run Oct. 30 to Nov. 2 in Halifax, and as in previous years, several scientific program sessions will receive funding from industry. However, this year the CPA has implemented new guidelines for these sponsored sessions to ensure balanced content within the scientific program. "As the sponsoring medical organization for the annual meeting, the CPA must ensure that the scientific program content adheres to

CMA and Royal College guidelines," says Dr. Abbey. The CPA adapted the existing cosponsored symposium review process for use with industry-sponsored scientific

Section 1 criteria. Sessions are also monitored on-site for compliance with approval requirements.

"We are the only national specialty society that does

All funds and honoraria related to the sponsored sessions must be transferred to the CPA for disbursement to speakers, and full budgetary disclosure is required. The CPA has also curtailed supplementary publicity for, and company marketing at, these sessions.

"We've received positive feedback from the membership on the move by the CPA this year to tighten the rules on the scientific program sessions that receive unrestricted educational grants," says Dr. Abbey. "The CPA takes this role to ensure that the material presented in its scientific program is unbiased and scientifically valid." *DV/KH*

We've received positive feedback from the membership on the move by the CPA this year to tighten the rules on the scientific program sessions that receive unrestricted educational grants.

—Dr. Susan Abbey

program sessions. Key components of the new process include an expert content review and final event approval by a physician assessor in terms of overall content and compliance with Maintenance of Certification

this level of peer review of our scientific program," says Alex Saunders, CEO of the CPA. "This means we can offer our members a very high-quality scientific program at our annual meeting."

Stigma Expert Says Policies, Perceptions of the Mentally Ill from All Sides Must Change

World-renown psychiatrist, **Dr. Julio Arboleda-Flórez**, wears many hats: forensic psychiatrist, professor, epidemiological researcher, international consultant, administrator, ethicist and, most recently, public education expert.

In 1995, when the World Psychiatric Association (WPA) met to address stigma toward mental illnesses, WPA President Dr. Norman Sartorius asked Dr. Arboleda-Flórez, as chairman of the WPA forensic section, to help focus the debate. "Nobody knew much about stigma," he recalls. "It was like three blind men describing an elephant, each one describing what he touches but none able to describe the animal."

At that point they agreed to pilot an antistigma program and Calgary, where Dr. Arboleda-Flórez headed the Department of Psychiatry at the Calgary General Hospital, at the time a WHO Collaborating Centre, took the lead. Many of the materials produced for the Calgary pilot are used today in a network of centers in 27 countries. Although the program is modified to suit local circumstances, all countries use the same evaluation tools, which yield internationally comparative data says Dr. Arboleda-Flórez. This October's WPA Together Against Stigma conference in Kingston, organized by Dr. Arboleda-Flórez and his wife, Dr. Heather Stuart (also a stigma expert), permitted the heads of sites to share data.

The 1996 Calgary pilot revealed that all population groups hold similar negative attitudes toward mental illness and that stigma is often systemic, says Dr. Arboleda-Flórez. The pilot also found those most informed about

mental illness, psychiatrists and clinicians, also stigmatized the mentally ill—calling into question the effectiveness of mental illness literacy campaigns that aim to change attitudes through knowledge. Dr. Arboleda-Flórez also says that the increasingly depersonalized health system means that many clinicians no longer connect adequately to the individual. He blames a system where psychiatric patients are treated in hospital for two weeks and then released. Treating acute symptoms is not enough, says Dr. Arboleda-Flórez, "We have to help with that patient's recovery and their reintegration into their community."

What Works

The Calgary pilot demonstrated that public education activities targeted at specific groups such as students and clinicians work but they must be continuous, focused and have a personal element. In Calgary, students were glued to presentations by persons suffering from schizophrenia, remembers Dr. Arboleda-Flórez, "They learned to see these persons, not as crazy mental hospital patients, but as human beings."

The WPA program, called Opening the Doors, develops permanent programs in the centers it supports, using targeted intervention strategies and evaluates efficacy.

Although the stigma research team that supported the Calgary pilot dissolved with the closing of the WHO Centre and the Calgary General Hospital in 1998, the Alberta Mental Health Board continued to run many aspects of the program for five years, and the Calgary Branch of the Schizophrenia Society of

Alberta is still involved as the Canadian site for the WPA Program.

The problem with many stigma campaigns like Mental Illness Awareness Week is that they are "flashes in the pan" that temporarily pump up enthusiasm and awareness but have no lasting effect. Also, they typically lack an evaluation component, making it difficult to measure efficacy. Big campaigns such as ParticipACTION are also limited in their effectiveness says Dr. Arboleda-Flórez. To be effective, these programs require large ongoing interventions over extended periods and big budgets, something mental health doesn't have.

What does he propose for a Canada-wide strategy? "The federal government has clearly shirked its responsibility in this area," says Dr. Arboleda-Flórez. He points out that health promotion and prevention is a federal responsibility, yet Canada is one of the few western countries without a central administration, or division, for mental health. "Their role should not be to dictate to the provinces how to handle their sick people but to inform the policy choices and debate through leadership." Such a division should take the advice and ongoing input of stakeholders, including researchers, academics and clinicians in the field, "Without dialogue and expert advice, a federal unit would be a sterile bureaucratic exercise," says Dr. Arboleda-Flórez. Through a Mental Health Division, the federal government could mount needed national-level public education intervention studies on disability, how people suffering from mental illness



function in the community and what works with children. Federal research agencies such as the Institute of Neurosciences, Mental Health and Addiction of the Canadian Institutes of Health Research should also make matters of mental health policy a legitimate research area.

He also thinks provinces should be made accountable for the mental health of its citizens. "The provincial government has an obligation to provide a mental health system that encompasses a continuum of care across the life span. In the past, hospitals advocated for patient treatment rights but deinstitutionalization has left the fragmented community system to take up the fight. The result has been under funded community systems and symptomatic people on the streets and in jail. This is stigmatization," says Dr. Arboleda-Flórez.

Medical schools also play a role in fighting stigma says Dr. Arboleda-Flórez based on 30 years of academic and teaching experience and as current Head of the Psychiatry Department at Queen's University, "Many students and faculty in other departments still think of psychiatry as 'feely, touchy, talky' because they don't know how scientific psychiatry has

evolved, and they look down their noses at psychiatry.” Psychiatric education in Canada faces a massive public relations task to change this perception and recruit medical students.

Despite the problems he faces as a psychiatric educator, Dr. Arboleda-Flórez considers his teaching activities to be the most significant accomplishment of his career. “I have a large number of Fellows in forensic psychiatry that have gone to many places in the world and now they carry the growth of my specialty in forensic psychiatry.” An expert witness to the courts since the 1970s, Dr. Arboleda-Flórez enjoys the adrenalin rush of a counsel who comes at him with heavy scientific and legal arguments, “It’s that moment of confrontation with your knowledge: how in depth you can go and what you know,” he explains. The need to stay abreast also makes forensic

psychiatry a demanding profession. “The moment you’re not up-to-date in forensic psychiatry, you are dead meat in court.”

A few well-placed nudges brought Dr. Arboleda-Flórez to psychiatry. Although tossed between law and medicine, it was natural that he should enter into medicine and hospital administration. Both parents were medical; his father was a doctor and hospital administrator in Colombia. During his residency in internal medicine in a Colombian general hospital, his supervisor suggested that, given his knack for talking with patients, he might consider psychiatry. During his psychiatric residency at the University of Ottawa, the department head, noting his aptitude for grasping legal issues, suggested he specialize in forensic psychiatry.

Indeed, chuckles Dr. Arboleda-Flórez, the

sabbatical year he used to complete a PhD in epidemiology in 1994 was one of his few self-driven career moves. His forensic research work involved setting up studies using large databases and had an epidemiological component. “I found myself in a trap,” he says. With little knowledge of research methodology and statistics, he was reliant on others.

Dr. Arboleda-Flórez’ accomplishments are many. Through the WHO and the Pan American Health Organization he has helped set up national mental health and forensic systems in many countries. He also established the University of Ottawa’s forensic services early in his career as well as the regional services for southern Alberta. He has written on forensic psychiatry, ethics and stigma. He drafted the WPA Madrid Declaration (a world code of ethics). He wrote the background document for the

WHO on stigma and mental illness that was used at the health ministers’ conference at the World Health Assembly in Geneva in 2001. A contributor to *The Canadian Journal of Psychiatry (CJP)*, Dr. Arboleda-Flórez is the Guest Editor of next month’s *CJP* special issue on stigma and discrimination.

Besides a yearning to renew his poetry and essay writing, Dr. Arboleda-Flórez has few regrets. Although his first marriage ended in divorce, his two children are now grown: one a lawyer and the other a small business owner. He and his present wife, Dr. Stuart, both work in psychiatric epidemiology and often collaborate on projects. Arboleda-Flórez claims he’s found the key to happiness, “Fully enjoy whatever it is you do, whether it’s hard work or entertainment, pour all your life into it.” *HC*

Statistics Canada Releases Data from the First National Community Mental Health Survey

Two of Every Three Persons With Mental Illnesses Not Receiving Care

Most national media services reported on the release of the initial results of the Statistics Canada 2002 Mental Health and Well-being Survey Sept. 3. Five mental health disorders were assessed by the survey: major depression, mania disorder, panic disorder, social phobia and agoraphobia, as well as alcohol and illicit drug dependence. The survey identified 2.6 million Canadians as suffering from these five disorders and that nearly 1.1 million of these are not getting mental health care or treatment. A Canadian Forces supplement was released Sept. 5.

Interviews with spokespersons from the Canadian Alliance on Mental Illness and Mental Health (CAMIMH) and its members, including Dr. Blake Woodside representing the CPA, were widely used in media reports. Using the data results to point to the size of the unmet health care service need, CAMIMH reminded decision-makers that Canada urgently needs a national action plan on mental illness that will set national service standards and target resources to those who need them. They also reinforced that the Federal Government has to take a larger leadership role in reducing the burden of mental illness.

With this media commentary, CAMIMH launched a six-week awareness raising

strategy to raise the profile of mental illness issues this fall. Their efforts will culminate in a Parliamentary luncheon honouring champions of mental illness during Mental Illness Awareness Week (MIAW) Oct. 5–11.

The release of the general population survey results consisted of a summary of critical findings and some 15 data tables. The data file was also released into the public domain accessible to approved researchers. The report on the Canadian Community Health Survey: Mental Health and Well-being is available online at <http://www.statcan.ca/Daily/English/030903/d030903a.htm>

During the same week as the Statistics Canada release, the Canadian Institute for Health Information (CIHI) posted the latest report on hospital mental health services in Canada for 2000–2001 on its Web site. It provides comprehensive national hospital mental health data and has an interactive capability, allowing users to display indicator results at regional, provincial and national levels. For information on this see http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=AR_364_E (research and reports folder and analytic reports subfolder on the CIHI website). *DV/FK*