1) Roger Bland *MB ChB FRCPC FRCPsych*

Executive Medical Director, Alberta Mental Health Board; Professor Emeritus, Department of Psychiatry, University of Alberta

Dr. Roger Bland is the Executive Medical Director of the Alberta Mental Health Board and Professor Emeritus at the University of Alberta, Department of Psychiatry. He obtained his medical degree from Liverpool University and after a period in general practice, trained in psychiatry at the University of Alberta. He has held academic appointments in the University of Alberta, Department of Psychiatry for over 30 years and was Chair of the Department of Psychiatry from 1990 to 2000.

Dr. Bland was a former Director and Assistant Deputy Minister for Mental Health for Alberta, and recently took an appointment as Executive Medical Director with the Alberta Mental Health Board. He has been involved in psychiatry epidemiology research for many years. He has received the Alberta Medical Association's Medal of Distinguished Service, the Alexander Leighton Award from the Canadian Academy of Psychiatric Epidemiology and Canadian Psychiatric Association, and the Michael Smith Award from the Schizophrenia Society in 2000. He was awarded Honourary Life Membership of the Schizophrenia Society of Alberta, and received the Canadian Medical Association's Senior Member Award.

2) Margaret E. Clarke MD FRCPC

Professor, Paediatrics and Psychiatry, University of Calgary; Division Head, Developmental Paediatrics, Calgary Health Region

Dr. Margaret Clarke is currently the Division Chief of Developmental Paediatrics for the Calgary Health Region, a Professor in the Faculty of Medicine, Departments of Paediatrics and Psychiatry and is the first Fraser Mustard Chair in Child Development at the University of Calgary. She has devoted her career to improving and enhancing the lives of children, youth and families. After receiving her medical degree from McMaster University in 1984, she completed her training in Paediatrics and Developmental Paediatrics at the Alberta Children's Hospital.

Dr. Clarke teaches and supervises many undergraduate and graduate students from medicine, nursing, psychology and education. She has designed new educational programs for physicians, judges and others in areas such as Fetal Alcohol Syndrome and Attention Deficit Disorder. She chaired the Alberta Medical Association (AMA) Committee that developed the first Clinical Practice Guidelines on Fetal Alcohol Syndrome (FAS) in Canada.

Dr. Clarke is helping to guide a new research agenda for child development by serving on the National Expert Advisory Committee on the Centres of Excellence for Children's Well-Being and the Board of the Alberta Centre for Child, Family and Community Research. She is well known for starting and maintaining interdisciplinary collaborations that promote wellness in all children and also provide early identification for those who are at risk for developing health problems. She has developed outreach services in programs for children with disabilities, elementary schools and women's shelters in Calgary and Southern Alberta. Dr. Clarke has been instrumental in the development of community focused programs at the Alberta Children's Hospital including the Down Syndrome Clinic and the Autism Early Intervention program. She is actively involved in the creation of a new interdisciplinary Child Development Centre at the University of Calgary. She was recently named one of the 100 top physicians of the century by the Alberta Medical Association and received a Centennial Medal in recognition of her unique contributions to the field of child health and development in Alberta.

Abstract:

UNDERSTANDING RISK AND RESILIENCY: A CHILD DEVELOPMENT PERSPECTIVE

Brain development in the very early years sets the biological pathways that affect behaviour, cognition, learning, and mental and physical health throughout the lifespan. An overview of some of the new information regarding risk factors such as prenatal exposure to tobacco and alcohol will be given. The interaction between genes and exposure to abuse in childhood will be reviewed in terms of the risk of developing depression in adulthood. Adverse early childhood experiences lead to changes in the brain structure and function. There is a strong correlation between exposure to abuse in childhood and addiction to alcohol and drugs in adulthood. Chronic stress in early childhood alters the functioning of important pituitary hormones such as cortisol. The Canadian National Longitudinal Survey of Children and Youth found that 35% of children between ages 4 and 6 in the poorest economic class were vulnerable to learning and behavioural problems. However, the largest number of children in Canada considered vulnerable at school entry were from the middle class. The presentation will conclude with some case examples of community mapping of risk and resiliency in British Columbia and new data from the United Kingdom Sure Start programs aimed at improving child development outcomes in vulnerable communities.

3) Nady el-Guebaly *MD*

Professor and Head, Division of Addiction Psychiatry, University of Calgary

Dr. Nady el-Guebaly is Professor and Head of the Division of Substance Abuse, Department of Psychiatry at the University of Calgary in Alberta, and past Chair of the Department. He is the Founding Medical Director of the Calgary Health Region's Addiction Centre and Program. His introduction to mental health and addiction medicine dates back to 1969 in the United Kingdom. Currently, he is also Board Chair of the Alberta Gaming Research Institute; Third term – Chair, Addiction Psychiatry Section of the World Psychiatric Association; and Executive Medical Director and Past-Founding President of the International Society of Addiction Medicine.

Dr. el-Guebaly holds additional recognition awards from the American, Canadian and Italian Societies of Addiction Medicine, the Mexican Psychiatric Association, the University of Calgary's Guenther Distinguished Achievement Award in International Health, as well as being a recipient of a Queen Elizabeth II Golden Jubilee Medal and an Alberta Centennial Medal. Major research interests have resulted in 615 publications including, 190 peer-reviewed papers and 45 past and current research grants.

Abstract:

MANAGING CONCURRENT SUBSTANCE ABUSE AND MENTAL ILLNESS IN ALBERTA: CURRENT EVOLUTION

This presentation will review the programmatic evolution of the Calgary Health Region's concurrent disorders program from an Outpatient Clinic in 1987, to the Addiction Centre, to the Addiction Network and then to the Addictions Program. The concept of concurrent disorders involves both physical and mental disorders associated with addictions. To meet the challenge: A model of Progressive And Integrative Recovery (PAIR) is proposed incorporating the three pillars of:

(1) Progressive or Stepped Care involvement of resources

(2) Integration levels of psychiatric, physical; and addiction resources

(3) Recovery to address the chronic disease components – The levels of care provided by an array of resources need to be coordinated based on patient need.

The American Society of Addiction Medicine's Patient-Placement Criteria based on patient dimensions have received the most validation so far. A coordinated Point of Entry is contemplated. The integration of training, research and services ensure the delivery of most up to date services. Current opportunities and challenges in developing a provincial network involving AADAC, AMHB, health regions and other community stakeholders will be outlined based on the Calgary experience.

4) Charles Gilbert *MSc*

National Mental Illness Surveillance Development Officer, Centre for Chronic Disease Prevention and Control, Public Health Agency of Canada

Mr. Charles Gilbert is a National Mental Illness Surveillance Development Officer at the Centre for Chronic Disease Prevention and Control for the Public Health Agency of Canada. He has a MSc in Epidemiology (1994) and has worked in the public health since 1995. He is a graduate of the Canadian Field Epidemiology Training Program, (2003), and has worked in both chronic and infectious disease prevention and control at the provincial and federal levels. Currently, he is attached to the Centre for Chronic Disease Prevention and Control, of the Public Health Agency of Canada, in the Surveillance and Risk Assessment Division, where he works on mental illness surveillance systems development.

Abstract:

MENTAL ILLNESS IN CANADA – PAINTING A BETTER PICTURE

The Public Health Agency of Canada has embarked upon a number of projects to create or enhance chronic disease surveillance in Canada. One of the priority areas in surveillance development is mental illness surveillance. Within the mental illness surveillance portfolio there are four major projects: 1) Using provincial/territorial administrative data sets to do mental illness surveillance. 2) To create a real-time, internet based, sentinel surveillance system of mental health practitioners. 3) To establish partnerships with the holders of private sector data bases, and gain limited access to such sources as: EAP providers, drug card management companies, insurance companies, and disability management companies. 4) To create a new survey instrument for a short from questionnaire to be used in population based surveys. Developmental strategies, approaches, and project milestones will be presented along with some results from these surveillance development work.

5) David S. Goldbloom *MD FRCPC*

Senior Medical Advisor, Education and Public Affairs, Centre for Addiction and Mental Health; Professor, Department of Psychiatry, University of Toronto

Dr. David Goldbloom is Senior Medical Advisor, Education and Public Affairs, at the Centre for Addiction and Mental Health in Toronto; he previously served as its inaugural Physician-in-Chief. He is also a Professor of Psychiatry at the University of Toronto. Dr. Goldbloom received his undergraduate education in government at Harvard College, followed by an MA in physiological sciences at the University of Oxford. He completed medical and psychiatric training at McGill University and then came to Toronto as an MRC Centennial Research Fellow. He has been there ever since. His academic interests include eating disorders, mental health legislation, and general psychiatry.

Abstract:

COMMUNITY TREATMENT ORDERS: PROS AND CONS

The emergence of Community Treatment Orders (CTOs) as a component of mental health legislation across Western democracies occurred in the context of psychiatric care shifting from institutions to communities and the tension in a caring society among legal rights of autonomy, clinical rights of access to treatment and to health, and societal responsibility toward citizens who are ill. Additional dilemmas are whether mental health legislation should be reactive or prophylactic in its powers and whether it should serve to protect the integrity of the mind as well as the body. The introduction of CTOs has led to vigorous debate and has created strange bedfellows. Along with psychiatrists who opposed the introduction of CTOs were people opposed to any and all coercive treatments in psychiatry and people who repudiated the very idea of mental illness; psychiatrists in favour of CTOs found themselves supported by people who believed CTOs would solve problems of homelessness or violence or would obviate the need for further and well-funded mental health reform. More important, however, was the reality that well-informed, well-intended people on either side of this debate held common ground in the goals of: a) optimizing the health, functioning and quality of life of people with severe and persistent mental illness; b) improving the provision of care to these individuals; and c) reducing the need for repeated and prolonged involuntary hospitalization. While a number of CTO outcome reports exist, few are of high methodological quality and research in this area is constrained by practical and ethical challenges. However, the trend toward increasing CTO legislation implementation and utilization demands ongoing consideration, debate, and evaluation.

6) Howard H. Goldman MD PhD

Professor, Department of Psychiatry, University of Maryland

Dr. Howard Goldman is Professor of Psychiatry at the University of Maryland School of Medicine. He is the author of more than 275 publications and is also the editor of Psychiatric Services. In addition, he serves on the editorial board of several other journals, including the American Journal of Psychiatry and the Journal of Mental Health Policy and Economics. Dr. Goldman served as the Senior Scientific Editor of the Surgeon General's Report on Mental Health from 1997-1999 for which he was awarded the Surgeon General's Medallion. During 2002 and 2003 he was a consultant on evidence-based practices for the President's New Freedom Commission on Mental Health. In 2002 Dr. Goldman was elected to the Institute of Medicine of the National Academy of Sciences.

Abstract:

MENTAL HEALTH AND SUBSTANCE ABUSE INSURANCE PARITY: PAST, PRESENT AND FUTURE

This presentation will place the U.S. mental health parity research in the context of Canadian mental health policy concerns about comprehensive access to services.

Background

To improve the insurance coverage of mental health and substance abuse (MH/SA) services, the U.S. Federal Employees Health Benefits (FEHB) Program offered MH/SA benefits on par with general medical benefits in January 2001. MH/SA parity benefits were implemented in the context of managed care for most FEHB plans.

Methods

We employed a quasi-experimental design comparing nine FEHB plans during 1999-2002 with a matched set of plans from Medstat's MarketScan database that did not similarly change coverage for MH/SA care. Using a difference-in-differences analysis that removes the effect of the secular trend, we compared the claims experience of individuals continuously enrolled in matched pairs of FEHB and Medstat plans, examining probability of MH/SA service use, total spending among users, and their out-of-pocket spending.

Results

The difference-in-differences analysis indicated that the observed increase in MH/SA use following parity was almost entirely due to a secular trend of increased MH/SA service utilization over the same time period. The difference-in-differences estimates for MH/SA spending conditional on MH/SA service use showed significant decreases in spending attributable to parity for four plans; the other five plans' spending impact estimates did not differ significantly from zero. In five of nine plans, the parity policy was associated with statistically significant reductions in out-of-pocket spending.

Conclusions

When coupled with management of care, MH/SA parity can accomplish its objectives of fairness and improved insurance protection without adverse increases in utilization and total costs.

7) Maria Gonzalez *MBA*

Vice-Chair, Global Business & Economic Roundtable on Addiction & Mental Health; Chair, McGill University MBA Advisory Board

Ms. Maria Gonzalez is presently the Vice-Chair and a founding member of the Global Business and Economic Roundtable on Addiction and Mental Health, Chair of the McGill University MBA Advisory Board, and a member of the Desautels Faculty of Management Advisory Board at McGill University. She has served on the Government of Ontario System Design & Integration Sub-Committee of the Mental Health Implementation Task Force and also as a member of the Corporate Advisory Board for the Harvard Medical School – MacArthur Foundation study on depression and workplace performance.

Ms. Gonzalez is founder and President of Argonauta Strategic Alliances Consulting Inc. She works in the private and public sectors, and has worked with over 70 alliances around the world including Canada, the United States, Europe, Mexico, and China. She works with her clients to create strategic alignment and to develop strong organizational governance, to create alliance success. Her work also focuses on assessing and creating healthy organizations / environments which lead to sustainable financial performance. Prior to creating Argonauta, Ms. Gonzalez held a number of executive positions in the areas of strategy development, strategic alliances and organizational performance with a major Canadian financial institution.

Abstract:

MENTAL HEALTH & PRODUCTIVITY: SUSTAINABLE PERFORMANCE IN A BRAIN-BASED ECONOMY

Sustainable performance is of key interest to business leaders. In order for sustainable performance to occur, there must be organizational health, and in order for there to be organization health, there needs to be employee mental health at all levels of the organization. In the medium and long term, one can not exist without the other.

This presentation will focus on the dual responsibility of the organization and the employee, at all levels of the organization, to ensure sustainability and resilience. It will identify the key elements that comprise a healthy organizational climate. Additionally, it will explore strategies organizations can use to ensure sustainable performance and resilience. There will also be a comparison made of average performing and high performing organizations, according to the elements of healthy organizational climates. Finally, it will describe how these management practices are being taught at the Desautels Faculty of Management, McGill University, as required curriculum in the MBA Program.

Sustainability and resilience are not only important for employees and organizations, but for society as a whole. Without this, society fails achieve its potential. And increasingly, its potential is achieved by ensuring that those participating in the brain based economy continue to experience and maintain mental health.

8) John Gray PhD

Assistant Professor, Department of Psychiatry, University of Western Ontario

Dr. John Gray is an Assistant Professor for the Department of Psychiatry at the University of Western Ontario. He has a PhD in psychology from the Institute of Psychiatry, University of London, UK, clinical psychology qualifications from the University of New Zealand and a Health Services Administration certificate from the University of Saskatchewan. He is Assistant Professor, Department of Psychiatry, University of Western Ontario, and Adjunct Professor, Gerontology Research Centre, Simon Fraser University, Vancouver.

Dr. Gray was the Executive Director of the Saskatchewan Hospital North Battleford and a member of the Saskatchewan Mental Health Act Review Committee. He also spent 20 years as the clinical advisor on Mental Health legislation, including community treatment options, to the Ministry of Health, British Columbia.

Dr. Gray has been involved in a number of voluntary associations including the Canadian Mental Health Association in Saskatchewan and is past President of the Schizophrenia Society of Canada. He is also on the board of the World Fellowship for Schizophrenia and Allied Disorders.

Abstract:

COMMUNITY TREATMENT ORDERS: EVIDENCE AND OPTIONS

The evidence is reviewed that Community Treatment Orders (CTO) and similar legal mechanisms can, (or cannot), assist people who do not avail themselves of voluntary services in their recovery, especially those with multiple involuntary hospitalizations. Policy options for these least restrictive laws are discussed.

The majority of Canadian jurisdictions now have compulsory community provisions, either conditional leave (B.C., Alberta etc) or CTOs (Saskatchewan, Ontario, Nova Scotia). A number of other countries have well established CTO systems.

Two Canadian "own control" (before and after the CTO) studies showed significant reductions in hospitalization. A large number of similar studies have shown significant reductions in one or more of: admissions, days in hospital, victimization, violence, or arrests as well as increases in consumer involvement. Consumers and psychiatrists involved in CTOs generally are supportive of them.

Own control studies have been criticized because of regression towards the mean and possible systems changes. The few matched control studies have not found differences. However, there is presumably a reason why one person was put on an order and a "matched" person was not. Randomized control studies should be the best design but they exclude potentially dangerous people. One such study, with inadequate recall procedures, found no differences. The second study showed reductions in hospitalization, victimization and arrest, but only if the CTO was in place for 9 months.

Options for community treatment (CTO and/or leave) provisions can be chosen to address least restrictive interventions, early intervention, consumer involvement and rights protections.

9) John Helzer MD

Professor, Department of Psychiatry and Director, Health Behavior Research Center, University of Vermont

Dr. John Helzer is Professor of Psychiatry at the University of Vermont and Director of the Health Behavior Research Centre (HBRC). He did his residency in psychiatry at Washington University in St. Louis and remained on the faculty for the next 15 years. He began his research career there in psychiatric epidemiology under the mentorship of Dr. Lee Robins. Together they co-authored the Diagnostic Interview Schedule (DIS) and with Dr. John Wing, the initial version of the Composite International Diagnostic Interview (CIDI). Dr. Helzer was co-Principal Investigator of the St. Louis site for the Epidemiologic Catchment Area (ECA) survey in the early 1980s. He moved to the University of Vermont in the late 1980s to chair the Department of Psychiatry in Burlington. After stepping down from the chairmanship he resumed research, combining his interest in epidemiology with an interest in intervention by creating the HBRC. The focus of the HBRC is on the development of patient self-directed interventions for application in large populations.

Abstract:

BEHAVIOURAL INTERVENTIONS FOR ALCOHOL PROBLEMS: ENCOURAGING PATIENT INITIATIVE

It is clear from the accumulated literature that screening and brief intervention (BI) for alcohol use disorders in a primary care setting results in clinically significant, long-term reductions in alcohol consumption. However the literature is also clear that screening is used inconsistently and BI is grossly underutilized in primary care settings. Alcohol brief intervention is just one example of the underutilization of behavioural intervention generally in routine clinical settings. Likely reasons for such underutilization include heavy clinic workloads, provider reluctance to discuss behavioural problems, and lack of adequate compensation for behavioural intervention. Patient initiative is a potential but largely untapped resource in meeting this health care need. An option for encouraging such initiative is Interactive Voice Response (IVR), a computer-assisted automated telephone.

We have been exploring the clinical potential of IVR for the last several years. We have successfully used this tool to amplify treatment response to brief alcohol intervention in primary care settings, CBT for alcohol dependence in a specialty care clinic, and CBT for chronic pain. Each of these studies reinforces the idea that patient self monitoring and self-initiative are potent tools for care enhancement. This presentation will review these results. Dr. Helzer will then discuss the potential for using IVR to enable patients to self-identify behavioural problems and to take steps to correct such behaviours on their own initiative. This model has potential as a means for promoting self-directed treatment in busy primary care and specialty clinics or in remote geographical areas where medical care is in short supply.

10) Scott Henderson *MD DSc FRACP FRANZCP FRCP FRCPysch*

Professor Emeritus, The Australian National University

Dr. Scott Henderson is a Professor Emeritus at the Australian National University. He trained in Medicine at the University of Aberdeen, Scotland and his subsequent training in psychiatry and epidemiology was in Edinburgh and Sydney. In 1968-74, he was Foundation Professor of Psychiatry at the University of Tasmania, but thereafter moved to Canberra to engage in full-time research on the epidemiology of mental disorders. He was Director of the Social Psychiatry Research Unit at The Australian National University, Canberra, for 26 years. Scott Henderson's work has been on the fundamental nature of social support, the epidemiology of dementia and depression in later life, and on the conduct of large population surveys of the common mental disorders. Earlier this year, he was elected Chair of the Western Pacific Division of the Royal College of Psychiatrists, UK. Throughout his career, he has continued to treat patients. He is the author of two books, four edited books and has some 280 publications. In 2003, he was awarded the Order of Australia for services to medicine in the field of mental health both nationally and internationally.

Abstract:

THE FUTURE OF PSYCHIATRY AND MENTAL HEALTH SERVICES

Psychiatry will change in the future, in knowledge and in what it can offer to the community. It is important for us all to predict the likely changes. It may even be possible to influence their direction, so that we ourselves can partly determine what will change.
The domains that will drive this change are: the neurosciences – where unprecedented advances have already been taking place at a great rate; advances in psychological treatments; the administrative influence of consumers and carers; public perceptions of mental illness, including the behaviour of the media; political, economic and administrative forces; and global conditions over which we have no control. Some think psychiatrists may soon be indistinguishable from neurologists, diagnosing and treating brain dysfunctions while the human side of their practice is largely undertaken by other health professionals. In light of all these changes, debate and discussion is needed on what will happen to people with acute or recurrent mental disorders and their families.

11) Philip Jacobs *PhD*

Research Fellow, Institute of Health Economics; Professor, Department of Public Health Sciences, Faculty of Medicine and Dentistry, University of Alberta

Dr. Philip Jacobs is a health economist on faculty at the Department of Public Health Sciences at the University of Alberta. He is also a Fellow at the Institute of Health Economics (IHE). He conducts research in the areas of health care finance and the economic evaluation of health care practices.

Abstract:

MENTAL HEALTH ON YOUR MIND: ESSENTIAL TRENDS IN MENTAL HEALTH

The IHE publication, IHE IN YOUR POCKET, was a compendium of health economic statistics, systematically presented, in a booklet that can fit into your pocket. Following its release in January, 2006, the AMHB contacted the IHE to see whether a similar booklet could be produced for mental health in Canada. We surveyed the field and found that there was little information that was readily available, but there was a lot of information that was available in very scattered sources. We developed a framework that identified the presence and flows of services between the general public and corporations, persons with mental illness, third parties (insurers, governments, and non-profits), and providers of mental health services. We gathered data from numerous sources and presented these in a systematic framework that encompassed the burden of mental illness, and resources devoted to mental illness and the performance of the mental health system. The result is a little booklet that we hope will fit into your mind as well as in your pocket.

12) Egon Jonsson PhD

Executive Director and Chief Executive Officer, Institute for Health Economics; Professor, Department of Public Health Sciences, Faculty of Medicine and Dentistry, University of Alberta

Prof. Egon Jonsson is Professor of Health Economics at the Karolinska Institute, Stockholm, Sweden, and Editor of the International Journal of Technology Assessment in Health Care. He was trained at the Stockholm School of Economics, and at Harvard School of Public Health, in the U.S. He is a member of the US National Academy of Sciences.

For 15 years he was Director of a Swedish Agency on Assessment of Health Practices and Evidence Based Health Care (SBU). He later worked for WHO to establish The Health Evidence Network, which is a WHO service for the health Ministries of its member states on evidence in the field of public health policy and practice. During the last year he was employed by SIDA in Sweden, as Health Policy Advisor at the Ministry of Health in Hanoi, Vietnam. His main field of research has been in health economics: cost-effectiveness analysis, and health technology assessment. His current activities include health policy development, health care financing, health insurance, and issues in prevention and public health.

Abstract:

THE ECONOMICS OF MENTAL HEALTH: AN OVERVIEW

13) Shimi Kang *MD FRCPC*

Research Associate and Clinical Instructor, Department of Psychiatry, University of British Columbia; Director, Provincial Youth Mental Health and Substance Use; Consultant, BC Reproductive Mental Health Program

Dr. Shimi Kang is a Research Associate and Clinical Instructor for the Department of Psychiatry at the University of British Columbia, the Director of the Provincial Youth Mental Health and Substance Use Program, and a Consultant for the BC Reproductive Mental Health Program. She completed her psychiatry training at the University of British Columbia and a Fellowship in Addiction Psychiatry at Harvard University in Boston. Additional training in the field of addictions includes attending Rutgers University School of Drug and Alcohol Studies in New Jersey and examining global addiction issues at the World Health Organization, Division of Mental Health and Prevention of Substance Abuse in Geneva, Switzerland. Dr. Kang also gained frontline experience with substance use problems while working as a family physician in Greater Vancouver prior to completing specialty training in psychiatry.

Dr. Kang is the Director of the Provincial Youth Mental Health and Substance Use Program at BC Children's Hospital. This is a specific program for youth with concurrent drug, alcohol, and mental health problems. She is a consulting psychiatrist to the BC Women's Reproductive Mental Health Program where she sees women with concurrent disorders in pregnancy and the postpartum. Dr. Kang is also a faculty member at the University of British Columbia where she conducts research and teaching in mental health and addictions.

Abstract:

CRYSTAL METHAMPHETAMINE – CURRENT STATE OF KNOWLEDGE

The use of crystal methamphetamine (CM) and other amphetamines in Western Canada is a serious and growing problem, as documented in *Crystal Meth and Other Methamphetamines: An Integrated BC Strategy.* Youth have been identified as the most vulnerable group. Adolescence is the primary period of initiation of CM use with the average age of first use being 14. Substance use and in particular, CM use during this critical period of brain, personal, and social development in adolescence can lead to greater short and long term morbidity. As a result, recognition, early intervention and treatment initiatives for youth with CM use are vital. This is particularly true for youth who use CM as research evidence points to the fact that those who use are more prone to develop and are more predisposed to mental health issues. The range of disorders that may run concurrent with CM use include depression, anxiety disorders, eating disorders, Attention Deficit Hyperactive Disorder (ADHD), learning disorders, antisocial behaviours, and of course psychosis.

In youth, CM is additionally concerning because of high risk behaviours, such as driving and unsafe sex, and the correlates of substance use such as homelessness, criminality, unemployment and vulnerability. BC's Children's Hospital (BCCH) sees many of the primary, secondary, and tertiary effects of youth CM use and concurrent disorders in its inpatient, outpatient, and emergency room population. Because of its role as a provincial resource, BCCH staff are also contacted regularly by providers across the province and across service sectors (RCMP, schools, Ministry of Children and Family Development (MCFD), etc) to provide consultation and treatment to youth for a variety of issues, many of whom who are using CM and may have a concurrent disorders. This presentation will focus on the current state of the knowledge of crystal methamphetamine use in youth.

14) Michael Kidorf, PhD

Associate Professor, Department of Psychiatry and Behavioral Sciences, The Johns Hopkins University School of Medicine

Michael Kidorf is an Associate Professor at The Johns Hopkins University School of Medicine. He received a BA at Emory University and a PhD in clinical psychology at Florida State University. He is a licensed psychologist and Associate Director of the Addiction Treatment Services at Hopkins Bayview. His research interests include the study of the integration of behavioral, pharmacological, and verbal therapies to maximize adherence and response to substance abuse treatment, and the study of motivational interventions to encourage out-of-treatment opioid users to enroll in substance abuse treatment.

Abstract:

USING BEHAVIORAL REINFORCEMENT WITH ADAPTIVE TREATMENT STRATEGIES TO IMPROVE ATTENDANCE AND OUTCOME IN PATIENTS WITH OPIOID AND OTHER DRUG DEPENDENCE

In this presentation, Dr. Kidorf will review the efficacy and basic importance of combination treatment approaches for managing patients with opioid and other substance use and psychiatric disorders (i.e., verbal, medication, and behavioral therapies), and the problems of poor patient adherence that threaten this and other therapeutic approaches. Data are presented from studies employing combination treatment approaches that use an adaptive platform to match the amount of verbal and medication therapies to achieve and sustain good clinical response, and behavioral incentives to motivate patient attendance to scheduled services. Results from these studies show that the developed motivated stepped care (MSC) treatment model is associated with excellent patient attendance and reduced drug use and other psychosocial problems

15) Steve Kisely MD MSc FRANZCP FAFPHM FRCPC

Chair, Health Outcomes, Dalhousie University

Dr. Steve Kisely is the Chair of Health Outcomes at Dalhousie University. He is dually trained in psychiatry and public health medicine in both the U.K. and Australia with membership/fellowship of the College in the UK, Australasia and Canada. His research and clinical interests are in health services research (HSR), and physical & psychiatric co-morbidity. HSR projects have covered care pathways (CPs) in primary care and specialist services for cardiovascular disease, stroke and mental illness, and the evaluation of government policy in the areas of community treatment orders and the recall of over the counter analgesics. Dr. Kisely has published research on the efficacy of community treatment orders in the British Medical Journal, British Journal of Psychiatry, Psychological Medicine and the Australian & New Zealand Journal of Psychiatry. Additional publications in the area are in press with the Canadian Journal of Psychiatry and the International Journal of Law & Psychiatry. He has also published a Cochrane Review on their effectiveness.

Abstract:

COMMUNITY TREATMENT ORDERS: PROS AND CONS

There is controversy as to whether community treatment orders (CTOs) for psychiatric patients reduce health service use, or improve clinical outcome and social functioning. Given the widespread use of such powers in North America, Europe and Australasia, it is important to assess the benefit and potential harms of this type of legislation. Unfortunately, evidence for their effectiveness remains weak. In our Cochrane systematic review we were only able to identify two randomised controlled trials, and neither study showed any significant falls in readmission rates, bed-days or arrests for cases on compulsory community treatment compared to appropriate controls. In terms of the number needed to treat (NNT), it would take up to 100 CTOs to prevent one readmission, 25 to prevent one episode of homelessness and 500 to prevent one arrest. Including other study designs such as controlled before and after (CBA) studies made little difference to the results (total n=1108).There are other concerns for patients. This legislation stigmatises individuals with a severe mental illness as many of these initiatives are named after a high profile victim of someone who happened to have a psychiatric illness. New York has a ‘Kendra’s Law’, California a ‘Laura’s Law’, and Ontario a ‘Brian’s Law’. The push for CTOs therefore arises from, and propagates, the erroneous belief that people with mental illness are more dangerous than the rest of society.

Compulsory community treatment appears immune from evidence-based practice possibly because of the convenience of legislative as opposed to evidence-based solutions such as assertive community treatment.

16) Richard Kogan MD

Psychiatrist and Concert Pianist, New York

Dr. Richard Kogan has a distinguished career both as a concert pianist and as a psychiatrist. He has been praised for his "eloquent, compelling and exquisite playing" by the New York Times, and the Boston Globe wrote that "Kogan has somehow managed to excel at the world's two most demanding professions." He has gained international renown for his groundbreaking work on the connections between music and healing and on the influence of medical and psychiatric illnesses on the creative output of composers such as Mozart, Beethoven, Schumann, Tchaikovsky, and Gershwin. His work forms the basis for the Yamaha DVD series entitled "Richard Kogan: Music and the Mind".

Dr. Kogan is a graduate of the Juilliard School of Music and of Harvard College and Harvard Medical School. He completed his psychiatry residency training at NYU. He currently has a private practice of psychiatry in New York City and is affiliated with the Weill – Cornell Medical School as Director of its Human Sexuality Program.

17) Bryan Kolb PhD FRSC

Professor of Neuroscience, Canadian Centre for Behavioral Neuroscience, University of Lethbridge

Dr. Bryan Kolb is a Professor in the Department of Psychology & Neuroscience at the University of Lethbridge. He received his BSc and MSc from the University of Calgary and PhD from the Pennsylvania State University in 1973. Dr. Kolb has conducted postdoctoral work at the University of Western Ontario and later at the Montreal Neurological Institute. He moved to the University of Lethbridge in 1976. Recently his work has focused on how neurons of the cerebral cortex change in response to various factors including hormones, experience, drugs, neurotrophins, and injury, and how these changes are related to behaviour. Dr. Kolb has published five books, including two textbooks with Ian Whishaw (Fundamentals of Human Neuropsychology, Fifth Edition; Introduction to Brain and Behavior, Second Edition), and over 275 articles and chapters. He is a Fellow of the Royal Society of Canada and a Killam Fellow of the Canada Council, a former President of the Canadian Society for Brain, Behavior and Cognitive Science (CSBBCS), and former President of the Experimental Division of the Canadian Psychological Association (CPA). Dr. Kolb was the recipient of the Hebb Prize for Distinguished Scientific Achievement from both the CSBBCS and CPA. He is currently a fellow of the Canadian Institute for Advanced Research in the Experience-Based Brain Development program.

Abstract:

DRUGS, ADDICTION, BEHAVIOUR AND THE BRAIN

Persistent changes in behaviour and psychological function that occur as a function of experience, such as those associated with learning and memory, are thought to be due to the reorganization of synaptic connections (synaptic plasticity) in relevant brain circuits. Some of the most compelling examples of experience-dependent changes in behaviour and psychological function, changes that can last a lifetime, are those that accrue with the development of addictions. This session will summarize recent work showing that repeated exposure to virtually every psychoactive drug, including recreational drugs and prescription drugs, produce chronic alterations in brain circuitry and that these changes vary with age at exposure to the drugs. It is suggested that the structural plasticity seen in response to drug exposure reflects not only a reorganization of cerebral circuitry but that this reorganization alters the operation of the circuits, thus contributing to some of the persistent behavioural sequela associated with drug use.

18) David L. Maltz MD

President and Chief Executive Officer, The Oak Group, Massachusetts

Dr. David Maltz is the President and Chief Executive Officer of The Oak Group in Massachusetts. He is a 1968 graduate of The Johns Hopkins University School of Medicine, and completed a clerkship in paediatrics at Guy's Hospital, London. He received the rest of his paediatric training at Boston Floating Hospital and The Children's Hospital Medical Center, both in Boston. Dr. Maltz trained as a paediatric cardiologist at the latter institution. Following two years in the Air Force, he spent 14 years in the practice of general paediatrics in a community south of Boston. In 1988, he became corporate medical director for Blue Cross & Blue Shield of Massachusetts where he was responsible for case management, quality improvement, and technology review for medical and behavioural health services. In 1994, Dr. Maltz left to do healthcare consulting until assuming the role of President of The Oak Group in February, 1996. The Oak Group produces behavioural health and medical-surgical clinical decision support criteria and related software, the MCAP System, for use by regional health authorities, hospitals and health insurers.

Abstract:

MANAGEMENT AND EFFICIENCY IN MENTAL HEALTH SERVICES: ECONOMICALLY AND EFFECTIVELY MEETING INDIVIDUAL PATIENT NEEDS

There is evidence from the US, that when behavioural health services are offered on an equal basis with medical services, if these services are coupled with the management of care, total utilization and costs should not increase, and access to care may be better. For Canadian Medicare, this implies that enhancing care management techniques will improve access to care while moderating costs.

This presentation focuses on a structured tool to manage a component of care, patient flow through the continuum of care. This implies that multiple levels of care should be, are or can be available. There is a precedent for this in the treatment of mental illness, for behavioural health was the first sector of health care to apply innovative approaches to match a patient's complex and differing needs for care with different levels of care. The literature from the 1960's suggests that treating a patient at the lowest level of care diminishes patient regression and may prevent further admissions. Using a structured approach enables proper patient placement and ensures that appropriate treatment is delivered. Embedding this approach into a quality improvement process stimulates innovation in the delivery of mental health services. The result is continued improvement in the quality and efficiency of care delivered.

The data collected from using a structured instrument can be used for research on process of care issues, little of which currently exists. Processes research will also enable evidence-guided development of health care policy including a better understanding of the resources necessary to effectively and efficiently manage changing behavioural health needs.

19) Craig Mitton *PhD*

Assistant Professor, Faculty of Health and Social Development, University of British Columbia, Okanagan

Dr. Craig Mitton is an Assistant Professor in Health Studies at the University of British Columbia (UBC), Okanagan campus, and is a Research Scientist in the Centre for Healthcare Innovation and Improvement at the Child and Family Research Institute. The focus of his research is in the application of health economics to impact real-world priority setting in health organizations. Dr. Mitton has a PhD and MSc in health services research from the University of Calgary and a BSc in Biospychology from UBC. He recently published a book entitled the 'Priority setting toolkit: a guide to the use of economics in health care decision making' (BMJ Books, 2004).

Abstract:

KNOWLEDGE TRANSFER AND EXCHANGE IN ACTION: THE ALBERTA DEPRESSION INITIATIVE

Knowledge transfer and exchange (KTE) refers to the mutual transfer and exchange of knowledge between researchers and decision makers. While many KTE strategies exist, at present there is currently no 'gold standard' for such activity, and indeed, the approach or set of approaches taken in any given context will depend on numerous factors including the research questions, policy environment and types of stakeholders.

This session will begin with a presentation of a systematic review of the KTE literature and results from interviews with 20 key informants pertaining to KTE on depression in Alberta. The two principal investigators of three ADI-funded projects will then provide an overview of their specific studies, emphasizing their relevance to practice. These projects include a survey of the frequency of depression in Alberta; an investigation of disease management for depression in an outpatient population; and a study examining methods to improve adherence to antidepressants.

Two decision makers from Alberta will then provide a 'response' to the ADI studies, in particular focusing on KTE from the perspective of 'users' of the generated knowledge and addressing how exchange in this field can be fostered. The session will conclude with a facilitated audience discussion, as well as details regarding ongoing KTE plans for the ADI. As such, this session will not only serve as a forum to transfer findings from the KTE systematic review and the ADI funded projects, but also will enable genuine researcher-policy maker interaction and information exchange on the topic of depression in Alberta.

20) Jane Pauley

Author and Television Personality, Former NBC Dateline Co-host

A familiar presence on NBC for over twenty-seven years, Jane Pauley is one of the most recognizable newswomen in America today. She is former anchor of NBC's Today Show, Nightly News and Dateline, and is now the host of her own daytime talkfest, The Jane Pauley Show. She's engaging the country with the same charm, wit and insight that made her one of the country's most favorite broadcast journalists. Pauley may have interviewed politicians, rock stars and world leaders, and even married sassy Doonesbury cartoonist Gary Trudeau, but she remained the next-door neighbour you always wish you'd had.

In 2001, Pauley spent nearly three weeks in a hospital for treatment of bipolar disorder, which she revealed in her 2004 autobiography, Skywriting: A Life Out of the Blue. The illness was triggered by a rare reaction to prescription drugs: steroids being taken for a stubborn case of hives. With later drug therapies, including more steroids and an antidepressant, her mood swings intensified, from sheer exhaustion to boundless energy. She entered New York Hospital in the spring under an assumed name during a leave of absence from Dateline. Today, Pauley is off steroids and free of mood swings, thanks to lithium.

21) Jeff Reading MSc PhD FCAHS

Professor, University of Victoria; Scientific Director, Institute of Aboriginal Peoples' Health, Canadian Institutes of Health Research

Dr. Jeff Reading is the Scientific Director of the Canadian Institutes of Health Research – Institute of Aboriginal Peoples' Health, which is based at the University of Victoria. Dr. Reading is a full Professor at the University of Victoria, Faculty of Human and Social Development and Fellow of the Canadian Academy of Health Sciences. For more than two decades, Dr. Reading has dedicated his energy to the emerging importance of aboriginal health issues in mainstream Canada. As an epidemiologist, his research has brought attention to such critical issues as disease prevention, smoking, healthy living, accessibility to health care and diabetes among aboriginal people in Canada. The long-term outcome of research activity aims to improve the health of aboriginal people in Canada and abroad.

Distinguished as a leading national and international expert in indigenous health research, his dedication to the pursuit of excellence in research is broadly recognized in academic and government circles. In 2000, Dr. Reading delivered the prestigious annual Amyot lecture at Health Canada, designed to foster innovation and debate on leading health policy issues. As an aboriginal person, Dr. Reading personifies innovative and visionary thinking and excellence in research in Canada and around the world that encourages the meaningful involvement of community people working alongside multi-disciplinary teams of health researchers, each contributing their own perspectives and expertise. This combination produces research that is scientifically rigorous and relevant to aboriginal communities.

Abstract:

MENTAL HEALTH AND ADDICTIONS RESEARCH AMONG ABORIGINAL PEOPLES

The CIHR Institute of Aboriginal Peoples' Health supports research addressing the health concerns of First Nations, Inuit and Métis. This presentation will feature innovative mental health and addictions research conducted within Aboriginal communities in Canada and indigenous communities abroad. The aim of the research is to balance the pursuit of scientific excellence while meeting Aboriginal communities' priorities and supporting research capacity development for the next generation of advanced Aboriginal health research scientists.

22) The Honourable Mr. Justice Richard D. Schneider *BSc MA PhD LLB LLM CPsych*

Judge of the Ontario Court of Justice

The Honourable Mr. Justice Richard D. Schneider is a Justice of the Ontario Court of Justice. Justice Schneider was previously a criminal defence lawyer and certified clinical psychologist, counsel to the Ontario Review Board from 1994 to 2000 and certified by the Law Society of Upper Canada as a specialist in Criminal Litigation. His private practice was generally limited to the representation of mentally disordered accused. He is also Assistant Professor, Department of Psychiatry, Faculty of Medicine and Adjunct Lecturer, Faculty of Law, University of Toronto. He has been named the Honorary President of the Canadian Psychological Association in 2002 and presently he is Alternate Chairman of the Ontario and Nunavut Review Boards. His major research interests are competency and criminal responsibility and he has published extensively in the area of mental disorder and the law.

Abstract:

COMMUNITY TREATMENT ORDERS: PROS AND CONS

The Criminal Justice System looks across the street to the civil mental health care system eagerly anticipating and enthusiastically supporting any advertised improvements to that system which many say is broken. The Criminal Code of Canada has emerged, some would say, as the 'mental health act of last resort.' The criminal justice system has over the past decade and a half been flooded with an influx of individuals who could alternatively be described as failed civil customers. People who had contact with the civil mental health system but somehow got away. So serious is this problem that many large urban centers have built, or are contemplating the creation of, 'mental health courts.' Canada's largest urban center, Toronto, has had a mental health court for the past 8 years. Unfortunately, the problem of mentally disordered accused entering the criminal justice system is only getting worse. Ontario introduced CTO's in 2000 after two years of anticipation. The hope (from the criminal justice system's perspective) was that somehow this new instrument would impact upon the numbers of mentally disordered individuals coming in to the criminal courts. In the 6 years since the legislation came in to operation there is no evidence that this scheme has had any impact whatsoever. While the term 'CTO' no doubt means many different things across jurisdictions it is the view of this jurist that unless the legislative scheme has teeth with the force of an 'Order,' CTO's are unlikely to have a detectible impact on the shameful system we now have which is criminalizing mentally disordered individuals at an alarming rate.

23) C. Chapman Sledge *MD FASAM*

Medical Director, Addiction Treatment Services, Pine Grove Behavioral Health and Addiction Services, Mississippi

Dr. Chapman Sledge is the Medical Director of Alcohol and Drug Treatment Services at Pine Grove Recovery Center. He oversees the treatment of chemically dependent patients in all levels of care from the most intensive medically managed detoxification, inpatient rehabilitation, residential treatment, and all levels of out-patient services. Dr. Sledge has more than seventeen years of experience in the field of addiction treatment. A graduate of Louisiana State University and the University of Mississippi School of Medicine, he completed residency training in Family Medicine and received board certification by the American Board of Family Practice. He completed a fellowship in Addiction Medicine through the Mississippi Health Care Professionals Treatment Program, and he was originally certified by the American Society of Addiction Medicine in 1992. In April 1999, Dr. Sledge was named as a Fellow of the American Society of Addiction Medicine. He completed the process of recertification by the American Society of Addiction Medicine (ASAM) in 2002. Dr. Sledge is the Past President of the Mississippi Physicians Recovery Program, and is the current President of the Mississippi Society of Addiction Medicine. He was elected in 2004 to the Board of Directors of the American Society of Addiction Medicine representing Regions Kentucky, Tennessee, Mississippi, Alabama, and Florida. In 2006, Dr. Sledge was appointed as Clinical Professor of Psychiatry by the University of Florida to supervise Addiction Medicine fellows training at the Pine Grove facility.

Abstract:

A PRIMARY CARE PERSPECTIVE ON COORDINATED MANAGEMENT OF MENTAL HEALTH AND ADDICTION TREATMENT

Pine Grove Behavioral Health is a specialized mental health and addiction treatment center in rural south Mississippi. To bridge the gap between community based outpatient services and more intensive levels of care, Pine Grove has developed a network of outreach centers.

These outreach centers have established relationships with mental health and addiction professionals in the community. Many communities in the service area, however, do not have access to mental health professionals. In those instances, collaboration with primary care providers is essential.

Patients are assessed in the outreach setting, the appropriate referral is made, and when necessary admission to the inpatient service is carried out. Coordination among the inpatient services is often necessary as the clinical picture develops. Medical, psychiatric, and addiction services must be responsive to individualized treatment planning.

Likewise, referral back to the appropriate services upon discharge is critical. The outreach centers serve an important function in coordinating aftercare plans.

24) Patrick D. Smith PhD

Senior Advisor, British Columbia Mental Health and Addictions Services, an agency of the PHSA; Head, Addiction Psychiatry Division, Department of Psychiatry, University of British Columbia

Dr. Patrick Smith recently joined the Provincial Health Services Authority of British Columbia as Senior Advisor, Mental Health and Addictions. Most recently, he was the Vice President of Clinical Programs at the Centre for Addiction and Mental Health and the Head of the Addiction Psychiatry Program at the University of Toronto. He completed his Masters and PhD in Clinical Psychology at the University of Nebraska. Dr. Smith was awarded a Fulbright Research Scholarship to the University of Canterbury in Christchurch, New Zealand where he studied cross cultural aspects of problem drinking. Dr. Smith completed his predoctoral internship at the Yale University School of Medicine and was awarded a National Institute on Drug Abuse (NIDA) post-doctoral fellowship that he also completed at the Yale University School of Medicine's Department of Psychiatry. He has clinical experience in providing individual, group and family therapy in the areas of substance abuse and mental health, and his clinical research interests are in the areas of substance abuse, specifically alcohol and drug expectancies and adolescent substance abuse and mental health, eating disorders, smoking cessation, and cross cultural factors in substance abuse and mental health.

Most recently Dr. Smith's focus has been addictions and mental health services planning and development and he served on the Expert Advisory Panel for the development of the Health Canada Best Practice Guidelines for Concurrent Disorders. A founding member of the Canadian Executive Council on Addictions (CECA), he has also focused on increasing the national profile of addictions and was involved in the renewal of Canada's Drug Strategy. Dr. Smith represented CECA on Canada's delegation to the 47th annual United Nations Committee on Narcotic Drugs. He is currently working with the University of British Columbia's Department of Psychiatry to develop an Addiction Psychiatry Program to better prepare psychiatric residents in the area of substance use and addictions.

Abstract:

ADDICTION AND MENTAL HEALTH SERVICES IN CANADA: CHALLENGES AND OPPORTUNITIES

This presentation will review a brief history of the fields of addictions and mental health in Canada and how these two systems of care have evolved in provinces and territories across the country. With an increased awareness of the needs of individuals with concurrent mental health and substance use issues, health services have struggled to provide seamless care for clients with multiple needs. There has been an increased focus across Canada on the need to more effectively integrate addictions expertise into the broader health system. This presentation will highlight some of these experiences in the provinces and territories and will explore some of the potential challenges and opportunities that exist in providing integrated care for clients and their families.

25) Graham Thornicroft *MD BS PhD*

Head, Institute of Psychiatry, Health Services Research Department, King's College, London, United Kingdom

Prof. Graham Thornicroft is Professor of Community Psychiatry, and Head of the multi-disciplinary Health Services Research Department at the Institute of Psychiatry, King's College London. He is a Consultant Psychiatrist and is Director of Research and Development at the South London and Maudsley National Health System Trust. Prof. Thornicroft chaired the External Reference Group for the National Service Framework for Mental Health in England. His areas of research expertise include: stigma and discrimination, mental health needs assessment, the development of outcome scales, cost-effectiveness evaluation of mental health treatments, and mental health services in less economically developed countries. He has authored and co-authored 20 books and over 160 papers in peer reviewed journals.

Abstract:

DEVELOPING EVIDENCE-BASED MENTAL HEALTH SERVICES

Presenter

Graham Thornicroft is Professor of Community Psychiatry, and Head of the Health Service Research Department at the Institute of Psychiatry, King's College London. He is a Consultant Psychiatrist working in community mental services in South London, and is Director of Research and Development at the South London and Maudsley NHS Trust. He chaired the External Reference Group for the National Service Framework for Mental Health, the current ten-year national mental health plan for England. His areas of expertise include: mental health needs assessment, the development of new outcome scales, cost-effectiveness evaluation of mental health treatments and services, stigma and discrimination, and the development of community-based mental health services.

Summary of presentation

In this session I shall respond to the challenges posed by the regional mental helath service development reports. I shall go on to outline a series of key principles to guide action in balancing the local mix of community and hospital based mental health care, with illustrations of how these principles have been put into practice in other parts of the world. I shall also consider some of the barriers, including stigma and discrimination, that can impede progress, with suggestions, based upon my own experience, about how to find ways to overcome such barriers.

Resources

Reynolds A, Thornicroft G. Managing Mental Health Services. Buckingham: Open University Press; 1999.

Thornicroft G, Szmukler G. Textbook of Community Psychiatry. Oxford: Oxford University Press; 2001.

Thornicroft G, Tansella M. The components of a modern mental health service: a pragmatic balance of community and hospital care. British Journal of Psychiatry 2004; (In press).

Thornicroft G. Shunned: Discrimination against People with Mental Illness. Oxford: Oxford University Press; 2006.

26) Doug Watson *MD FRCPC FAPA*

Clinical Professor, Department of Psychiatry, University of Calgary

Dr. Doug Watson is a Clinical Professor of Psychiatry at the University of Calgary and Adjunct Clinical Professor at the University of Alberta; he is active in teaching, especially continuing education for health care professionals. With a special interest in providing psychiatric consultation services to rural communities, he was recently Medical Director, Community Mental Health Services, Alberta Mental Health Board and is currently Lead Psychiatrist, Southern Alberta Shared Mental Health Care Project.

Dr. Watson is a psychiatrist in active clinical private practice in Calgary and provides psychiatric consultation to the multi-disciplinary mental health clinic and general hospital in Canmore, Alberta. He is a Fellow of the Royal College of Physicians and Surgeons of Canada and of the American Psychiatric Association and a Diplomate of the American Board of Psychiatry and Neurology.

27) Jennifer White *MA Ed D*

Assistant Professor, School of Child and Youth Care, University of Victoria

Dr. Jennifer White is an Assistant Professor in the School of Child and Youth Care at the University of Victoria. She has an MA in Counselling Psychology and an EdD in Educational Leadership from the University of British Columbia. Dr. White has worked in the mental health sector for 20 years and has practiced in the field of suicide prevention since 1988. She worked as a clinical counsellor at SAFER Counselling Service, Vancouver Coastal Health from 1988-1991 and from 2002-2004. From 1991-1995, she worked as the Youth Suicide Prevention Coordinator for the Mental Health Division, Alberta Health. From 1995-2002 she served as the Director of the Suicide Prevention Information and Resource Centre, Mental Health Evaluation and Community Consultation Unit (MHECCU), Department of Psychiatry at UBC. Dr. White has written extensively on the topic of youth suicide prevention and she has facilitated numerous workshops on suicide prevention for a wide array of audiences and community groups. Her research interests are in the area of practitioner (tacit) knowledge, ethical reflection, practical judgment and praxis in youth suicide prevention. She has a particular interest in understanding how youth suicide prevention practitioners and clinicians understand their work, which theories and values guide their judgments and actions, and how they articulate what they are doing and why. Dr. White is the recipient of the 2004 Service Award from the Canadian Association for Suicide Prevention (CASP) and a past member of their Board.

Abstract:

ADVANCING THE PRACTICE OF YOUTH SUICIDE PREVENTION: BEYOND KNOWLEDGE TRANSFER

Rates of suicide among Canadian youth tripled between the 1950s's and the 1980's. Much of this jump was accounted for by suicides among young males. After motor vehicle fatalities, suicide is the 2nd leading cause of death among Canadian youth aged 15-24. Many more young people consider suicide or engage in non-fatal suicidal behaviour each year. This session will provide a review of promising approaches in the prevention of youth suicide and will introduce a framework for conceptualizing a comprehensive response to this complex, multi-dimensional problem. The practice of youth suicide prevention is being envisioned as a series of strategies and programs that are directed towards individuals and their social environments. Four broad categories of action, which are aimed at different audiences and implemented across a range of settings, will be discussed. These include: promoting youth resilience and strengthening social environments, improving detection and promoting awareness, working with individuals and groups at known risk, and assisting after a suicide. These community strategies and practices should be informed by current research evidence and should honour and build on local community knowledge, values and traditions. Each youth, family, and community is unique and close attention must be paid to the particular social, cultural, political and historical context when designing and implementing youth suicide prevention strategies. Locally developed strategies, which reflect the unique contributions of researchers, practitioners, and local citizens, are favoured over the one-way transmission of outside expert knowledge.

28) Cornelia Wieman MSc MD FRCPC

Co-Director and Assistant Professor, Indigenous Health Research Development Program, Department of Public Health Sciences, Faculty of Medicine, University of Toronto

Dr. Cornelia Wieman is the Co-Director and Assistant Professor for the Indigenous Health Research Development Program at the University of Toronto's Department of Public Health Sciences in the Faculty of Medicine. She is Canada's first female Aboriginal psychiatrist (Ojibway Nation). From 1997-2005, she worked as a Consultant Psychiatrist with Six Nations Mental Health Services, a community mental health clinic based on the Six Nations of the Grand River Territory. She is both Co-Director of the Indigenous Health Research Development Program and Assistant Professor in the Department of Public Health Sciences, Faculty of Medicine at the University of Toronto.

During 2000-2004, Dr. Wieman worked part-time as the Director of the Native Students Health Sciences Program for the Faculty of Health Sciences at McMaster University and continues to hold an academic appointment there as an Assistant Clinical Professor in the Department of Psychiatry & Behavioural Neurosciences. She is a co-investigator on several initiatives funded through the Canadian Institutes of Health Research – Institute of Aboriginal Peoples Health including the National Network of Aboriginal Mental Health Research (NNAMHR). She was a member of the Advisory Group on Suicide Prevention (2002-2003) that developed a framework document for the Assembly of First Nations and First Nations & Inuit Health Branch to address the issue of First Nations youth suicide. From 2002-2005, she served as a Member and Deputy Chair of Health Canada's Research Ethics Board and serves as a current member of the Drug Utilization Evaluation Advisory Committee, Non-Insured Health Benefits, First Nations & Inuit Health Branch. She has also worked with the National Aboriginal Achievement Foundation and Creative Wellness Solutions Act Now Role Model Program on creating and delivering programs for Aboriginal youth. She was a 1998 recipient of a National Aboriginal Achievement Award, recognizing career achievement in the category of medicine. All of her clinical, research and academic activities are directed toward the goal of improving the health and mental health status of Aboriginal Peoples in Canada.

Abstract:

INCREASING ABORIGINAL MENTAL HEALTH HUMAN RESOURCES: DEVELOPING INITIATIVES IN PROVIDING MENTAL HEALTH SERVICES

Six Nations Mental Health Services is a community-based mental health clinic located on the Six Nations of the Grand River Territory in Ontario. Since 1997, the clinic has provided on-reserve psychiatric services intended to meet the standard of practice of any mainstream psychiatric service while at the same time remaining relevant and sensitive to the needs of its Aboriginal clients. There is a significant shortage of Aboriginal mental health professionals and a long-standing need to increase the Aboriginal mental health workforce. At present, there are only four Aboriginal psychiatrists in Canada – out of an estimated 150-200 Aboriginal physicians. It is not clear why Aboriginal medical graduates do not choose psychiatry as a specialty in greater numbers. Recent initiatives in Ontario, including those that include research projects, are directed at increasing Aboriginal mental health human resources. Both qualitative and quantitative research findings will be presented. The Vision 2020 Strategy – a collective effort of representatives of the federal and provincial governments, Aboriginal health and social service agencies, post-secondary academic institutions, Aboriginal educational organizations and Aboriginal physicians – has a goal to significantly increase the number of Aboriginal health professionals practicing in Aboriginal communities by the year 2020. The hoped-for outcomes and benefits of this Strategy are two-fold: Aboriginal people can train and work in diverse and essential capacities in their communities; and Aboriginal clients receive more readily accessible, optimal mental health care. The implications for improved evidence-based mental health service delivery and health human resource policy development will be discussed.