

Cultural Psychiatry Day 2014
Wednesday April 16, 2014
Toronto: Mount Sinai Auditorium, 18th Floor
(Videoconference with McGill University, UBC, and Queen's University)

Agenda

Time (EST)	Title	Speaker/Facilitator
1:00 – 1:30	Registration	
1:30 – 1:40	Introduction	
1:40 – 2:05	<p>Clinical Alliance in Tense Times Objectives: At the end of this presentation, the participant will be able to:</p> <ul style="list-style-type: none"> • Identify the impact of social events related to intercommunity tensions on the therapeutic alliance. • Assess the effect of the sociopolitical climate on particular clinical encounters. • Reflect on the diverse roles (advocate, teacher, and therapist) of the clinician in front of divisive social debate. 	Dr. Cécile Rousseau
2:05 – 2:15	Active Learning: Q & A	
2:15 – 2:40	<p>Exclusion from Lived Experience: beyond a Kodak moment Objectives: At the end of the presentation, the participants will be able to:</p> <ul style="list-style-type: none"> • Describe how various forms of social exclusion can affect individuals through similar mechanisms – from individual, to community, to political / government levels. • Describe the “daily realities” of living in socially marginalized circumstances (e.g. poverty), and how failing to address this in the clinical encounter can reproduce the alienation of their patients, whereas understanding it can increase the alliance. • Identify their own potential as systemic advocates for basic human rights for their patients, both to increase public mental health and to promote more inclusive societies. 	Mr. Michael Creek
2:40 – 2:50	Active Learning: Q & A	
2:50 – 3:10	Active Learning: Local Small Groups Discussion & Cross-site Exchange	
3:10 – 3:25	Health break & networking	
3:25 – 3:45	Resident Case Presentation	Dr. Devina Maya Wadhwa
3:45 – 5:00	Active Learning: Discussion	Dr. Priya Watson

Keynote 1: Clinical Alliance in Tense Times

Dr. Cécile Rousseau, Professor of Psychiatry, McGill University

Abstract

Globalization is transforming the perception of the “other” and straining intercommunity relations. Internationally, social conflicts around religion and identity are on the rise and immigration is increasingly perceived as a threat. Locally, growing xenophobia is expressed in ways which correspond to specific historical, social and political contexts. This presentation will address some of the clinical consequences of the Charter of Values project in Quebec and of the tightening of migratory policies in Canada. The interaction between the outer political space and the therapeutic encounter will be discussed as well as the multiple roles of clinicians in these situations.

Learning objectives

At the end of this presentation, the participant will be able to:

- Identify the impact of social events related to intercommunity tensions on the therapeutic alliance.
- Assess the effect of the sociopolitical climate on particular clinical encounters.
- Reflect on the diverse roles (advocate, teacher, and therapist) of the clinician in front of divisive social debate.

Brief Biography

Dr. Cécile Rousseau is a Professor of Psychiatry at McGill University working with refugee and immigrant children. She has been working with immigrant and refugee communities, developing specific school-based interventions and policy oriented research. Presently, her research is focused on the evaluation of collaborative mental health care models for youth in multiethnic neighborhoods.

Keynote 2: Exclusion from Lived Experience: beyond a Kodak moment

Michael Creek, Director of Strategic Initiatives, Working for Change

Abstract

The lived experience of exclusion cuts across categories (racial, sexual, gender, class, etc). In my experience, mental health issues have been connected with coming out of the closet in a small town in the 1970s, then later with the impact of poverty and homelessness in downtown Toronto. Exclusion and alienation from the rest of society occurs at different levels, from individual to systemic. People who openly identify with mental health issues have had to fight to get truly included in decision-making.

Another form of marginalization occurs in the clinical sense. Psychiatry has a tendency to focus on biology or early childhood rather than the daily realities of one's social situation. This can simply repeat the process of social exclusion, and in my talk, I will describe how a well-informed psychiatrist can work differently to increase his or her alliance with patients. This brings us back to the philosophical ideas behind being a physician and a healer – and the power of your position as an advocate. Not everyone can be significantly politically active, but there are many ways that you can make a difference, starting with self-education. This will ultimately impact not just the mental health of your patients, but also the well-being and inclusiveness of our society as a whole.

Learning Objectives

At the end of the presentation, the participants will be able to:

- Describe how various forms of social exclusion can affect individuals through similar mechanisms – from individual, to community, to political / government levels.
- Describe the “daily realities” of living in socially marginalized circumstances (e.g. poverty), and how failing to address this in the clinical encounter can reproduce the alienation of their patients, whereas understanding it can increase the alliance.
- Identify their own potential as systemic advocates for basic human rights for their patients, both to increase public mental health and to promote more inclusive societies.

Brief Biography

Mr. Michael Creek is the Director of Strategic Initiatives with Working for Change, and is the former Coordinator of the Toronto Speakers Bureau “Voices from the Street”, where he has learned research, public policy, and public speaking. Michael sits on the board of Social Planning Toronto as Vice Chair; he is also Co-Chair of “25 in 5”, a poverty reduction network. Michael is a survivor of cancer, physical and mental abuse, homelessness, and poverty and is a psychiatric consumer/survivor. Michael advocates on many health issues that affect those who live in poverty. He continues to work with marginalized communities and people so that their voices can make a difference in shaping policy.