A quarterly publication of the Centre for Addiction and Mental Health (CAMH)

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camh: transforming lives

camhconnexions

Searching for solutions to youth violence

LaToya Rodney (R), who broke a cycle of gangs and violence to turn her life around, sat on a youth panel with Natalie Crooks (L) and three others, who told service providers to look at underlying causes of violence and to strive for 'unconventional' ways of addressing them. The forum was organized by CAMH in partnership with George Brown College.

The media is full of stories about gangs and violent youth behaviour. Clinicians and service providers deal with the aftermath daily. While the general public wonders why the incidence of youth violence seems to escalate, CAMH and others believe that it's a public health issue.

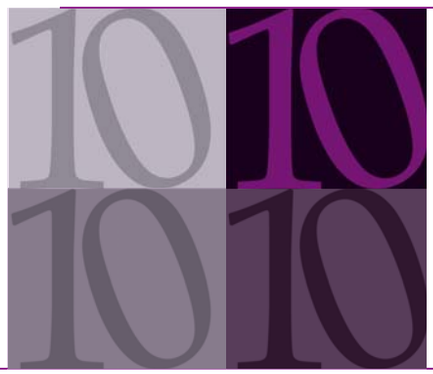
Recently, more than 260 people gathered for "Youth Violence: Mental Health Issue or Criminal Behaviour? – A Public Health Discussion for Prevention", a forum organized by CAMH and George Brown College's Centre for Preparatory & Liberal Studies. The conference drew a wide variety of clinicians, service providers, and youth practitioners.

"Youth violence is strongly shaped by social determinants of health such as poverty, social exclusion, racism, unemployment, inadequate housing, and community disorganization," said Lew Golding, a forum co-organizer and manager of CAMH's Substance Abuse Program for African Canadian and Caribbean Youth (SAPACCY), adding he was pleased that the "next generation of practitioners and service providers are engaged and support viewing the issue through the mental health lens and not with a criminal focus."

These days, LaToya Rodney considers herself "a resource hustler" for kids who want to break the cycle of violence in their lives. She broke the cycle herself after multiple expulsions from school, joining a gang and going to jail, where she says she developed post-traumatic depression. But after two of her brothers were shot as a result of gang violence LaToya decided turn her life around.

"Growing up, the only resource I had was the Driftwood

YOUTH, continued on page 3



Ten things about CAMH's first ten years

1997-1998

Process to merge the Addiction Research Foundation, the Clarke Institute of Psychiatry, the Donwood Institute, and the Queen Street Mental Health Centre begins in 1997. The Centre for Addiction and Mental Health (CAMH) officially forms in 1998.

1998-1999

CAMH launched Canada's first Drug Treatment Court in collaboration with the Department of Justice Canada, the Toronto Police Service, Toronto Public Health and various community agencies.

TEN THINGS, continued on page 3

camh
Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

A Pan American Health Organization / World Health Organization Collaborating Centre
Fully affiliated with the University of Toronto

CAMH leads integration of mental health and addiction with primary health care

The first thing Akwatu Khenti, CAMH International Health Director, noticed was the noise of people connecting, networking, and generating ideas for action. Delegates from Africa, South America, Mexico, Switzerland and Canada came to the *Accelerating the Agenda for Action: Strengthening Efforts to Integrate Addiction and Mental Health in Primary Care* forum to share knowledge and experience about the current state of the integration of mental health and addictions into Primary Health Care (PHC) planning.

"Primary care must be the lynchpin of mental health and addictions programs," said Akwatu, "there simply aren't enough specialists in the world to answer the need for care in these areas." Psychiatric illnesses contribute a large portion of the global burden of disease, affecting health policy and quality of life and CAMH has assumed an international leadership role by sharing its expertise with under-resourced programs around the world.

More than 40 delegates attended the international gathering.

All in attendance agreed that combating stigma is a priority at all levels of health care, but especially in medical school. Collaboration in providing shared care was stressed through interprofessional training and building partnerships that find strength and direction by integrating each partner's contribution.

The sessions wrapped up by issuing an international call to action—The Toronto Letter—calling on governments and PHC agencies to accelerate their commitment of political will and resources to increasing services for addiction and mental health.

Divestment and governance: CAMH and Oak Ridge

CAMH has been approached by the Ministry of Health and Long-Term Care about the possibility of taking over the governance and management of the provincial maximum secure forensic programs housed in the Oak Ridge facility at the Mental Health Centre Penetanguishene.

The Mental Health Centre Penetanguishene is the last of the provincial psychiatric hospitals to be divested / transferred into the public hospital system, and the Province has been looking at ways to proceed with the divestment for some time.

CAMH has agreed to consider this proposal, subject to a full impact analysis and due diligence process.

CAMH, like Oak Ridge, has a long-standing interest in improving the forensic mental health system, improving quality of care, and extending the reach and impact of specialized research and training.

CAMH has a lot more questions than answers at this point. We need to fully explore this proposal in all its complex dimensions through a due diligence process to determine whether it is indeed feasible. We hope to have this due diligence process completed sometime during the summer of 2008.

For more information, please visit the Media and Events section of www.camh.net

CAMH hosts new early intervention network

Not so long ago, a schizophrenia diagnosis meant a life defined by medication, unemployment and social stigma. These issues haven't been completely eliminated from the lives of people living with psychosis, but despite the challenges, Dr. John Trainor, Director of CAMH's Community Support and Research Unit (CSRU), is optimistic about the future.

Tom Hall, Manager of CAMH First Episode Psychosis Services

The key is early intervention. Research by CAMH and partners demonstrates that clients accessing early intervention programs have better outcomes, increased rates of remission and are less likely to be hospitalized.

"It's science and research working together and living a full life in society," Dr. Trainor said, recently at the launch the Toronto Early Intervention in Psychosis Network hosted by the First Episode Division. Both the federal and provincial governments identified early intervention as one of their four

EARLY INTERVENTION, continued on page 8

YOUTH, continued from page 1

Community Centre," LaToya said. "We had no anti-bullying workshops, no counselling, no diversity programs."

For Rahel Appiagyei, who has worked with neighbourhood organizations in her native Jane and Finch community, the number one issue in dealing with youth and violence and mental health is racism. "It's penetrated our judicial system, it's in our education system. You will never have peace without justice," she said, a point which was echoed by Lekan Olawoye, who grew up in Toronto's Jamestown community and coordinates the Rexdale Involve Youth Project.

Lekan spoke passionately about the need for a holistic approach to youth and violence and mental health, imploring community workers and service providers to look at the whole picture, and to develop programs that really get at the root causes or as he put it, "programs that help us deal with our issues, not just keeping youth busy? We're more than arts and basketball, man!"

"It's about our self-identity and understanding what our roots are, how we fit with our community and our society as a young black person or a young Asian person, or whatever," Lekan said, adding, "As a young black man, I don't see a whole lot of people in management positions or as role models."

Natalie Crooks, who's implemented youth programming in life skills, health sexuality and anti-racist education, spoke about the influence of culture on her family as they dealt with a brother with schizophrenia. Her family wanted support, she said, "but we didn't want anybody to know, so it was 'go see the pastor.'"

Former Children and Youth Minister Mary Anne Chambers (L) moderated a panel on youth violence for service providers and professionals, with forum organizer Lew Golding, CAMH's Manager of Substance Abuse Program for African Canadian and Caribbean Youth (SAPACCY).

"We need more cultural education – Caribbean or European or Asian cultures may all look at mental health in really different ways," she said.

Most of the panel agreed that true solutions must go beyond conventional approaches. Lekan pointed to panel moderator Kehinde Bah, who co-founded The Remix Project and served on a number of boards and community organizations, as someone who's story isn't 'conventional' but who's affected the lives of hundreds of youth.

"LaToya has a criminal record and we do not hire people with a criminal record, but she can effect more change than anyone I know of," he said.

TEN YEARS, continued from page 1

1999-2000

CAMH is named a Centre of Excellence in Addictions and Mental Health by the World Health Organization (WHO).

2000-2001

CAMH Board of Trustees approved the master plan for the redevelopment of the Queen Street site, which celebrated its 150th anniversary.

2001-2002

CAMH Foundation's Courage to Come Back Awards refined its focus to recipients who have shown the greatest courage in overcoming the challenges of living with addiction and/or mental illness, and have chosen to use their experiences to contribute to the community.

2002-2003

CAMH introduces Mindfulness-Based Cognitive Therapy, combining the clinical application of mindfulness meditation with the tools of cognitive therapy.

2003-2004

R. Samuel McLaughlin Addiction and Mental Health Information Centre and support line opens.

2004-2005

The first group of students from the Assistant Cook Extended Training Program (ACET), a CAMH and George Brown College partnership, graduates.

2005-2006

CAMH scientists and research staff secured almost $38 million in grants and contracts and filed four new patents for novel technologies.

2006-2007

Ground is broken at the Queen Street site, beginning the redevelopment.

2007-2008

The first completed buildings in the first phase of CAMH redevelopment open.

CAMH staff awards and appointments

Canadian to lead American Association of Geriatric Psychiatry

Dr. Bruce G. Pollock, CAMH's newly-appointed Vice President of Research, was recently named president of the 2,000-member American Association for Geriatric Psychiatry (AAGP). Dr. Pollock's Canadian background brings a unique perspective to AAGP.

Part of the 'reverse brain drain,' CAMH was fortunate to attract Dr. Pollock back to Toronto and CAMH from Pittsburgh in 2006. As

Dr. Bruce G. Pollock, Vice President of Research

AAGP president, Dr. Pollock will draw on his extensive research and clinical expertise to guide priorities in the safety and efficacy of psychiatric medications for the elderly, and access to quality mental health care for older adults.

In addition to his roles as incoming AAGP president and CAMH's Vice President of Research overseeing over 400 CAMH Research staff, Dr. Pollock is also the Sandra A. Rotman Chair in Neuropsychiatry at the Rotman Research Institute, Baycrest, and professor and head, Division of Geriatric Psychiatry, at the University of Toronto, Faculty of Medicine.

> CAMH is extremely fortunate to have one of the world's leading psychopharmacologists at the helm of our research program.
> *Dr. Paul Garfinkel*

The work of **Dr. Howard Barbaree**, Clinical Director, Law and Mental Health Program, has recently been recognized with three significant appointments. Due to his collaborative work with Dr. John Hirdes, fellow of the international Resident Assessment Instrument Research group (interRAI), Dr. Barbaree received a cross appointment as a Professor (Adjunct) in Health Studies and Gerontology at the University of Waterloo. As well, he has been appointed an Associate Fellow with interRAI. Dr. Barbaree was invited to participate as a member of the new Ontario Mental Health Reporting System (OMHRS) Advisory Committee.

The International Society of Psychiatric Genetics (ISPG) election results are in, and **Dr. Jim Kennedy** was the top ranking person - worldwide - elected to the Board. ISPG is an international organization that strives for the highest ethical standards in genetic research and the application of findings from genetic research in clinical psychiatric practice.

Dr. Paul Kurdyak received the CIHR Institute of Health Services and Policy Research Rising Star Award in recognition of his article in the April 2007 edition of the American Journal of Public Health entitled "The effect of antidepressant warnings on prescribing trends in Ontario, Canada."

Akwatu Khenti, CAMH International Health Director and lecturer to graduate students in the Department of Public Health Sciences, University of Toronto, was awarded the Ethno-racial Education Initiatives Award in Public Health Sciences recognizing academic initiatives that prepare faculty and students to get along well with people from different ethno-racial backgrounds, to welcome and seek out new knowledge about people and the wider world, and to play a positive role in our diverse society.

Cristine Rego, Provincial Aboriginal Training Consultant in CAMH's Aboriginal Services, was given a Woman of Distinction Award by the Sudbury YWCA. A Woman of Distinction is recognized for her commitment, contribution and advocacy for improving the lives of women and girls in the local, national or global community.

Dr. Tony George was recently appointed Clinical Director of CAMH's Schizophrenia Program. Dr. George, who joined CAMH in 2006 after a distinguished career at Yale University, retains his position as the Endowed Chair in Addiction Psychiatry at the University of Toronto and continues his research into the biology and treatment of concurrent disorders and addictions. He has been CAMH's Senior Psychiatrist and Head of the Addictions Research Section in Clinical Research as well as the Deputy Clinical Director for Concurrent Disorders in the Addictions Program.

Keeping PCs off the scrap heap and people working

Pat Hebert's company mission statement can be summarized as "improving tomorrow by keeping resources at work today." His business, Thriftopia.com, may focus on solving the 50,000,000 ton global e-waste problem to protect the environment, but its mandate includes protecting human resources, too. The company is committed to providing work to people who face barriers to employment.

As a former CAMH client who has received services for bipolar disorder, Pat is no stranger to facing life and work challenges. Now in his mid-20s, Pat was diagnosed with clinical depression at 14 and bipolar disorder at 18. As well, he lives with a prosthetic eye and diabetes. A few years ago he fell into a downward cycle and was unable to cope due to his mental and physical health issues. His parents became aware of CAMH through the Transforming Lives media campaign and as a result, Pat received inpatient and outpatient treatment here.

Through a combination of talk therapy, cognitive behavioural therapy, and mindfulness practice, Pat began his recovery. During this time he discovered that most employers operate on a 'don't ask, don't tell' basis concerning mental illness, which only increases stigma. Further medical issues with his good eye caused him to leave a job that required driving. While waiting for a decision on whether he would receive support from ODSP, he noticed that there was an online market for broken and obsolete electronics.

With his brother (who has a developmental delay and faced his own employment challenges), Pat decided to start his own business to provide jobs for both of them and his fiancée. Based in Barrie, Ontario, Thriftopia.com offers 'responsible computer afterlife management' services to companies and individuals by recycling and reusing obsolete electronics. He now employs five additional people, all who receive ODSP benefits, and works closely with local agency Careers for Inclusion to build his workforce.

Idle or downtime is a trigger for Pat. He says, "At CAMH, I learned how to stay in the moment and keep busy to manage my illness." With big plans to expand his business, he should have little difficulty staying busy and staying well.

Pat Hebert of Thriftopia.com works to manage all resources responsibly.

CAMH Corporate Volunteer Program

Andy Guiry and **Melissa Verge** from Montgomery Sisam Architects prepare a Valentine's Day breakfast for clients in the Resource Room Breakfast Club as part CAMH's Corporate Volunteer Program. The program creates partnerships with corporations to build and sustain healthy communities. Corporations and their employee volunteers work with CAMH to deliver a wide range of services and activities to clients.

For more information on how to become a corporate volunteer partner with CAMH, please contact Jim Davey, at 416 535-8501, extension 6238.

Annual International Women's Day community event celebrates its 10th year

It's delightful that in CAMH's 10th anniversary year, the annual International Women's Day community event it originated with several community partners should also be celebrating its 10th anniversary.

As in past years, CAMH and its staff supported the event in partnership with other community agencies to offer women a chance to celebrate their strength, and voice the issues that affect their lives in a fun and safe environment. Organizers secure funding, volunteers, donations and manage the logistics on the day. They are extremely grateful to their employers and co-workers for their support, and to the many local businesses that provide food and prize donations to make the event a success.

CAMH projects

TEACH prepares to train francophone service providers in smoking cessation strategies

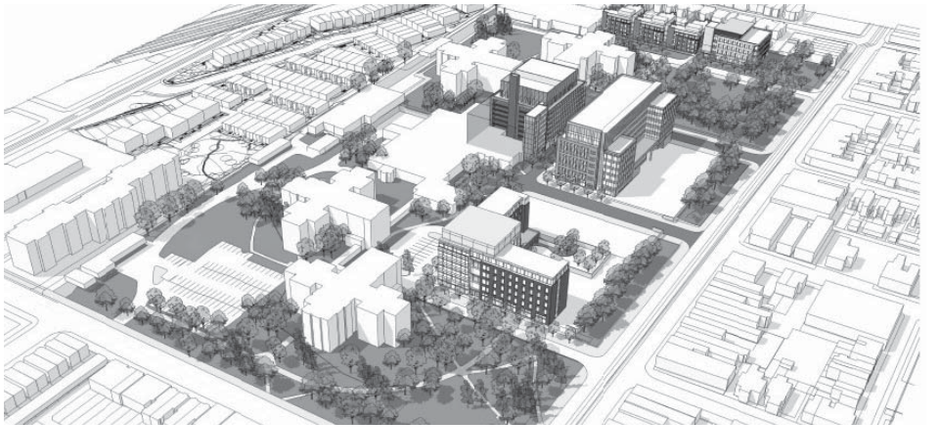
Ontario's Francophones will soon have access to a wider range of smoking cessation programs and counselling, thanks to a unique collaboration between the CAMH Nicotine Dependence Service, the Ontario Ministry of Health Promotion, and Project TEACH pour les Francophones. Under the leadership of Dr. Peter Selby and Dr. Bernard Le Foll, CAMH's TEACH Program is in the process of being translated and adapted to train francophone clinicians, health-care professionals and others to provide counselling services for tobacco cessation. Community leaders will also be enlisted to spread the message about the dangers of tobacco use. Jean-François Crépault (centre), Coordonnateur of the Projet TEACH pour les Francophones, with Marilyn Herie, TEACH Project Director and Antoine Dérose, Program Consultant (all of CAMH), celebrate the translation and adaptation of the program into French.

CAMH redevelopment

from April 2007. . .

. . . to January 2008

Opening Day 2008



Phase 1B

The 'choking game', psychological distress and bullying:

Ontario teens continue to exhibit troubling behaviour

Ontario's youth are experiencing a different kind of high. Approximately seven percent (an estimated 79,000 students in grades 7 to 12) report participating in a thrill-seeking activity called the 'choking game', which involves self-asphyxiation or being choked purposely by someone else. CAMH's 2007 Ontario Student Drug Use and Health Survey (OSDUHS) revealed these new data, as well as indicators and trends on the psychological health of Ontario's youth, in the Mental Health and Well-Being Report.

"We included questions on the choking game and video gaming to reflect the ever-changing behavioural patterns of young Ontarians. Overall, the results are not alarming, but indicate that Ontario youth show a relatively high degree of distress and potentially self-harming behavior," said Dr. Jürgen Rehm, senior scientist at CAMH and study spokesperson.

Dr. David Wolfe, Director of CAMH's Centre for Prevention Science, notes that adolescents have always had a fascination with altered states. "Activities like the choking game are not new, but it is important that parents are aware of these behaviours and are prepared to speak with their children about the dangers of these and other risky activities."

This year's report also shows a stable but high rate of elevated psychological distress, with 31 percent of students reporting symptoms of depression, anxiety or social dysfunction. About 21 percent of students visited a mental health professional at least once during the past year, an increase from 2005, when only 12 percent of students reported visits.

Bullying continues to be a problem, with stable but elevated rates of approximately 30 percent of students reporting being bullied at school since September. The most prevalent form of bullying is verbal attacks (23 percent), while four percent are bullied physically, and three percent are victims of theft or vandalism.

"It is crucial that schools find ways to address these forms of abuse and violence, so that students feel safe. Young people need to know that the lines of communication are open and they can speak to school administrators and parents about their problems. And similarly, parents need to be open and honest with kids and arm them with the necessary tools to make healthy decisions," says Dr. Wolfe.

The 2007 Mental Health and Well-Being Report describes the mental health, physical health and risk behaviours among Ontario students in 2007, and tracks changes in these since 1991 (where possible). Although the OSDUHS spans back to 1977, most physical and mental health indicators were first included in the survey in the early 1990s.

Visit www.camh.net/Research/osdus.html on the CAMH website for more information.

Other new topics in the 2007 OSDUHS showed:

- **approximately** three percent (35,000 students) reported a suicide attempt in the past year
- **about** one in 10 students rate their mental health as poor, with females more likely to do so than males (16 percent versus seven percent)
- **about** nine percent of students may have a video gaming problem (indicated by symptoms such as loss of control, withdrawal, and disruption to family or school), with males significantly more likely than females (16 percent versus three percent).

New clues for uncovering the mysteries of mental illness

Scientists have discovered epigenetic changes (i.e., chemical changes to a gene that do not alter the DNA sequence) in individuals with schizophrenia and bipolar disorder. This is the first epigenome-wide investigation in psychiatric research, and this groundbreaking data may be a significant step in fully understanding major psychosis.

Dr. Arturas Petronis, CAMH Senior Scientist in the Krembil Family Epigenetic Laboratory, and his team, studied 12,000 locations on the genome using an epigenomic profiling technology developed at CAMH. Approximately one in every two hundred of these genes showed an epigenetic difference in the brains of psychiatric patients. Significantly, these changes were noted on genes involved in neurotransmission (the exchange of chemical messages within the brain), brain development, and other processes linked to disease origins.

Dr. Petronis explains that these epigenetic changes may be the missing link in understanding what causes an illness. "The DNA sequence of genes for someone with an illness like schizophrenia and a for someone without a mental illness often look the same; there are no visible changes that explain the cause of a disease. But we now have tools that show us changes in the second code, the epigenetic code, which may give us some very important clues for uncovering the mysteries of major psychosis."

NEW CLUES, continued on page 8

Coming events

June 10 - 15, 2008
EDWARD THE CRAZY MAN
presented by Workman Arts
Lorraine Kimsa Theatre for Young People,
165 Front Street East, Toronto

June 25, 2008, noon
2008 BEING SCENE ART EXHIBITION
opening, presented by Workman Arts
CAMH Administration Building Lobby
1001 Queen Street West

June 26, 2008, 10:00 am
CAMH ANNUAL GENERAL MEETING
60 White Squirrel Way,
CAMH Queen Street site, 1001 Queen St. W.

October 4 – 5, 2008, 7:00 pm to 7:00 am
SCOTIABANK NUIT BLANCHE
CAMH
1001 Queen Street West

November 5 – 7, 2008
BUILDING EQUITABLE PARTNERSHIPS
SYMPOSIUM 2008
CAMH, 250 College Street

November 6 – 15, 2008
RENDEZVOUS WITH MADNESS FILM
FESTIVAL presented by Workman Arts
Workman Theatre
1001 Queen Street West

You're invited to join CAMH for our:
- *Annual General Meeting*
- *10th Anniversary celebration*
- *Grand opening* of the first phase of our redevelopment.

June 26, 2008, starting at 10:00 am,
1001 Queen Street West.

NEW CLUES, continued from page 2

This proof-of-principle study is the first demonstration of what CAMH epigeneticists have hypothesized for 10 years."

"Until now, we only had theories that epigenetic changes were important to understanding what causes major psychosis," explains Dr. Petronis. "Now we have the tools and expertise to support our theories and we can look at conducting larger studies, which will hopefully give us an even better understanding of psychiatric illnesses. And once we understand the primary molecular causes of an illness, we can advance diagnosis and treatment approaches, and possibly even prevent illness."

The Krembil Family Epigenetics Laboratory is the only psychiatric epigenetics laboratory in North America.

***Visit "Epigenomic Profiling Reveals DNA-Methylation Changes Associated with Major Psychosis" for more information on this study in the* American Journal of Human Genetics.**

EARLY INTERVENTION, continued from page 2

major health priorities.

CAMH is a key player in the Early Intervention Network working in collaboration with health-care partners across Ontario.

Dr. Carolyn Dewa, a Senior Scientist in CAMH's Health Systems Research and Consulting Unit, presented some of her research team's early findings from their Matryoshka Project. Named after the Russian dolls that nest tightly one within each other, and that represent the many-layered health-care system, the project examines the effects of new mental health system funding on the continuity of care for new and ongoing clients.

By studying seven of the 31 early intervention programs in Ontario, Dr. Dewa and her team found a rise in the number of new clients entering early intervention programs, continuity of care has improved and the programs are better able to attract their target populations. Client satisfaction is up and more are being served early in their illness.

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