

# camhconnexions

## Specialized Aboriginal addictions treatment will build ‘community of healing’



(L-R) Cree Elder Vern Harper, Kara Greenleaf and Jeff DHondt, Manager, Aboriginal Services perform a traditional smudging ceremony in a room that was specially adapted at CAMH's Addictions Program for Aboriginal clients.

**This fall**, CAMH's Addictions Program will begin specialized addiction treatment for Aboriginal people, the result of nearly nine years of working to strengthen relationships with Toronto's three main Aboriginal agencies.

Buy-in, trust, and partnership with the Aboriginal community were essential factors in establishing a program that could be successful, according to Dr. Peter Menzies, Clinic Head, CAMH Aboriginal Services, who spearheaded persistent

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## Compassion and creativity are Strengthening Families for the Future

**Putting a unique** twist on family care, Strengthening Families for the Future is improving lives across Ontario. It's a program designed to reduce factors that put families at risk, and enhance factors that can help them to function well.

Since launching in the fall 2006, 24 communities have implemented the program, which

was created in the U.S. in the 1980s and adapted by several CAMH departments to a Canadian context between 2000 and 2005. Sault Ste. Marie opened the program to families with children who are at risk of being suspended from school, or who are currently under suspension.

"It involves the whole family and not just the children, and it

has a specific target group," says Program Consultant Michelle Ott, CAMH Provincial Services, Northern Ontario, adding that the program was widely supported in Sault Ste. Marie where she's located. Local school principals helped identify families to participate, and one school provided a location as well as youth who could avoid suspension by

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# CAMH projects

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outreach to Anishnawbe Health, The Meeting Place, and the Native Men's Residence (NaMeRes).

"I think it's going to bring CAMH and the native community of Toronto closer together, in terms of a working relationship," says Dr. Menzies, adding that funding is coming through the Ministry of Health and Long-Term Care, and the Aboriginal Health Transition Fund-Ontario Adaptation Plan, which became available through the Toronto Central Local Health Integration Network (LHIN) last year.

The new program will offer a 21-day treatment cycle for Aboriginal clients, who will live in-residence at 60 White Squirrel Way (one of the new buildings opened last year as part of the redevelopment of CAMH's Queen Street site) while receiving treatment. CAMH Addictions Program staff are gathering input from an advisory group of Aboriginal and non-Aboriginal psychologists, Aboriginal clients, and the three partnering agencies. Consultants are also interviewing clients and determining appropriate best practices.

The program is the first of its kind, and will embrace elements from both western and Aboriginal models of treatment, or, as Aboriginal Service Manager Jeff DHondt puts it, welcoming the Western paradigm but cherishing the Aboriginal one.

"[It's about] building a community of healing," he says. "It will look very much like other treatment cycles, although others likely won't have smudging or an elder involved. But the fact is, with adding in that culture, we



CAMH's Dr. Peter Menzies, Clinic Head Aboriginal Services, Judith Tompkins, Executive Vice President Programs and Chief, Nursing and Professional Practice, and Dr. Paul Garfinkel, President and CEO, gather to discuss a new Aboriginal treatment cycle being developed by CAMH's Addictions Program.

have something unique."

Hopes are high that the pilot program will impart valuable learnings for culturally-competent care, according to Dr. Peter Selby, Clinical Director, CAMH Addictions Program. "There's no doubt we are eager to apply what we learn to improve our own clinical practices and share that knowledge with other providers," says Dr. Selby.

For Dr. Paul Garfinkel, CAMH President and CEO, the specialized treatment and emphasis on culturally competent care is emblematic of the renewed emphasis CAMH is placing on advancing specialized clinical care as it revises its Strategic Plan.

"It's always important that we remain mindful of how we connect to the individual and their needs, and mindful of our role at CAMH in connecting them to the system," Dr. Garfinkel says, adding, "I think the work of our staff in this area will serve as a great example of that connection."

## What's in a (street) name?

**Jostling for** space along Queen Street West with overhead wires, crosswalk lights and banners, four new street signs mark another small step in the CAMH's redevelopment project—the ongoing transformation of our Queen Street site from a stand-alone campus to an integrated urban village.

The street names came out of an extensive survey and consultation process with CAMH's many stakeholders and the City of Toronto.

Here is a brief summary of the street names and where they came from:

**Workman Way:** Dr. Joseph Workman was the pioneering second Superintendent, from 1853 to 1875, of Toronto's Provincial Asylum originally located on the site. A tireless



The City of Toronto recently installed the street signs for the future public roads that will open up CAMH's outmoded Queen Street site and help create an urban village.

reformer who devoted his life to the interests of patients with mental illness, he was a leading practitioner and teacher of the "moral therapy" movement, considered to be a humane and patient-centred

approach for its time.

**Freedom Street:** Put forward by a local resident to recognize CAMH's efforts to help patients recover their ability to live full lives.

**Gordon Bell Road:** Dr. Gordon Bell (1911-2005) founded Canada's first public hospital for addiction, the Donwood Institute, and was a world leader in believing that alcoholism is treatable. He remained involved in addictions treatment at Bellwood Health Services Centre well into his 90s.

**White Squirrel Way:** Proposed in recognition of the rare white squirrels that have been known to nest on Queen Street West. Suggested by several CAMH staff members, one of whom noted, "These cute squirrels

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## Acetaldehyde in alcohol – no longer just the chemical that causes a hangover

**New evidence** from researchers at CAMH and Germany's Chemical and Veterinary Investigation Laboratory Karlsruhe shows that drinking alcohol is the greatest risk factor for acetaldehyde-related cancer. Heavy drinkers may be at increased risk due to exposure from multiple sources.

Acetaldehyde is ubiquitous. Present in the environment, it is inhaled from the air and tobacco smoke, ingested from alcohol and foods, and produced in the human body during the metabolism of alcoholic beverages. Research indicates that this organic chemical plays a significant role in the development of certain types of cancers (especially of the upper digestive tract), and it is currently classified as possibly carcinogenic by the International Agency for Research on Cancer of the World Health Organization.

The team found that risk from ingesting acetaldehyde via alcoholic beverages alone may exceed usual safety limits for heavy drinkers. Their risk assessment study found that the average exposure to acetaldehyde from alcoholic beverages resulted in a life-time cancer risk of 7.6 per 10,000. Higher risk scenarios can increase it to 1 in 1,000.

The research team noted the risk is compounded by acetaldehyde exposure from different sources. "Although acetaldehyde has been recognized as toxic by Health Canada some years ago, most risk assessments to date were based on one source of exposure only" explained Dr. Jürgen Rehm, the lead scientist of the Toronto group and head of the Public Health and Regulatory Policies section at CAMH. "This has led to a negligence of the overall risk."

The CAMH scientists recommended:

- that the risk for cancer stemming from acetaldehyde from alcoholic beverages be recognized, and necessary preventive steps taken to reduce the acetaldehyde content in alcoholic beverages.
- that the overall level of acetaldehyde exposure be minimized to the lowest level technically possible.



Dr. Jürgen Rehm

## When money gets tight, guess which prescriptions don't get filled?

**A new** study points to a troubling connection between out-of-pocket expenses for people contending with both physical illnesses and depression, affecting access to antidepressant treatment.

A team led by Dr. Carolyn Dewa, Head of the Work and Well-being Research and Evaluation Program at CAMH, explored whether the amount of money spent on medication before a disability episode affects medication use among workers on depression-related disability. This study built on previous research that revealed workers on depression-related short-term disability improved with antidepressant treatment.

"The results raised concerns about the treatment choices people are making," Dr. Dewa said. "As an example, if a worker's prior out-of-pocket expenses for medication associated with heart disease were \$500, the probability of filling an antidepressant prescription was only 40 percent."

The CAMH team analyzed administrative disability data for three large firms with approximately 63,000 employees nationwide. The analysis, published in the journal *Healthcare Policy*, revealed that workers on depression-related short-term disability are more likely to fill a prescription for antidepressant medication if they have previously purchased antidepressants. This suggests that the medication is viewed as necessary, which may point to increased adherence to antidepressants, a frequent concern in depression treatment.

At the same time, a worker on depression-related short-term disability is less likely to fill a prescription for antidepressant medication if the worker already is paying high out-of-pocket costs for medications to treat physical disorders such as heart disease or asthma (about half had a co-morbid chronic physical disorder).

This phenomenon may be a barrier to accessing antidepressant treatment, which could delay taking necessary medication, affecting not only a person's recovery, but also a company's bottom line. Approximately one third of work-related productivity losses can be attributed to an employee being either unproductive or unable to function at full capacity because of depression. While recommended use of antidepressants is associated with increased productivity and decreased disability, depression treatment is often complicated by physical disorders (e.g., heart disease, ulcers, hypertension, and asthma) that also require prescription drug treatment.

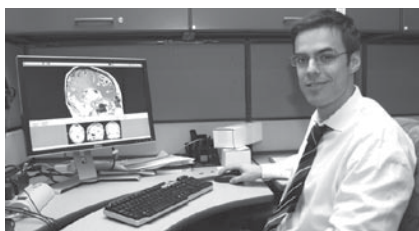
According to Dr. Dewa, a delay in use could cost an

## Awards and appointments

**The Royal College** of Physicians and Surgeons of Canada awarded **Dr. Jeffrey Meyer**, Head of Neurochemical Imaging in the Mood Disorders Program at CAMH, the Royal College Medal Award in Medicine. Dr. Meyer is the first psychiatrist to be honoured with the award in its 60 year history.

For over 30 years, scientists believed that monoamines – mood-related chemicals such as serotonin, norepinephrine and dopamine – are low in the brain during episodes of major depression. This is commonly referred to as a “chemical imbalance,” but no one had ever found a convincing explanation for monoamine loss. In 2006, Dr. Meyer unlocked this mystery and released a study that provided an explanation of how the “chemical imbalance” occurs in major depressive episodes—the new leading monoamine theory of depression.

CAMH scientist **Dr. Jürgen Rehm** was re-appointed Chair in Addiction Policy at the Dalla Lana School of Public Health, University of Toronto, recognizing his pivotal role in leading collaborative research and education initiatives addressing critical issues such as addiction policy, and innovative approaches for health promotion and disease prevention.



Dr. Voineskos

**Dr. Aristotle Voineskos**, CIHR-funded fellow and psychiatrist working in the CAMH Geriatric Mental Health and Schizophrenia Programs, is the recipient of a 2009 American Psychiatric Association/AstraZeneca Young Minds in Psychiatry International Award which recognizes and supports promising young physician researchers (up to five years post-residency) working in core psychiatric areas with an emphasis on bipolar disorder and schizophrenia. This award will allow Dr. Voineskos to pursue his work obtaining imaging, genetics and gene expression measures for people with schizophrenia, that, when combined, will provide more powerful answers to questions than would data from any one field alone. He hopes that this work will ultimately identify new treatment targets for people living with schizophrenia.

Clinical Director of CAMH’s Dual Diagnosis Program **Susan Morris** received the Award of Excellence from the Ontario Association on Developmental Disabilities (OADD). This award recognizes an individual who has contributed significantly to better understanding of, or enhanced the quality of life for, those with developmental disabilities. **Dr. Yona Lunsky** was also recognized with the Research Professional Award. **Michelle Vecili**, research assistant with Dr. Yona Lunsky in Dual Diagnosis, was recently awarded a Kay Sonson Scholarship (undergraduate level).

**Dr. Ingrid Bacher**, **Dr. Clement Hamani**, **Dr. Daniel J. Mueller**, and **Dr. Alexandra Soliman** each won a 2009 National Alliance for Research on Schizophrenia and Depression (NARSAD) Young Investigator Award which provides support for the most promising young scientists conducting neurobiological research.

Celebrating the outstanding work of four staff members, CAMH revealed the winners of its first-ever Social Work Recognition Awards on March 4, during Social Work Week.



Recipients of CAMH’s first annual **Social Work Recognition Awards** enjoy their honours.

“Social workers constitute one of the largest disciplines at CAMH, and all of the social workers make substantial and important contributions to improving the lives of those affected by addiction/mental health issues,” says **Colleen Kelly**, Discipline Chief of Social Work at CAMH.

Excellence in Leadership: **Suraya Faziluddin**, Law and Mental Health Program.

Excellence in Research: **Bill Chan**, Law and Mental Health Program.

Excellence in Social Work Education: **Elizabeth Holmes**, Law and Mental Health Program.

Excellence in Social Work Practice: **Ellie Munn**, Centralized Assessment, Triage and Support.

# CAMH projects

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Coordinators and participants collaborate to build strong families.

participating as mentors. Local businesses ‘adopted’ families over the holidays with gifts and support.

Program sessions run in three one-hour components: in the first hour, families come together for a nutritious meal; in the second hour, the children and parents have separate sessions where, among other things, they learn methods for interacting in socially-acceptable ways with each other and in the community at large. Everyone comes back together for the third hour to discuss what they’ve learned. Families are encouraged to work on the program at home between sessions.

As an example of success, Ms Ott points to a mother in a remote First Nations community near Kenora who was drinking heavily and had lost custody of her children. A safe environment with the support of other caregivers made the difference.

“After 14 weeks, the changes were quite phenomenal. Her program ended last year, and now she’s abstaining from drinking, and she has her kids back.”

“The program is set up to recognize and address barriers that might potentially prevent families from being able to participate, such as transportation costs and challenges, child care, and dinner. This contributed to a very high retention rate for us,” says Pam Gardiner, Program Facilitator in Kitchener-Waterloo.

## Spring 2009: Queen Street site Redevelopment update

**CAMH’s Queen Street site** is a hive of activity, as planning, design and some preliminary construction work proceeds in preparation for the next phase of the transformation of the site. CAMH programs and services are gradually moving out of the Administration Building into interim accommodations, as the Administration Building will be demolished in early 2010. There will

Wayne Skinner, Deputy Director, CAMH Addictions Program, speaks to the many challenges still facing clinicians treating co-occurring mental health and substance use problems at the Annual Mental Health Conference.



**A standing-room** only audience of healthcare professionals and students in the field attended the 10th Annual Mental Health Conference hosted by George Brown College, underscoring the need for information about this year’s topic of concurrent disorders. Held in late February in partnership with CAMH, *Understanding Concurrent Disorders* featured presentations by CAMH staff with expertise in the field.

Concurrent disorders describe a condition in which a person has both mental health and substance use problems. An estimated 30% of people diagnosed with a mental illness living within the Toronto Central LHIN also have addiction issues.

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average of \$2,924 extra (based on the average hourly wage of \$21.66) per worker on depression-related short-term disability.

As Dr. Dewa explains, these findings highlight the dilemma faced by many employers – the desire to control rising costs of prescription drug benefits must be balanced with the fact that it’s important not to create barriers to treatment. More research is needed to evaluate whether drug benefits should be changed for workers on depression-related disability leave, especially those with a chronic physical condition.

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shed sunshine on staff and clients alike.” This name was also supported with enthusiasm by the neighbours.

These future public streets will be constructed in phases as the redevelopment of the Queen Street site progresses, but won’t be conveyed to the city until Adelaide Street West is extended onto the Queen Street site (it currently terminates at Shaw Street). A sixth street, which will run from Shaw Street to White Squirrel Way, has yet to be named.

be construction of municipal infrastructure (e.g., roads, sidewalks and sewers) on the site this spring and summer, ensuring that CAMH can continue to operate effectively while the three buildings of the next phase are being constructed between early 2010 and late 2012.

*For more information, please visit [www.camh.net](http://www.camh.net) and follow the links to the redevelopment page.*

# CAMH in the community

## Coming events

**CAMH Annual General Meeting**  
Workman Theatre  
1001 Queen Street West, Toronto  
Thursday, June 18, 2009, 4:00 pm  
**RSVP 416 535-8501, ext. 6718**

**Queen Street Unmasked**  
Hosted by the CAMH Foundation in support of the redevelopment of the CAMH Queen Street site.  
Drake Hotel, Toronto  
Wednesday, October 14, 2009  
**For more** information, call the CAMH Foundation at 416 979-6909.



Women take to the dance floor at the 11th Annual International Women's Day. Together with A.I.S. (Accommodation Information and Support Inc.), CAMH and other community partners and agencies hosted the annual event celebrating International Women's Day. The day offers women a chance to celebrate their strength, talents and accomplishments in a fun and safe environment. After a huge buffet lunch, the women enjoyed music, dancing, entertainment and prizes.

## Renewed CAMH Strategic Plan to launch this spring

**CAMH has** renewed its Strategic Plan for 2009-2012 to provide a roadmap for how we will deliver our programs and services in the coming years and for the role we should play in the healthcare system.

Watch [www.camh.net](http://www.camh.net) for details.



**The CAMH Foundation** is pleased to announce the recipients of the second annual CAMH Transforming Lives Awards. In May, the Foundation will recognize and honour seven exceptional individuals who have overcome mental illness and/or addiction and are now using their experiences to help and inspire others.

Visit [www.supportcamh.ca](http://www.supportcamh.ca) to meet the award recipients!



**The Family Council** at CAMH has launched a website.

Visit [www.thefamilycouncil.ca](http://www.thefamilycouncil.ca) to learn more.

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Centre for Addiction and Mental Health (CAMH),  
33 Russell Street, Toronto, ON M5S 2S1

[www.camh.net](http://www.camh.net)

### How to reach CAMH

TELEPHONE  
416 535-8501, ext. 4250

R. SAMUEL MCLAUGHLIN  
ADDICTION AND MENTAL  
HEALTH INFORMATION CENTRE  
1 800 463-6273

EXECUTIVE OFFICE  
1001 Queen Street West  
Toronto, ON M6J 1H4

WEBSITE  
[www.camh.net](http://www.camh.net)