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camh: transforming lives

camhconnexions

Nursing residents and mentors celebrate project completion

CAMH's first graduates of the Mental Health Nursing Residency program were feted at a December event to mark the completion of this pilot project, the first of its kind in Ontario.

This inaugural three-month post-graduate residency program is a collaboration between three college and university nursing programs, CAMH and four other tertiary care mental health centres, as well as the Ministry of Health and Long-Term Care.

Residents developed mental health and addiction nursing competencies through placement in clinical programs while supported by mentoring from nurse educators, advanced practice nurses and senior nursing staff.

It was during a mental health clinical rotation in his second year that program graduate **Omoniyi Mutiu** encountered a client who also came from his Nigerian tribe. "This young man was a client in a program that emphasized a holistic and family-centred approach to care, and yet he was all alone because of the stigma of mental health issues. It was then that I decided to become an advocate and resource in order to help dignify the lives of mental health and addictions clients."

New Mental Health Nursing Residency Program graduates, (l-r) Heidi Assi, Christable Bernard, Eunice Anyaso, Anthony Ekeanyanwu, Francis Agapay, Omoniyi Mutiu.

NURSING, *continued on page 4*

CAMH recognized for exceptional low energy consumption

"GREEN CAMH" CAMPAIGN WILL ENGAGE STAFF TO GO FURTHER

Enbridge recently presented CAMH a cheque for more then $9,000 from its Greening Healthcare Program in recognition of CAMH's exceptionally low energy-consumption rates. It's a great starting point for a new "Green CAMH" campaign. "We are setting a target for reducing energy consumption across all of CAMH by 5 per cent, and we're counting on staff to help achieve it," said **Paul Soares**, Manager, Plant Operations and Maintenance.

CAMH already has a head-start as a "green" practitioner, eliminating pesticides in the maintenance of its 27-acre Queen Street site long before the recent pesticide ban, while also ensuring that 95 per cent of the cleaning products used by Housekeeping are considered "green." The result – wastewater leaving the site achieved a 92 per cent reduction in sewer discharge pollutants, exceeding the City of Toronto's 72 per cent target.

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A Pan American Health Organization / World Health Organization Collaborating Centre
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Charting a course for national addiction treatment strategy

A pan-Canadian group developed a National Treatment Strategy for addictions services, including (L-R) Dr. Brian Rush, CAMH; community representative Chantal Desgranges; Wayne Skinner, CAMH; Gail Czukar, CAMH; Karen Parsons, Peel Addiction Assessment & Referral Centre; Dr. Gloria Chaim, CAMH; and Barney Savage, CAMH.

In the fall, a pan-Canadian group co-led by CAMH released a blueprint for a National Treatment Strategy (NTS) to better serve the thousands of Canadians facing drug or alcohol problems. *A Systems Approach to Substance Use in Canada: Recommendations for a National Treatment Strategy*, has 20 recommendations.

Addiction treatment and support is delivered by a wide array of groups in Canada – hospitals, community agencies, private services and different levels of government. While provincial governments are typically involved in funding, the federal government plays a role in specialized areas such as aboriginal addiction services and corrections.

"We open our report by saying that treatment works and more of it is needed," said **Gail Czukar**, CAMH Vice-President of Policy, Education & Health Promotion (PEHP), who serves as President of the Canadian Executive Council on Addictions and co-chaired the NTS Working Group."But our Working Group also concluded that we could better serve Canadians with substance use problems by improving how we collaborate, communicate and coordinate our work," she said.

Supported by CAMH, the British Columbia Mental Health and Addiction Services, the Canadian Centre on Substance Abuse and Health Canada, the NTS Working Group's 46 members included aboriginal representatives, addiction service providers, government representatives, as well as those with personal addictions experience.

The NTS report calls for a flexible, "tiered" model of services and supports, so the intensity of treatment can be matched to the intensity of an addiction problem. Lower-tier services are broadly available at the community level, while higher-tiered and more costly services would come from more specialized groups. A client might start out in a higher-tier intensive residential program, but eventually move to use lower-tier community-based outpatient programs.

Providing better care to the LGBTTTQQI community - Asking the Right Questions 2

All the right questions were asked at the January launch of the Report and Evaluation of CAMH's Asking the Right Questions 2 Project (ARQ2). Clinicians and representatives from community partner agencies attended in person and via teleconference to learn more about this tool designed to increase cultural competency in addiction and mental health services to the LGBTTTQQI community.

ARQ2 is a one-day training with discussion and role-play that guides clinicians to create an environment where clients from the LGBTTTQQI (lesbian, gay, bisexual, transgendered, transsexual, two-spirit, queer, questioning and intersex) community feel comfortable talking about their sexual orientation and gender identity. It was created in response to feedback from clients who reported persistent homophobia and transphobia from service providers in Ontario.

ARQ2 trainers gather at the launch of the report and evaluation, (l-r) Dale Kuehl, Janet Mawhinney, Ishwar Persad, Marcia Gibson, Hershel Russell, Farzana Doctor, Matthias Kaay.

By the end of March 2009, the project will have trained approximately 1200 clinicians and non-clinical community service workers since its inception in 2004.This is thanks in part to CAMH's 2006 "train-the-trainer" initiative, in which nine external trainers from across the province were recruited and mentored by four lead trainers at CAMH to facilitate ARQ2.

Social worker, trainer and author Farzana Doctor, an ARQ2 co-author, has delivered the training to a variety of groups which have included health care, social services, law enforcement and faith-based workers across Ontario. "What stands out for me is that is that the participants always leave very happy with the material and what they have learned. It's interesting to note that resistance to participation has lessened over the years and service providers now acknowledge that this is a human rights issue," Farzana said.

For more information about ARQ2 training and the evaluation report, visit www.camh.net

Appointments and awards

Dr. Paul Garfinkel, CAMH President and CEO

Governor-General **Michaëlle Jean** announced in December that CAMH President and CEO **Dr. Paul Garfinkel** was appointed an Officer of the Order of Canada, recognizing "a lifetime of outstanding achievement and merit of a high degree," especially dedication to the community and service to the nation and humanity at large.

An internationally recognized psychiatrist, researcher, academic leader, hospital administrator, humanitarian and advocate, Dr. Garfinkel has served the community for more than 30 years. He was President and Psychiatrist-in-Chief of the Clarke Institute of Psychiatry, and Chair of the Department of Psychiatry at the University of Toronto from 1990-2000 (where he still teaches today).

"I was proud to nominate Paul for the Order based on the undeniable contribution that he has made to the practice of psychiatry as a researcher, teacher and practicing clinician. But it is the role he has played as a leader—advancing the cause of those with mental illness and addictions—that truly sets him apart," said the Honourable **Michael Wilson**, Canada's Ambassador to the United States.

"Paul Garfinkel has already changed the way people with mental illness and addictions are viewed, and helped break down the stigma that prevents so many from seeking the care they so desperately need," said former Senator **Michael Kirby**, Chair of the Mental Health Commission of Canada and another recipient of the Order.

Dr. Rohan Ganguli, CAMH Executive Vice President of Clinical Programs, was awarded the Professional of the Year Award by the National Alliance on Mental Illness of Pennsylvania (NAMI).

This award is given to a professional whose work reflects a commitment to quality care and an exemplary level of empathy. For 29 years, Dr. Ganguli's research has focused on the etiology and treatment of schizophrenia and related psychotic illnesses. He came to CAMH from the University of Pittsburgh School of Medicine. He also served as Chief, Services and Research for Recovery in Serious Mental Illness, Western Psychiatric Institute and Clinic.

Darrell Louise Gregersen joined the CAMH Foundation as President and CEO on January 5, 2009. Previously Darrell was CEO of the National Arts Centre Foundation in Ottawa, where she made a remarkable impact on performing arts and arts education fundraising during her eight year tenure. She also spent 15 years in healthcare development at The Hospital for Sick Children Foundation and at The Hugh MacMillan Children's Foundation (now Bloorview Kids Rehab).

The CAMH team responsible for developing Mental Health and Addiction 101 receive their WOW! Awards from the Canadian Society for Training & Development. The free online tutorials are an excellent starting point for learning about mental health and addiction. Try them at www.camh.net/mha101 (L-R) Louise LaRocque, Anja Kessler, Jacqueline Waller-Vintar, Martha Ayim, Betty Dondertman, Mark Fernley, Nevin Coston.

Sheila Lacroix, CAMH Research, was awarded the Joan Leishman Award of Excellence in Health Science Information by the Health Science Information Consortium of Toronto. This award recognizes the contribution of a Consortium library staff member for the advancement of health care through health science information service.

City declaration honours pioneering Drug Treatment Court program

Ontario Attorney General **Chris Bentley** (right) chats with **Paulette Walker** (L), Drug Treatment Court Program (DTC) alum who is also a Transforming Lives Award recipient and a newly-hired peer support worker, at the DTC 10th anniversary celebrations, and with Mr. Justice Paul Bentley, whose vision established the program.

The City of Toronto officially declared Monday, December 1, 2008, "Drug Treatment Court Day" to honour the CAMH program's pioneering approach of providing supervised treatment to non-violent offenders whose criminal activity arises from drug addiction.

Visiting DJ spins the beat of volunteerism for CAMH clients

Students in CAMH's Youth Addiction Service were treated to a first-hand lesson on what it takes to make it in the music business, thanks to a visit by local DJ **Adrien King** (aka **DJX**) arranged by the Corporate Volunteer Program.

DJX spoke about the importance of presentation and professionalism, hard work, focus and self-motivation as what it takes to achieve a standard that is recognized in the industry.

For more information about the Corporate Volunteer Program or to get involved please contact Jim Davey at jim_davey@camh.net or 416 535-8501 ext. 6238.

NURSING, continued from page 1

Judith Tompkins, CAMH's Chief of Nursing and Professional Services and Executive Vice President, programs thanked the residents and mentors who gathered to celebrate the success. "Learning is a joint responsibility of both the mentor and mentee. This program offers a tremendous opportunity for both to learn from each other. Establishing these collaborative relationships results in a culture shift at CAMH in which transition and transformation into the workplace for nurses is fully supported."

CAMH's Deputy Chief of Nursing Practice **Rani Srivastava** indicated that the program grads will become mentors to future residents, ensuring that the "collaboration and supportive environment continues to transform care and nursing practice to meet the changing needs of our clients."

Depression, health services and heart attacks – what's the connection?

Depression symptoms are associated with significantly higher use of healthcare services following a heart attack, according to a CAMH study. With about 70,000 Canadians experiencing a heart attack each year, this new data may help thousands of people get the right care and reduce hospital visits.

"While we know that the use of health services is higher for people with depression symptoms, and depression is common for people who have had a heart attack, this is one of the first studies to quantify the relationship between depression symptoms, cardiac illness severity and their effect on health service consumption," explains **Dr. Paul Kurdyak**, head of CAMH's Centralized Assessment, Triage and Support (CATS) research program and principal investigator for this research.

Data from almost 2000 heart attack patients showed that depression symptoms alone resulted in an increase in health service consumption with a:

- 9 per cent increase in heart-related hospitalizations,
- 24 per cent increase in total re-hospitalization days,
- 43 per cent increase in non-heart related hospitalizations visits following discharge after a heart attack.

The data also showed that depression caused the greatest increase in health service use in those patients with lower cardiac illness severity, and therefore, the least need for those services. "What we're seeing is people who are clearly in distress seeking help from our healthcare system, but it may not include the right kind of help to address their distress," said Dr. Kurdyak. "This data supports the need for integrating depression screening and case-management into existing cardiac care."

Exploring the link between solid employment and mental health

A report from the World Health Organization (WHO) on the social determinants of health demonstrates that the employment changes and job losses occurring today can affect more than an individual's wallet. Research from CAMH's **Dr. Carles Muntaner** cited in the WHO report highlights the profound impact of employment conditions on health.

Dr. Muntaner and his team found that poor mental health is associated with precarious employment (e.g., temporary contracts or part-time work with low wages and no benefits). When compared with those with full-time work with benefits, workers with employment insecurity experience significant adverse effects on their physical and mental health.

The research indicates that stress at work is associated with a 50 per cent excess risk of coronary heart disease. There is also consistent evidence that jobs with high demands, low control, and effort-reward imbalance are risk factors for mental and physical health problems (major depression, anxiety disorders, and substance use disorders).

"All aspects of our lifestyle, including how we work, are intrinsically linked to our wellbeing and our quality and length of life," says Dr. Muntaner. "In the face of Canada's ever-changing labour market, we must understand and improve the relationship between health and work."

The data and recommendations came from the WHO's Employment Conditions Knowledge Network (EMCONET), which is co-chaired by Dr. Muntaner, Addictions Nursing Research Chair and scientist in CAMH's Social Equity and Health (SHE) research section, and **Joan Benach**, (SHE) adjunct scientist.

Alcohol and licensing policy could be making things worse for young drinkers

A new online report in the January issue of the journal *Addiction* questions whether current licensing policies have contributed to a rise in the phenomenon of "pre-drinking" amongst young people. "Pre-drinking" or "pre-gaming" involves planned heavy drinking, usually at home before going to a bar or nightclub to avoid buying expensive alcoholic beverages there.

The authors see pre-drinking as symptomatic of a "new culture of intoxication" whereby young people drink with the primary motive of getting drunk. Recent research suggests that a large proportion of young people pre-drink, and that pre-drinkers are more likely to drink heavily and to experience the increased risk of blackouts,

RESEARCH, continued on page 6

Coming events

CAMH co-sponsored CIHR Café Scientifique:
"Is work more than making a living?"
Join host Ted Cadsby, former Executive VP of Retail Distribution at CIBC and Director of the CAMH Foundation Board and engage in a lively discussion on this topic with CAMH's Dr. Carolyn Dewa, Dr. Zindel Segal and the University of Toronto's Dr. Guy Faulkner.
Bymark, 66 Wellington Street West, Toronto
February 18, 2009, 4:30 pm
Space is limited, so please RSVP to leah_kirkpatrick@camh.net.

Mental Health Conference: Understanding Concurrent Disorders
Presented by George Brown College in partnership with CAMH
George Brown College
290 Adelaide Street East, Toronto
February 26, 2009
For more information and to register visit:
www.georgebrown.ca/mental-health-conference

Mental Health in Canada: Imagining the Future
A presentation by Dr. David Goldbloom, camh's Senior Medical Advisor, Education and Public Affairs, and Vice-Chair of the Mental Health Commission of Canada
The Canadian Club of Halton Peel, Oakville Conference Centre
March 19, 2009, 6:00 pm
Reservations required.
For more information or to reserve seats, call Barry Wylie at 905 827-6302 or e-mail bwylie@globalserve.net.

2009 CAMH Transforming Lives Awards Dinner
Hosted by the CAMH Foundation and presented by RBC Capital Markets.
Metro Toronto Convention Centre
May 12, 2009
For more information call 416 979-6909.

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

RESEARCH, continued from page 5

hangovers and alcohol poisoning. Pre-drinking may also encourage the use of other recreational drugs such as cannabis and cocaine as drinkers are socializing in unsupervised environments.

CAMH researcher **Dr. Samantha Wells** was lead author of the study, which argues that the policy banning drink promotions (such as "happy hour") may have the unintended consequence of encouraging young people to drink cheaper alcohol in private settings before going out. Later closing times have been justified as a way of reducing problems associated with large numbers of young people being on the street after clubs close, but they may encourage private drinking to precede rather than follow public drinking. This produces different social dynamics and possibly increases the potential for violence and other alcohol-related problems.

To reduce pre-drinking, the authors suggest a comprehensive strategy including policies that reduce the imbalance between on- and off-premises prices, attracting young people back to bars for early drinking, and addressing their motivations for pre-drinking.

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HIGHLIGHTS DISPONÍVEL EM PORTUGUÊS

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