



# TRANSFORMING CAMH, TRANSFORMING LIVES

**2005–2006**

**Annual Report to the Community**

Centre for Addiction and Mental Health

# CAMH

## OUR MISSION

Improving the lives of those affected by addiction and mental health problems and promoting the health of people in Ontario and beyond.

## OUR VISION

Strong and healthy communities, in which people with addiction and mental health problems can access appropriate and effective services and live as full participants.



The wall surrounding the Queen Street property is an important part of CAMH's heritage. The wall was completed in the late 1880s by patients of the so-called "lunatic asylum." Today, the wall serves as a memorial to psychiatric patients who lived and worked at the old facility. Read more about the wall on page 27.

PHOTOGRAPHS BY RICK CHARD, rickchard@bmts.com

GROUNDPLAN IMAGE IN PAGE HEADERS BY  
E.R.A. ARCHITECTS INC.

This is a schematic representation of the master plan concept as originally approved for the redevelopment. The site will have both CAMH and non-CAMH buildings.

IMAGE ON PAGE 12 BY C3-COMMUNITY CARE  
CONSORTIUM:

Kuwabara Payne McKenna Blumberg Architects,  
Montgomery Sisam Architects Inc., Kearns Mancini  
Architects Inc.

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**Cover image:** Key participants in Phase 1A of CAMH's site redevelopment.

**Back row, l-r:** Chris Bartha, Administrative Director, Addictions Program; Dr. Peter Selby, Clinical Director, Addictions Program; Jonathan Kearns, Kearns Mancini Architects; Dr. Arun Ravindran, Clinical Director, Mood and Anxiety Program.

**Front row, l-r:** Dev Chopra, Executive Vice-President, Corporate Services; Elsa Southam, CAMH Family Council member; Joan Piscopo, Chair, CAMH Client and Family Reference Group; Dr. Paul Garfinkel, President and CEO; Alice Liang, Montgomery Sisam Architects; Janine Robb, Administrative Director, Mood and Anxiety Program.

## Message from the Chair and President



At CAMH, our mission is to improve the lives of people affected by mental health and addiction issues, and to promote the health of people in Ontario and beyond.

This year, we have made dramatic progress toward new levels of excellence in our five core areas—care, research, policy, education and health promotion. This was also the historic year when we were granted the long-awaited funding and approval to start redeveloping our Toronto Queen Street site.

We have titled this year's annual report *Transforming CAMH, Transforming Lives*. It highlights how CAMH makes a difference in people's lives today, and how our redevelopment plan breaks new ground for the future.

### Making a difference for people today

CAMH is improving and transforming care. Through our client- and family-centred care initiatives, multidisciplinary treatment plans and focus on diversity, we advance a model of care that is holistic, collaborative and culturally appropriate, and that supports client empowerment and recovery.

Not only are we raising our standards, we are taking standards to the next level. With the recruitment of internationally renowned staff, our award-winning Bill of Client Rights and our highly acclaimed diversity program, we are showing leadership on many fronts.

CAMH is Canada's largest mental health and substance use facility, and one of the largest such facilities in the world. Our work in schizophrenia, mood



The Honourable David Caplan, Minister of Public Infrastructure Renewal, (middle) joins Dr. Paul Garfinkel, CAMH President and CEO, (left) and Jamie Anderson, Chair, CAMH Board of Trustees (right) at the announcement of a major investment in CAMH's redevelopment project by the Ontario government.



Jamie Anderson and Dr. Paul Garfinkel in the full-scale model of an Alternate Milieu bedroom that was on display in the Queen Street Community Centre and was toured by more than 450 people.

and anxiety disorders, and substance use is known internationally. While continuing to advance in these fields, we have also made progress on strategic priorities such as concurrent disorders (the presence of both mental health and substance use problems) and early intervention, as well as programs for women, youth and seniors.

The impact of our research has continued to grow. With 100 full-time scientists and nearly 300 research staff, CAMH is a leader in neuroscience as well as research in clinical treatments, social policy and health promotion. New discoveries this year—such as the impact of when and how medication is delivered, and connections between genes and nicotine addiction—will translate into innovative treatments for clients with mental health and substance use problems.

Through partnership initiatives, CAMH is making a difference locally, nationally and internationally. We were pleased to contribute to the City of Toronto's Drug Strategy, the province-wide Concurrent Disorders Network, the campaign for a national mental health and addiction policy framework, and a United Nations–led international drug rehabilitation program.

## Breaking new ground for the future

On September 9, 2005, the Ontario government announced its investment in the redevelopment of CAMH's Queen Street site. In 2006, we will start the first phase of the multi-phase project to replace our stigmatized and outdated Queen Street facilities with a new kind of hospital for the 21st century.

Since CAMH's formation in 1998, when our four founding institutions came together—the Addiction Research Foundation, the Clarke Institute of Psychiatry, the Queen Street Mental Health Centre and the Donwood Institute—this has been our dream. Finally, we can move forward and create a central CAMH hub that will integrate care, research, policy, education and health promotion, as well as develop needed capacity to work with people with both substance use and mental health problems.

You will see in this report that our redevelopment plan is bold, imaginative and forward thinking. The innovative facilities on CAMH's redeveloped “urban village” site, combined with the most advanced practices in delivering care, will create an environment that enhances recovery and health in a holistic, client-centred way.

Many people and organizations have worked with us. We thank clients, families, staff and neighbours, as well as our community, health care and government partners. Together we are transforming CAMH, transforming lives and providing hope to people affected by mental health and substance use problems.

Jamie Anderson  
Chair, CAMH Board of Trustees

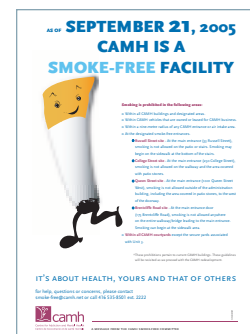
Paul Garfinkel, MD, FRCPC  
President and CEO

# Highlights from a year of achievements



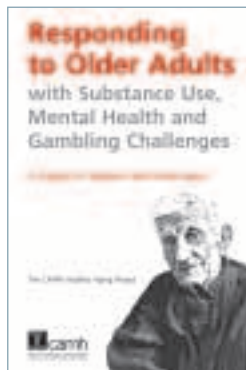
## Highlighting Care

- ★ **RECEIVED THE HIGHEST HOSPITAL ACCREDITATION STANDING POSSIBLE** in our assessment by the Canadian Council for Health Services Accreditation.
- ★ **SERVED A RECORD NUMBER OF PEOPLE**, with about four per cent more unique clients and almost five per cent more outpatient visits than in the last fiscal year. The McLaughlin Information Centre received 70 per cent more calls for information and referrals, largely due to our Foundation's Transforming Lives public awareness media campaign.
- ★ **RECEIVED GOOD TO EXCELLENT PERFORMANCE RATINGS** from more than three-quarters of clients on the overall quality of care and services at CAMH, in the client satisfaction survey.
- ★ **CREATED A SMOKE-FREE ENVIRONMENT AT CAMH.**
- ★ **INCREASED EMPHASIS ON CLIENT SAFETY** through a number of safe care initiatives that form part of our larger approach to strengthening accountability and practice standards.
- ★ **DEVELOPED CLINICAL TOOLS TO IMPROVE CLIENT CARE**, including an electronic version of the Interdisciplinary Plan of Client Care for clinical staff, which helps CAMH embed client-centred values in day-to-day clinical operations. We also developed the Resident Assessment Instrument for Mental Health (RAI-MH) to help prepare care plans that incorporate the client's goals related to key determinants of health such as housing, employment, income and social support.





The VALIDITY team.



## Highlighting women, youth and seniors

- ★ **INTRODUCED INNOVATIVE CLINICAL SERVICES** including an early intervention service for young adults with mood psychosis. This partnership between our Mood and Anxiety and Schizophrenia Programs and the Canadian Mental Health Association is the first program of its kind specifically for youth.
- ★ **EXPANDED THE CONTINUUM OF CARE FOR WOMEN** through our new Transitional Care Program, which shortens hospital stays and helps women—some with complex mood and anxiety disorders, complicated by trauma or addiction—make the transition from hospital to home.
- ★ **STRENGTHENED OUR FOCUS ON YOUTH THROUGH NEW SERVICES AND PROJECTS**, including the VALIDITY (Vibrant Action Looking Into Depression In Today's Young Women) initiative, which brought together 200 diverse young women to talk about their lives and depression, and led to an important new resource for health professionals called *Hear Me, Understand Me, Support Me: What Young Women Want You to Know about Depression*.
- ★ **OPENED THE CENTRE FOR PREVENTION SCIENCE**, which is pioneering approaches to prevent societal youth problems such as bullying. Part of our Child, Youth and Family Program, the London, Ontario centre houses the “Fourth R” project—a violence prevention and healthy relationship program being piloted in local high schools and adapted for use with First Nations youth.
- ★ **PUBLISHED RESPONDING TO OLDER ADULTS WITH SUBSTANCE USE, MENTAL HEALTH AND GAMBLING CHALLENGES**, a key resource for responding to older adults with alcohol, anxiety, dementia, depression, gambling and medication problems in ways that help to build trust, reduce harm and provide access to specialized care.
- ★ **SPONSORED THE WORK OF COMMUNITY-BASED PROGRAMS LIKE REGENT PARK FOCUS**, a dynamic non-profit organization using arts and media technology to employ young people, enhance resiliency and increase civic engagement in Canada's largest social housing community. Co-ordinator and community activist Adonis Huggins received a Face the Arts award, from the City of Toronto and *Toronto Life* magazine, in recognition of his contribution to Toronto's cultural life.



l-r: Adonis Huggins, Emmanuel Kedini and Vinh Duong of Regent Park Focus.

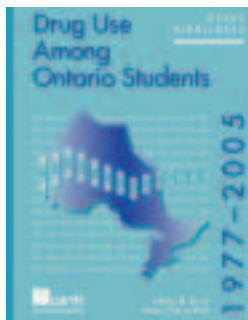
## Highlighting diversity, arts and health promotion

- ★ **CO-SPONSORED THE MAJOR INTERNATIONAL HEALTH EQUITY AND DIVERSITY CONFERENCE** with the Ontario Institute for Studies in Education (OISE), other hospitals, community agencies and Toronto Public Health. Participants drafted Toronto's Health Equity and Diversity Charter to address the needs of diverse and marginalized communities in accessing health care, and to develop a plan to build a health equity agenda.
- ★ **DEVELOPED AND DELIVERED RESEARCH GRANTS WITH DIVERSITY AS THE KEY CRITERION** to three communities across Ontario. Working with community partners through the recently established Community Research Capacity Enhancement Program, these grants support research and planning related to critical mental health and substance use issues within diverse communities.
- ★ **WORKMAN ARTS PRESENTED THE 13TH RENDEZVOUS WITH MADNESS FILM FESTIVAL**, featuring 50 films on mental health and substance use. CAMH also supported the Shadows of the Mind Film Festival in Sault Ste. Marie. Together, the festivals attracted more than 3,700 participants. Workman Arts provides people receiving mental health and substance use services with year-round arts training in film, writing, music, theatre and visual arts.
- ★ **RECEIVED A GREEN TORONTO AWARD FOR EXCELLENCE** for our Sunshine Market Garden, located on our Queen Street site. The garden is a partnership between CAMH's Vocational Rehabilitation Centre and FoodShare. Clients are involved in every aspect of the garden, from cultivation, harvesting and setting up a twice-weekly market to pricing and selling the organic produce.
- ★ **RELEASED SIX NEW UNIQUE PUBLICATIONS**, including *Beyond the Label: An Educational Kit to Promote Awareness and Understanding of the Impact of Stigma on People Living with Concurrent Mental Health and Substance Use Problems*. Staff held 44 workshops on the publication, which were attended by over 1,200 people, and worked with the Korean community to culturally adapt it for that community's specific needs.



The cast of *Vincent* (a play written by Terry Watada and produced by Workman Arts) and staff of Workman Arts.





## Highlighting research, discovery and innovation

- ★ **OPENED A NEW CLINICAL TRIAL UNIT** that runs diverse clinical trials in addiction research in a modern, client-friendly trial space.
- ★ **WAS AWARDED TWO PRESTIGIOUS CANADA RESEARCH CHAIRS**, bringing CAMH's total to six. Dr. John Cairney received his first award as a Canada Research Chair in Psychiatric Epidemiology, while Dr. Shitij Kapur's Chair in Imaging Technologies in Human Disease and Preclinical Models was renewed for five years.
- ★ **DISCOVERED A NEW VARIANT OF THE GENE THAT CAUSES RETT SYNDROME**, a debilitating disease that leaves people profoundly disabled and needing help with everyday living. The discovery has now been licensed as a test for the disorder and is available to the public.
- ★ **RELEASED THE RESULTS OF TWO LONG-TERM STUDENT SURVEYS.** The 2004 Canadian Campus Survey showed that rates of cigarette smoking and use of hallucinogens among students on 40 Canadian university campuses have declined since 1998, but that 32 per cent of students engage in harmful drinking and 30 per cent experience psychological stress. The 2005 Ontario Student Drug Use Survey showed a significant drop in use of both legal and illegal drugs among Ontario students in grades 7 to 12, and that student smoking is at its lowest rate since 1977. However 14 per cent of students with a driver's licence continue to drink and drive, and 20 per cent smoke cannabis and drive.
- ★ **SHOWED HOW ANTIPSYCHOTIC DRUGS BEGIN TO IMPROVE PSYCHOSIS WITHIN HOURS OR DAYS OF BEING ADMINISTERED**, contrary to prevailing assumptions of delayed onset of two to three weeks. This discovery, made possible by using brain imaging and clinical data, is changing treatment and medication practices.



l-r: Dr. Shitij Kapur, Chair in Imaging Technologies in Human Disease and Preclinical Models, and CAMH's Chief of Research; Dr. John Cairney, Research Chair in Psychiatric Epidemiology.

## Highlighting problem gambling

- ★ **TOOK A LEAD ROLE ON PROBLEM GAMBLING IN ONTARIO.** CAMH managed the largest Ontario treatment centre for people with gambling problems; researched the impact of biological, psychological and social factors on problem gambling; trained 400 front-line casino managers; promoted community awareness through our problem gambling resource information; worked with ethno-specific agencies to develop multilingual prevention and treatment programs; and helped provincial partners to set up four residential services.



## Highlighting international partnerships

- ★ **HOSTED THE INTERNATIONAL MENTAL HEALTH PROMOTION SUMMER INSTITUTE**, which brought together almost 100 health promotion experts and researchers from Canada, the United States, the Netherlands, Australia, India, Chile, Guyana and Mexico, to share experiences and strategies on mental health promotion policies, programs and practices.
- ★ **HELPED IMPROVE SUBSTANCE USE AND MENTAL HEALTH CARE AROUND THE GLOBE** through our Office of International Health (OIH). In partnership with local organizations, OIH trained primary care workers in Mexico and Chile, and health officials and medical students in Sri Lanka; conducted a feasibility study of methadone maintenance treatment in Tanzania to address its growing heroin problem; and adapted CAMH's Virtual Party website for use with youth in Brazil.
- ★ **WAS SELECTED FOR A GLOBAL INITIATIVE OF THE UNITED NATIONS OFFICE ON DRUGS AND CRIME**, along with 19 other treatment centres around the world. The four-year initiative, called the International Network of Drug Dependence Treatment and Rehabilitation Resource Centres, is designed to build capacity in treatment and rehabilitation in under-resourced countries.



Representatives of 20 treatment centres around the world that are part of a four-year global initiative of the United Nations Office on Drugs and Crime.



## Transforming care in a deinstitutionalized setting



Hope has never been greater when it comes to the treatment of people with mental health and substance use problems. And nowhere is this more evident than at CAMH's Queen Street site.

In the 1850s, when people with mental health problems were sent to Toronto's first "lunatic asylum," as it was then called, they expected years of confinement. Today, when clients come to CAMH, most expect to recover and live quality lives in the community. CAMH's plans to redevelop the Queen Street site reflect the groundbreaking advances in research and care now being made for people with mental health and substance use issues.

l-r: Judith Tompkins, CAMH Chief of Nursing Practice and Professional Services, and Executive Vice-President, Programs; Terry Montgomery, Architect, Montgomery Sisam Architects.

## Promoting recovery using best practices

In late summer or early fall of 2006, CAMH will begin to build leading-edge facilities that will set new standards for best practices in care. Far from the old institutional model, the focus will be on normalizing the care environment, integrating clients into the community, providing client- and family-centred care, and tackling stigma.

Phase 1A of the redevelopment will include three Alternate Milieu buildings that will provide clients with a more home-like care setting where they can focus on recovery and build the skills they need to successfully move back into the community.

Each of the four-storey buildings will front onto one of the new streets that will run through the site. Clients will have single rooms and private washrooms in units of six, with a shared living room, dining room, kitchen, and multi-purpose rooms where they can relax and socialize.

“The design focuses on deinstitutionalizing the hospital setting and creating an environment that feels normal,” says Terry Montgomery, one of the architects for the new site. His firm, Montgomery Sisam Architects, together with Kuwabara Payne McKenna Blumberg Architects and Kearns Mancini Architects, have been working on CAMH’s redevelopment. Their design includes many home-like touches, including windows that open, warm interior colours, and access to outdoor patios and green space.

Clients will go to programs each day, located in different buildings on the Queen Street site or in the community. “They will be encouraged to take responsibility for getting to their programs on time, to organize and control their own day-to-day activities and start to manage their own care,” says Judith Tompkins, CAMH Chief of Nursing Programs and Professional Services and Executive Vice-President of Programs. “The focus will be on rehabilitation, recovery and building independence so that when people leave CAMH they will be able to adjust successfully to living in the community.”

Elsa Southam, a member of CAMH’s Family Council, says this definitely would have benefited her son, who was in and out of hospital for seven years. “Acute care was essential in the early stages of his crisis admissions. But if he had been able to transition within the hospital to a less intensive environment that included support, rehabilitation and continuity of care, it would have made a real difference. This has been the missing piece in recovery for many clients.”

## REDEVELOPMENT AT A GLANCE

- ★ CAMH is transforming its Queen Street property from a traditional psychiatric facility to a dynamic centre, integrating mental health and substance use care, research, policy, education and health promotion.
- ★ The site will serve as the hub of CAMH’s operations, connecting with a network of satellite facilities providing services to clients in their communities.
- ★ The multi-phase redevelopment will bring together programs and services from CAMH’s four sites.
- ★ In Phase 1A (2006–2008), CAMH will build three Alternate Milieu buildings and an outpatient care building.
- ★ Phase 1B (2008–2010) includes new core bed buildings for the Child, Youth and Family Program and the Geriatric Mental Health Program, and an outpatient and administration building.



Room for recovery: Full-scale model of an Alternate Milieu bedroom.



Alternate Milieu building (Phase 1A).

## Room for recovery

Clients, families, staff, neighbours and other stakeholders have provided input on every aspect of the redevelopment, from functional programming to site planning and from building heights to bedroom design.

When CAMH created a full-scale model of an Alternate Milieu bedroom and washroom in the Queen Street Community Centre this year, more than 450 people toured the display, including over 100 clients and family members.

“This room radiates hope,” says Elsa Southam. “It’s cheerful, environmentally positive and accessible. A private room is so important for client dignity and makes it much easier for family and friends to visit.”

CAMH invited suggestions on how the room could be improved. We are using the many suggestions we received to make design changes.

“Based on the consistent feedback from clients, families and staff and our examination of best practices from around the world, we are confident that the Alternate Milieu care setting will help clients to respond more effectively to treatment and help reduce the time they need to spend in the hospital,” says Dr. Trevor Young, Physician-in-Chief and Executive Vice-President, Programs.

## Building on today’s care initiatives

This year, we moved forward on initiatives that are central to CAMH’s strategic priorities and functional program—the blueprint of programs and services that CAMH will offer at the new Queen Street site. These initiatives include building capacity to treat concurrent disorders, redefining health care for seniors and expanding access to early intervention programs.

### **BUILDING CAPACITY TO TREAT CONCURRENT DISORDERS**

Research shows that 40 to 60 per cent of people with a mental illness will also have a substance use problem at some point in their lives. Similarly, 37 per cent of people with an alcohol disorder will have a mental health disorder. Given these statistics, it is a priority for CAMH to better integrate our mental health and addiction services and help expand the capacity of other health care providers to help people with concurrent disorders.

Our Concurrent Disorders Service offers specialized outpatient treatment to clients with both substance use and psychiatric problems. Understanding how these two problems interact improves client outcomes. Our specialized clinics help clients with complex problems such as concurrent anger and substance use or gambling problems, eating disorders and addiction, and concurrent substance use and trauma-related disorders.



Our Alternate Milieu facilities will support care for people with concurrent disorders on our Queen Street site. In the meantime, CAMH has reserved four beds in the Women's Program for clients with severe concurrent disorders. We also launched a new Concurrent Disorders Capacity-Building Team, which has held over 100 consultations with front-line staff across CAMH to help them better assess and plan treatment for clients.

CAMH clinical staff work closely with our policy, education and health promotion staff to develop resources and train health care and social service providers. CAMH's nine addiction and mental health system planning consultants across the province disseminate CAMH resources such as *Concurrent Disorders Treatment: Models for Varied Populations*, an evidence-based best practice resource for service providers.

Working with the Concurrent Disorders Ontario Network, CAMH led the development of a Concurrent Disorders Policy Framework that has been endorsed by sector partners and the Ontario Ministry of Health and Long-Term Care. CAMH is working with partners to set up a concurrent disorders network in Toronto.

### REDEFINING GERIATRIC MEDICINE

Ontario's largest geriatric mental health program will get a new home in Phase 1B of the redevelopment. Expanding our work in this area is a priority, given the growing needs of our aging population.

CAMH recently hired two top geriatric experts to reshape the program: Director Dr. Benoit Mulsant and Senior Scientist Dr. Bruce Pollock. Over the next year, close to 100 older inpatients and outpatients in other CAMH programs will be transferred to the Geriatric Mental Health Program, which currently has 48 inpatient beds and five different outpatient programs, including the Multilingual Multicultural Memory Clinic. Once its new, welcoming, non-institutional facilities are built, the Geriatric Mental Health Program will expand its services and help clients make the transition from the community into specialized treatment.

By 2026, 21 per cent of Canadians will be over 65. Studies have shown that more than one-third of seniors living in the community have depression, anxiety, psychotic disorders or other neuropsychiatric syndromes. "Yet geriatric mental health is one of the most under-researched and misunderstood areas of all health care. It's where children's mental health was 20 years ago. We plan to change that at CAMH," says Dr. Mulsant, who recently returned from a term as Medical Director at the University of Pittsburgh Medical Center. Dr. Mulsant plans to work closely with CAMH's Positron Emission Tomography (PET) Centre to research mental health disorders in older populations.



l-r: Dr. Benoit Mulsant, Program Director, Geriatric Mental Health Program; Shirley Campbell, a client in the program.



Staff of CAMH's PRIME clinic.

### EXPANDING EARLY INTERVENTION

Research shows that when people with mental health and substance use issues have access to early intervention programs, they have better outcomes, have increased rates of remission and are less likely to be hospitalized.

Our PRIME (Prevention through Risk Identification, Management and Education) Clinic helps young adults who are distressed by changes in their thoughts and feelings and are at risk of developing psychosis.

In addition to early intervention initiatives in our clinical programs and other community clinics, CAMH has developed new partnerships to build early intervention capacity province-wide. We:

- ★ took a lead role, as a member of the Ontario Working Group on Early Intervention in Psychosis, in successfully advocating for early intervention as a provincial government priority
- ★ secured funding for our LEARN (Learning Employment Advocacy Recreation Network) Centre, FACT (First Assessment Clinical Team) Clinic, and Mood and Anxiety Program from the province's \$13 million allocation for early intervention projects across Ontario
- ★ contributed to the province's Program Policy Framework for Early Intervention in Psychosis
- ★ hosted a provincial workshop for all early intervention programs
- ★ partnered with the Canadian Mental Health Association (CMHA) to establish a broad Toronto Early Psychosis Network.

## Research: Discovering, sharing and applying new knowledge

Research initiatives at CAMH play a critical role in improving our understanding of and approaches to mental health and addiction care and prevention. Bringing together these functions at a single site will facilitate everyday communication and informal sharing of work and ideas among researchers, clinicians and educators. This will lead to new advances in understanding and care.

l-r: Dr. John Cairney; Dr. Shitij Kapur.



## Research discoveries at CAMH today

CAMH is the largest mental health and substance use research facility in Canada. With six prestigious Canada Research Chairs and seven Endowed Chairs and Professorships, CAMH is nationally and internationally renowned. This year, our scientists and research staff secured almost \$38 million in grants and contracts. They filed four new patents for novel technologies. Their findings have been cited in over 8,000 scientific papers in the last five years.

Our Research Program is distinguished by both the quality and breadth of its activities. In neuroscience research, we are making discoveries in the biological origins of health and illness, including exciting breakthroughs in the role of genes. We use state-of-the-art positron emission tomography (PET) scanners to find diagnostic markers for disease and to improve the use of medication. With the help of clients and families, our clinical researchers test these findings to develop new clinical applications and treatments. In prevention, social policy and health policy research, we are discovering more about issues such as alcohol, tobacco and other drug use, as well as women's and immigrants' mental health. These discoveries influence social programs and social policy across Canada and beyond.

## Planning for the future

This year, the Research Program began developing a new strategic plan to guide its activities over the next five to 10 years. Over 100 CAMH researchers and staff and an external advisory committee of distinguished scientists from the United States, Canada and Britain took part in the nine-month process. The outcome reaffirms the important contribution of research to CAMH's overall mission: the Research Program must strategically focus its scientific efforts to further enhance research excellence. Moving forward, it will be critical to maintain a balance between clinical research that affects the issues of today and fundamental science that brings the solutions of tomorrow.

"It's about distinguishing areas of research focus and enhancing research excellence. It's also about integration and integrated functioning with other parts of CAMH," says Dr. Shitij Kapur, Chief of Research. "Research is not just about discovering, it is also about sharing and applying the discoveries to improve the lives of people affected by mental illness and addiction. Our scientists must continue to focus on translating new findings from the bench to the bedside, and from the desk of the policy scientists to practice in society."

## Helping people through leading-edge research

CAMH researchers, working across the spectrum “from cells to the community,” are changing the lives of people and communities affected by mental health and substance use problems. Below, we highlight three projects that provide benefits today and generate hope for tomorrow.

### HELPING 14,000 PEOPLE QUIT SMOKING

While people know that smoking is dangerous, many say that they cannot quit. CAMH hopes to change that with its unique STOP (Smoking Treatment for Ontario Patients) Study.

In partnership with the Ministry of Health Promotion and Pfizer Consumer Healthcare, CAMH is delivering nicotine replacement therapy (NRT), including nicotine gum and patches, to 14,000 Ontario smokers, free of charge.

This study is the first of its kind in Canada. People who are interested simply call a 1-800 number, talk to a project team member and are couriered their NRT pack. There’s no need to visit a doctor. Staff check in with participants by phone to monitor their success and the effectiveness of NRT in the quitting process.

“It has been shown that attempts to quit smoking are more successful when done with the help of this kind of nicotine cessation aid, but many people do not use this resource, partially due to cost,” says Dr. Peter Selby, Clinical Director of the Addictions Program. “This study will allow us to encourage people to stop, and monitor which quitting methods are most effective. This way we will be able to better treat people in the future.”

### FOSTERING RESEARCH PARTNERSHIPS

CAMH launched a Community Research Capacity Enhancement Program to foster research partnerships and build research capacity among community organizations.

This year, it helped a partnership of community, health and First Nations organizations in Kenora undertake the First Nations Student Drug Use Survey. The five organizations, which work with First Nations youth, said lack of health and substance use information was a barrier to the delivery of mental health and addiction services.

Working with CAMH, they developed the First Nations Student Drug Use Survey. Existing CAMH surveys were adapted to ensure the methodology and questions were culturally appropriate. Almost 120 grades 7 to 12 students from three Anishinabe schools in the Kenora–Rainy River district filled out the survey.

“Local agencies and organizations know the research they need. They put the results to use,” says Dr. Louis Gliksman, Director of Social, Prevention and Health Policy Research at CAMH. “It’s important for CAMH to make research relevant to the communities that we serve. Funding community research is an effective way.”



Staff of CAMH’s Centre for Prevention Science met with First Nations youth and local lead partners in London, Ontario to discuss the development of school-based projects aimed at preventing violence.



Dr. Jeff Daskalakis administers the latest treatment for schizophrenia and depression—transcranial magnetic stimulation.

### DEVELOPING NEW TREATMENTS FOR DEPRESSION AND SCHIZOPHRENIA

CAMH is pioneering a treatment for schizophrenia and depression that has the potential to help a large number of people with resistant symptoms who get little relief from medication.

The treatment, called repetitive transcranial magnetic stimulation (rTMS), is based on research conducted by Dr. Jeff Daskalakis in the late 1990s as a student at CAMH. He discovered that there is a brain basis for auditory hallucinations in people with schizophrenia. By stimulating a particular region of the brain with a magnetic pulse, it was possible to suppress these hallucinations.

CAMH recently opened the Transcranial Magnetic Stimulation Clinic, which has treated 35 people. Initial results are extremely positive, with close to 50 per cent reporting significant benefits. The clinic plans to treat over 200 people with depression this year, and many more as the new treatment becomes better known. “A large number of people have depressive symptoms, and 40 to 50 per cent are not getting adequate benefit from medication treatment. This means rTMS could benefit a staggering number,” says Dr. Daskalakis.

He suggests that when the Queen Street site is redeveloped and research and care are at one site, access to novel treatments like rTMS will expand. “It will make research and treatment easier for both CAMH clients and staff. Many more people will participate in studies. This will help us learn more so we can help more people.”

## A hub for education, health promotion and policy

“CAMH’s education, health promotion and publishing programs work side-by-side with research and clinical programs. This allows us to turn CAMH’s discoveries and best practices into knowledge that we can exchange with the general public, clients and families, as well as health professionals, organizations and policy makers throughout Ontario, across Canada and around the world,” says Gail Czukar, Executive Vice-President, Policy, Education and Health Promotion. “The Queen Street site redevelopment will promote greater interaction among CAMH staff and with clients. This will lead to new initiatives and even greater impact.”



Dr. L. Trevor Young, Physician-in-Chief and Executive Vice-President, Programs, during Grand Rounds.

## ENHANCING MEDICAL AND PROFESSIONAL EDUCATION

As a teaching hospital, CAMH is the largest provider of medical education and training in mental health and substance use in Canada. This year, CAMH offered training to 63 students in undergraduate medicine, 98 students in postgraduate medicine and 24 medical fellows. CAMH also offered student placements and training to 182 students in nursing, 33 in social work, 23 in occupational health and 42 in psychology.

Our rich academic environment will be enhanced when students can access the full range of CAMH programs at one site. We are committed to increasing our role in education.

## Building capacity across Ontario

Through training programs, resources and health promotion, CAMH promotes better services across Ontario for people with mental health and substance use problems.

We held a record numbers of courses, workshops, forums and information sessions to help people working in substance use, mental health and related fields. These included 196 professional continuing education workshops with approximately 6,100 staff and front-line community-based professionals; six forums on concurrent disorders with 300 professionals and 300 family members in three cities, and seven public education forums for 450 clients and family members; and six training sessions and a 19-site video conference on postpartum depression.

Through new programs, we are helping health care providers in underserved areas. For example, as a result of a pilot mental health telephone consultation service, developed with the University of Toronto's Psychiatric Outreach Program, physicians in northern communities can now call a toll-free number to access CAMH psychiatrists and pharmacists. Callers get clinical advice and resources from a full mental health team.

## Expanding access to resources with e-learning

CAMH has developed an e-learning strategy to expand access to CAMH programs and resources. We currently offer nine online courses, including a mental health course for Aboriginal counsellors in eight remote communities in northwestern Ontario.

CAMH is also using web-based technology to distribute resources. For the first time, most of our public information materials and many publications are available on CAMH's website, [www.camh.net](http://www.camh.net), free of charge. This gives clients, families, students, service providers, health professionals and policy makers access to the most current mental health and substance use information. In December 2005 alone, our website received over 80,000 visits and more than 165,000 documents were downloaded.

CAMH is one of the largest producers of evidence-based resources. Our current publications catalogue lists 106 titles. These include books, papers, videos, pamphlets and magazines with a variety of uses, from university and college courses to client and family self-help.

Susan Morris, Clinical Director, Dual Diagnosis Program.

The Dual Diagnosis Program at CAMH offers access to specialized clinical services, via clinical video conferencing, for adults with both mental health needs and developmental disabilities in northwestern Ontario. Distance can be a challenge when accessing clinical services, particularly in remote communities. This service helps people with significant mental health needs to get services where and when they need them.



This year, we were proud that the third edition of *Alcohol & Drug Problems: A Practical Guide for Counsellors* received the award for highest distinction in the annual competition of the Society for Technical Communication. We were delighted that *Wishes and Worries*, a storybook to help children understand a parent's alcohol problem, generated extensive media attention and substantial sales.

## Promoting health in diverse communities

CAMH is working with health providers and community agencies to develop resources and programs that are inclusive of and appropriate for a range of people—from ethnic and First Nations communities, to lesbian, gay and transgendered people, to seniors and youth.

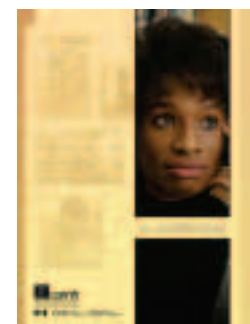
As a result of a project with seven ethnic communities, our *Low Risk Drinking Guidelines* were culturally adapted and translated into five languages (Polish, Portuguese, Punjabi, Russian and Tamil), and two alcohol-related posters were produced for the Serbian and Somali communities.

At the request of the Distress Relief Network Committee, Citizenship and Immigration Canada funded the translation of our photo novellas *Depression* and *Post-Traumatic Stress Disorder* into Tamil for use in communities affected by the 2004 tsunami.

Through our Provincial Cross Training Pilot Project, CAMH helps local communities build their capacity to provide accessible substance use and mental health services through collaboration and local partnerships. This year, our two-day workshops in 12 communities across Ontario drew record numbers. Those who attended included substance use and mental health service providers, community organizations, school guidance counsellors, faith groups, shelter workers, First Nations groups and francophone organizations.

CAMH also delivered training programming for mainstream organizations on building and sustaining equitable partnerships with community organizations. We worked with Toronto's Sherbourne Health Centre, the Hong Fook Mental Health Association and others on this project.

Diversity training for CAMH staff continues to be a priority. This year, over 300 staff attended 18 workshops, including an introduction to diversity, diversity training for managers and a new diversity program geared to researchers. A new curriculum on clinical cultural competence was piloted with over 80 clinical staff from the General Psychiatry Program, then offered to staff in the Addictions Program.





Gail Czukar, Executive Vice-President, Policy, Education and Health Promotion, with Councillor Kyle Rae at the announcement of the Toronto Drug Strategy.

## Influencing public policy

CAMH works closely with community partners to promote public policies and government programs that will enhance the lives of people affected by substance use and mental health issues.

Persistent lobbying efforts for a national mental health strategy, and support for the work of Senator Michael Kirby's committee examining mental health in Canada, paid off in November with the announcement of a new Canadian Mental Health Commission. We continue discussions with the new Minister of Health now that the federal government has changed. We are also an active partner in the National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada.

At the provincial level, CAMH continued to work hard to ensure that the needs of people with mental health and substance use problems are addressed in the Ministry of Health and Long-Term Care's transformation agenda. In partnership with the Canadian Mental Health Association–Ontario and the Ontario Federation of Community Mental Health and Addiction Programs, we organized a web conference with over 200 participants on the legislation to set up the new Local Health Integration Networks (LHINs), commissioned a research paper on the impact of regionalized health care, and developed a guide to help mental health and substance use service providers work with their local LHIN.

CAMH continued its work with the Ministry of Health and Long-Term Care on policy initiatives such as the Geriatric Mental Health Policy Framework. We also participated in consultations on the Liquor Licence Act, the Safe Schools Act and discussions about privatizing the sale of alcohol.

In Toronto, CAMH contributed research and advice to the Toronto Drug Strategy. We were pleased to see that the strategy, approved by city council in December 2005, provides a comprehensive and co-ordinated approach to alcohol and other drug issues with its focus on prevention, enforcement, treatment and harm reduction. We will focus on implementing a provincial strategy next.

## Empowering clients and families

The Client and Family Reference Group for the Queen Street site redevelopment has worked with staff and the redevelopment architects for over two years to ensure the plans reflect clients and families' needs.

Growing evidence suggests that collaborating with families significantly improves client outcomes, hastens recovery and results in greater satisfaction with health care for clients, families and treatment professionals.

Family members take part in an education and counselling session run by CAMH's Family Addiction Service.



## CLIENTS, RELATIVES AND STAFF ENTHUSIASTICALLY EMBRACE FAMILY-CENTRED CARE.

In 2005, 52 teams within CAMH's nine clinical programs developed family-centred care action plans. These included a Family Initiative working group in the Addictions Program and the Schizophrenia First Episode Clinic's Family Guide. Family members are meeting with front-line staff in all clinical programs to share their experiences and discuss ways to work more collaboratively.



Clients and families are now involved in every major initiative at CAMH and provide input on clinical programs. For over five years, CAMH has funded the Empowerment Project, which includes the Empowerment (Client) Council and the Family Council. These councils, which are both separately incorporated and staffed independently from CAMH, play an important role advocating on behalf of clients and families, representing clients and families on committees, and providing information and support.

This year, the CAMH Board of Trustees adopted the Bill of Client Rights, which had been jointly developed with the Empowerment Council. The bill has been recognized as a model document for client rights, protection and respect. In October 2005, the council received an award from the Ontario Association of Patient Councils in recognition of its pioneering work on the bill.

Like client empowerment, family empowerment is high on CAMH's agenda. A new Family-Centred Care initiative is a priority for the organization. This joint project of the Family Council and CAMH is designed to involve families in client care, enhance professional services available to families and help families support each other.

"Family support is a vital ingredient in the treatment, long-term care and day-to-day living of clients with addictions and mental illnesses," says CAMH President and CEO Dr. Paul Garfinkel.

Family members help caregivers tailor services to fit clients' needs and preferences, including services appropriate for the family's culture and traditions.

A steering committee of family members and staff is leading the initiative to promote family-centred care. It has developed resources, including a tool kit, family survey and best practices document, to help CAMH programs embed family-centred care in daily operations.

The beneficial effect of family empowerment has been experienced by CAMH's Family Addiction Service, which has run education and counselling sessions for family members for many years. In 2005, close to 500 people enrolled in courses, including a two-hour substance use information workshop and an eight-week group program on ways to support recovery of family members with substance use problems while caring for yourself, as well as couple and family counselling.

Program Supervisor Joanne Shenfeld says, "Clients are encouraged to stick with their program and generally have better outcomes when families are involved."

## Integrating CAMH and the neighbourhood

“The redevelopment is great news for clients,” says Joan Piscopo, Chair of CAMH’s Client and Family Reference Group, which was established to ensure that clients’ and family members’ perspectives inform CAMH initiatives. “Many clients and families struggle tremendously with the stigma that mental health and addictions often sadly bring, causing unnecessary shame or embarrassment to receive treatment. This redevelopment will help to integrate treatment services into the community and create an environment that is both pleasing and healthy for all.”

Joan Piscopo, Chair of CAMH’s Client and Family Reference Group.



## Tackling stigma

Part of our strategy to tackle stigma includes choosing Queen Street as our hub, given the site's 150-year history as a mental health facility. Tackling stigma is crucial for clients' recovery. People who struggle with mental illness and substance use report that stigma can be almost as bad as the problem itself. It prevents many who need treatment from seeking help.

CAMH's plan will transform the Queen Street site from a traditional psychiatric institution that is cut off from the neighbourhood to a centre for care, prevention, education and research that is connected with the surrounding community. The plan extends local streets into the site to create a series of urban blocks with parks, open spaces and buildings, just like any other part of the city. There will be a mix of CAMH and non-CAMH uses, such as education and research facilities, offices, cafes, stores, consumer businesses and housing. This will create a lively and dynamic neighbourhood out of an isolated institution.



l-r: Councillor Joe Pantalone, Toronto Deputy Mayor; Dev Chopra, CAMH Executive Vice-President, Corporate Services; Dr. Paul Garfinkel.

## Revitalizing the community

Many neighbours and city experts are equally enthusiastic about the role the redevelopment will play in revitalizing the Queen Street West community. David Crombie, CEO of the Canadian Urban Institute and former Toronto mayor, says, "CAMH's redevelopment will link formerly isolated lands with the surrounding vibrant Queen West community, turning it into a functioning, energetic and wonderful part of the city. . . . I believe it will be a powerful and effective solution to the challenge of addressing institutionalized stigma in the urban environment."

CAMH's plan for its new "urban village" has won municipal, provincial and national awards. In 2005, CAMH and Urban Strategies, the design firm that developed the site master plan, received the City of Toronto Architecture and Urban Design Awards' Honourable Mention. This followed earlier planning excellence awards from the Ontario Professional Planners Institute and the Canadian Institute of Planners.

Toronto Councillor Joe Pantalone, who represents the area at city hall, says the plan is a great example of city building. "CAMH has worked closely with the mental health care community, neighbours, businesses and city officials to ensure the redevelopment will be good for the community. The plan will preserve the neighbourhood fabric in the new streets, buildings and green spaces, and will help to strengthen the retail sector along Queen Street West."

## Preserving the historic wall

The wall surrounding the Queen Street property is an important part of the site's heritage. Patients of the so-called "lunatic asylum" helped to build the wall in 1860 and 1888–1889. Today, what is left serves as a reminder of the site's history and as a memorial to psychiatric patients who lived and worked at the old facility.

CAMH has had a heritage architectural firm conduct an assessment of the wall and historic sheds and provide a strategy for how to repair, stabilize and conserve them with minimal intervention.

CAMH is committed to client employment and is looking at a training and employment project where clients would participate in the repair and maintenance of the wall. Clients, unlike the patients of years ago, would receive fair wages and respect for their labour. We have been consulting with personnel at the Psychiatric Survivor Archives, who also have a strong commitment to preserving the historical significance of the wall.

"This would be historically and socially just, both for the patients long ago and clients today. Finally people would be paid for work on the wall and their contribution would be recognized," says Geoffrey Reaume of the Psychiatric Survivor Archives, who proposed the idea. "It would help raise awareness of the many skills and talents of psychiatric patients and survivors, and the discrimination they still face in the workplace or trying to get a job."





# Financial snapshot

Year ended March 31, 2006

SOURCES OF REVENUE		\$
Ministry of Health and Long-Term Care	217,013,908	
Patient revenue	265,702	
Grants and donations	24,103,878	
Ancillary	13,157,535	
Amortization of deferred capital contributions	3,122,622	
Interest	2,019,861	
<b>Total</b>	<b>259,683,506</b>	

ALLOCATION OF EXPENSES		
Salaries, wages and employee benefits	193,140,450	
Supplies and other expenses	45,122,470	
Depreciation	5,812,892	
Rent	2,276,345	
Drugs and medical supplies	4,012,369	
Medical and surgical	3,519,531	
<b>Total</b>	<b>253,884,057</b>	
<b>Excess of revenue over expenses for the year*</b>	<b>5,799,449</b>	

\*\$2,111,906 was used for capital acquisition (net of contributions) with the rest contributing to an increase in working capital.

For a copy of CAMH's audited financial statements, call 416 535-8501 ext. 4250

# CAMH by the numbers

Based on the fiscal year April 1, 2005 – March 31, 2006

## CLIENTS

Unique* clients	20,965
Inpatient admissions	3,413
Outpatient visits	461,664
Visits to Emergency Services	4,172
Average length of stay in days	49.7
Top two substances reported by addiction clients	Alcohol, crack cocaine
Top two diagnoses among mental health clients	Schizophrenic disorders, mood affective disorders
Top four languages indicated by clients at time of admission, other than English and French	Spanish, Serbian, Chinese and Arabic

## STAFF AND RESEARCH

CAMH staff	2,800
CAMH physicians	245
Research grants/contracts	115
Amount of research grants/contracts	\$37,879,456

## VOLUNTEERS AND DONORS

Volunteers (approx. per quarter)	849
Hours contributed by volunteers	241,462
Donors	3,416
Amount of donations	\$7,376,701

## INFORMATION/EDUCATION

Calls to CAMH's R. Samuel McLaughlin Addiction and Mental Health Information Centre	52,083
Number of e-mail requests	2,449
People who participated in professional education, training or development courses	6,867
Visits to the CAMH website	2,000,587

## MULTI-FAITH INFORMATION

Regular worship services in the multi-faith Spiritual and Religious Care Services serving diverse needs of CAMH's clients and staff	457
Special holiday services	15
People attending services	5,577
Faith groups	11

Most of the statistics from this page came from CAMH's Balanced Scorecard, which measures and monitors CAMH's performance. Hard copies of the scorecard are available at CAMH libraries.

\*Unique: individual people who received care, regardless of number of visits.



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as of March 31, 2006

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as of March 31, 2006

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## Public Sector Salary Disclosure Act

As a publicly funded hospital, CAMH is bound by the Public Sector Salary Disclosure Act to publish the names, positions and salaries of employees receiving annual salaries of \$100,000 or more. This information is available online at <http://www.fin.gov.on.ca/english/publications/salarydisclosure/2006/>

## PAHO/WHO Collaborating Centre in Mental Health and Addiction

CAMH continues into its third year of a four-year term as a Pan American Health Organization / World Health Organization Collaborating Centre in Mental Health and Addiction. This recognition of excellence is a great honour, recognized worldwide.

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## How to reach CAMH

Executive Office	<p>Queen Street site 1001 Queen St. West Toronto, Ontario M6J 1H4 416 535-8501 ext. 6076</p>	<p>CAMH main switchboard 416 535-8501 E-mail: public_affairs@camh.net Website: www.camh.net</p>		
Sites	<p><b>Brentcliffe Road site</b> 175 Brentcliffe Rd. Toronto, Ontario M4G 3Z1 416 535-85010  Assessment Service 416 535-8501 ext. 7064</p>	<p><b>College Street site</b> 250 College St. Toronto, Ontario M5T 1R8 416 535-8501  Emergency 416 535-8501 ext. 6885  Assessment Clinic 416 979-6878</p>	<p><b>Russell Street site</b> 33 Russell St. Toronto, Ontario M5S 2S1 416 535-8501  Assessment Service 416 535-8501 ext. 6128</p>	<p><b>Queen Street site</b> 1001 Queen St. West Toronto, Ontario M6J 1H4 416 535-8501</p>
Community Offices	<p><b>Hamilton</b> 905 525-1250  <b>Kenora</b> 807 468-6372  <b>Kingston</b> 613 546-4266</p>	<p><b>London</b> 519 433-3171  <b>North Bay</b> 705 472-3850  <b>Ottawa</b> 613 569-6024</p>	<p><b>Sault Ste. Marie</b> 705 256-2226  <b>Sudbury</b> 705 675-1195  <b>Thunder Bay</b> 807 626-8111</p>	<p><b>Timmins</b> 705 267-6419  <b>Toronto</b> 416 535-8501 ext. 6028  <b>Windsor</b> 519 251-0500</p>
Clinical Satellite Offices	<p><b>CAMH Aboriginal Services</b> 393 King St. East Toronto, Ontario 416 535-8501 ext. 7652  <b>Archway</b> 1451 Queen St. West Second Floor Toronto, Ontario 416 535-8501 ext. 7500  <b>Central Link</b> 393 King St. East Toronto, Ontario 416 535-8501 ext. 7670  <b>Dual Diagnosis Resource Service</b> 700 Lawrence Ave. West Toronto, Ontario 416 535-8501 ext. 7800  <b>Dual Diagnosis Service—Peel</b> 1001 Queen St. West Unit 4, Room 470 Toronto, Ontario 416 535-8501 ext. 2870</p>	<p><b>First Assessment Clinical Team (FACT)—Peel</b> 30 Eglinton Ave. West Suite 755 Mississauga, Ontario 416 535-8501 ext. 7700  <b>Lakeshore Outpatient and Community Clinic</b> 3170 Lakeshore Blvd. West Suite 201 Etobicoke, Ontario 416 535-8501 ext. 7233  <b>Learning Employment Advocacy Recreation Network (LEARN)</b> 1709 St. Clair Ave. West Toronto, Ontario 416 535-8501 ext. 7300  <b>Metro Addiction Assessment And Referral Service (MAARS)</b> 175 College St. Toronto, Ontario 416 599-1448</p>	<p><b>Psychogeriatric Assessment Consultation and Education (PACE) Central/East</b> 1001 Queen St. West Room 1046 Toronto, Ontario 416 535-8501 ext. 3448  <b>PACE Peel</b> 30 Eglinton Ave. West Suite 755 Mississauga, Ontario 416 535-8501 ext. 7716  <b>PACE West</b> 3170 Lakeshore Blvd. West Suite 202 Toronto, Ontario 416 535-8501 ext. 7206  <b>Prevention through Risk Identification Management and Education (PRIME) Clinic</b> 252 College St. Toronto, Ontario 416 260-4188</p>	<p><b>Problem Gambling Service</b> 175 College St. Toronto, Ontario 416 599-1322  <b>Psychological Trauma Program</b> 455 Spadina Ave. Suite 200 Toronto, Ontario 416 260-4147  <b>Spectrum</b> 658 Danforth Ave. Suite 402 Toronto, Ontario 416 535-8501 ext. 7450</p>



For information about CAMH, please contact:

Public Affairs

Tel.: 416 535-8501 ext. 4250

Fax: 416 595-6881

E-mail: [public\\_affairs@camh.net](mailto:public_affairs@camh.net)

For information on other CAMH publications or to place an order, please contact:

Publication Services

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To make a donation, please contact the CAMH Foundation:

Tel.: 416 979-6909

E-mail: [foundation@camh.net](mailto:foundation@camh.net)

If you have questions, compliments or concerns about services at CAMH, please call our Client Relations Co-ordinator at:

Tel.: 416 535-8501 ext. 2028.

For information on addiction and mental health issues or other resources, please contact CAMH's R. Samuel McLaughlin Information Centre:

Ontario toll-free: 1 800 463-6273

Toronto: 416 595-6111

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



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