

camhconnexions

Planning strategically for CAMH's future



By CAMH President & CEO
Dr. Catherine Zahn

It's a singular moment in time for CAMH and for all of us who work to transform the lives of those affected by mental illness and addictions.

Firstly, mental illness and addictions are at the forefront of public consciousness, and more people than ever

recognize the need for a system of care.

Governments are responding with new strategies and stated priorities, as well as heightened expectations of accountability and performance. Media coverage and public discourse are unprecedented. People with lived experience are speaking out. Philanthropic support is growing.

At the same time, CAMH is coming into its own in our second decade. We have a solid base from which to launch the next phase of our evolution. We can confidently ask foundational questions and find the answers to guide us as a 21st century academic health sciences centre – challenging assumptions and envisioning necessary change.

Where do we want to be in five years? Are we properly structured and aligned to get there? How do we measure and evaluate our work, to ensure we're successful and accountable to those we serve?

I believe we're obliged to rise to the occasion that's before us, and to work hard to answer these questions. That's why we're engaged in an ambitious process – titled “**tomorrow.today**” – to develop a new five-year strategic plan.

PLANNING STRATEGICALLY, *cont'd on p. 2*

The numbers add up, so make your vote count

With voters headed to the polls on October 6, CAMH formed the Ontario Mental Health and Addictions Alliance with nine organizations from around the province to ask all political parties to address the gaps in our mental health and addictions system.

More than 2.5 million Ontarians live with a mental illness and/or addiction. Millions more – family members, friends and co-workers – are also affected. Mental illness is the most expensive cause of workplace disability, costing each Canadian employer an average of \$18,000 per claim. Three percent of people living with an untreated mental illness or addiction will face a severe and persistent disability, costing Ontario \$39 billion a year in added costs and lost output.

To solve the most pressing challenges facing Ontarians

living with a mental illness and/or addiction, the Alliance has asked provincial parties to:

- invest in mental health and addictions services to provide equitable access to a core basket of services across Ontario
- reduce wait times to ensure that children and youth are getting timely access to treatment
- improve access to supportive housing across Ontario and,
- put government leadership in place to coordinate action across ministries and sectors.

If you're concerned about mental health and addiction issues, ask your provincial election candidates how they plan to improve access and care for all Ontarians. For more information: www.vote4mha.ca



Trauma, addiction and mental health in Waterloo Wellington

A history of trauma is prevalent in people with addictions.

At a *CAMH in the Community* event presented in conjunction with the Waterloo Wellington LHIN and Waterloo Wellington Addiction and Mental Health Network, Dr. Pamela Stewart (pictured, at right), Head of CAMH's *Trauma and Addictions Clinic*, spoke about the functional relationship between trauma and addiction, the underlying beliefs that perpetuate these disorders, stages of trauma, and best practice recommendations.

Dr. Stewart used clinical examples to address the need to build appropriate therapeutic alliances with clients and to highlight the importance of support and accountability to trauma-informed care for the over 150 service providers in attendance.



CAMH is the chair of the newly developed system core competency committee, working with the partners above. "This group will be developing a plan to enhance the capacity of mental health and addiction service providers to deliver evidence based care," said Kim Baker (pictured, at left), CAMH Program Consultant in Waterloo Wellington.

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Continued from page 1

CAMH staff has already started this work, participating in a conversation about our organizational values and working with a host of external leaders and experts on four key strategic themes we've identified. We have formed task forces to look at specific areas we know will need to be addressed in future planning.

I think of the first two themes (outlined below) as "today"-focused items that involve CAMH fulfilling its obligations to those we serve, while I consider the second two "tomorrow"-focused items concerned with our getting better to serve and lead.

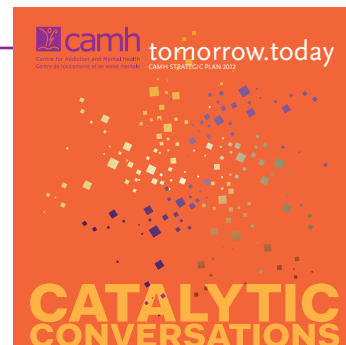
Review & Alignment. We are reviewing how we're organized and how we work to ensure that CAMH is best calibrated to serve patients, families, and the public as a 21st century academic health sciences centre.

Health Equity. A second task force is using a health equity lens to recommend a CAMH strategy for children and youth mental health and addictions services, one that will be coordinated with the emerging provincial direction in this area.

Enhancing Discovery. Our third task force will build on our multidisciplinary approach to discovery, identifying the most vital mental illness and addiction research questions and recommending a strategy for better addressing them.

Creating Capacity. CAMH is committed to playing the leading and collaborative role that's expected of us to advance mental health and addictions issues within our society. Accordingly, a fourth group is examining the branding and reputation of the organization that will be foundational to our ability to focus on building problem-solving partnerships, community engagement, and advocacy, and on education, training and knowledge exchange.

We will engage our many stakeholders in a number of ways in the coming year, including a series of "catalytic conversations" such as the "What's in a name?" event being held on October 14 (see pg. 8 for details). Please use the website and Facebook links and the contact information below to read about our Strategic Plan 2012 process and weigh in any time.



Feedback welcome!

Email: Strategic_Planning@camh.net

Telephone: 416 535-8501 ext. 6631

Website: www.camh.net/About_CAMH/Strategic_Planning

Facebook: CAMH-Centre for Addiction and Mental Health

ACET: a recipe for success

Eddie Kwong presents his tarragon chicken dish to Chef Burpee and answers the chef's questions with an enthusiastic "yes, chef" and "no, chef." Visitors to this culinary program kitchen lab feel like they are at the taping of reality cooking show.

As a student in the Assistant Cook Extended Training (ACET) Program at George Brown College in Toronto, Eddie will attend classroom and kitchen lab instruction as well as complete a 150-hour work placement.

The ACET Program was developed by George Brown and CAMH as a training and employment support model. The employment-focused program offers people with a history of mental health issues and/or addiction who see work as part of the recovery process the opportunity to receive training and employment in the food service industry.

Professional chefs provide instruction in classic French cuisine, while program coaches offer support with life skills and group dynamics as well as practical help in writing resumes and performing at job interviews.

A former computer engineer who ended up living in a shelter after experiencing addiction issues and a marriage breakdown, Eddie worked hard to get accepted into the program. Now he's thriving while training for his second career.

"I enjoy all aspects of this course," Eddie says. "I really like the fact that you can be successful as a chef by planning and making preparations, and then following the plan."

Eddie's drive to excel has already paid off. He won the ACET Academic Award, and is putting the same determination and hard work into getting his life back on track.

ACET students learn butchery, baking, knife skills, small and large-quantity meal preparation, food safety, budgeting and meal planning, all in state-of-the-art culinary labs equipped with professional tools of the trade. One student exclaims that after all his hours of practice with his knives and tongs, they've become part of him and now feel like an extension of his arm.

Eddie had never done any baking before beginning the program but in June he baked the strawberry shortcake dessert for the graduation dinner of the 2010 ACET class. This year's class planned and executed the entire menu for the celebration, which included 2010 grads and their families.

Students with the program complete work placements in traditional restaurants as well as in food service kitchens in retail food stores, hospitals, long-term care facilities, community agencies and entertainment and sports venues.

Job coach/Job developer Erin Sawyer says, "Students get a chance to use their culinary skills in professional kitchens as well as improving their marketability to re-enter the workforce. Employers get well-trained staff anxious to go the extra mile."

Over the last four years, as many as 76 percent of students have attained food service jobs upon graduation.

At the end of a recent small-quantity food lab, the students' excitement at starting their placements and planning a meal to honour the previous year's grads was palpable. Mastering new vocational skills and life skills add up to successful recipe for recovery.

For more information about the George Brown College Assistant Cook Extended Training (ACET) Program, please contact: 416 415-5000 ext. 6790 or auged@georgebrown.ca.



Eddie Kwong, student in the Assistant Cook Extended Training (ACET) Program at George Brown College, learns culinary skills in this program developed in partnership with CAMH.

Brain chemical may explain why heavy smokers feel sad after quitting

Heavy smokers may experience sadness after quitting because early withdrawal leads to an increase in the mood-related brain protein monoamine oxidase A (MAO-A). This may also explain why heavy smokers are at high risk for clinical depression, a new CAMH study has shown.

Using an advanced brain imaging method, a team led by CAMH Senior Scientist Dr. Jeffrey Meyer discovered that MAO-A levels in the brain regions that control mood rose by 25 percent eight hours after withdrawal from heavy cigarette smoking. These levels were much higher than in a comparison group of non-smoking study participants. Smokers with high brain MAO-A levels during withdrawal also reported greater feelings of sadness.

“Understanding sadness during cigarette withdrawal is important because this sad mood makes it hard for people to quit, especially in the first few days. Also, heavy cigarette smoking is strongly associated with clinical depression,” said Dr. Meyer, who holds a Canada Research Chair in the Neurochemistry of Major Depression. “This is the first time MAO-A, a brain protein known to be elevated in clinical depression, has been studied during cigarette withdrawal.”

MAO-A “eats up” chemicals in the brain, such as serotonin, that help maintain a normal mood. When MAO-A levels are higher, as in early cigarette withdrawal, it means that this removal process is overly active, making people feel sad. MAO-A was detected using a brain imaging technique called positron emission tomography (PET). CAMH has the only PET scanner in the world dedicated solely to mental health and addiction research.

“This study opens new ways to prevent sadness during cigarette withdrawal to make it easier to quit smoking,” said Dr. Meyer.

New gene for intellectual disability discovered

CAMH Senior Scientist Dr. John Vincent and colleagues recently identified defects on the gene MAN1B1 among five families in which 12 children had intellectual disability. International collaboration greatly accelerated the new genetic sequencing technology now being used at CAMH.

Intellectual disability is a broad term describing individuals with limitations in mental abilities and in functioning in daily life. It affects one to three percent of the population, and is often caused by genetic defects.

The individuals affected had similar physical features and delays in walking and speaking. Some learned to care for themselves, while others needed help bathing and dressing. In addition, some had epilepsy or problems with overeating. As there had been intermarriage among cousins in these families, it enabled the researchers to begin mapping genes in particular regions of risk.

All were found to have two copies of a defective MAN1B1 gene, one inherited from each parent. These were different types of mutations on the same gene – yet the outcome, intellectual disability, was the same in different families – confirming that this gene was the cause of the disorder.

“This mutation was seen in five families, which is one of the most seen so far for genes causing this form of recessive intellectual disability,” said Dr. Vincent, who is also head of the Molecular Neuropsychiatry and Development Laboratory at CAMH.

Last year Dr. Vincent made a breakthrough by identifying the PTCHD1 gene responsible for autism.

To date, MAN1B1 is the eighth known gene connected with recessive intellectual disability, but there are likely many more involved.



Increased risk of Parkinson's disease in methamphetamine users

People who abused methamphetamine or other amphetamine-like stimulants were more likely to develop Parkinson's disease than those who did not, according to a CAMH study.

Researchers examined almost 300,000 hospital records from California – where methamphetamine use is prevalent – covering 16 years. Patients admitted to hospital for methamphetamine or amphetamine-use disorders had a 76 percent higher risk of developing Parkinson's disease compared to those with no diagnosis.

Globally, methamphetamine and similar stimulants are the second most commonly used class of illicit drugs.

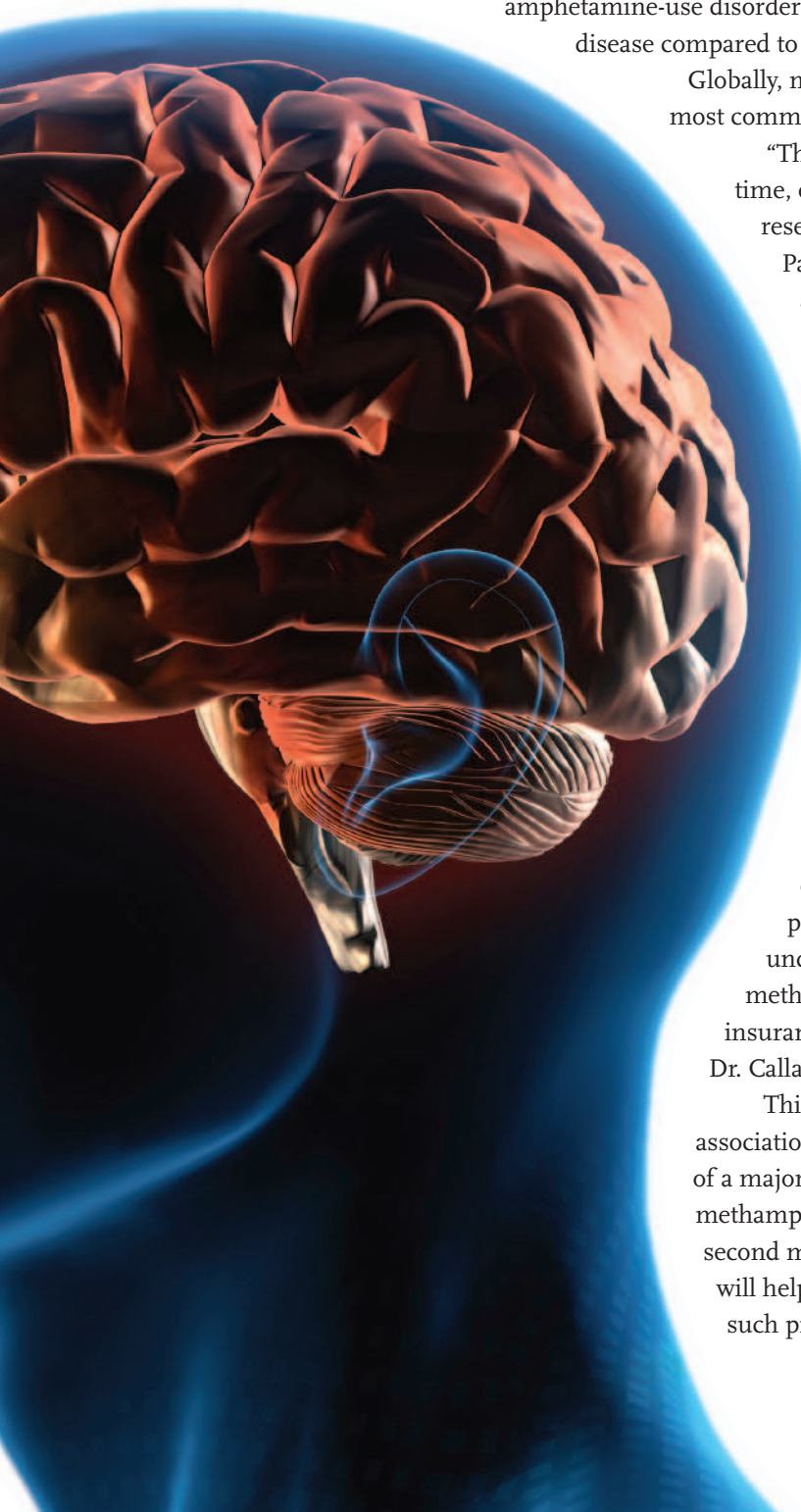
“This study provides evidence of this association for the first time, even though it has been suspected for 30 years,” said lead researcher Dr. Russell Callaghan, a scientist with CAMH.

Parkinson's disease is caused by a deficiency in the brain's ability to produce a chemical called dopamine. Because animal studies have shown that methamphetamine damages dopamine-producing areas in the brain, scientists have worried that the same might happen in humans.

“It is important for the public to know that our findings do not apply to patients who take amphetamines for medical purposes, such as attention deficit hyperactivity disorder (ADHD), since these patients use much lower doses of amphetamines than those taken by patients in our study,” said Dr. Stephen Kish, a CAMH scientist and co-author.

To put the study's findings into numbers, if 10,000 people with methamphetamine dependence were followed over 10 years, 21 would develop Parkinson's, compared with 12 people out of 10,000 from the general population. “It is also possible that our findings may underestimate the risk because in California, methamphetamine users may have had less access to health-care insurance and consequently to medical care,” said Dr. Callaghan.

This was one of the few studies examining the long-term association between methamphetamine use and the development of a major brain disorder. Dr. Callaghan noted, “Given that methamphetamine and other amphetamine stimulants are the second most widely used illicit drugs in the world, the current study will help us anticipate the full long-term medical consequences of such problematic drug use.”



Awards and appointments

Dr. **George Foussias** received the Best Fellow Presentation Award at the Harvey Stancer Research Day held by University of Toronto's Department of Psychiatry in June.

Dr. **Kwame McKenzie**, CAMH senior scientist in Social Equity and Health Research, will receive the Dominican of Distinction award at the Annual Independence Celebrations in October for his significant contribution to the field of Health Sciences. The ceremony marks the 41st Anniversary of the Commonwealth of Dominica, Ontario Association (CDOA).

Dr. **Jeffrey Meyer** received the John Dewar Prize from the Ontario Mental Health Foundation, recognizing an outstanding researcher whose work has been supported by the Foundation. During the summer, Dr. Meyer spoke about his research to MPs and senators on Parliament Hill in Ottawa at Research Canada: An Alliance for Health Discovery.

Dr. **Romina Mizrahi** was recently awarded a Brain & Behavior Research Foundation (NARSAD) New Investigator Award.

Addictions Program Director Dr. **Peter Selby** received the President's Shield Award from Addictions Ontario in May for his "Outstanding Contribution to Addictions Ontario and the Field of Addictions."

Cindy Smythe, a research associate with CAMH's Social and Epidemiological Research (SER) Department in London, was honoured with the Community Inspiration Award by the Addictions Services of Thames Valley at their Annual General Meeting in June.

Dr. **Cristiana Stefan**, CAMH's Clinical Biochemist and Manager of the Clinical Labs has been awarded a Fellowship of the National Academy of Clinical Biochemistry.



Dr. Jeffrey Meyer

Workman Arts was chosen as the 2011 Pioneer Award Recipient of the "Recovery Award for Excellence." The Psychosocial Rehabilitation Canada (PSR/RPS Canada) Pioneer Award Review Committee chose Workman Arts because of its significant contribution to the promotion of education, support, wellness and recovery in the field of mental health.

Actor **John Cleland**, who played Edward in the **Workman Arts** production of *Edward the "Crazy" Man*, won a Dora Mavor Moore award for Outstanding Performance in the Theatre for Young Audiences Division, presented by the Toronto Alliance for the Performing Arts (TAPA).

Village Family Health Team accepts registrations

Exciting news for CAMH and all residents of the neighbourhoods surrounding our Queen Street West site: the Village Family Health Team (FHT) will open at its permanent location in December 2011, offering innovative, high quality, comprehensive primary care across the lifespan to the community. CAMH pursued a Family Health Team for its community due to the high number of people living nearby, including CAMH clients, who were unable to find a family doctor.

Currently under construction in Liberty Village, when fully operational, Village FHT will have eight full time physicians, a nurse practitioner, registered nurses, a social worker, a clinical pharmacist and a dietitian, along with clerical and administrative support. An onsite pharmacy will open in December as well.

Village FHT is now accepting pre-registration for people from the catchment area who live in the community bounded by: College Street to the north, Bathurst Street to the east, Lakeshore Boulevard to the south and Roncesvalles Avenue to the west.

Anyone living in the catchment area looking for a primary care provider can pre-register online at www.villagefht.ca or by calling 416 599-4383. Patients will be contacted when the doors are open at Unit 102, 171 East Liberty Street, in December.

As part of the neighbourhood, the FHT will support CAMH's redevelopment vision by integrating comprehensive

community-based primary care with mental health and addictions care.

"We are very excited to be able to offer quality primary care to our community" said Carrie Fletcher, Executive Director of Village FHT.

Dr. Tania Tajirian, lead physician, said she is "thrilled to be at the point where we are ready to open our doors."

Village FHT will offer prevention, education, care and treatment that promote a health body and mind in a respectful, inclusive and collaborative model of care.

The Village Family Health Team is looking forward to welcoming CAMH neighbours from the FHT catchment area who need a family doctor.



Redevelopment update

All three new CAMH buildings in the redevelopment project at the Queen Street site are now structurally complete. Occupancy is expected in the summer of 2012. Stay up-to-date with redevelopment progress at www.camh.net.

Coming events

CAMH and the Empowerment Council present:

What's in a name? A conversation about language, labels and identity

Wednesday, October 19, 2011 • 5-7 p.m.
CAMH 250 College St. Site • Auditorium

Hosted by: Jennifer Chambers, Coordinator, The Empowerment Council, Dr. Kwame McKenzie, Medical Director, Health Equity and Director, Community & Continuing Care, CAMH, with a number of guest appearances.

All are welcome! Please RSVP:

bharati_singh@camh.net

or 416 535-8501 ext. 6718

Bellevent held in support of the CAMH Foundation, Tuesday, October 11, 2011 at the Metro Toronto Convention Centre, North Building. This year's theme, One Night Under a Blue Sky, offers a blend of cirque-style entertainment for an evening you will never forget. For more information, www.bellevent.ca

Rendezvous With Madness Film Festival

presented by Workman Arts, November 4-12, 2011.

For more information,

www.rendezvouswithmadness.com

Making connections, inspiring donors

Inviting donors to visit CAMH is a powerful way to shed light on mental health and recovery. Kim and Pat Ward were deeply touched to speak with clients, staff and friends at a July 26 barbeque to dedicate The Ward Family Building in honour of their visionary gift to CAMH. Sean Winger, a former client, shared his personal story of addiction and recovery and thanked the Wards for helping CAMH provide greater access to those who seek help. Read more inspiring personal stories at www.supportcamh.ca.

Pictured, left to right:

Transforming Lives Campaign Cabinet Co-chair Michael McCain; client spokesperson Sean Winger; Ward family members Pat Ward, Kim Ward, Blythe Ward and David Bowker; CAMH President and CEO Dr. Catherine Zahn.



CAMHnews

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