

Partnerships and Integration

2004/2005

Annual Report to the Community

Centre for Addiction and Mental Health



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

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.

Cover, l-r: Janice Johnstone, Office of the Fire Marshall of Ontario; Dr. Sherri MacKay, CAMH Child Psychologist and Provincial Director of The Arson Prevention Program for Children; and Captain Stephen Welowszky of Toronto Fire Services discuss program details outside a Toronto fire station.

Message from the Chair and President

Consistent, steady progress: We are proud of our work at CAMH over the past year. This hard work and our strategic focus have allowed us to continue to do things differently and better. From small, important steps, such as improving programs and services, to larger steps, such as planning the redevelopment of the Queen Street site, we have made significant strides. What follows are some highlights of our progress.

Partnerships and integration

An exceptional amount of work has taken place to better integrate programs and services within CAMH and to forge strong external partnerships. The result has been more options to meet clients' needs and better avenues for education, prevention and health promotion.

Internal changes, such as the inception of the Consultation, Assessment, Triage and Support Program and the new case management service in our Mood and Anxiety Program, facilitate and improve client care by branching out within CAMH as well as into the community.

The new model for the Queen Street site further seeks to ensure that we have better connections between the hospital and the community. We have put tremendous effort into making the new site a more home-like environment, one integrated into the surrounding neighbourhood. We are pleased with the many successful consultations we have had with local communities to address the stigma surrounding addiction and mental illness and to involve them in our site redevelopment.

By aligning us with the wants and needs of our stakeholders, all of these changes will help us continue to build capacity and achieve a seamless system of care, providing the right treatment for each individual client.

Other partnerships coming to fruition include the ER Hospital Alliance Partnership, which joins St. Joseph's, St. Michael's, University Health Network–Toronto Western, Mount Sinai and CAMH in a network to provide better acute care to clients across the Greater Toronto Area (GTA) who need services for substance use and mental health problems; our alliance with Ontario's Workplace Safety and Insurance Board, which takes a joint approach to treating psychological trauma and getting people back to work or school; and our successful collaboration with George Brown College in Toronto on the Assistant Cook Extended Training Program, which provides new training and employment opportunities for people with mental health and substance use issues.

Further, our more established programs continue to evolve and thrive. Our high-school program, Talking about Mental Illness, which provides education and fights stigma, is now available in over 20 communities in Ontario and The Arson Prevention Program for Children is now operating in over 50 communities throughout the province. The far-reaching impact of these and other programs is only possible through carefully developed and extensive partnerships.

Discovering, sharing and applying new knowledge

It has also been a good year for our scientists. We are doing exciting work in the areas of mindfulness/meditation, depression, anxiety and substance use. In the rapidly evolving world of science, our teaching and professional staff continue to win awards. This year, we received hundreds of research grants, including three \$1 million research grants, all to help us better understand and treat mental illness and substance use.

For example, our work in genetic research and how a person's genetic makeup links to mental illness or substance use will ultimately translate into groundbreaking new therapies. The opening of our Transcranial Magnetic Stimulation Clinic, for treating depression, is another good example of how new knowledge leads to worthwhile, innovative treatments.

Our background papers and research have provided a sound, scientific basis for the City of Toronto's Drug Strategy Initiative and have contributed to the discussion on proposed changes to Ontario's liquor licensing laws.

A united mental health and addiction sector

Our work with the Canadian Mental Health Association—Ontario and the Ontario Federation of Community Mental Health and Addiction Programs has been very productive. The need to respond to the Ontario government's transformation agenda brought us closer together and helped to unite us as a community. Our joint position and solid contribution to a series of consultations on the Local Health Integration Networks (LHINS) garnered positive attention from the government and pushed substance use and mental health to the top of the agenda. This collaboration and shared vision is crucial for going forward as the health care system changes.

Supporting our people

It has also been a very good year for our people. We have hired well, and our nursing vacancy rate, historically a challenge to many hospitals, is low. We are continuing to hone our staff's skills, with initiatives like our diversity training.

In collaboration with clients, we have developed a Bill of Client Rights, a document that articulates an exceptional commitment to the rights of clients. With excellent people, working together, we are prepared to advance on many fronts.

Looking ahead

All in all, we are well positioned for the future. Our work is increasingly relevant, and we have come to look at health and illness in a broader way. Our holistic approach is pertinent to the changes coming to the Ontario health care system.

Moreover, we are entering this next stage in our development with a balanced budget. We have worked hard to be fiscally responsible while, at the same time, consistently expanding our programs. In a time of economic restraint, such an effort is fundamental to our survival. We have also secured a \$16 million planning grant for redevelopment of the Queen Street site, an accomplishment central to moving forward.

Finally, we are better connected—on a more meaningful and effective level—than ever before. Our relationships with other health care providers and provincial, national and international organizations continue to develop. We are strengthening our links to business, academia and government. This year we had significant visits from the Premier of Ontario, Dalton McGuinty; the Lieutenant Governor of Ontario, The Honourable James K. Bartleman; the Ontario Minister of Health and Long-Term Care, George Smitherman; and other cabinet ministers.

Looking back, we can be pleased with what we have accomplished. Looking ahead, we can be inspired by the prospects. Let us celebrate our partnerships and join together as a community to take the next steps onward.



JAMIE ANDERSON
CHAIR, CAMH BOARD OF TRUSTEES



PAUL GARFINKEL, MD, FRCP(C)
PRESIDENT AND CEO



l-r: Dr. Paul Garfinkel, President and CEO, CAMH; Jamie Anderson, Chair, CAMH Board of Trustees.

Partnerships and integration

From the 2003–2006 CAMH Strategic Plan, *From Discovery to Recovery: Transforming Lives and Promoting Health*: We will build respectful, collaborative and effective partnerships. We recognize that we are but one participant within the health care system, and our collective work is strengthened through partnership. Successful partnerships are characterized by mutual respect, effective teamwork and open communication. Our partnerships are internal (with clients, their families, staff, physicians and volunteers) and external (with local, provincial, national and international agencies and communities).

At CAMH, our organization is like a delicately woven tapestry—many patterns are integrated, in the end, to create something that is both beautiful and functional. The health of our organization and of the clients we serve is rooted in the partnerships we build—and how we weave together the threads of these partnerships into the highest-quality working relationships. Our network of relationships, both internal and external, allows us to accomplish much of what we do.

Since our founding partners merged in 1998, we have worked on strengthening links within the many areas of our own organization, from research and clinical care to health promotion and education. The strength of these links is now beginning to show, as we continue to find ways to bring our research to life: using it to build new approaches to treatment, using it to develop leading-edge resource materials and using it as a basis for our public policy. The result is more innovative and seamless client-centred programs.

We work with community partners across the province to reduce stigma, provide education and support innovation in prevention and health promotion. We work with family doctors, home support services, community agencies and other health care providers to ensure that clients and their families can receive the appropriate care and help they need, in their own communities.

Finally, we work with other addiction and mental health service providers and organizations, in addition to the Ontario Ministry of Health and Long-Term Care and other government agencies, in recognition of the importance of building a strong addiction and mental health system in Ontario. Over the past year, these relationships have been particularly rewarding, as we have seen our collaborations positively influence public policy and initiate broad system improvement.

We do not stand alone in the work that we do. The stories on the following pages reflect how a tapestry of partnerships and integration is helping us achieve our mission: to improve the lives of people affected by substance use and mental health problems and to promote the health of people in Ontario and beyond.

A new level of partnership

“I believe that what we have ended up with is the best of its kind in Canada,” states Jennifer Chambers, Empowerment Council Co-ordinator, CAMH. “The Bill of Client Rights is a very important document and has generated a great deal of interest from patient councils across the province that would like it to serve as a model.”

On December 9, 2004, CAMH’s Board of Trustees passed the Bill of Client Rights. This document asserts and promotes the dignity and worth of all people who use CAMH services. CAMH staff, the Empowerment Council and many clients negotiated and collaborated to create the Bill of Client Rights. The process was long—more than three years—but very inclusive. It involved five CAMH-wide consultations, meetings at each of the sites, visits to addiction groups and inpatient wards, and mailed questionnaires.

Turnout at all of the meetings was good, reflecting the fact that client rights are central to client concerns. “The process was surprisingly inclusive and frank,” says Beamer Smith, Co-chair of the Empowerment Council. “Everyone was very straightforward. Both front-line staff and the common man went into the making of it.”

The document went through many versions, each incorporating feedback from clients, family members and CAMH staff. “It took a lot of goodwill on both sides to come up with something meaningful,” says Jane Paterson, Deputy Chief of Professional Services, CAMH. “Each side gave a lot.”

The final Bill of Client Rights sets high standards for the treatment of clients. It is intended to create an environment at CAMH in which clients will feel safe and empowered to express their needs. Along with its adoption by the Board of Trustees, the Bill of Client Rights is accompanied by an implementation plan that includes a process to deal with complaints, as well as training both for clients and staff.

Jennifer Chambers, Empowerment Council Co-ordinator: This Bill of Client Rights is reflective of the law and of professional standards. But more than that, it was created by clients out of our deeply felt need to be treated with respect and dignity, and to feel safe—especially when we are at our most vulnerable.

Training for employment opportunities

Meaningful work is important, not just as a source of income, but also for its effect on people's self-esteem and sense of well-being. Yet people recovering from mental health and substance use issues face significant barriers to finding employment and opportunities to upgrade their skills. At CAMH, a group of dedicated staff and clients are working hard to change this situation.

In 2002, staff in the Vocational and Educational Rehabilitation Services and the Client Employment Initiative at CAMH began discussions with George Brown College about working together to develop a training program in food services. In February 2003, the team approached the Ontario Disability Support Program, which agreed to provide Innovative Project funding to develop a program and to create an action plan. During this initial stage, we held extensive consultations. Many educators, hospitality industry experts, addiction and mental health professionals, other community representatives and over 60 consumer/survivors participated in the discussions.

Out of the process, the Assistant Cook Extended Training Program (ACET) was born. This two-semester, certificate program at George Brown College combines education, work placements and ongoing support to help people recovering from substance use and mental health problems take the first steps toward mainstream employment in the food service industry.

From the application process right through to program evaluation, George Brown College and CAMH have worked jointly to make ACET a success. While George Brown focuses on the curriculum and program delivery, CAMH provides clinical support and consultation as well as work placements for students. Marci Rose, Acting Manager, Vocational and Educational Rehabilitation Services and Staff Lead for the Client Employment Initiative at CAMH, sees a clear benefit in pooling resources; she says, "through our shared commitment, we can offer an exciting, innovative program to meet the needs of people with addiction and mental health issues that wouldn't otherwise be met."

The first group of students graduated in December 2004. Tony Priolo, ACET Program Manager at George Brown College, offered generous praise, saying, "their marks were exceptionally high and the overall response from work placements was great—the students were professional, with good skills and a strong work ethic. I am very proud of their effort and what they have achieved."

Michael Lane, ACET Graduate and Assistant Cook, CAMH Cafeteria: It was a great program, and a good stepping stone. After the first semester, they interviewed the students to find out how they could make it better for us and then they addressed those needs—accommodation, more computer time, whatever. It was challenging and really improved my culinary skills. I can never forget what it did for me. It gave me a chance. I'm so happy.



l-r: Michael Lane, ACET Graduate; Tony Priolo, ACET Program Manager; Marci Rose, Acting Manager, Vocational and Educational Rehabilitation Services and Staff Lead, Client Employment Initiative, CAMH.

The Honourable James K. Bartleman, Lieutenant Governor of Ontario:
As a poetic image and a living process, metamorphosis implies change.
And change is the one constant in our lives. It is an ideal subject for
artists undergoing personal transformation, especially those on a healing
journey towards mental health.

From Myth to Muse

By its very nature, art transforms: concrete objects are made abstract; nature is changed to artifact; concepts are represented through visual or performing arts.

This year's Metamorphosis Festival celebrated the vibrancy of the many types of artistic transformation that take place in Toronto. As a vital part of this city's arts community, CAMH's Workman Theatre Project (WTP) was invited to participate.

Because the Jean Simpson Studio at CAMH's Queen Street site was just opening, Lisa Brown, the artistic director of WTP, saw an excellent opportunity to feature artists who used the studio. All artists who are part of the Jean Simpson Studio receive services from CAMH.

The idea of collaboration with visual artists intrigued those working in the world of baroque music. "We are highly specialized and isolated," says Alison Mackay, the principal bassist for the baroque orchestra Tafelmusik, and the artistic director for the Metamorphosis Festival. "The idea of the festival was to come out of our isolation and see how collaboration would affect us. It changed our dynamic. We learned a lot of interesting things and found artistic inspiration in the work of these very talented and gifted artists."

The result of the collaboration was a concert and an art exhibition.

The concert, *From Myth to Music*, featured excerpts from works by Monteverdi, Purcell, Handel, Rameau and Marais—great baroque composers who were inspired by Ovid's *Metamorphoses*.

To keep with the festival theme, WTP commissioned nine giant paintings, also inspired by stories from *Metamorphoses*. *From Myth to Muse* was initially shown at Trinity–St. Paul's Centre with Tafelmusik's *From Myth to Music* concert series (February 24–27, 2005). "Workman Theatre was an amazing partner for us," says Alison. "They were very inspiring. Tafelmusik has never before had a visual arts component, and it was really exciting. The paintings added a great, great deal to our performance."

Contributing artists were Alan Parker, Donna Husiak, Christopher Hogue, Henry B. Benvenuti, Peter Smith, Pavel Janacek, Margaret Shaw and Stephanie Ann. The concert ran three evenings, with one matinee. John Ralston Saul, honorary patron, spoke and attended the opening, and actor R.H. Thomson narrated the stories during each performance.

"It was absolutely magical," says Lisa Brown. "It was one of those events where everything comes together perfectly. The partnership with Tafelmusik was absolutely exquisite."

The collaboration was not limited to the three evenings of the concert—the work of these artists continues to be brought to a much wider audience. After the initial concert, the paintings were shown at the festival's March performance of the Toronto Consort, an ensemble dedicated to music of the Middle Ages and Renaissance. From May 18th to 30th, the exhibition moved to the Paper Mill Art Gallery at Todmorden Mills Heritage Museum. This fall, the exhibition will be on display at the Ontario Lieutenant Governor's suite for six months.



l-r: Alison Mackay, Artistic Director, Metamorphosis Festival; Pavel Janacek, Jean Simpson Studio Artist.

Getting help should be easy

Access to addiction programs and mental health care is difficult. It can often be hard to co-ordinate services effectively in a system that relies both on hospitals and on a broad range of community programs and agencies.

In the General Psychiatry Program's new Consultation, Assessment, Triage and Support Program (GPP/CATS), a team of staff, called liaison clinicians, helps guide new clients through the sometimes-overwhelming array of emergency, assessment and short-term follow-up services.

The liaison clinicians draw on many services, inside and outside of CAMH, to ensure that clients receive the best and most co-ordinated treatment and support possible. Depending on individual needs, a new client may be referred to one or more of CAMH's specialized programs or linked to a community agency.

To help make this happen, GPP/CATS is developing links and partnerships with a wide range of mental health practitioners across the province. Because CAMH provides services to a diverse population, the team is especially interested in developing partnerships in the area of ethno-specific services.

Internally, GPP/CATS has also been spearheading specialized diversity training for staff. This training has been designed to increase front-line clinicians' confidence in cross-cultural practice, by supporting them with the knowledge and skills to better understand and manage socio-cultural issues—and offer culturally competent care—in the clinical setting.

Working groups to develop, implement and evaluate the training include staff from GPP/CATS and from other areas of CAMH, such as Addiction Programs; the Diversity Programs Office; Education and Publishing; the Office of Professional Practice; Culture, Community and Health Studies; and Social Prevention and Health Policy Research.

GPP/CATS has also been involved in developing two other partnerships: The ER Hospital Alliance Partnership, which links five GTA hospitals in a network of full-service mental health and addiction emergency rooms and offers clients and their families emergency care closer to home; and PASS, a project to develop a coordinated access system for community-based mental health support services in North York and Scarborough.

Lorri MacIntyre, GPP/CATS Client: I have worked with a number of care providers, all of whom were very empathetic. They have done an excellent job of integrating my care and linking me with appropriate follow-up services and resources. This has played a significant role in my recovery.

Karen O'Connor, Director of Specialized Services, Canadian Mental Health Association: Without a co-ordinated approach, we can't provide proper treatment. The beauty of bringing together partners is that it is one system. Together, we are building a network of early intervention services for clients with mood disorders.

Broadening the continuum of care

When most people think about psychosis—a severe break from accepted reality, characterized by symptoms such as hallucinations or delusions—they commonly, if not always, associate it with schizophrenia.

However, psychosis can be caused by other disorders, including mood disorders such as severe bipolar disorder or depression. While a holistic, multidisciplinary approach has been in place for years for people with schizophrenia, no parallel system has yet existed for people with psychosis related to mood disorders. Traditionally, people with mood-related psychosis have been treated within schizophrenia programs. The Early Mood-Psychosis Case Management System, the first of its kind in Canada, is setting out to change that.

Recently, the Canadian Mental Health Association–Toronto (CMHA) received funding from the Ontario Ministry of Health and Long-Term Care to address the need for a new approach for helping people with mood disorders. Now, the CMHA and CAMH's Schizophrenia, Mood and Anxiety, and First Episode Psychosis programs are partnering to develop a comprehensive system of care.

While treatments, outcomes and support systems for people with mood disorders are different from those of people with schizophrenia, CAMH's Schizophrenia Program's extensive experience with setting up and running a multidisciplinary system is invaluable.

"We all agree that this is a difficult-to-treat population, and only a collaborative system-wide approach can be successful," says Dr. Arun Ravindran, Clinical Director, Mood and Anxiety Program, CAMH. "We know early intervention and support makes a very significant difference to the course and outcome of these illnesses."

Currently, CMHA has begun to assemble a case management team, which will include nursing staff, an occupational therapist, an addiction specialist, a social worker and a part-time psychiatrist. With their experience in community case management and extensive links to community agencies, CMHA is the perfect partner to handle ongoing arrangements for client care.

They will address the broad needs of clients: housing, employment or income support, family support, education, and social and peer support. They will also facilitate the transfer of care to community treatment providers.

CAMH's Mood Disorders Program will provide psychiatric support; beds for urgent admissions, diagnostic evaluations and medical stabilization; and day treatment resources for clients in the transition period. As the system evolves, CAMH will work with the CMHA to provide follow-up care and support, particularly for those clients with more severe illness.

David Kelly, Executive Director, Ontario Federation of Community Mental Health and Addiction Programs: In the past, our organizations have worked individually to some effect, but as a partnership of equals and a united front, we have clearly transformed the place of mental health and addiction in the health care system. It has been recognized as a number-one priority.

Bringing a voice to public policy

To say policy development at CAMH is all about teamwork is an understatement.

Today, our Public Policy team works across the organization—with CAMH Clinical Programs, Research, Systems Planning and Development, and Education and Health Promotion—to identify opportunities to influence government direction and policies in ways that will enhance the lives of people with substance use and mental health issues. As an organization with multiple mandates, we are in a strong position to influence public policy, and we see this as an important part of our work.

With the Ontario government's stated intention to transform the way health care is delivered, and with the City of Toronto preparing to introduce a drug strategy this year, in addition to imminent changes to the *Ontario Liquor Licensing Act*, it is an exciting time to be at the table. Much is at stake, and CAMH is privileged to be part of the process with a strong group of partners.

Specifically, CAMH has joined with the Canadian Mental Health Association—Ontario and the Ontario Federation of Community Mental Health and Addiction Programs to help shape the Ontario Ministry of Health and Long-Term Care's transformation agenda. Our sector is committed to working together with the Ontario government to ensure that addiction and mental health are an integral part of the delivery of health care so that we will have a system that meets the needs of people and families living with mental health and substance use issues.

CAMH is also working with the City of Toronto on a comprehensive drug strategy based on four pillars: prevention, treatment, harm reduction and enforcement. After a series of public and town hall meetings scheduled throughout the summer, the final report is expected to be tabled with city council before the end of 2005. During the process, CAMH has been very involved—contributing background papers and research and participating with other partners in the Toronto Drug Strategy Initiative workgroups—with the focus on promoting a balanced, integrated and comprehensive approach to addressing substance use issues in Toronto.

On another front, Ontario's liquor licensing laws are currently under review, with possible changes that will make alcohol more widely available. CAMH's Alcohol Policy and Research Group is working with other organizations, including the Ontario Public Health Association and Mothers Against Drunk Driving, to ensure the government is aware of the research that shows improved public health and safety if access to alcohol is controlled and centralized.

As a result of these and many other collaborative efforts, in such areas as smoking and problem gambling, advocacy for more supportive housing, health promotion and research advances, substance use and mental health issues are becoming more central to discussions about the health care system in Ontario.



l-r: David Kelly, Executive Director, Ontario Federation of Community Mental Health and Addiction Programs; Gail Czukar, Executive Vice President, Policy and Planning, General Counsel, CAMH.

Kim Sprague, Client: When I found out, it made sense of the things that were happening. There's an explanation and it's clinical. The syndrome is responsible for all 13 conditions that I have or have had. And, hopefully, one day there will be a cure.

Completing the big picture

From the colour of your eyes, to the shape of your face, to your height: your genes play a huge part in who you are.

A change in one gene can have many different results, this set of results is called a genetic syndrome. Research has shown a possible connection between some genetic syndromes and mental health problems. While such syndromes have sometimes been hard to detect, accurate diagnosis can help us to better treat and manage them. "The best, comprehensive care for our patients would include informed consideration of genetic issues," says Dr. Eva Chow, a psychiatrist in our Clinical Genetic Research Program (CGRP).

In many cases, CGRP staff can diagnose a specific syndrome. A genetic diagnosis often reveals "undetected health problems and a much more holistic approach to case management," says Dr. Anne Bassett, the director of the CGRP and a Canada Research Chair in Schizophrenia Genetics. "The treatment of associated medical problems, specific information about genetic risks, and an improved understanding of the underlying cause of the psychiatric illness, life-long learning difficulties and/or physical problems can help the patient, the family and the clinicians involved."

22q11 deletion syndrome (also known as 22qDS; so named because it affects an area on chromosome 22) is a genetic syndrome that affects about one to two per cent of people with schizophrenia. It is the first genetic syndrome that has been directly linked to schizophrenia and can be detected through a blood test.

A major focus of the CGRP is to research this and other genetic links to schizophrenia. Since 1993, Dr. Bassett and her team have been studying 22qDS. They have been following people with 22qDS and collaborating with other hospitals, including the Hospital for Sick Children, the University Health Network and other centres across Canada, to learn more about assessment, treatment and long-term outcomes for the syndrome.

In 2004, Kim Sprague was referred to the CGRP, where he was diagnosed with 22qDS. Throughout his life, he has had some of the health problems that can be part of the syndrome: problems with his heart, kidneys, thyroid, gallbladder, joints, eyesight, hearing and calcium level.

Add this to the onset of his schizophrenia in 1975, and it is obvious that Kim's life, despite the support of family, friends and a team of doctors and other clinicians, has not been easy.

Receiving a diagnosis has not only given Kim and his family a better understanding of his condition, but has also helped with his medical treatment. Calcium and vitamin D supplements have helped reduce feelings of tiredness and edginess, making a big difference in his overall well-being.

The CGRP, which partners with our Schizophrenia Program, sees many patients referred from CAMH and other hospitals for genetic assessment of mental health problems. For example, the Hospital for Sick Children refers older adolescents and adults with 22qDS to CAMH for psychiatric and general care. Community partners such as the Schizophrenia Society of Ontario or the G. Weston Foundation have provided further support, allowing the CGRP to translate research into clinical applications.



l-r: Kim Sprague; Dr. Anne Bassett and Dr. Eva Chow of the Clinical Genetic Research Program, CAMH.

Partners: The key to success

More than 20 years ago, Dr. Sherri MacKay recognized that juvenile fire setting was often related to mental health problems. In response, Dr. MacKay and her colleagues Dr. Joanna Henderson and Dr. Mark Hanson created The Arson Prevention Program for Children (TAPP-C). The program brought together fire service professionals and children's mental health professionals to work with children, teens and their families to stop inappropriate, fire-related behaviour.

From the beginning, the program relied on a partnership between local fire services, who provided fire safety education and identified children and teens who were at risk of having problems, and children's mental health counsellors, who provided risk assessment, treatment and follow-up.

Today, TAPP-C operates in over 50 communities throughout the province. Its success, in large part, is due to its continued emphasis on partnerships. TAPP-C and CAMH's regional staff have worked diligently with their communities to establish the program at the local level. Community steering committees involve representatives not only from local fire services and community mental health agencies but also from schools, service clubs, child welfare agencies, the police, courts, probation services and local businesses. Experience shows that the stronger and more varied the steering committee, the greater the likelihood of the program's success in the community.

"TAPP-C has been wonderful at tailoring the program to the community setting," says Dr. Kathy Sdao-Jarvie, Director of Clinical Standards and Development, Peel Children's Centre. "With their flexibility and help, we have been able to integrate screening and intervention into our ongoing, broad-based children's mental health practice."

Support for the program has come from across CAMH. While TAPP-C originated in the Child, Youth and Family Program, departments throughout CAMH, such as Education and Health Promotion and Research, have helped refine the program and develop and produce resource materials. Most recently, the TAPP-C clinical intervention manual was published for use by clinicians in children's mental health agencies.

Dr. Sherri MacKay, Director, TAPP-C Program, Child, Youth and Family Program: In a fairly short period of time, we have moved from an attitude of "kids will be kids" to the recognition that juvenile fire setting is a problem we all need to address. We are creating a new fire-safe generation by working on the problem at multiple levels—the individual, the family, the community and the province.



l-r: Janice Johnstone, Office of the Fire Marshall; Dr. Sherri MacKay, director of The Arson Prevention Program for Children, Child, Youth and Family Program, CAMH; Capt. Stephen Welowszky, Toronto Fire Services.

About CAMH

Financial snapshot

YEAR ENDED MARCH 31, 2005

Sources of revenue	\$
Ministry of Health and Long-Term Care	208,722,905
Out-of-province clients	444,587
Differential charges for preferred accommodation	217,871
Grants, contributions and donations	24,143,804
Ancillary	13,143,543
Amortization of deferred capital contributions	3,335,932
Interest	1,233,825
Total	251,242,467

Allocation of expenses	
Salaries, wages and employee benefits	191,794,664
Supplies, rent and other expenses	44,301,620
Depreciation	5,597,444
Rent	2,258,687
Drugs and medical supplies	3,690,146
Medical and surgical	3,397,614
Total	251,040,175
Excess of revenue over expenses before redevelopment grant	202,292
Redevelopment grant	2,062,916
*Excess of revenue over expenses for the year	2,265,208

*\$289,368 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, contact us at 416 535-8501 ext. 4250, or visit our website at www.camh.net/pdf/camh_financials2005.pdf.

CAMH by the numbers

(BASED ON THE FISCAL YEAR, APRIL 1, 2004–MARCH 31, 2005)

Clients

Unique ¹ clients	20,163
Inpatient admissions	3,113
Outpatient visits	441,390
Visits to Emergency Services	3,916
Average length of stay in days	50
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

CAMH staff	2,671
CAMH physicians	247
Research grants/contracts	289
Amount of research grants/contracts	\$34,539,374

Volunteers and donors

Volunteers (approx. per quarter)	873
Hours contributed by volunteers	341,943
Donors	3,227
Amount of donations	4,471,770

Information/Education

Calls to CAMH's R. Samuel McLaughlin Addiction and Mental Health Information Centre	46,893
Number of e-mail requests	968
People who participated in professional education, training or development courses	6,066
Visits to the CAMH website	1,452,717

Multi-faith information

Regular worship services in the multi-faith Spiritual and Religious Care Services serving diverse needs of CAMH's clients and staff	493
Special holiday services	23
People attending services	6,484
Faith groups	7

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.

¹ Unique: individual people who received care, regardless of number of visits.

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AS OF MARCH 31, 2005

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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 on our website at http://www.camh.net/about_camh/camh_sunshine_list2005.html.

PAHO/WHO Collaborating Centre in Mental Health and Addiction

CAMH continues into its second 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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Assessment Service 416 535-8501 ext. 7064	Emergency 416 535-8501 ext. 6885 Assessment Clinic 416 979-6878	Assessment Service 416 535-8501 ext. 6128	

Community Offices

Hamilton 905 525-1250	London 519 433-3171	Sault Ste. Marie 705 256-2226	Timmins 705 267-6419
Kenora 807 468-6372	North Bay 705 472-3850	Sudbury 705 675-1195	Toronto 416 535-8501 ext. 6028
Kingston 613 546-4266	Ottawa 613 569-6024	Thunder Bay 807 626-8111	Windsor 519 251-0500

Clinical Satellite Offices

501 Withdrawal Management 501 Queen St. West Toronto, Ontario 416 535-8501 ext. 7297	Dual Diagnosis Resource Service 700 Lawrence Ave. West Toronto, Ontario 416 535-8501 ext. 7800	Learning Employment Advocacy Recreation Network (LEARN) 1709 St. Clair Ave. West Toronto, Ontario 416 535-8501 ext. 7300	PACE West 3170 Lakeshore Blvd. West Suite 202 Toronto, Ontario 416 535-8501 ext. 7206
Aboriginal Services 393 King St. East Toronto, Ontario 416 535-8501 ext. 7652	Dual Diagnosis Service—Peel 1001 Queen St. West Unit 4, Room 470 Toronto, Ontario 416 535-8501 ext. 2870	Metro Addiction Assessment And Referral Service (MAARS) 175 College St. Toronto, Ontario 416 599-1448	Prevention through Risk Identification Management and Education (PRIME) Clinic 252 College St. Toronto, Ontario 416 260-4188
Archway 1451 Queen St. West Second Floor Toronto, Ontario 416 535-8501 ext. 7500	First Assessment Clinical Team (FACT)—Peel 30 Eglinton Ave. West Suite 755 Mississauga, Ontario 416 535-8501 ext. 7700	Psychogeriatric Assessment Consultation and Education (PACE) Central/East 1001 Queen St. West Room 1046 Toronto, Ontario 416 535-8501 ext. 3448	Problem Gambling Service 175 College St. Toronto, Ontario 416 599-1322
Central Link 393 King St. East Toronto, Ontario 416 535-8501 ext. 7670	Lakeshore Outpatient and Community Clinic 3170 Lakeshore Blvd. West Suite 201 Etobicoke, Ontario 416 535-8501 ext. 7233	PACE Peel 30 Eglinton Ave. West Suite 755 Mississauga, Ontario 416 535-8501 ext. 7716	Psychological Trauma Program 455 Spadina Ave. Suite 200 Toronto, Ontario 416 260-4147
Day Care, Assessment, Rehabilitation and Education (DARE) 95 Browns Line Toronto, Ontario 416 535-8501 ext. 7600			Spectrum 658 Danforth Ave. Suite 402 Toronto, Ontario 416 535-8501 ext. 7450

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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 Addiction and Mental Health Information Centre, volunteer-assisted telephone support line and 24-hour Information Line:

Ontario toll-free: 1 800 463-6273
Toronto: 416 595-6111

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