



Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

Advancing our vision

CAMH ANNUAL REPORT TO THE COMMUNITY 2008-2009

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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.

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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/2009/>

PAHO/WHO Collaborating Centre in Mental Health and Addiction

CAMH is in the second four-year term of its appointment as a Pan American Health Organization / World Health Organization Collaborating Centre in Mental Health and Addiction.



(L–R) Paul Beeston, chair, Board of Trustees, and Dr. Paul E. Garfinkel, CAMH president and CEO



Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

Mental health and addiction services at the threshold

MESSAGE FROM THE CHAIR AND THE PRESIDENT

In his 2002 bestseller, Malcolm Gladwell advanced the notion of a “tipping point”—the stage at which an idea or social issue begins to break into the wider public consciousness. We feel it’s a fitting way to characterize where we are in the advancement of mental health and addiction issues in our society today.

Eleven years after the organization’s formation, CAMH’s integrative vision is widely accepted. It is built on bringing mental health and addiction services together to advance specialized clinical care, multidisciplinary research and province-wide education, policy and health promotion. Our work is at a pivotal point—well on the way to making a real impact in many areas.

A good example of the kind of milestone you will read about in this year’s redesigned, web-friendly *Annual Report to the Community* is a historic \$15 million grant in 2008 from the Canada Foundation for Innovation that funds research into an integrated approach to transforming care. New funding for specialized urban Aboriginal addiction treatment is another mark of concrete advancement in culturally competent care. In these pages you will read about progress at the national level in dual diagnosis; homelessness and mental health; a focus on the economy and workplace mental health issues; and progressive, more holistic approaches to the treatment of schizophrenia.

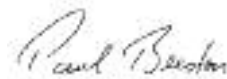
CAMH’s Strategic Plan, the blueprint to focus our energies in the challenging years ahead, has recently been refreshed to take us forward to 2012. An ambitious stakeholder consultation process helped us

to fine-tune our Strategic Directions and sharpen our focus in five areas:

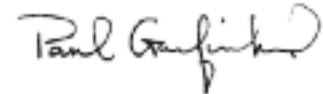
1. Advancing clinical specialization and transforming care;
2. Fostering a climate of discovery, innovation and knowledge exchange;
3. Building system capacity;
4. Developing and extending our resources;
5. Fostering a healthy workplace for our staff.

CAMH’s Primary Care Initiative is emblematic of this sharpened focus. Right now, many Ontario family health care providers lack the capacity to treat people with mental health and addiction problems. At the same time, many of our clients and other people with these problems lack access to primary health care. Our work to address both sides of this issue goes to the heart of how CAMH connects to the individual and, in turn, connects individuals to the system.

A tipping point is fundamentally a beginning—where change gains momentum. As we present our final *Annual Report to the Community* as Chair and President respectively, we are indeed gratified to see CAMH poised, forward-looking, for even greater progress in the service of the thousands of Ontarians and Canadians affected by mental health problems and addiction.




Paul Beeston
Chair, Board of Trustees



Paul E. Garfinkel, MD, FRCPC
President and CEO

Advancing a new model of care for schizophrenia

www.camh.net/annualreport20082009 

This year CAMH's Schizophrenia Program embraced a model of care that focuses on wellness and client-empowered recovery, introducing several progressive new initiatives to enhance the health and quality of life of clients living with this serious condition.

Peer support workers rounded out our Schizophrenia care team—new, specially trained staff who bring their own lived experience as consumers of mental health and addiction services. It's a non-traditional and unique role: relating to clients on a personal level as a partner who can help communicate to the interprofessional care team about their goals, recovery and challenges. By promoting clients' rights, identifying their strengths and connecting them to community resources, peer support workers enhance recovery, client-centred practice and a holistic view of health.

George Mihalakokos, a CAMH peer support worker, summarizes it this way: "We are an example of what recovery can look like."

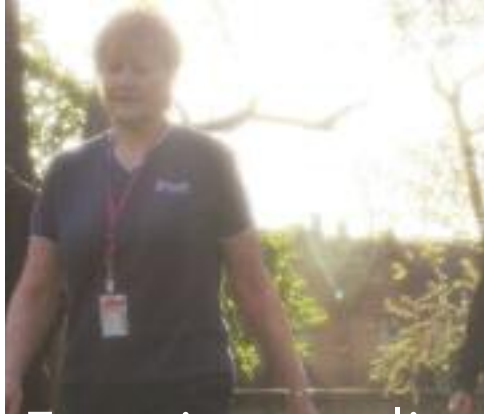
While older antipsychotic medications can cause distressing movement disorders, many of the newer drugs for schizophrenia can lead to diabetes and serious weight gain, which can shorten life. A new **wellness initiative** in the Schizophrenia Program is tackling these issues with a holistic approach to health: providing metabolic monitoring of clients' physical well-being; health promotion and support; and specialized care for those who have both a psychotic disorder and a challenging substance use problem.

Research at CAMH into complementary therapies for clients with schizophrenia is also exciting. Cognitive-Behavioural Therapy has just been introduced for clients experiencing psychosis. Client and therapist collaboratively explore distorted thinking and the behaviours that result in order to improve coping strategies and reduce the distress of psychotic symptoms. An **Early Intervention Program** for young people experiencing their first episode of psychosis is another effective component of CAMH's clinical programming. And with the population of older adults with schizophrenia expected to double over the next two decades, CAMH's

Geriatric Mental Health Program is conducting research on a number of fronts. We offer Canada's only Cognitive-Behavioural Social Skills Training—a treatment to improve functioning for older people with late-onset schizophrenia, which involves no medication. Repetitive Transcranial Magnetic Stimulation therapy (rTMS), a new non-invasive treatment, is also being offered to older people with late-onset schizophrenia and depression (*see page 5*).

In the first ever neurochemical Positron Emission Tomography (PET) study in older adults with schizophrenia, CAMH's Dr. David Mamo and his colleagues found that older patients experience neurological side-effects from antipsychotic drugs at a lower drug binding level in the brain than younger patients. There is an urgent need to **identify the lowest effective dose of antipsychotic medication** for older people that maintains wellness while minimizing the risk of adverse effects. Dr. Mamo's next series of studies will contribute to this important goal.

It can be difficult to find appropriate care in the community for older adults with serious mental health challenges such as schizophrenia. This year CAMH is partnering with LOFT Community Services on a **transitional housing project**, with CAMH specialists providing the higher level of supports necessary to allow a number of CAMH psychogeriatric patients to live successfully in the community. This project will allow CAMH to treat more clients.




Focusing on clients' strengths and wellness





Dr. Bruce Ballon of the Adolescent Clinical Education Service (ACES) for Problem Gambling, Gaming and Internet Use

Providing cutting edge clinical services

www.camh.net/annualreport20082009 

As our understanding and experience of complex mental illness and addiction rapidly evolve, we are continuously innovating our treatment programs to better reflect the latest best practices.

The past year has seen an increased public focus on Internet addiction and other disturbing aspects of youth culture and the wired world. CAMH is the only hospital in Canada with a specialized holistic program aimed at meeting the unique needs of children and youth at risk from these rapidly changing aspects of modern life. According to Dr. Bruce Ballon of the **Adolescent Clinical Education Service (ACES) for Problem Gambling, Gaming and Internet Use**, young people's problems with Internet use and online gambling may develop because they use these habits as coping strategies for existing mental health issues. While the technology itself likely does not cause the issues, its use highlights underlying problems and interacts with a person's unique circumstances. CAMH's innovative ACES program helps identify young people who are actively affected by these "process addictions" as well as those who are at risk, and provides

holistic treatment tailored to a person's individual circumstances.

Another innovation that made an impact on people's lives this year was CAMH's partnership with MindCare Centres of Canada to deliver **repetitive Transcranial Magnetic Stimulation** therapy (rTMS) to CAMH clients on a pro bono basis. This non-invasive form of brain stimulation—which is not covered by provincial health insurance—relieves the symptoms of depression by sending electromagnetic pulses through the skull to specific brain centres. CAMH's Dr. Jeff Daskalakis pioneered research in rTMS, and has demonstrated its effectiveness in treating depression in many people who cannot tolerate antidepressant medications or who do not respond to them.

Another alternative approach pioneered at CAMH is the extensive work of Dr. Zindel Segal (*pictured on page 11*) in **Mindfulness-Based Cognitive Therapy (MBCT)**, a sophisticated treatment for depression. MBCT integrates elements of Cognitive-Behavioural Therapy with mindfulness meditation. Designed to enable clients to




Dr. Jeff Daskalakis explains his innovative rTMS therapy on *CTV News*

notice their "triggers" sooner and to prevent recurrence of depression in those who are in recovery, this therapy garnered international media attention this year. Dr. Segal is currently conducting a clinical trial to assess whether MBCT can prevent recurrence as effectively as antidepressant medications.

Other examples of cutting edge clinical services include CAMH's **Women's Inpatient Unit**, which provides trauma-informed care using the "sanctuary" model to women who have a history of abuse or trauma and have been diagnosed with a mood disorder. Yet another is our newly expanded **Multilingual Problem Gambling Service**, a partnership between CAMH, COSTI Immigrant Services and a number of community agencies, which now makes culturally appropriate problem gambling services available throughout Ontario in 17 languages.

Dual diagnosis—a hard-to-treat population breaks through

www.camh.net/annualreport20082009 

Imagine that a relative has been diagnosed with a mental health problem—say, depression, bipolar disorder or schizophrenia. Then imagine that he or she already has a developmental disability—Down syndrome, fetal alcohol spectrum disorder, autism or maybe a brain injury that occurred in childhood. That's the reality of dual diagnosis—the most common and devastating combination of disorders that you've probably never heard of.



Experts believe 38 to 50% of people with developmental disabilities go on to develop a mental health problem. Experiencing the combined effects of two of our society's most stigmatized health problems places members of this population in a "double jeopardy" that has kept their issues hidden in the closet and off the public's radar for far too long.

This year Susan Morris, clinical director of CAMH's Dual Diagnosis Program, spearheaded the formation of a **National Coalition on Dual Diagnosis**: a group of people with dual diagnosis, their families and service providers. The coalition will work for a more humane response to the needs of this population through their inclusion in Canada's upcoming National Mental Health Strategy. With hundreds joining the coalition as soon as it was launched, dual diagnosis is clearly an issue whose time has come.


CAMH's Dual Diagnosis Program, which serves up to 300 people a year, works toward the goal of rehabilitating clients so they can return to

their families or to community living. People with dual diagnosis are likely to have severe and complex symptoms, poor physical health and difficulties with verbal communication. Some express their emotions through aggressive behaviour or self-injury. Research indicates that between 10 and 15% of Canadians who are homeless or inadequately housed have a dual diagnosis.

CAMH researcher Dr. Yona Lunsky is studying the use of hospital emergency rooms by adults with developmental disabilities during a psychiatric crisis, as well as the experience of families in crisis. More than 30 community agencies in Toronto, Peel Region and Kingston are participating, and this research will inform policy on how to serve members of this vulnerable population to better meet their mental health needs.

Dual diagnosis has been overlooked for far too long. What changed this year is that clients, families and service providers have now found their national voice.

Mental health and addictions research turns the corner

www.camh.net/annualreport20082009 




(L–R) University of Toronto dean of medicine Dr. Catherine Whiteside; CAMH physician-in-chief Dr. Benoit Mulsant; CAMH vice-president of research Dr. Bruce Pollock; MP and parliamentary secretary to the federal minister of industry Dr. Colin Carrie; president and CEO of CFI Dr. Eliot Phillipson; and CAMH president and CEO Dr. Paul Garfinkel

A landmark \$15 million grant for research at CAMH from the Canada Foundation for Innovation (CFI) marks a crucial turning point in advancing our understanding, treatment and prevention of mental illness and addiction.

The grant from CFI's Research Hospital Fund—Large-Scale Institutional Endeavours, the largest in CAMH's history, allows us (with additional support from donors to the CAMH Foundation) to embark on a \$38 million project, which focuses on transforming lives across six research themes: schizophrenia, mood disorders, addiction, community health and knowledge exchange, neuroimaging, and pharmacogenetics and neuroscience. This pioneering project will address key issues such as:

- optimizing treatment across mental health and substance use disorders, including the development of customized treatment based on molecular and genetic findings
- translating discoveries into improved clinical practice and prevention and intervention strategies
- reaching out to underserved and understudied communities such as First Nations, remote populations, employees, women, older adults, adolescents and children
- reducing the health care costs and social burdens of mental health and addiction problems, while creating opportunities for commercialization and specialized employment.

Research breakthroughs and discoveries

www.camh.net/annualreport2008&2009 

CAMH scientist **Dr. Arturas Petronis**, head of the Krembil Family Epigenetics Laboratory, further advanced the groundbreaking field of epigenetics this year with an important study of twins, reinforcing the recent discovery that DNA may not be the only means by which biological characteristics may be inherited. Epigenetics—the field of molecular biology studying the substances that “coat” and control genes—may also account for some inherited physical traits and diseases. This explains why one identical twin may develop an illness such as schizophrenia, when the other twin does not.



Dr. John Vincent



Dr. Kwame McKenzie



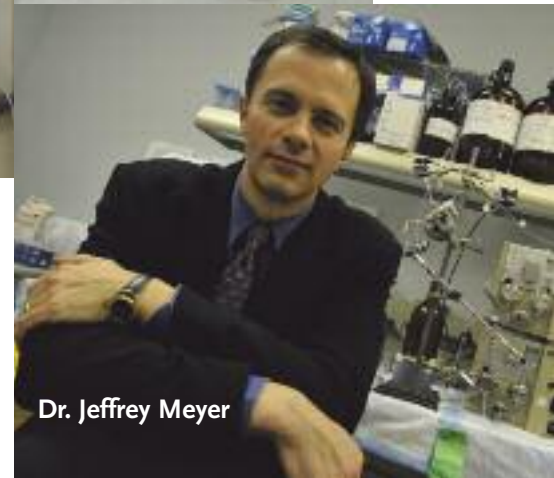
Dr. Paula Goering



Dr. Arturas Petronis



Dr. Jürgen Rehm



Dr. Jeffrey Meyer

Under the research guidance of CAMH's **Dr. Paula Goering**, the Mental Health Commission of Canada's \$110 million homelessness research initiative is implementing a five-city demonstration project that will find ways to help the growing number of homeless people who have a mental illness.

"It's unlike anything else that anyone in the mental health field has been able to do before," says Dr. Goering. The project will allow researchers and community agencies to work together to provide both housing and support, and to study the impact of the initiative.

CAMH's **Dr. Kwame McKenzie**, **Kwasi Kafele** and **Dr. Ted Loh** are leading a national consultation on behalf of the Mental Health Commission to address the impact of changing demographics on our mental health system. The working group is holding Internet consultations, supplemented by regional forums across Canada.

A team led by **Dr. John Vincent** discovered a gene that is involved in a form of intellectual disability that combines mental retardation with the eye defect retinitis pigmentosa. This scientific advance will help us to better understand the developmental and biological processes involved in brain development, and may help identify ways to diagnose and treat intellectual disabilities.

CAMH scientists again made significant strides in advancing our understanding of the risk factors and costs associated with alcohol. **Dr. Jürgen Rehm** drew national attention with the release of the pioneering study *Avoidable Cost of Alcohol Abuse in Canada*. The study estimated that putting in place six reviewed interventions would save 800 lives per year (equivalent to almost 26,000 years of life lost to premature death), as well as 88,000 acute care hospital days and \$1 billion in costs. The study—which shows that direct health care costs for alcohol abuse are higher than those for cancer—is Canada's first systematic estimate of the avoidable costs of alcohol abuse, and the first study of its kind in the world.

Another study, co-led by Dr. Rehm and scientists in Germany, identified that the compound acetaldehyde—produced when alcohol breaks down in the body—is the underlying cause of alcohol's carcinogenic qualities for head and neck cancers.

CAMH researcher **Dr. Samantha Wells** led a study calling attention to the phenomenon of "pre-drinking"—consuming large amounts of alcohol before going out—which may be increasing risky behaviours in younger people.

New data in the **Ontario Student Drug Use and Health Survey's Mental Health and Well-Being Report** (OSDUHS 2007), released by CAMH last year, revealed that about seven per cent of students in grades 7 to 12 reported participating in a thrill-seeking activity called the "choking game," which involves deliberate self-asphyxiation or choking by someone else to experience a euphoric effect.


Overall, the report showed a stable but high rate of psychological distress among Ontario youth, with 31% of students reporting symptoms of depression, anxiety or social problems. About 21% of students visited a mental health professional at least once during the previous year, a significant increase from 12% in 2005.

In the first study of its kind in the living human brain, **Dr. Jeffrey Meyer** and his colleagues discovered higher levels of serotonin transporter (a protein that removes the brain chemical serotonin) in the brain in winter than in summer. These findings help our understanding of seasonal mood change in healthy people, vulnerability to seasonal affective disorder (SAD) and the relationship of light exposure to mood. CAMH scientists **Dr. James Kennedy** and **Dr. Robert Levitan** have also made major contributions to our understanding of the underlying causes and effects of SAD and to the development of emerging treatments.



(L-R) Dr. Eilenna Denisoff and Dr. Katy Kamkar of CAMH's Work, Stress and Health Program

Economic insecurity and mental health: Recession and depression

www.camh.net/annualreport20082009 

The current economic turmoil is expected to worsen mental health problems such as anxiety and mood disorders, placing CAMH expertise in high demand. Our clinicians, research scientists, health promoters and educators are poised to help address the mental health impact of the worst recession in decades. They are also regularly called upon by media across the globe to provide expert commentary on matters related to work, stress and mental health, especially in the context of the economy.

CAMH's **Psychological Trauma Program** and **Work, Stress and Health Program** use specialized multidisciplinary approaches to meet the mental health needs of injured workers. As well as providing comprehensive psychiatric and psychological assessment, treatment and disability management services, they also work with employers to promote and maintain mental health and to combat stigma in the workplace.

"For some people, additional stress from any source will push their ability to cope over the limit," says Dr. Eilenna Denisoff, treatment leader of the Work, Stress and Health Program. "What we already know with episodes of anxiety, depression and even psychosis is that, often, these major illnesses are preceded by increased levels of stress."


Health economist and Research Chair Dr. Carolyn Dewa, head of CAMH's **Work and Well-Being Research and Evaluation Program**, studies workplace pressure and mental health. The prevalence and cost of mental illness and addiction in the workplace is enormous: fully one-third of work-related productivity losses can be attributed to depression alone. The impact of health promotion and early intervention when an employee first shows signs of mental illness has proven to be positive. "Time off for sick leave goes down, and so do employers' costs. Investing in workers' mental health helps both the individual and the bottom line," says Dr. Dewa.



Dr. Carolyn Dewa of CAMH's Work and Well-Being Research and Evaluation Program speaks at Café Scientifique, a forum funded by the Canadian Institutes for Health Research (CIHR) on mental health and wellness challenges in the workplace, with Dr. Zindel Segal, head of CAMH's Cognitive Behaviour Therapy Clinic (*featured on page 5*)

Researchers under the direction of CAMH's Dr. Carol Strike are studying how the social and structural dimensions of the workplace affect staff with mental health or addiction challenges. CAMH researchers are also focused on the effect of ethnocultural issues on mental health and the impact that economic insecurity and unemployment have on newcomers to Canada. Worldwide, the implications of underemployment and unemployment were the subject of the World Health Organization's Employment Conditions Knowledge Network, chaired by CAMH's Dr. Carles Muntaner and Dr. Joan Banach.

Advancing addiction and mental health in the health care system

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Methadone campaign advances the battle against stigma

Betty-Lou Kristy watched helplessly as her son Pete spiralled downward into an addiction to opioid prescription drugs—Percocet, OxyContin, morphine—that dulled his physical pain and calmed another pain that included depression, anxiety and panic attacks.

Sean Winger's need for opioids turned into an expensive four-to-five-pill-a-day habit. "That's when I phoned a methadone clinic," Sean said.

Betty-Lou lost Pete to a multiple drug overdose. He couldn't defeat the withdrawal symptoms that methadone maintenance treatment (MMT), unavailable to him at the time, is meant to alleviate.

This year CAMH launched **Methadone Saves Lives**, a province-wide effort to increase the availability of MMT and to combat the stigma of opioid addiction. That stigma too often bars people like Pete or Sean from seeking help, or medical professionals from offering it. The campaign complements the work of CAMH's regional consultants and community partners in addressing the lack of treatment and the barriers to seeking help.

CAMH distributes the documentary **Prescription for Addiction** as another way of building methadone awareness. Visit methadonesaveslives.ca.



Sean Winger and Betty-Lou Kristy

CAMH received funding from Ontario's Ministry of Health and Long-Term Care to partner with the College of Physicians and Surgeons of Ontario, the Ontario Pharmacists Association and the Registered Nurses Association of Ontario to develop professional training tools, raise awareness of the benefits of MMT and engage community stakeholders.

"Opioids are a growing problem in our communities," says Dr. Peter Selby, clinical director of CAMH's Addictions Program. "This is a concrete step to fight stigma and to promote the use of a treatment practice across Ontario that comes from evidence-based research."

Today, both Sean and Betty-Lou volunteer with the Halton Methadone Committee, working to combat the stigma of opioid addiction and building local support for a MMT facility.



**Gail Czukar, CAMH's executive vice-president
of Policy, Education and Health Promotion**

Public policy progress

CAMH responded to the Mental Health Commission of Canada's draft framework for a national mental health strategy, expressing support for its goals and commenting on key implementation priorities: more affordable housing, improved integration of mental health and addiction services, more attention to primary care, and recognition of the important role of forensic mental health services in delivering care.

CAMH played a leading role in developing a National Treatment Strategy for addiction, calling for a tiered continuum of services and supports to better serve thousands of Canadians facing alcohol and other drug problems.

CAMH again lead advocacy for policies to address the harmful effects of alcohol—calling for changes in alcohol and road safety, policies to make bars safer, recognition of the risk of cancer, and policies on the regulation of special events involving alcohol.

As co-chair of the Canadian Executive Council on Addictions, Gail Czukar, CAMH's executive vice-president of Policy, Education and Health Promotion, participated in the Canadian delegation to the Commission on Narcotic Drugs, which reviewed the last 10 years of international drug policy and set the agenda for the next decade.

Working with provincial partners representing mental health clients and community services, CAMH advocated for community-based initiatives to improve the treatment of people needing urgent care for mental health and addiction problems, and to reduce waiting times in emergency rooms across the province.

Advancing primary care

CAMH moved this year to address the lack of access to primary health care for clients and other people with mental health and addiction problems. Our Primary Care Initiative will also help build the capacity of family health care providers throughout Ontario to manage mental health and addiction issues. Among the strategies to


move this forward are policy and advocacy work and collaborative care initiatives to better integrate the mental health and addiction fields, both within and outside of CAMH.

Building capacity globally

CAMH's Office of International Health leads efforts the world over to build capacity to address mental health and addiction issues, training all over the Americas and as far afield as Nigeria and Sri Lanka.

Of particular note this year were leadership capacity training sessions in mental health and addiction for public and academic health professionals from across the Americas, presented in collaboration with 10 universities in the region. A team led by CAMH scientist Dr. Norman Giesbrecht also helped develop a national alcohol policy for Chile, and CAMH worked with the Pan American Health Organization and the World Organization of Family Physicians to hold a mental health and addiction think tank for more than 100 health care professionals.

Integrating CAMH with the community

www.camh.net/annualreport20082009 

Across the province. CAMH Provincial Services staff provide a broad range of training, health promotion and prevention services across Ontario. With staff located in more than 25 towns and cities across the province—from Ottawa to Kenora, Windsor to Kapuskasing—our services help communities prevent substance use problems and suicide, strengthen at-risk families, tackle depression in young women and promote smoke-free communities, to name just a few initiatives. With the older population expected to double over the next two decades, **CAMH in the Community** events this year addressed local capacity for reducing harms from addiction and mental health problems in older adults. The 10th **Annual Mental Health Conference** hosted by George Brown College in Toronto focused on concurrent disorders, while CAMH's annual **Pamela Fralick Community Information Forum on Addiction** featured a blue-ribbon panel on harm reduction.

In underserved areas. A dozen CAMH psychiatrists regularly fly in to remote underserved communities such as Baffin Island and Sault Ste. Marie to provide clinical services,

education and support under the University of Toronto's Psychiatric Outreach Program. Our physicians also treat complex cases remotely through online telepsychiatry.

In workplaces. CAMH staff meet with employers such as Tim Hortons and Scotiabank to promote employment opportunities for clients, or to talk about mental illness and addiction in the workplace. Scores of enthusiastic workers from employers like PCL Constructors Canada and Direct Energy participate in CAMH's popular Corporate Volunteer Program, helping transform our hospital (and themselves) by engaging with clients in sports, gardening and other recreational activities.

In schools. The "Fourth R" program, developed by CAMH's **Centre for Prevention Science** in London, Ontario, uses open dialogue and role-playing to help Grade 9 students make better choices about substance use, sexual relationships, dating and peer violence. Our curriculum guide *Educating Students about Drug Use and Mental Health* provides teachers with ready-to-use lesson plans, and our staff go

into schools to talk with students and parents about drug use, high-risk behaviours and body image. CAMH also operates a **mental health treatment classroom** within a school in the Toronto District School Board for children in grades 1 to 3 who have shown early signs of mental health problems or who are at risk.

In the nightclub district. This year CAMH senior scientist Dr. Kathryn Graham and program consultant Janet McAllister co-chaired a summit on nightlife, drinking and violence. The event brought together bar and club owners and staff, scientists, police, regulatory representatives, public health workers, policymakers and others to discuss current research and practices.

In the media. CAMH expertise regularly reaches the public through the media, with references to the organization appearing in an average of seven news stories every day. Our experts engage with local, national and international media to inform, educate or challenge—or to debunk myths—on a broad range of mental health and addiction issues. This year we were especially proud of the contribution of senior medical

advisor **Dr. David Goldbloom** and many other staff and clients to *The Globe and Mail's* award-winning "Breakdown" series on mental illness.

In community research. Our Community Research Capacity Enhancement Program identifies critical emerging disparities in diverse communities and helps build research capacity there. Dr. Samuel Noh worked with the Thai Society of Ontario to identify the multiple social and ethnic health barriers that prevent members of the Thai community from accessing mental health and addiction care. Dr. Lori Ross worked with Toronto's Sherbourne Health Centre on an Ontario-wide study of the health care experiences of bisexual people and the far-reaching negative effects of discrimination on their mental health and well-being.




CAMH is out in the community in



many—sometimes surprising—places



A turning point for diversity, respect and health equity

www.camh.net/annualreport20082009 

Specialized Aboriginal addiction treatment— a “community of healing”

CAMH’s Addictions Program received funding this year to develop specialized addiction treatment for Aboriginal people, the result of nearly nine years of working to strengthen relationships with Toronto’s three main Aboriginal agencies.

Funding comes from Ontario’s Ministry of Health and Long-Term Care, and the Aboriginal Health Transition Fund’s Ontario Adaptation Plan, through the Toronto Central LHIN, with treatment expected to begin in fall 2009.

Buy-in, trust and partnership with the Aboriginal community were essential factors in establishing a program that could succeed, according to Dr. Peter Menzies, clinic head of CAMH’s Aboriginal Services, who spearheaded outreach to Anishnawbe Health, The Meeting Place and the Native Men’s Residence (NaMeRes).

The inclusion of a room specially adapted to hold the traditional smudging ceremony by an Aboriginal elder demonstrates the emphasis on building a community of healing. The program is the first of its kind, welcoming a mainstream model of treatment but cherishing the Aboriginal one.

“The specialized treatment and emphasis on culturally competent care is emblematic of the renewed emphasis CAMH is placing on advancing specialized clinical care in its revised Strategic Plan,” says Dr. Peter Selby, clinical director of the Addictions Program.



(L–R) Peter Menzies, clinic head of CAMH’s Aboriginal Services; Judith Tompkins, executive vice-president of Programs and chief of Nursing Practice and Professional Services; and Dr. Paul Garfinkel, CAMH president and CEO



(L–R) Cree Elder Vern Harper, Kara Greenleaf and Jeff D’Hondt, manager of Aboriginal Services, perform a traditional smudging ceremony in a room that was specially adapted at CAMH’s Addictions Program for Aboriginal clients



CAMH staff working to strengthen relationships with the LGBTTTIQ community: (L–R) Dr. Jim Cullen, Rainbow Services; Diana Capponi, Education Services; Sophia Bishop and Kwasi Kafele, Diversity Program; and Dr. Tim Guimond, Rainbow Services

Taking steps with LGBTTTIQ communities

CAMH worked on several fronts—including Dr. Lori Ross’s work with the bisexual community profiled on page 15—to advance a new strategy to better engage LGBTTTIQ (lesbian, gay, bisexual, transgender, transsexual, two-spirit, intersex and queer) communities and strengthen relationships with them.

A CAMH team received federal funding to develop **culturally adapted Cognitive-Behavioural Therapy** guidelines for working with both English- and French-speaking clients of Latin American or African Caribbean origin.

CAMH’s Social Equity and Health Research section is addressing the dearth of research into the mental health and well-being of the more-than-quarter-million people of African and Caribbean origin in Toronto. CAMH hosted the **Diaspora Conference**, inviting the community to dialogue with some of the world’s leading thinkers on the causes of

A special internal “blitz” was undertaken for CAMH clinicians to adopt **Asking the Right Questions: Talking with Clients about Sexual Orientation and Gender Identity**, a successful and widely adapted CAMH tool that equips health care providers to provide more appropriate care to LGBTTTIQ clients and patients.

mental health problems in people of the African and Caribbean diaspora—exploring what we know, what we don’t know, and where we go from here.


Girls Talk, a CAMH-led community program aimed at promoting mental health and preventing depression among adolescent girls, was successfully adapted for and delivered to young women in Toronto’s Korean community. The program evolved from the highly successful VALIDITY Project, which was developed by CAMH regional staff working with young women and community partners across Ontario.

CAMH’s **Rainbow Services**, the only program of its kind in Canada, hired a transgender staff member to aid in outreach to that community. In addition, a new staff psychiatrist, Dr. Tim Guimond, will help provide more comprehensive services for clients who have mental health concerns as well as substance use difficulties. He will also lead research with CAMH’s community partners (the AIDS Committee of Toronto, Casey House and St. Michael’s Hospital) to study the use of motivational interviewing to help gay and bisexual men reduce HIV risk behaviours related to substance use.

CAMH’s **Substance Abuse Program for African Canadian & Caribbean Youth (SAPACCY)** is successfully connecting with queer black youth through a number of initiatives, including the efforts of Amanda De Goetas, currently the only addiction therapist in Canada providing culturally specific support to LGBTTTIQ youth of colour.

CAMH also continued supporting Freezone, a drug- and alcohol-free “oasis” at Toronto’s annual Pride event.

Education rises to excellence

www.camh.net/annualreport20082009 

As a **teaching hospital**, CAMH offers evidence-based education to current and future health professionals to develop skills-based, specialized knowledge in mental health and addiction care.

As a leading academic health science research centre, CAMH provides **training and mentoring** to emerging research scientists to create and mobilize new knowledge and approaches to care.

And as a **community partner**, CAMH develops innovative, accessible education—such as our Mental Health and Addiction 101 series of online tutorials for clients, families and their communities—aimed at strengthening public understanding of mental health and addiction. This award-winning tool has been adopted by large employers, including Canada Post, and universities across Ontario to ensure that their staff are informed about these important issues.

This year, CAMH:

- hosted 515 students in nursing and allied health professions
- introduced a dynamic new interprofessional education placement, teaching collaborative practice skills to students from a variety of disciplines
- trained 71 psychiatry residents and 68 medical students
- mentored 152 research trainees, while noting a 40% increase in applicants for research fellowships
- won a 2008 Canadian Award for Training Excellence for our Mental Health and Addiction 101 online tutorials (the tutorials average more than 15,000 visits a month)
- trained 4,211 professionals from across and beyond Canada through 124 online and classroom sessions.

This year:

- more than 85% of students in nursing and allied health professions said that their CAMH experience enhanced their skills and knowledge
- our courses had an average satisfaction rate of 90%, with 40% reporting real changes to practice (double the industry standard).




CAMH also:

- published more than 300 books, videos and brochures, including:
 - Improving Our Response to Older Adults with Substance Use, Mental Health and Gambling Problems*
 - Substance Use, Concurrent Disorders and Gambling Problems in Ontario*
 - Borderline Personality Disorder: An Information Guide*
- distributed 750,000 copies of publications
- received 29,000 calls to the CAMH McLaughlin Information Centre and provided information in 19 languages
- received more than 3,700,000 visits to www.camh.net



Training the next generation of health care professionals

Patient care starts with a healthy workplace

www.camh.net/annualreport20082009 

Safety is paramount. Client and staff safety are inseparable at CAMH. Our comprehensive commitment to safety is reflected in a number of important initiatives this year aimed at minimizing the use of restraints and seclusion, preventing workplace violence, reducing the possibility of medication errors, enhancing infection control and educating staff and clients.

Overcoming the language barrier. How do you translate an outpouring of personal pain? This is a question faced by the 130 specially trained language and cultural interpreters working with our clients. CAMH provides a 24/7 Cultural Interpretation Service in 45 languages and dialects for non-English speaking clients.

Top 100 employer. *Maclean's* magazine selected CAMH for its Top 100 Employers in Canada award, which rates employers on a wide variety of categories including physical environment, work atmosphere and communications, health benefits, and training and development.

Green is the colour. CAMH continued to burnish its record as a “green” organization this year with significant incentive awards from Enbridge Gas and Toronto Water for exceptional utilities conservation. A green committee from across the organization is planning even more in the coming year, with targets for conservation and reductions in energy use. Meanwhile, work was finished last year at the Russell Street site on Ontario's first-in-health-care white roof, the surface of which significantly reduces the drain on cooling systems in summer

Accreditation. CAMH received full accreditation status from Accreditation Canada on February 5, 2009. According to the 2008 accreditation survey results, CAMH exceeded national health

care organization compliance rates in all quality dimensions, and met all of Accreditation Canada's required organizational practices.

CAMH Bill of Client Rights: The Movie. CAMH's Bill of Client Rights—co-created with the Empowerment Council and already recognized as the gold standard in client empowerment documents—has now been translated by the council into a 40-minute DVD, providing a powerful new tool for understanding and promoting client rights.

Exceptional Employees. CAMH boasts a stellar team comprising physicians, nurses and allied health professionals; researchers; specialists in health promotion, diversity, education and public policy; corporate services; and maintenance, food services, housekeeping, security and support services staff. We are proud of our academic excellence—CAMH has 10 endowed chairs and professorships and six Canada Research Chairs.



Here are just a few of this year's CAMH superstars:

Governor General Michaëlle Jean named CAMH President and CEO **Dr. Paul Garfinkel** an Officer of the Order of Canada this year, recognizing "a lifetime of achievement and merit of a high degree, especially in service to Canada or to humanity at large."

Dr. Rohan Ganguli, CAMH executive vice-president of Clinical Programs, won the Professional of the Year Award of the National Alliance on Mental Illness (NAMI) of Pennsylvania. He was also awarded the Tier 1 Canada Research Chair in Chronic Disease Management to further his research on the causes and treatment of schizophrenia and related psychotic illnesses.

Dr. Jeffrey Meyer (pictured on page 8) is the first psychiatrist ever to be awarded the Royal College Medal Award in Medicine by the Royal College of Physicians and Surgeons of Canada, in recognition of his groundbreaking work unlocking the mystery behind the chemical imbalance experienced in depression.

Sheila Lacroix was awarded the Joan Leishman Award of Excellence in Health Science Information by the Health Science Information Consortium of Toronto.

Dr. Aristotle Voineskos received a 2009 American Psychiatric Association/AstraZeneca Young Minds in Psychiatry International Award.

Dr. Paul Kurdyak received the CIHR Institute of Health Services and Policy Research Rising Star Award.

Dr. Howard Barbaree was made an Associate Fellow with the international Resident Assessment Instrument Research Group and a member of the new Ontario Mental Health Reporting System Advisory Committee, and was cross-appointed to the University of Waterloo.

Dr. James Kennedy was the top-ranking person worldwide elected to the board of the International Society of Psychiatric Genetics.

Akwatu Khenti was awarded the Ethno-Racial Education Initiatives Award in Public Health Sciences.

Some gratifying feedback:

"My daughter felt the high quality of care you provide makes all the difference in the world. She wanted you to know how grateful she is for the qualities you bring to your work, especially the time you spent listening to her and answering her questions."

"Just wanted to send along a written compliment to your program regarding the care that my father received, regarding his recent involuntary admission for his acute manic episode."

"I am writing to thank you for the very good experience my son had at the Mood and Anxiety Inpatient Unit."


Dr. Rohan Ganguli



Dr. Aristotle Voineskos



Transforming Lives Here— Building a new kind of neighbourhood

www.camh.net/annualreport20082009 

The opening this year of the first four buildings of CAMH's multi-phase redevelopment project was a momentous step forward in the transformation of our 11-hectare Queen Street site. But the next phase—the enabling work of which is already underway—is when CAMH will truly turn the corner of community integration, starting to weave new state-of-the-art hospital facilities into a mixed-use urban village.

Next year will see the demolition of the outmoded Administration Building at Queen Street, the beginning of construction of three new CAMH buildings and the groundbreaking for the first non-CAMH development on the site. Representing 30% of the overall project, this next phase brings us closer to realizing our vision of a revitalized hub for Canada's leading mental health and addiction facility within a

genuine community setting—the new frontier of health care.

This is a vision shared and shaped by many stakeholders and enthusiastically supported by provincial and local politicians, especially city councillor and deputy mayor Joe Pantalone, who has been involved in CAMH's redevelopment plans since the first consultations began nine years ago. "Torontonians care deeply about their neighbourhoods and also about people in need of mental health and addiction services," Deputy Mayor Pantalone said recently after one of CAMH's regular Neighbourhood Liaison Committee meetings. "CAMH's commitment to working with its neighbours is second to none."

The next phase of the redevelopment will give all of CAMH's stakeholders something to get

excited about. The removal of the Administration Building will allow a new network of streets and sidewalks to be extended south of Queen Street to knit CAMH into the surrounding community. The first new core client care building will provide 48 inpatient beds for CAMH's world-class Geriatric Mental Health Program and 12 new beds for young people who are affected by both addiction and mental health issues. These "concurrent disorders" beds for youth will be the first of their kind in Toronto.

A second new building will include outpatient services for the Mood and Anxiety and Addictions programs, as well as core support and administrative functions for the entire organization. A third building will combine a central plant to heat and cool CAMH's new facilities, a gymnasium and parking.





The next phase of CAMH's Queen Street redevelopment project will include the CAMH Gateway Building (above left) and the Intergenerational Wellness Centre (not shown), which will treat both geriatric patients and youth. The Out of This World Café (a client-run business) will occupy a prominent place at the intersection of two newly created streets.

Looking east along New Street toward the new Utility and Parking Building (right), CAMH's emerging urban village will feature tree-lined boulevards, new public parks and a welcoming pedestrian environment, integrating a mix of residential, commercial and retail uses into the site.

WELCOMING NEW NEIGHBOURS ONTO THE CAMH SITE

Along with the new streets, public parks and CAMH facilities, a key element in the mixed-use urban village will be a variety of residential, commercial and retail uses that will inject new people and energy into CAMH's site, offer employment opportunities for our clients, and help break down the stigma surrounding mental illness and addiction. The first development of this type will begin construction in late 2010. CAMH is currently finalizing the selection of a partner to lease and develop a 30,000 square foot parcel of land; we plan to announce this new neighbour later in 2009.

"This is a city-building opportunity like none other—a chance to create an inclusive neighbourhood centred on care, unlike any other in the world," says Terry Montgomery of Montgomery Sisam Architects Inc.

When this second phase is completed in late 2012, a remarkable transformation will have occurred: the old model of an isolated and retrograde campus will be well on its way to being replaced by an integrated, flexible and community-oriented setting for leading mental health and addiction client care, research and education. It is a vision that should make our city—and our province—extremely proud.



Financial snapshot

Year ended March 31, 2009

Sources of revenue

\$

Ministry of Health and Long-Term Care/ Toronto Central Local Integration Network	249,544,328
Patient revenue	892,769
Grants and donations	25,373,202
Ancillary and other	16,612,606
Amortization of deferred capital contributions	3,925,232
Interest	1,744,319
Total	298,092,456

Allocation of expenses

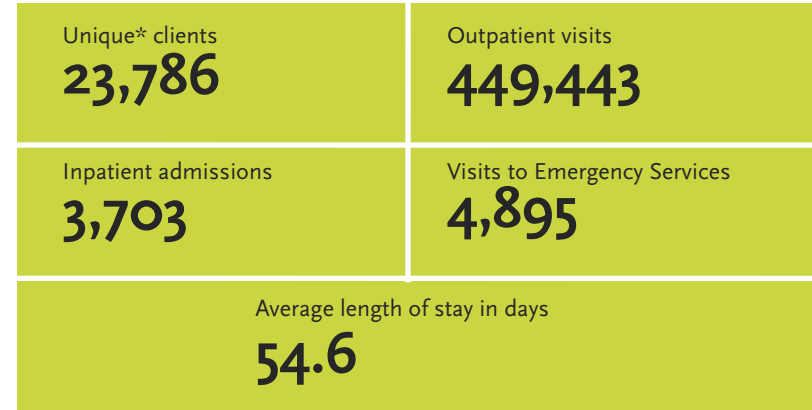
\$

Salaries, wages and employee benefits	221,239,955
Supplies and other expenses	60,808,468
Depreciation	6,049,334
Rent	4,052,494
Drugs and medical supplies	3,721,777
Medical and surgical	788,235
Total	296,660,263
Excess of revenue over expenses for the year	1,432,193

For a copy of CAMH's audited financial statements, visit www.camh.net or call 416 535-8501 ext.4250

CAMH by the numbers

CLIENTS



Top two substances reported by addiction clients:
alcohol and crack/cocaine

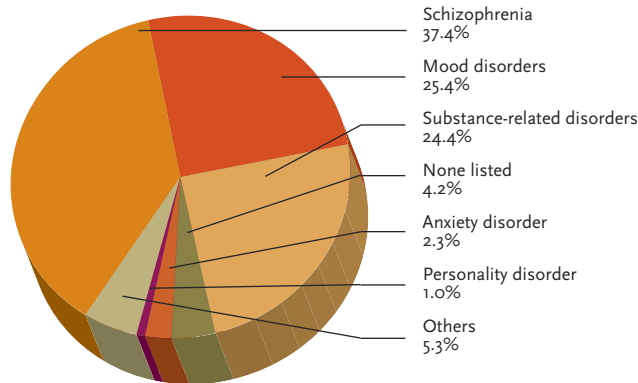
Top four languages indicated by clients at the time of admission, other than English and French:
Spanish, Portuguese, Chinese and Serbian

Top 10 countries of birth (other than Canada):
U.K., Jamaica, U.S.A., Italy, Portugal, India, Poland, Guyana, China and Iran

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

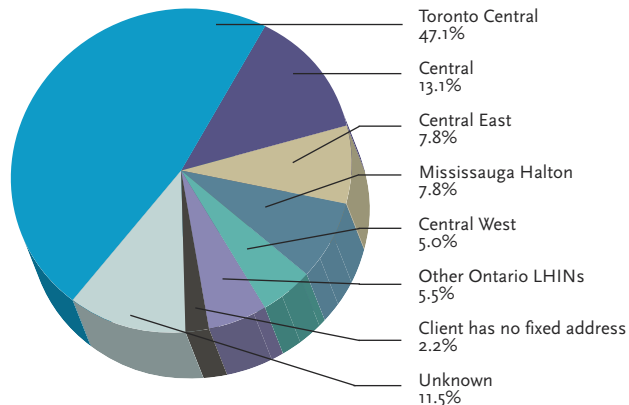
CAMH's Balanced Scorecard includes items reported on this page as well as other performance indicators. It is available at CAMH libraries.

INPATIENTS' PRIMARY DIAGNOSIS



NOTE – Nearly 50% of clients last year had more than one diagnosis. Approximately 27% had two and 19% had three diagnoses.

DISTRIBUTION OF CLIENTS BY LHINS, 2008 – 2009



STAFF AND RESEARCH

CAMH staff	2,877	Research grants/contracts	262
CAMH physicians	387	Amount of research grants/contracts	\$39,987,781

VOLUNTEERS

Volunteers (approx. per quarter)	753
Hours contributed by volunteers	171,101

DONORS

Donors	6,107
Amount of donations	\$11,006,268

INFORMATION/EDUCATION/SPIRITUAL SERVICES

Calls to CAMH McLaughlin Information Centre	29,006	Visits to CAMH website: www.camh.net	3,725,772
People who participated in professional education, training or development courses	21,158	Regular multi-faith worship services	478

To make a donation,
please contact
the CAMH Foundation:
Tel.: 416 979-6909
E-mail: foundation@camh.net

www.camh.net

Disponible en français.



Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

A Pan American Health Organization /
World Health Organization Collaborating Centre

Fully affiliated with the University of Toronto



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HOW TO REACH US

Executive office
901 King St. W.
Toronto, Ontario
M5V 3H5

**CAMH main switchboard
(for all sites)**
416 535-8501
Website: www.camh.net

SITES

College Street site
250 College St.
Toronto, Ontario
M5T 1R8
Emergency
416 535-8501 ext. 6885

Russell Street site
33 Russell St.
Toronto, Ontario
M5S 2S1

Queen Street site
1001 Queen St. W.
Toronto, Ontario
M6J 1H4

COMMUNITY OFFICES

Hamilton
905 525-1250

Kingston
613 546-4266

London
519 858-5110

Ottawa
613 569-6024

Sault Ste. Marie
705 256-2226

Sudbury
705 675-1195

Toronto
416 535-8501 ext. 6028

Windsor
519 251-0500

CLINICAL SATELLITE OFFICES

CAMH Aboriginal Services
393 King St. E.
Toronto, Ontario
416 535-8501 ext. 7657

Archway
1451 Queen St. West
Toronto, Ontario
416 535-8501 ext. 7500

**CARE, VENTURES and
INTERACT
Richmond Street Clinic**
862 Richmond St. W.
Suite 200
Toronto, Ontario
416 535-8501 ext. 2606

Central Link
393 King St. E.
Toronto, Ontario
416 535-8501 ext. 7670

**Dual Diagnosis
Resource Service**
501 Queen St. W.
Toronto, Ontario
416 535-8501 ext. 7800

Dual Diagnosis Service—Peel
30 Eglinton Ave. W.
Suite 801
Mississauga, Ontario
416 535-8501 ext. 7704

**First Assessment Clinical Team
(FACT)—Peel**
30 Eglinton Ave. West
Suite 801
Mississauga, Ontario
416 535-8501 ext. 7700

**Centralized Assessment
Triage & Support (CATS)
Lakeshore Clinic**
3170 Lakeshore Blvd. W.
Suite 201
Toronto, Ontario
416 535-8501 ext. 7233

**Learning Employment
Advocacy Recreation
Network (LEARN)**
1709 St. Clair Ave. W.
Toronto, Ontario
416 535-8501 ext. 7300

**Psychogeriatric Assessment
Consultation and Education
(PACE) Central/East**
33 Russell St.
2nd Floor, Suite 2043-1
Toronto, Ontario
416 535-8501 ext. 3448

PACE Peel
30 Eglinton Ave. W.
Suite 801
Mississauga, Ontario
416 535-8501 ext. 7716

PACE West
3170 Lakeshore Blvd. W.
Suite 202
Toronto, Ontario
416 535-8501 ext. 7206

Memory Clinic
33 Russell St.
2nd Floor, Suite 2043-1
416 535-8501 ext. 3448

Nicotine Dependence Clinic
175 College St.
Toronto, Ontario
416 535-8501 ext. 7400

**Prevention through Risk
Identification Management
and Education (PRIME) Clinic**
252 College St.
Toronto, Ontario
416 260-4188

**Psychological Trauma
Program**
455 Spadina Ave.
Suite 200
Toronto, Ontario
416 260-4147

Spectrum
658 Danforth Ave.
Suite 402
Toronto, Ontario
416 535-8501 ext. 7450