

# camhconnexions

## Building bridges to the Aboriginal community

BY KIRK VILLAMARIN

When CAMH's Aboriginal Services opened its doors to clients in 2000, Manager Peter Menzies made it a priority to add an Aboriginal Elder to his team.

**He** soon hired Vern Harper, a Canadian First Nations Cree Elder, Medicine Man, Aboriginal Rights Activist and Korean War Veteran.

Vern has been performing ceremonies, prayers, and other Aboriginal traditions such as sweat lodges for over 40 years. A Sweat Lodge is a ceremonial sauna that involves saying prayers, drumming, and making offerings to the spirit world. CAMH's Medical Advisory Committee approved the Sweat Lodge Policy about two years ago. "Having Vern along with other staff members as part of the program has helped create an addictions and mental health service that



CAMH Elder Vern Harper

truly meets the needs of the Toronto Aboriginal community," said Menzies.

The Aboriginal Services staff, which includes an Elder, a part-time psychologist, and three therapists, are seldom in the office because they're usually working offsite. "In almost all other CAMH programs, clients come to CAMH to get treatment. In Aboriginal Services, we go to the client," said Harper.

Being onsite in community agencies enables CAMH to treat those clients who are afraid of clinical settings. The program works in partnership with eight agencies that include St. Christopher's House, the Native

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## 6-7-5: You can count on CAMH's New Strategic Plan

BY DR. PAUL GARFINKEL, PRESIDENT AND CEO, CAMH

**As** Canada's largest addiction and mental health facility, CAMH has taken on an ambitious mandate: to transform lives. To help accomplish this, we need to set our organizational directions strategically and renew

them regularly – every three years.

When we began our most recent strategic plan renewal process, we determined that CAMH's existing mission, vision, values and goals – which guided CAMH through

2003-2006 – are still relevant and inspiring. Building on these, CAMH's Board of Trustees has now set five new strategic directions to provide clarity and focus during these changing times.

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

A Pan American Health Organization / World Health Organization Collaborating Centre  
Affiliated with the University of Toronto

## Reading, 'Riting, 'Rithmetic and Relating: CAMH's 'Fourth R' Program

BY MICHAEL TORRES

The drama department at Westview Centennial Secondary School buzzed with excitement this summer as students participated in a unique video project aimed at educating high school students on healthy ways to deal with bullying, peer pressure and violence.

The day's events are chronicled in a story that appeared in the *Toronto Star* on July 6.

CAMH's Centre for Prevention Science in London, the Toronto District School Board and the Black Creek Community Health Centre partnered to produce the video—one that reflects the lives and experiences of Toronto students—to accompany the 'Fourth R' Program.

Developed by CAMH, the Fourth R uses open dialogue and role-playing to help grade 9 students form healthy relationships and make better choices during a critical developmental stage in their lives. The video and the program will be distributed throughout Ontario, Alberta, B.C. and Saskatchewan.

"Youth tend to relate to, and learn from, the experiences of kids going through the same things they are, which can be very effective in prevention," said Ray Hughes, CAMH Centre for Prevention Science. "These kids use the strategies we teach, then apply them in a way that is true to their lives."

This partnership coincides with the release of "Safe Schools Policy and Practice: An Agenda for Action," an Ontario task force report submitted to the Ministry of Education recommending changes to the education system's current approach to dealing



The Toronto Star, Thursday, July 6, 2006



Students acting in the "Fourth R" video

with violence in schools. As Ontario moves from a system focused on zero tolerance to one of prevention, the work of

CAMH's Centre for Prevention Science is poised to make a difference in the mental health of Canada's youth.

## CAMH and Toronto East General Hospital join forces in Scarborough

BY KIRK VILLAMARIN

In the past, when clients in Scarborough needed care at a withdrawal management site, they had to travel downtown. Now, a day withdrawal services program is conducted in a residential building located in central-east Scarborough.

Developed by Ed Castro, supervisor of Scarborough Addiction Services Partnerships—a community-based partnership supported by CAMH—and Doug Smith, Manager of Toronto East General Hospital's Addictions Services, this unique program serves clients in a low profile manner and works in partnership with a variety of agencies. "We needed to be where the clients are. There was no service in Scarborough," Smith said.

Since May 2006, the service has been working with 15 clients for four week periods. The program is designed to teach people with addictions how to manage long-term withdrawal symptoms and the behavioral patterns arising

from reducing drug use. A full day of programming consists of acupuncture, a psycho-educational component, life skills and relaxation therapy.

Chris Bartha, Administrative Director of the Addictions Program at CAMH, describes the service as an excellent example of a changing and more flexible withdrawal management system that is committed to working in partnerships to better serve vulnerable clients who need access to services in their home community.

"This low profile approach, in familiar surroundings rather than in a hospital setting, contributes to a non-threatening environment, making clients feel better. In fact, some of the clients who use the service live in the building or in the surrounding buildings," states Castro.

Lighting, heating and rental costs are covered by the Toronto Community Housing Corporation, and its security services agreed



**L-R:** Steve Villeneuve, Day Withdrawal Counsellor; Ed Castro, Supervisor of Scarborough Addiction Services Partnerships (SASP); and Doug Smith, Manager of Toronto East General Hospital's Addiction Services.

This is the new trend in healthcare. Hospitals are taking down barriers to partnerships. We need to work together for the clients' greater good to make the movement from A to B to C seamless and simple for clients.

to help by taking an intervention approach when dealing with clients. For example, when they are asked to remove people living in social housing, security will take the time to determine whether they have addictions. "Instead of evicting a family, they're going to send them here," says Smith.

"This program exists because of the partnerships," stated Castro. Smith agreed: "This is the new trend in healthcare. Hospitals are taking down barriers to partnerships. We need to work together for the clients' greater good to make the movement from A to B to C seamless and simple for clients."



## SAD and Obesity: What's the Link?

BY LEAH YOUNG

In a recent study, CAMH researchers examined the link between season of birth and body weight in women with Seasonal Affective Disorder (SAD). Led by Dr. Robert Levitan and Dr. James Kennedy, the study examined whether the season a person was born in affected body weight regulation in individuals with SAD. Their investigation included possible interaction effects with the 7R allele (specific section of DNA coding) of the dopamine-4 receptor gene that influences weight gain by causing loss of sensitivity to the brain chemical dopamine.

The study revealed that those women born in the spring and carrying the 7R allele (designated the high-risk group) had an average maximum Body Mass Index (BMI) 26% higher than those born in other seasons and without the 7R allele (designated the low-risk group).

These investigators also looked at lifetime rates of obesity and morbid obesity in both the high-risk and low-risk groups. The high-risk group was significantly more likely to experience obesity or morbid obesity: 53% of the high-risk group had obesity at some point in their lives, compared to 20% of the low-risk group. Looking at morbid obesity, 24% of the high-risk group experienced this condition compared to just 4% in the low-risk group.

At a genetic level, these results expand our understanding of weight gain and obesity in women with SAD by suggesting that factors linked to birth season, such as early exposure to hormones tied to seasonal light/dark cycles, interact with the dopamine-4 receptor gene to influence body weight regulation in this population.

Overall, these results also point to a novel interaction between a person's genes and the environment during the early stages of brain development, which triggers weight gain and obesity later in life. The authors propose that this phenomenon is the result of a *seasonal thrifty phenotype*, a historical behavioural strategy programmed in our genes that enhanced survival in northern latitudes. Thousands of years ago, characteristics seen in SAD, such as increased eating and decreased activity, were adaptations to, or predictors of, seasonal famine in areas further

from the equator. However, in today's environment of plentiful food, these characteristics create an increased risk for obesity in women with SAD.

## CAMH Research releases new study on Depression Relapse

BY LEAH YOUNG

**Major** depression is the leading cause of disability worldwide, and more than 50% of people diagnosed experience a relapse in symptoms. Yet little attention is paid to strategies for reducing the risk of relapse, or to measures that identify those people in remission who are at risk for a relapse of depression. CAMH recently released a new study by CAMH's Dr. Zindel Segal that holds promise for the design of more effective treatments that, in addressing this risk, will allow people to get and stay well longer.

The study shows that individuals who have recovered from depression may continue to be at risk for relapse if brief feelings of sadness trigger depressive thinking styles. According to Dr. Segal, "these findings unmask the nature of relapse vulnerability in people who seem well past their problems with depression."

This is the first study to make the link between these differences in thinking styles and the prediction of illness relapse, following successful treatment for depression. The results suggest that treatment approaches directly targeting thinking styles may be an effective tool in preventing depression relapse.

The study revealed that people who achieved clinical remission from depression through antidepressant medication showed greater levels of depressive thinking after a procedure that caused temporary sadness, compared to those who had received cognitive behaviour therapy. Regardless of the type of treatment, the magnitude of depressive thinking that was revealed while patients were briefly sad was a significant predictor of relapse.

The data showed that 51% of participants had a relapse of depression during the follow-up phase of the

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study. Classifying patients on the basis of how significant the change was in depressive thinking following an experimental induction of sadness allowed for 81% of relapsers to be correctly identified. These results demonstrate a residual but increased risk for relapse that has not been fully addressed by treatment.

In addition to this exciting work, Dr. Segal is studying the effects of a novel treatment that teaches

patients how to address these mood-linked changes in thinking styles through the practice of mindfulness meditation. In mindfulness meditation a person practices becoming intentionally aware of his or her thoughts and actions in the present moment, non-judgmentally.

Visit <http://archpsyc.ama-assn.org> for a full copy of Dr. Segal's paper entitled "Cognitive Reactivity to Sad Mood Provocation and the Prediction of Depressive Relapse."

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Canadian Centre of Toronto, Parkdale Recreation Centre and the Toronto Council Fire Native Cultural Centre.

"We are all very knowledgeable about Aboriginal issues. We understand what our ancestors went through, and how some of this history has affected the Aboriginal community negatively," Harper explained. "Some of our clients deal with identity issues. They feel rejected by the community. A major focus in our job is to help them find who they are. In Aboriginal culture there is a saying: 'If you don't know who your ancestors are, you don't know who you are.'"

With the support of Health Canada, the First Nations Inuit Health Branch and the Oshki-Pimache-O-Win Education Training Centre, CAMH's Aboriginal Services will soon be able to provide concurrent disorder training to approximately eight First Nations in the Nishnawbe-Aski Nation territory.

"This hasn't been done before. It's an exciting opportunity and time for CAMH to be involved in such an important project. I have always believed and maintained that mainstream organizations and Aboriginal organizations or First Nations can work in partnership," Menzies said.

## MARILYN'S STORY

**As** a young girl, Marilyn Brown was physically, sexually, and emotionally abused. At age 12, she started smoking and drinking alcohol. By the time she was 21, she had an addiction to heroin, crack cocaine, and alcohol, which led to her living on the streets. Now 36, she has a home in Scarborough, takes care of her children and has stayed drug-free for three years. "This is a big accomplishment for me. This is the longest time I've stayed clean and off drugs," she said.

Marilyn says she will never forget the day in 2004, when she met Lizz Arger, a CAMH Aboriginal Services Therapist. They drove to a nearby park, where Lizz asked her to choose a location that would make her comfortable to receive treatment and counselling.

"I chose a place near water, a lake," she recalled. Once there, Lizz

conducted a 60-minute outreach session, called the Medicine Wheel, which involved having Marilyn face south, west, north, and east. According to Aboriginal culture, the four directions symbolize emotion, physical, mental and spiritual challenges, and growth. Marilyn said that each time she faced a different direction she opened up more.

Marilyn continues to seek guidance and counselling from the program because she says it provides her with cultural and moral support. She had been a client at five other addiction and mental health centres. They helped her stay drug-free for a time, but eventually she would fall back into addiction. "The other centres would just focus on the addiction part. I needed more than that," she said. "I needed cultural understanding."



## Meet CAMH's Bioethicist



**Dr. Barbara Russell** became CAMH's bioethicist in April. She was the clinical ethicist at the University of Alberta, Stollery Children's Hospital, and the Glenrose Rehabilitation Hospital in Edmonton, as well as the Good Samaritan Society. She also held a cross-appointment as an Assistant Clinical Professor at the University's John Dossetor Health Ethics Centre in Edmonton.

Dr. Russell relished the opportunity to come to CAMH to work in mental health and addictions, which she terms a "rich and complex field for an ethics specialist," and become part of CAMH's partnership with the University of Toronto's Joint Centre for Bioethics. Helping people examine and resolve serious or urgent ethical concerns in healthcare is important, but so is what she terms "everyday ethics and ethics everyday." In other words, helping staff be more aware of the sound ethical knowledge, skills and judgment reflected in their everyday practices and working with them on "preventive ethics."

Since bioethics has focused traditionally on acute care medicine in large tertiary care hospitals, Dr. Russell notes that CAMH's emphasis on linkages with community partners "affords new areas to understand and contribute to." She is also working with program leaders to implement a CAMH-tailored ethics "infrastructure" to expand our capacity, sustainability and accountabilities for ethical practices.



## CAMH psychologist received Fire Marshal's Award for Excellence in Fire Safety

**Dr. Joanna Henderson**, a psychologist in the CAMH Youth Addiction Program, received the Fire Marshal's award at a ceremony held June 21, 2006, in recognition of her contributions to *The Arson Prevention Program for Children* (TAPP-C), an intervention and treatment program for juvenile fire-setters.

## CAMH's own appointed to the Order of Canada



**Dr. Mary Seeman**, a member of CAMH's Schizophrenia Program, and **Dr. Donald Meeks**, a former executive at the Addiction Research Foundation (ARF), were appointed to the Order of Canada by Governor-General Michaëlle Jean this summer.

"This is a wonderful honour for these two outstanding individuals and richly deserved. On behalf of CAMH, I want to congratulate them both. We are very proud to be associated with these two very accomplished and dedicated professionals," said Dr. Paul Garfinkel, CAMH's CEO and President.

The first woman to occupy the Tapscott Chair of Schizophrenia Studies at the University of Toronto, Dr. Seeman is a pioneer in women's mental health and well-known for her work on schizophrenia in women.

Dr. Donald Meeks, a professor Emeritus of Social Work at the University of Toronto, has had a long-standing relationship with CAMH, beginning in 1965 at ARF, where he eventually started the School for Addiction Studies.

## CAMH welcomes Dr. Gwenn Smith



**Gwenn Smith**, Ph.D. is now Senior Research Scientist at both CAMH and the Rotman Research Institute, and a Professor of Psychiatry and Director of Research for Geriatric Psychiatry at the University of Toronto. Her research has focused on methodology development and applications of Positron Emission Tomography (PET) imaging to the study of monoamine function and regulation by other neurotransmitters in psychosis, Alzheimer's Disease and geriatric depression. Based at CAMH's PET Centre, her work overlaps with CAMH's Neuroscience Research program.

## International visitors to CAMH

**CAMH** and the Municipality of Puente Alto, Chile were proud co-sponsors of a Train-the-Trainer program to strengthen mental health and addiction services in primary care in Chile. As well, a nurse, a psychiatrist, and a psychologist from the Brazilian states of Fortaleza and Mino Gerais participated in this training. CAMH's Office of International Health organized this program, which was accredited by Continuing Education of the Faculty of Medicine at the University of Toronto.

CAMH also partnered with the Inter-American Drug Abuse Control Commission (CICAD) of the



**L-R:** Train-the-Trainer program participants - Viviana Del Sagrado Corazon Sagredo Casilla, Luiz Claudio Bicalho, Maria Isabel Guerra Lopez, Ana Rosa Valdes Perez, Ximena Paz Candia Corvalan, Luz Maria Montalva Herrera, Maria Cristina Lorena Jara Lara, Marcelo Brandt Fialho, Pedro Pinheiro Camara.

Organization of American States (OAS), to host a two-month training institute, aimed at building drug-related research capacity in Latin America. The Department of

Public Health Sciences at U of T was also a partner in this collaboration, which was supported by the Department of Foreign Affairs and Trade (DFAIT).

During this institute, academic health professionals representing 10 universities and seven countries gained a great deal of evidence-based knowledge and experience in the "International Research Capacity-Building Program for Health and Related Professionals to Study Drug Issues in Latin America and the Caribbean." Dr. Louis Gliksman and Akwatu Khenti were CAMH co-chairs, along with Dr. Gloria Wright from CICAD.

## LEARNING at CAMH



**Learning** Essentials about Active living and Nutrition (**LEAN**) teaches people recovering from psychosis how to use Canada's Food Guide, maintain a healthy diet, and budget for food. It's one of 10 programs offered by CAMH's Learning Employment Advocacy Recreation Network (**LEARN**), a service assisting people who have had a first episode of psychosis, reintegrate into their communities.

## The most unique art show on Queen West

**This** year's *Being Scene* art show opened on June 29, to great acclaim. Produced by Workman Arts, *Being Scene* is a professionally-juried art exhibition featuring more than 60 works of visual art created by current or former clients of CAMH. The works, which may be purchased, are on display throughout the halls of CAMH's Queen Street,

College Street, and Russell Street sites until June, 2007. Staff, clients, and the public can take a self-guided tour of the exhibit at all three sites, seven days a week. Tour maps and price lists are inside the official exhibit catalogues, which are available from self-serve stands at the Queen Street site or from the security desks at the other sites.



The renewal process that shaped the Strategic Plan for 2006-2009 included a scan of our environment, and consultations with clients, families, staff, volunteers, and partners in the community, hospital and

academic sectors. During our consultations, we asked for input on what CAMH is doing well, and what we could do better or differently. Hundreds of people within CAMH, as well as partners and other providers across the province provided enthusiastic feedback.

## CAMH's 5 new directions

### 1. Build an Integrated System

CAMH will build an integrated system with our community partners so that clients with addictions and mental illness receive the continuity of care they need beyond the hospital. We will work with our partners to ensure that housing, employment, income and social support issues are addressed as critical elements of client care, recovery and reintegration, and are supported through healthy public policies.

### 2. Provide Specialized Clinical Services

CAMH will provide specialized clinical services in mental health and addictions, and will differentiate our clinical services from other providers. We will serve clients with complex needs, offer a unique roster of evidence-based clinical services, and continue to incorporate health promotion principles and strategies into clinical care. We will ensure that changes to the continuum of services are

implemented transparently and incrementally and not before system capacity exists.

### 3. Expand Support for Best Clinical Practice, Professional Education and Professional Development

CAMH will widen our clinical role beyond the Toronto area by extending our professional education efforts to a broader range of health professionals, building clinical capacity, and developing new models of care while supporting health promotion and prevention.

### 4. Maximize the Reach and Impact of Research

CAMH will focus on four domains of research—neuroscience; brain imaging; clinical; and social policy and health promotion/prevention, and will increase the application of research to clinical practice, professional and public education, health promotion and public policy.



Dr. Paul Garfinkel,  
CAMH CEO and President

### 5. Foster a Healthy Workplace

This internal commitment encourages staff to excel in a culture that embraces diversity, teamwork, quality improvement, safety and respect, recognizing how critically important staff are to the success of everything we do now and going forward.

We have an excellent framework for coherent, incremental, balanced change in the Strategic Plan, which re-commits CAMH to where we've come from, and points us toward where we're going. Over the next three years we are committed to working with our partners and other providers to build a truly integrated system of services and supports for people who are challenged by mental health and addiction issues.

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