

Clinical Research at CAMH

Clinician scientists bridge the dual roles of researcher and health care provider. Their therapeutic relationship with clients allows them to conduct research that expands on what we have learned from the laboratory as well as investigating new areas of interest. Their findings from this client-based research can then be used to improve how we diagnose and care for people affected by mental health and substance use problems.

This department is also actively involved in sharing this new or improved treatment knowledge with other clinicians and the community, through publications, presentations and workshops.

[Clinical Research](#), headed by Director Dr. R. Michael Bagby, is divided into 10 sections:

- Addictions: Dr. Tony George, Head
- Centralized Assessment, Triage and Support Program (CATS): Dr. Paul Kurdyak, Head
- Child, Youth and Family: Dr. Ken Zucker, Head
- Community Support and Research: Dr. Joan Nandlal, Head
- Dual Diagnosis: Dr. Yona Lunsky, Head
- Geriatric Mental Health: Dr. Benoit Mulsant, Head
- Law and Mental Health: Dr. Ray Blanchard, Head
- Mood and Anxiety Disorders: Dr. Robert Levitan, Head
- Schizophrenia: Dr. Gary Remington, Head
- Women's Program: Dr. Donna Akman, Head

Current Clinical Research projects include:

Forensic Mental Health Services – Is a Pilot Project on Housing Making a Difference?

In 2006, Premier McGuinty announced a \$20 million expansion of hospital and community-based services for people in the criminal court system who are living with a mental illness. This initiative includes improving access to forensic mental health services and system supports including services such as the Transitional Rehabilitative Housing Pilot (TRHP) projects, which have been funded in Ottawa and Toronto. These pilot projects aim to support forensic clients to transition to community by enabling them to move into community-based housing with supports as this population often has a difficult time accessing generic mental health housing.

CAMH's [Dr. Joan Nandlal](#), clinical research section head for the Community Support and Research Unit, is co-leading an evaluation of the THRP with Dr. Tim Aubry from the University of Ottawa. They are assessing the extent the program is helping forensic mental health clients successfully transition back into the community.

Drs. Nandlal, Aubry and their team will collect data on clients from THRPs in Toronto and Ottawa at baseline (when participants enter the housing project), and at 6 month, 12 month, and 18 month follow-ups. Client will be evaluated to see if the THRP positively impacted things like rates re-committing a crime, mental health symptoms, alcohol and drug use, community adaptation, and service utilization. Currently, Drs. Nandlal and Aubry are collecting baseline and follow-up data.

This project provides an opportunity to examine an innovative pilot program in an under researched area. This research will contribute to the knowledge base on forensic mental health services by describing in detail how housing and support can be combined to support forensic clients in the community. Dr. Nandlal expects that the data will provide useful policy-relevant information to Ministry of Health and Long-Term Care for replicating similar housing rehabilitation programs elsewhere in Ontario.

Improving Treatment for Older Adults with Schizophrenia

The literature on antipsychotic treatment of older adults with schizophrenia is very limited. But, in 2007, [Dr. David Mamo](#) and colleagues completed the first neurochemical PET study in elderly people with schizophrenia. In the first in a series of studies, they found that elderly patients experience side effects when medication bound to less than 80 percent for the dopamine D2 brain receptor, in contrast to younger patients who experience side effects only once the medication bound to greater than 80 percent of receptors. Using PET technology, the authors also showed - for the first time - that this lower binding level (or occupancy) in older adults is stable over a period of one year, allowing for the second series of prospective studies that are currently recruiting study participants.

This second series of studies is trying to find the minimum level of drug binding to dopamine receptors that stabilizes untreated patients experiencing a psychotic episode, and maintains response to antipsychotics in previously stable patients. The goal is to translate the data from a small group of patients participating in these studies to dosing guidelines in older patients with schizophrenia. With the population of elderly patients with schizophrenia expected to double over the next two decades, there is an urgent need to identify a minimal effective dose of antipsychotic medication for older people that maintains wellness while minimizing the risk of adverse effects.

Rehabilitation Interventions Show Promise for Young Offenders

The juvenile justice system in Canada strives to protect the public by preventing and reducing crime. Pilot data from CAMH, and other research, has shown that rehabilitative interventions targeted to individuals' level of risk to re-offend (i.e. low, medium or high risk), criminogenic needs (variables related to their offending behaviour such as substance abuse), and responsivity factors (variables that relate to openness to treatment, such as mental health issues and gender/ cultural specific programming) is a promising venue for reducing re-offending amongst youth.

Expanding on their initial work at CAMH, [Dr. Tracey Skilling](#) and colleagues are working on a new study that will continue to evaluate if individually matching youths with treatment services according to their risk level, criminogenic needs, and responsivity factors impacts rates of committing another crime. In addition to this broad objective, the team will also explore gender differences and self-report offending from youths' perspectives, to allow for a more comprehensive evaluation of treatment effectiveness.

Dr. Skilling and her team are currently recruiting subjects, between the ages of 12 to 18, who were referred to CAMH to receive court-ordered assessments for sentencing purposes. This research will build on the pilot data, which points to the need for efforts to ensure better and more consistent matching of services with youths' clinically identified needs. The data have the potential to improve the effectiveness of rehabilitation efforts in young offenders and thereby reduce crime and increase public safety.