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Client-Centred Practice

Our Commitment: We put the client at the centre of what we do.

Continuous Learning

Our Commitment: We foster creativity, discovery, learning and the sharing of ideas.

Diversity

Our Commitment: We understand and respect each person as unique -- we show this respect through sensitivity, dignity and inclusive practices that include people from diverse groups in our decision-making, information-sharing and access to services.

Evaluation and Accountability

Our Commitment: We will continue to improve, monitor and evaluate our programs and services, and we will be accountable to our stakeholders.

Holistic View of Health

Our Commitment: We believe in understanding and helping the whole person, and we believe that public health must be supported in ways that are holistic and focused on recovery.



Partnership

Our Commitment: We will build respectful, collaborative and effective partnerships.

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Celebrating five years together

When we set out five years ago to merge four diverse mental health and addiction institutions, the former Addiction Research Foundation, Clarke Institute of Psychiatry, Donwood Institute and Queen Street Mental Health Centre, we knew there would be great challenges.

But we had a vision: bringing together four organizations, each with its areas of expertise and unique culture, would increase access and improve standards of care for people with mental illness and substance use problems. The merger would also strengthen and broaden our provincial role and our capacity for research.

After five exciting years, the Centre for Addiction and Mental Health (CAMH) has an impressive list of achievements. While there is much more to do, we have made great strides in building an organization that is focused on the needs of our clients and stakeholders and on providing programs and services to improve the health of people and communities.

Our fifth anniversary is an important milestone. We have a lot to celebrate.



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Building on our strengths

CAMH is Canada's largest health sciences centre devoted to mental illness and addiction. We have a clinical role caring for people with severe mental illness and addiction, with an inpatient capacity of more than 600 beds and extensive hospital and community-based outpatient services. As well, we have research, education and health promotion mandates.

Our research mandate extends from the basic science of molecular genetics and brain imaging through clinical therapeutics to social and policy research. Our education and training mandate extends from general public education and awareness to undergraduate and postgraduate training through to continuing medical and professional education. Our health promotion and prevention mandate includes clinical, research, policy and community-based initiatives.

Bringing together care, research, education and prevention in one organization has created a critical mass of talent and expertise. Every day, we are advancing our ability to help clients, families, community agencies and the general public.

In addition, integrating mental health and addiction services has helped us understand concurrent disorders and develop innovative approaches to care. CAMH was pleased to take a lead role in developing and disseminating Health Canada's Best Practices -- Mental Health and Substance Use Disorders.

Increasing capacity and improving quality of care

Everything we do at CAMH is geared to promoting health and improving the lives of those affected by addictions and mental health problems. The results of our first five years are impressive.

We are serving more clients. Care has increased by 25 per cent. Our admissions are up 35 per cent. As well, we are training 30 per cent more health professionals. We have increased research funding by 57 per cent. We are also more efficient. We have redirected \$20 million from our operating costs to direct client care in clinical programs and to achieve our strategic directions.

Serving the needs of clients

Not only is CAMH concerned with serving more clients, but we are also concerned with serving them better. Whether in care, research, education or health promotion, our work is focused on how we can best meet the needs of clients.

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Client-centred care means looking at the diverse needs of our clients. This year, we have extended our use of a new assessment tool, the Interdisciplinary Plan for Client Care. This tool ensures that each client has a care plan that addresses his or her medical/therapeutic goals and goals related to issues such as housing, employment, and income and social supports.

These issues have a critical impact on clients' recovery. That's why CAMH is making them a priority. Among other initiatives, we launched a new Sunshine Garden at the Queen Street site that employed 14 clients for six months. As well, we divested the Out of This World Café and Espresso Bar -- which started as a hospital rehabilitation program -- to the Ontario Council of Alternative Businesses as an independent business employing 35 clients. We are also committed to addressing the needs of diverse client groups.

This year, our Board of Trustees approved a comprehensive Diversity Policy Framework. This framework sets out a plan to ensure CAMH becomes more accessible to the many people in the community who experience barriers to mental health and addiction care. We have started a province-wide needs assessment to help shape our provincial priority on diversity. Initiatives in 40 programs, the launch of our Centred on Diversity awareness campaign and diversity training for more than 1,000 staff have put organizational change and diversity high on our agenda.

Another priority focus is promoting more client and family input. This year, we signed formal agreements with the Empowerment and Family Councils to give them more autonomy and a larger, better-defined role. We are changing the way we work, based on the recognition that clients have a right to participate in issues that affect them. This year, clients took part in functional planning committees, influenced the design of new inpatient units, and helped set directions for programs and policies. Our new Policy of Least Restraint is an example of the influence of client involvement. The policy, which includes education in its implementation, reflects a client perspective, supports clients and caregivers and emphasizes respect for clients.

CAMH is committed to ongoing work with clients to find ways we can improve the care we offer. We have now instituted client surveys in every clinical program. Client satisfaction surveys allow us to understand client needs better. This has led to a series of changes that affect the daily lives of inpatients, including more liberal visiting hours, more choice at meals and increased recreation.

Becoming more connected

Just as client input is a priority, so is input from community

partners and other stakeholders. From day one, we have tried to create community connections and play a more defined role in the larger health care system.

When CAMH was established in 1998, we instituted a governance model with 70 constituency members from across the province. These members vote at our Annual General Meeting, elect the Board of Trustees, and provide input on key initiatives. This governance model was an innovative way to reflect the broad scope of our mandate and guarantee diverse stakeholders a voice in decision-making. Today, it complements our commitment to build new partnerships, coalitions and joint ventures.

Partnerships are fundamental to offering a continuum of care and meeting clients' needs. Our new partnership with St. Christopher House in downtown Toronto offers services for substance use problems to Aboriginal men, an underserved community. Our partnership with Peel providers delivers inpatient schizophrenia treatment to clients in that area. This partnership expands our capacity and brings care closer to clients. We also work in partnerships throughout the province in our education, health promotion and system planning roles. For example, we share leadership of the Northeast Mental Health Public Education Campaign, We All Belong, with the Canadian Mental Health Association Ontario Division and the Northeast Mental Health Centre.

Changes in programs and services

We have made a number of changes to our programs and services this year based on new best practices. The merger of our neuropsychiatry and geriatrics programs allows CAMH to better serve clients who are older adults; our new Integrated Rehabilitation Unit (IRU) provides intensive rehabilitation to clients of long-term schizophrenia services; our new 13-bed inpatient unit meets the specialized needs of people who have mood and anxiety problems.

Program planning has been a major focus throughout the entire year. Over the past 18 months, we worked with clients, families, neighbours, community agencies and other health care providers to complete our Functional Program for the Queen Street site redevelopment. We believe that this important blueprint for future programs and services will make CAMH a model for mental health and addiction care worldwide.

Putting all the pieces in place

With our focus on improving the lives of those affected by mental illness and addictions and creating communities in which people with mental health and addiction problems can live as full

participants in society, we know that providing good clinical care is not enough.

CAMH's work in the areas of research, health promotion and education ensures that new understanding and knowledge are translated into new approaches to client care and preventing and treating mental illness and addiction.

Partially because of stigma, research on mental illness and substance use has been seriously under-funded compared with other areas of medicine. We cannot overstate the importance of the steady increase in research funding we have secured since CAMH was created. Nor can we overstate the impact of new research breakthroughs on the quality of the lives of people affected by mental health and substance use problems. It is truly exciting.

Our internationally recognized researchers are making a difference by helping people affected by mental illness and addictions and creating healthy communities. They are leading the way in their diverse fields of study, ranging from best practices in concurrent disorders to student alcohol and drug use surveys; from the links between genetics and schizophrenia to the effects of poverty on the mental health of immigrant children; from the impacts of drug therapy on psychotherapy to the impact of unfair workplace treatment on the mental health of employees.

CAMH has a unique capacity not only to focus our research on pressing needs but also to translate new knowledge into action. Through our varied education and publishing initiatives, our province-wide mandate and our satellite offices across Ontario, we work with community partners to disseminate and exchange information widely about new research and best practices.

This year we launched a new integrated plan for our provincial role, focusing on three priorities (youth, concurrent disorders and diversity) and emphasizing our combination of research, development and dissemination activities.

An early success was our province-wide videoconference to share best practices for concurrent disorders with more than 260 agencies. After our researchers and clinicians produced a successful best practices guide, our regional system planning consultants, building on the work of their colleagues, are now using the recommendations from the guide to work directly with agencies and planning bodies to address concurrent disorders in client care.

Regional staff have also been working with public health and other local stakeholders on municipal smoking bylaws. We lobbied for Criminal Code amendments to lower legal blood alcohol content, and promoted our harm reduction approach to substance use.

Building for the future

Just as current initiatives are built on our knowledge of best practices and the needs of clients, so are our plans for the future. Evidence shows that people respond best to treatment in spaces that feel normal and familiar. This is the foundation for our [Queen Street site redevelopment plans](#).

We propose to redevelop our 27-acre site as an urban village designed to "de-institutionalize" the institution. With public streets running through the site, flexible buildings, each with its own

front door, public and private green spaces, and non-CAMH uses, we will integrate our facilities into a community setting of care. This integration not only reflects best practices, but it also reflects our commitment to tackle stigma, a significant barrier for people with mental health problems and substance use problems.

Most of our plans for the future are closely tied to redeveloping our Queen Street site as our central hub, with links throughout the province. As long as we operate on four sites in Toronto, and our operations are housed in outdated and inflexible hospital buildings, we cannot realize the full advantages of the merger or make the changes to programs and care to better meet clients' needs. We have submitted our plans for our site master plan and our functional program to the City of Toronto and the Ontario Government's Ministry of Health and Long-Term Care for approvals and funding. We hope to begin construction in 2004.

Continuous improvement

Because we are committed to improving the quality of our work, we set out this year to renew our strategic plan. Our first strategic plan, approved in 1999, guided us through our first five years. Our new plan, which will direct our next three years, sets out our commitments -- to client-centred practice, diversity, a holistic view of health, partnerships, continuous learning and accountability -- and the steps we will take to make a difference for the people and communities we serve. It builds on what we have learned in our first five years, and includes advice from clients, families and other stakeholders.

Our success is based on people

Many people have contributed to CAMH's development. First are our clients, who are at the very centre of our organization.

CAMH is what it is today due in large part to our committed and talented staff. In appreciation of their hard work, over the past

year we initiated ways to formally recognize staff. In October, we hosted our first-ever Ted Tremain Staff Recognition Awards dinner, where 17 staff were publicly acknowledged for providing high-calibre service, leadership, commitment and enthusiasm in their work. These awards will continue as an annual event. As part of our anniversary celebrations, we held a birthday party. At this party, all staff received a memento, and we presented service awards to staff who have worked with CAMH and one of our founding partners for 10 or more years. In addition, we host an annual tea for all staff who have retired.

Beyond our staff, our volunteers, including our Board of Trustees, have played a critical role in our organization. Over the past year, volunteers have provided over 270,000 hours in service to CAMH.

Our close working relationships with our community partners, other health care providers, neighbours and other stakeholders are also important to the way we work within the mental health and addiction systems.

While our work is a collective effort, one person deserves special thanks. After leading our organization for five years, Jean Simpson, our Executive Vice President and Chief Operating Officer, has announced her retirement. Many of the achievements that we are celebrating reflect Jean's leadership. Her passionate commitment to client-centred care, client empowerment, improved standards, diversity, partnerships and anti-stigma education has helped shape CAMH as an organization committed to our clients, our stakeholders and the communities we serve.

Although it's important to reflect on our impressive achievements as an organization, it's just as important to look to the future. We have many opportunities ahead of us, and we are confident that our plans for the future will be a good road map for our journey ahead.

Pamela C. Fralick, Chair
Dr. Paul Garfinkel, President and CEO

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CAMH provides comprehensive, accessible care for people with addiction and mental health problems. We recognize the client as a whole person who has social, physical, emotional, spiritual and psychological needs. Care must reflect the client's preferences, needs and cultural beliefs.

Interdisciplinary plan for client care

CAMH has developed the Interdisciplinary Plan for Client Care -- a tool for assessing client needs and planning treatment in a comprehensive client-focused manner. Worked out by the client and staff together, each care plan sets out the client's medical/therapeutic goals related to his or her illness or substance use, as well as goals for housing, income, work, education, spirituality and connections with family, friends and support groups. The plan outlines the client's preferences regarding meals, sleeping times, visitors, types of treatment and the need for interpretation or culturally specific services.

"The plan is about the whole person, their real-life issues, and the kind of treatment and supports they need," says CAMH Social Worker Jane Paterson, one of the leaders on the project. "It is an approach that reflects CAMH's strategic directions -- to support the strengths of the client, both in managing their illness and in



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building their capacities to work, learn, form relationships, live independently and to recover."

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Innovative home-like facilities provide new hope for recovery

After two years of planning, our new Integrated Rehabilitation Unit has opened at the Queen Street site. This unit is a pilot project to test and refine a new approach to client care in an enriched environment for clients and staff.

Designed for people receiving long-term care for severe mental illness, the new unit offers specialized services in a comfortable, more home-like setting, to help clients achieve the highest possible level of recovery and rebuild skills needed to live independently in the community. Some of the 60 clients in the new unit have been in hospital for many years. They receive intensive rehabilitation from a multidisciplinary care team and learn how to look after their own needs, such as preparing meals, making beds and joining groups.

"The hope is that, with a more supportive and personalized care approach, these clients will enjoy a more meaningful quality of life, be able to rebuild lost skill sets and move on to become more successful in the community," says Karen Martin, the manager of the unit.

Clients helped plan the renovated unit; they recommended more respect and more control over personal space, security and privacy. The new facilities include more private spaces, more home-like living areas, key-pad locks on each room, private client washrooms and individual client rooms decorated in colours

they chose. Some of the recommended design changes could not be made, because of the constraints of the current facilities at Queen Street. However, when the Queen Street site is redeveloped, the recommendations will be part of new "alternate milieu" inpatient facilities.

Full consolidation of Emergency Services at the College Street site

A six-bed Emergency Assessment Unit (EAU) opened in October to enhance CAMH's Emergency Services. The EAU, located at the College Street site, was built specifically for holding clients who need admission, short-term crisis intervention or further assessment and observation. The EAU provides a more comfortable environment for clients, enhances our staff's ability to provide quality care and has reduced the pressure on inpatient admissions for short-term stays. This enhanced service led to a significant drop in activity at the Queen Street emergency facility, resulting in

its closure and the full consolidation of CAMH's emergency services at the College Street site in late March.

Reshaping clinical programs to meet client needs

CAMH has made significant changes in clinical programs this year to better meet the needs of clients. These changes include:

- **Neuro/Geriatrics:** The Neuropsychiatry Program, Geriatric Psychiatry Program and OPUS 55 were combined in a single Neuro/ Geriatric Program. This combined program will better serve older adults who often have a combination of needs, including mental illness, cognitive impairment, substance use problems, medication conditions, as well as declining physical health, housing problems, financial concerns and social stigma. The new program is providing holistic care in both inpatient and outpatient programs.
- **Mood and Anxiety Program:** With a new clinical director in place, the Mood and Anxiety Program is being expanded to better address the needs of clients. Changing from a completely outpatient-based program, it has opened a 13-bed inpatient unit to meet the specialized needs of people with mood and anxiety problems.
- **Child, Youth and Family Program:** The integration of Youth Addictions, Child Psychiatry and SAPACCY (Substance Abuse Program for African Canadian and Caribbean Youth) created a new program to better serve the needs of children and youth who often need care for mental health and substance use problems.

These changes are part of the long-range plan for programs and services, which is outlined in CAMH's Functional Program for the proposed redevelopment of the Queen Street site. Many of the proposed program changes and enhancements depend on the development of new facilities and a new environment of care.

LEARN assists young people get back on track

Early detection and treatment of psychosis increase the opportunity for long-term recovery.

"Helping young people get back to school, back to work, back with friends and back into life is the goal of CAMH's new LEARN centre," says Dr. Robert Zipursky, Clinical Director of the Schizophrenia Program.

LEARN stands for Learning, Employment, Advocacy and Recreation Network. This unique facility, in Toronto's west end, opened in September 2002. The new facility, offering services that were often unavailable before, addresses the complex needs of youth recovering from a first episode of psychosis. These needs include

education, social skills, emotional support, family education and support and management of problem substance use.

Snowboarding therapy

Young adults in the REACH (Recovery and Education for Adolescents Choosing Health) program learned to snowboard this winter, as a result of a partnership between CAMH and Chill. Chill is an organization that helps young people, who would not otherwise have the opportunity, to try snowboarding. Once a week for six weeks, clients in the day treatment addiction program spent the day at a snowboarding centre, where they were taught the fundamentals of the popular sport.

Like other outdoor adventure activities that are part of our youth addiction programs, the snowboarding experience gave the young adults a chance to challenge themselves, learn a new skill and build self-esteem in an alcohol- and drug-free environment.

"It was an incredible experience for everyone," said Youth Addictions Counsellor, Lori Morgan. "The youth saw that they could snowboard for a day without using [drugs or alcohol], which was a huge accomplishment. It made them realize it was possible to do other things without using [drugs or alcohol] too."

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Building Bridges Breaking Barriers Access Project

The Building Bridges Breaking Barriers Access Project is designed to ensure that ethno-racial/cultural communities have full access to quality mental health and addictions services from CAMH. The project is a joint initiative between CAMH and five ethno-racial/cultural community agencies: Scadding Court Community Centre (Chinese), the Ethiopian Association in Toronto, Polycultural Immigrant and Community Services (Polish), Punjabi Community Health Centre and the Society for the Aid of Ceylon (Sri Lanka) Minorities. As a pilot program, the project will implement an anti-racist organizational change model in two CAMH programs -- the General Addiction, Assessment and Treatment Program and the General Psychiatry Program.

Through participatory action research, this project identified the systemic barriers created by racism, cultural insensitivity, language, western models of treatment and inequitable access to information, networks, resources, decision-making, experience and expertise. One goal is to raise awareness of substance use and mental health issues in ethno-racial/cultural communities through health promotion and prevention strategies that are anti-racist and culturally appropriate.



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From the research, the project team developed a broad action plan. This action plan will be implemented not only in the two pilot clinical programs, but also in CAMH's education and training, human resources, health promotion, communications, governance/ leadership, and public policy work.

Building Bridges Breaking Barriers is a model for CAMH in creating partnerships with ethno-racial/cultural communities in Toronto and in addressing systemic barriers so we can better meet the needs of diverse stakeholders.

Spanish addiction program turns lives around

In November 2002, the Centre for Spanish Speaking Peoples honoured CAMH with the award for Outstanding Contribution by Another Non-Profit Agency to the Toronto Hispanic Community. The award was given for our Spanish-language residential addiction program.

We began this program in May 2001 as a pilot project with the Centre for Spanish Speaking Peoples. At that time, no intensive addiction programs in Spanish were available in Toronto, although CAMH staff recognized that there was a need. Spanish-speaking staff decided to develop a program

that would reflect the needs of Spanish-speaking clients: all education, group and individual therapy, recreation, nutrition and stress management sessions would be delivered in Spanish; menus would reflect the clients' countries of origin; and Spanish posters would help create a welcoming environment.

The program was an immediate success. Clients said it was important to be able to participate in treatment in their own language and within a culturally competent experience. The program, which has now been offered six times, continues to receive high praise from its participants.

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Focus on Overarching Issues: CAMH Annual Report 2003

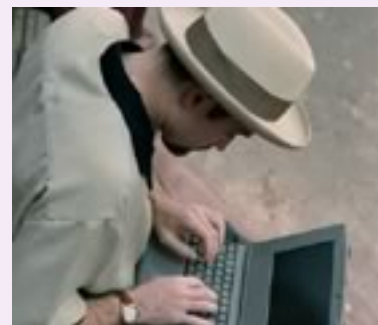
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Employment works

CAMH clients have a vast array of skills and experience to contribute to the labour force. But many are un-employed or underemployed and struggle with poverty and low self-esteem in addition to their illness. That is why clients, community partners and staff are working on a plan to increase employment and training opportunities for people with mental health and addiction issues.

CAMH's Client Employment Initiative Workgroup was created this year to provide leadership on client employment issues. Its objectives include:

- developing a strategy to address the employment needs of clients, including incorporating clients' employment and training needs into their care plans and establishing employment and training opportunities
- becoming a model employer that embraces the value of client training and employment and is committed to equity and diversity
-



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developing understanding of how employment services and supports affect clinical outcomes

- advocating for changes to systemic barriers to employment and training
- expanding CAMH support for consumer/survivor businesses.

Advocating for clients on income support

The Ontario Disability Support Program (ODSP) is intended to help people with disabilities by providing basic income supports, including prescription drug and other benefits.

However, inadequate benefits, confusing application procedures, and seemingly arbitrary eligibility decisions are causing such distress for some mental health and addiction clients, that they are jeopardizing the clients' health and recovery.

To address these issues, CAMH prepared a study titled Barriers to ODSP: Experiences of People with Mental Health and Addictions. We have also joined the ODSP Action Coalition Group, made up of agencies and organizations advocating for change.

Advocating for better access to ODSP is a priority for CAMH, because access to income and other benefits is so integral to the quality of life, treatment and recovery of clients.

Housing Stability Benchmarking Study

The lack of safe and affordable housing is a crisis for thousands of people

in Canada. But it is particularly acute for people with severe mental illness. As a result, last year CAMH developed a Housing Policy Discussion Paper. Reflecting best practices, this paper calls on the Ontario government to launch a housing action strategy to ensure that people with mental illness have access both to housing and the kind of supports they need for recovery.

CAMH is currently involved in a number of initiatives on housing, including the Housing Stability Benchmarking Study. This is a two-phase action research and educational project to improve the quality of housing and support services for people with mental illness. The study, which began one year ago, involves present and past clients, housing providers, policy makers and other agencies. We are examining innovative and effective housing practices that promote housing stability for people with mental illness.

CAMH will translate the study findings into a range of benchmarks that housing providers can adopt, depending on their mandate.

We will also outline a menu of innovative practices currently being used by providers to achieve these benchmarks. As well, we will hold workshops with housing providers to explain how they can use the benchmarks as a tool in their program planning.

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CAMH conducts research into three areas: clinical, neuroscience and social, prevention and health policy. We translate research into best practices and share that knowledge with health professionals across Ontario and beyond.

A genetic subtype of schizophrenia

Dr. Anne Bassett and her team in the Clinical Research Program have begun a large-scale study into a genetic condition that is now considered to be a subtype of schizophrenia. The condition, called 22q11.2 Deletion Syndrome (also known as velo-cardio-facial syndrome), has a known genetic abnormality. It is the first identifiable genetic subtype of schizophrenia.

Learning more about this subtype is helping us improve the day-to-day care of people who have it. Our research, which includes screening clients of the Schizophrenia Program, promises to lead to discoveries about the genetics and expression of schizophrenia.

New tool for treating depression

Dr. Zindel Segal, with colleagues in the United States and the United Kingdom, recently found that Mindfulness Based Cognitive



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Therapy (MBCT) can help prevent relapses of major depression. Using a mix of breathing exercises, yoga stretches and educational tools, MBCT helps people with depression understand the links between thinking and feeling, and how they can best look after themselves when depression threatens to overwhelm them. In clinical trials, Segal and his colleagues found the relapse rate of those who participated in MBCT was 50 per cent lower than those who did not.

Psychotherapy and pharmacotherapy acting together

While psychotherapy has often been considered "talk therapy," there is evidence that it has an impact on the brain, changing brain circuits and brain connections. A new scientific framework has been proposed in which pharmacotherapy (drug therapy) and psychotherapy can act together -- pharmacotherapy providing the neurochemical ground and psychotherapy building on this ground. Our research is looking to find the most effective combination of these two types of therapy in the early stages of schizophrenia. We hope that this line of research could lead to preserving normalcy and preventing some of the effects of the illness.

Neighbour @ Work Initiative

For years we have known that the relationship between stress and satisfaction at work influences the mental health of employees. The breakthrough finding this year is how perceptions of fairness also play a role in this relationship.

When employees feel that they are being treated unfairly in the workplace, they have higher rates of mental distress, principally anxiety and depression. This finding has led to the Neighbour @ Work Initiative. This experimental initiative uses a four-question survey, called the Stress Satisfaction Offset Score, to identify workplace conditions that produce problems such as anxiety, depression, immune system disorders and cardiovascular disease.

Epigenetics Research Laboratory first of its kind

While all cells in a person's body have identical genes, cells from different parts of the body look and function differently. This difference results because of the way that genes are regulated: genes that are active in one type of cell are "switched off" in others. The science of how genes are regulated is called epigenetics.

Our Krembil Family Epigenetics Research Laboratory is the first in the world dedicated to understanding the role of epigenetics in mental illness. Epigenetic research, unlike genetic research, promises to explain various unclear issues in major psychosis, such as why genetically identical twins may have epigenetic differences.

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Such study promises to lead to major research breakthroughs. In 2002, Dr. Arturas Petronis received a prestigious Ontario Mental Health Foundation Special Initiatives Grant to pursue epigenetic factors in psychiatric illness.

PET Centre

CAMH has acquired the most advanced brain positron emission tomography (PET) scanner in the world. Our new high-resolution, high-sensitivity camera allows researchers to create images of brain regions eight times smaller than possible with our old scanner. We are using the new technology in our two well-established PET research programs, Schizophrenia and Mood and Anxiety (Mood Neurochemistry), as well as in emerging programs in Addiction and Geriatrics.

Our researchers are recognized as international leaders in brain PET research. This recognition is the result of breakthroughs such as Dr. Shitij Kapur's study of the benefits of low-dose antipsychotic therapy in first episode schizophrenia and our development of a PET imaging agent that allows us to investigate the serotonin transporter that is the brain target of most antidepressants. Our researchers were involved with the manufacturer in designing the sophisticated new PET scanner.

Gambling and mental illness

CAMH undertook a study of people who have gambling problems, people who gamble socially and people who have recovered from a gambling problem. We looked at the prevalence of mental illness among the groups and how the mental illness affected their gambling behaviour.

The study showed that mood and anxiety disorders were the most commonly reported disorders for all three groups. The rate of mood and anxiety problems was higher among pathological gamblers compared to the general population. Participants who reported a mental illness also had significantly higher rates of current emotional distress as well as greater substance use and substance use problems, compared to gamblers without a psychiatric diagnosis. Otherwise, we found few group differences, suggesting that people who gamble have similar behaviour patterns, regardless of whether or not they have a psychiatric disorder.

The design and delivery of methadone maintenance treatment programs

In November 2002, Health Canada released two publications, a best practices document and a comprehensive literature review on methadone maintenance treatment, which were developed largely

through the efforts of Drs. Bruna Brands and David Marsh.

Best Practices in the Design and Delivery of Methadone Maintenance Treatment Programs is intended to make current programs more effective and encourage service providers to start new programs. Ideally, this document will increase awareness among practitioners and service providers, engage and retain clients and patients, and improve treatment outcomes.

Best practices for concurrent disorders

A CAMH research project on concurrent disorders, funded by Health Canada, synthesized research literature, expert opinion and input from client focus groups. From this information, we created a report that contains recommendations for assessment and treatment services. The report, which focuses on the need for an integrated approach, was released by Health Canada as a best practices guide.

The guide has been well received nationally and internationally and has been highlighted in our provincial concurrent disorders plan. We hosted a videoconference, with more than 260 participants in 19 locations, to introduce the best practices guide and discuss its implications, both for treatment and for systems planning. We then followed up with a provincial forum of 40 representatives of government, agencies and health providers to get broad input on a plan of action on concurrent disorders. Recommendations include creating a provincial working group, better systems planning, improved services, policy development, networking, training and a focused approach by government.

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For people working in addiction, mental health and related fields, CAMH offers training and development, including professional disciplines, postgraduate training, residencies, continuing professional education and continuing medical education.

Professional education

CAMH is the largest provider of professional education and training in mental health and addictions in Canada. Twenty-five per cent of all Canadian-trained psychiatrists are trained at the University of Toronto, and most of them have part of their training at CAMH.

This year, we provided training to 617 students, 10 per cent more than in 2001/2002, and 26 per cent more than in 2000/2001. They included:

- 112 in undergraduate medicine
- 320 in nursing
- 35 in social work
- 22 in occupational therapy



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- 11 in addiction therapy
- 20 in psychology
- 57 psychiatry residents
- 15 family practice residents
- 25 others (includes dietitians, spiritual and religious caregivers, pharmacists, child and youth workers, and vocational rehabilitation counsellors).

Continuing professional education

CAMH is also one of Canada's largest providers of continuing professional and in-service education. In 2002/2003, we trained:

- 635 people in 27 continuing professional education courses in the Greater Toronto Area (GTA)
- 2,500 participants in 69 continuing professional education courses across Ontario (outside the GTA)
- 420 health care professionals in 13 continuing medical education courses.

Nearly 600 people attended our Concurrent Disorders Certificate Training Program, held in centres across Ontario. Almost 400 people took part in courses offered at our popular Summer Institutes in Toronto and Windsor.

Resources for health professionals

CAMH translates the knowledge gained from research into practical resources and tools for health professionals and the public. Among our most important this year were: Asking the Right Questions, a manual and assessment tool for addiction counsellors working with clients who are gay, lesbian, bisexual, transgender and transsexual; Managing Alcohol, Tobacco and Other Drug Problems: A Pocket Guide for Physicians and Nurses, distributed to 8,500 health professionals across Ontario; and Can I Catch It like a Cold?, an educational resource in storybook format for parents, teachers and mental health professionals, which answers questions children have about depression.

Our Best Advice papers present the most up-to-date knowledge on emerging issues for health professionals, policy-makers and others working in mental health and addiction. Our most recent additions include: Reducing the Harms of Alcohol-Related Collisions and CAMH Housing Discussion Paper.

E-learning coming soon

This year CAMH has focused on developing on-line courses to better meet the needs of mental health and addiction practitioners and allied professionals across Ontario. Providing services province-wide is an important part of our mandate; capacity building and sharing knowledge are priorities.

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> Health Promotion and Prevention

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Health Promotion and prevention activities at CAMH include public education, research, clinical health promotion, community-based programming, resource development and public policy development.

School Culture Project

With our School Culture Project, we hope to better understand how the school environment influences substance use, deviant behaviour and mental health outcomes in students. More than 20 schools across the province, in both French- and English-speaking communities, were involved in this project, which was co-led by CAMH's Research Department and Communications, Education and Community Health (CECH) Department. The results of the study, released in 2002, included identifying elements that affect a student's sense of school membership. Now, in collaboration with targeted schools and other external partners, we are developing and evaluating policies and interventions that target those elements. The goal is to improve school climate and culture and reduce substance use and other mental health problems among secondary school students.

Inventory of clinical health promotion activities



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CECH developed an inventory of CAMH health promotion activities. The inventory includes more than 90 examples of health promotion, many in the clinical programs, collected through interviews with more than 40 CAMH program staff. During these interviews, staff identified supports needed to enhance health promotion in clinical programs.

In response to one of the key recommendations, CECH is working with the clinical programs to develop and offer program-specific training in health promotion. As well, the department has negotiated an agreement with the

University of Toronto's Centre for Health Promotion that will give CAMH greater access to research expertise in health promotion and will help CAMH with projects related to determinants of health and improving quality of life outcomes.

Madness and Arts Festival

The Madness and Arts Festival was a unique celebration of creativity and mental health, presented by the Workman Theatre Project (WTP) and CAMH. The nine-day event, held in March 2003 at Toronto's Harbourfront Centre, featured art exhibits, theatre, music, dance, lectures, workshops and panel discussions with 185 actors, dancers, musicians, painters and academics from nine countries. Over 10,000 people attended.

The goal of the festival was to educate, entertain and de-stigmatize mental illness. It was a great success. "It was a unique opportunity for people to see wonderfully talented artists and to learn more about an issue that is seldom in the public eye," says Lisa Brown, founder of the WTP and one of the festival's originators.

Smoke-free bylaws passed in 12 more communities

CAMH regional staff continue to work with external partners to develop and promote smoke-free bylaws in their communities. In the past year alone, CECH worked with anti-tobacco coalitions in 16 districts across the province, with 12 bylaws being passed to date. Bylaws that ban smoking in public places and workplaces protect workers and the public from carcinogens and environmental tobacco smoke and help to increase quit rates and reduce the amount that people smoke.

Health promotion and prevention action plan for French-speaking ethno-racial communities

Through funding from Health Canada and Immigration Canada, CAMH undertook a needs assessment in partnership with five

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French-speaking ethno-racial communities in Toronto. As a result of the needs assessment, we developed a Health Promotion and Prevention Action Plan, aimed at improving mental health and addiction literacy and access to services. One of the most important components of this plan is a public advertising campaign to increase awareness of mental health and substance use in the French-speaking communities.

This project builds on the pioneering work of the Building Bridges Breaking Barriers Access Project and the Ethno-Racial Coalition: Access to Addiction Services, both of which are designed to ensure that ethno-racial communities have access to quality mental health and substance use services from CAMH. Francophones from the Greater Toronto Area raised many concerns about barriers to access and unmet needs that we hope to begin addressing through this project.

The project has been nominated by the Canadian Race Relations Foundation as a finalist for its 2003 Award of Excellence.

New information centre ready to open

In response to the need for more accessible information and services, we are about to open our new McLaughlin Addiction and Mental Health Information Centre. Features include an enhanced toll-free information line, a telephone support line staffed by volunteers, Web-based information, and a storefront location in Toronto. Our new information centre will help us reach people who find it difficult to access mental health and addictions systems and information, particularly people from diverse communities. Designed with broad stakeholder input, the centre will also offer employment opportunities to clients, which is a priority for CAMH.

Public policy

CAMH is committed to playing a leading role in public policy and influencing change. This year, among our many activities, we:

- made presentations and submissions to the Romanow Commission on the Future of Health Care in Canada, the House of Commons Committee on the Non-Medical Use of Drugs and the Senate Special Committee on Illegal Drugs
- worked with regional Mental Health Implementation Task Forces and the Parliamentary Justice Committee on Changes to the Mental Disorder Provisions of the Criminal Code
- delivered position papers on housing, harm reduction, lowering the legal blood alcohol content level, retail alcohol monopolies and income support issues for clients
- advocated for a national drug strategy, a Toronto drug

strategy and legislating municipal tobacco bylaws.

Reducing drinking-related deaths

Drinking and driving is the leading cause of death on Canadian highways. To address this problem, CAMH has called for changes in the Criminal Code to reduce the legal blood alcohol content (BAC) from 80 mg% to 50 mg%.

"The evidence is strong that reducing the BAC limit would lead to fewer collisions, injuries and deaths," says Dr. Robert Mann, Senior Scientist at CAMH, who has been conducting research in this area for almost 20 years.

In taking this position, we are adding our voice to the national campaign led by Mothers Against Drunk Driving and supported by many influential health and community groups.

Expanding capacity around the globe

Through our new Office of International Health, which opened in July 2002, we are helping to advance addiction and mental health care around the world and helping to raise CAMH's profile internationally. We have forged partnerships to deliver clinical and health promotion training with:

- Mexico's National Institute of Psychiatry Ramon De La Fuente around service needs for underserved populations. We are collaborating with the national institute and the Canadian Institute of Health Research -- Institute of Aboriginal Peoples' Health to develop an addiction services model for Mexico's indigenous people.
- the University of the West Indies' Caribbean Institute on Alcoholism and other Drug Problems (CARIAD) to develop and deliver training on concurrent disorders.
- the Nigerian Training Program on Substance Abuse at the University of Benin to develop and share culturally relevant education resources for use in Africa.
- the Department of Psychiatry at the University of Toronto in a pilot project training residents in Ethiopia.

At a meeting sponsored by the Pan American Health Organization in Chile, Akwatu Alleyne Khenti, Director of International Health Programs, and Ron Douglas, Project Co-ordinator for the Aboriginal Community Alcohol Harm Reduction Policy, presented CAMH's experience with municipal alcohol policies to a meeting of mayors from across the Americas.



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(As of March 31, 2003)

- Dr. Paul Garfinkel
President and Chief Executive Officer
- Jean Simpson
Executive Vice President and Chief Operating Officer
- Dr. Georgiana Beal
Chief of Nursing Practice and Professional Services
- Rhoda Beecher
Vice President, Human Resources and Organizational Development
- Joanne Campbell
Vice President, Community Relations
- Peter Catford
Vice President, Information Management and Chief Information Officer

Dev Chopra
Vice President, Finance and Support Services, and Chief
Financial Officer

- Peter Coleridge
Vice President, Communications, Education and Community
Health

- Gail Czukar
General Counsel

- Mary Deacon
President and CEO, CAMH Foundation

- Dr. David Goldbloom
Physician-in-Chief

- Dr. Patrick Smith
Vice President, Clinical Programs

- Elisabeth Stroback
Real Estate Advisor

- Dr. Franco Vaccarino
Vice President, Research

- Georgina Veldhorst
Vice President, Clinical Programs

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Executive Office

Queen Street Site
1001 Queen St. West
Toronto, Ontario
M6J 1H4
416 535-8501 ext. 6076

Sites

Brentcliffe Road Site
175 Brentcliffe Rd.
Toronto, Ontario
M4G 3Z1
416 535-8501

Assessment Service
416 535-8501 ext. 7064

College Street Site
250 College St.
Toronto, Ontario
M5T 1R8
416 535-8501



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Emergency
416 535-8501 ext. 6885

Assessment Clinic
416 535-8501 ext. 6878

Russell Street Site
33 Russell St.
Toronto, Ontario
M5S 2S1
416 535-8501

Assessment Service
416 535-8501 ext. 6128

Queen Street Site
1001 Queen St. West
Toronto, Ontario
M6J 1H4
416 535-8501

Community offices

Hamilton
905 525-1250

Kenora
807 468-6372

Kingston
613 546-4266

London
519 433-3171

North Bay
705 472-3850

Ottawa
613 569-6024

Sault Ste. Marie
705 256-2226

Sudbury

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Act - List of CAMH employees
who earned more than \$100,000
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705 675-1195

Thunder Bay
807 626-8111

Timmins
705 267-6419

Toronto
416 535-8501 ext. 6028

Windsor
519 251-0500

Clinical satellite offices

501 Withdrawal Management
501 Queen St. West
Toronto, Ontario
416 535-8501 ext. 7297

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

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

DARE
95 Browns Line
Toronto, Ontario
416 535-8501 ext. 7600

Day Centre
252 College St.
Toronto, Ontario
416 535-8501 ext. 4270

Dual Diagnosis Resource Service
700 Lawrence Ave. West
Toronto, Ontario
416 535-8501 ext. 7800

Dual Diagnosis Service -- Peel
1001 Queen St. West Unit 4, Room 470
Toronto, Ontario
416 535-8501 ext. 2870

First Assessment Clinical Team (FACT) -- Peel
30 Eglinton Ave. West
Suite 755
Mississauga, Ontario
416 535-8501 ext. 7700

Lakeshore Outpatient and Community Clinic
3170 Lakeshore Blvd. West,
Suite 201
Etobicoke, Ontario
416 535-8501 ext. 7233

LEARN
1709 St. Clair Ave. West
Toronto, Ontario
416 535-8501 ext. 6865

Metro Addiction Assessment And Referral Service (MAARS)
175 College St.
Toronto, Ontario
416 535-8501 ext. 7448

PACE Central
1001 Queen St. West
Room 1046
Toronto, Ontario
416 535-8501 ext. 3448

PACE Peel
30 Eglinton Ave. West Suite 755
Mississauga, Ontario
416 535-8501 ext. 7716

PACE East
393 King St. East
Toronto, Ontario
416 535-8501 ext. 7650

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

Problem Gambling Service
175 College St.

Toronto, Ontario
416 599-1322

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

Web site: www.camh.net

Audited financial statements

For a copy of CAMH's audited financial statements, contact us at 416 979-4250 or check back to our web site(coming soon).

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. The 2003 list is now [available here](#).

WHO/PAHO Collaborating Centre in Mental Health and Addiction

CAMH applied and successfully received another 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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CAMH Public Sector Salary Disclosure Act List for 2003



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RECORD OF EMPLOYEES' 2003 SALARIES AND BENEFITS							
Cal Year	Sector	Employer	Surname	Given Name	Position	Salary Paid	Taxable Benefits
2003	Hospitals	CAMH	ANH LE	DZUNG	CO-SECTION HEAD, BIOBEHAVORAL PHARM RES	102,765.06	586.03
2003	Hospitals	CAMH	ARIFUZZAMAN	ANDREAS	DIRECTOR, RESEARCH OPERATIONS	121,343.42	615.19
2003	Hospitals	CAMH	ATKINSON	LESLIE	SECTION HEAD, PSYCHOBIOLOGY & ANTISOCIAL	117,749.78	586.03
2003	Hospitals	CAMH	BAGBY	ROBERT MICHAEL	DIRECTOR, CLINICAL RESEARCH	127,843.10	594.03
2003	Hospitals	CAMH	BARBAREE	HOWARD	CLINICAL DIR. LAW & MENTAL HEALTH PROGRAM	189,346.19	1,120.88
2003	Hospitals	CAMH	BARTHA	CHRISTINA	ADMIN. DIR. ADDICTIONS CHILD YOUTH & FAMILY	106,075.00	1,749.03
2003	Hospitals	CAMH	BEAL	GEORGIANA	CHIEF NURSING PRACTICE & PROFESSIONAL SRVCS	165,947.90	1,640.55
2003	Hospitals	CAMH	BEECHER	RHODA	VP, HUMAN RESOURCES & ORG DEV.	168,452.08	1,646.25
2003	Hospitals	CAMH	BLEWETT	ROBERT	DIRECTOR HUMAN RESOURCES	116,844.03	1,321.03



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2003	Hospitals	CAMH	BUSTO	USANDA	SECTION HEAD, CLINICAL NEUROSCIENCE	102,765.06	586.03
2003	Hospitals	CAMH	CHAIET	ALBERT	DIRECTOR, PHARMACEUTICAL SRVC	108,965.76	601.03
2003	Hospitals	CAMH	CHAIM	GLORIA	CLINICAL DIRECTOR ADDICTIONS PROGRAM	99,965.75	601.03
2003	Hospitals	CAMH	CHOPRA	DEVENDRA	EVP, CORPORATE SERVICES	222,625.90	1,643.79
2003	Hospitals	CAMH	CHRISTENSEN	BRUCE	DIRECTOR, SCIENTIFIC DEVELOPMENT	108,844.32	594.03
2003	Hospitals	CAMH	COLERIDGE	PETER	VICE PRESIDENT CECH	196,510.16	973.01
2003	Hospitals	CAMH	COSTON	NEVIN	DIRECTOR, EDUCATION & PUBLISHING	100,666.06	568.02
2003	Hospitals	CAMH	CUNNINGHAM	JOHN	SCIENTIST	114,260.52	536.03
2003	Hospitals	CAMH	CZUKAR	GAIL	EVP, POLICY & PLANNING	184,519.10	1,427.88
2003	Hospitals	CAMH	DAKERS-HAYWARD	MARILYN	ADMIN. DIR. SCHIZOPHRENIA PROGRAM	110,063.27	630.02
2003	Hospitals	CAMH	DEKKER	HENRI	DIRECTOR, REDEVELOPMENT	99,965.75	601.03
2003	Hospitals	CAMH	DUNN	EDWARD	CLINICAL DIRECTOR, LAB SERVICES	118,448.21	1,131.03
2003	Hospitals	CAMH	FAVARO	JEANNE	REGISTERED NURSE	102,194.89	379.16
2003	Hospitals	CAMH	FLETCHER	PAUL	SECTION HEAD, BIOPSYCHOLOGY	99,495.79	586.03
2003	Hospitals	CAMH	FRYER	PATRICIA	DIRECTOR, OH&S, RISK & QUALITY	107,465.76	1,321.03
2003	Hospitals	CAMH	GARFINKEL	PAUL	PRESIDENT & CEO	413,490.35	10,798.31
2003	Hospitals	CAMH	GEORGE	SUSAN	CO-SECTION HEAD, MOLECULAR PHARMACOLOGY	126,775.84	586.03
2003	Hospitals	CAMH	GLIKSMAN	LOUIS	DIR. SOCIAL POLICY & PREVENTION RESEARCH	139,472.78	770.05
2003	Hospitals	CAMH	GOERING	PAULA	SECTION HEAD, HEALTH SYSTEMS RESEARCH & CON.	103,844.26	594.03
2003	Hospitals	CAMH	GRAHAM	KATHERINE	SECTION HEAD, SOCIAL FACTORS PREV & INTRV	102,765.08	586.03
2003	Hospitals	CAMH	JAMES	DENNIS	DIRECTOR, CLINICAL OPERATIONS	101,017.99	609.03
2003	Hospitals	CAMH	JOSEPH-MASSIAH	LINDA	ADMIN. DIR. MOOD & ANXIETY & WOMEN's PROGRAM	100,141.49	529.20
2003	Hospitals	CAMH	KISH	STEPHEN	SECTION HEAD, HUMAN NEUROCHEM & PATHOLOGY	102,765.06	586.03
2003	Hospitals	CAMH	MAJEED	TAHIR	IT SPECIALIST	109,288.32	370.53
2003	Hospitals	CAMH	MORRIS	SUSAN	CLINICAL DIRECTOR DUAL DIAGNOS PROGRAM	99,965.76	601.03
2003	Hospitals	CAMH	NOBREGA	JOSE	SECTION HEAD, NEUROIMAGING RES	102,765.06	586.03

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2003	Hospitals	CAMH	O'DOWD	BRIAN	CO-SECTION HEAD, MOLECULAR PHARMACOLOGY	105,726.43	590.03
2003	Hospitals	CAMH	PETRONIS	ARTURAS	SCIENTIST	100,902.93	543.03
2003	Hospitals	CAMH	PULLAN	SHIRLEY	ADMIN. DIR. LAW & MENTAL HEALTH	109,327.57	657.03
2003	Hospitals	CAMH	SAUNDERS	NANCY	DIR. FINANCE PROCUREMENT & DISTRIBUTION	120,055.00	783.38
2003	Hospitals	CAMH	SEGAL	ZINDEL	SCIENTIST	109,949.96	594.03
2003	Hospitals	CAMH	SIEMIENIEC	ARTUR	IT SPECIALIST	113,194.22	375.03
2003	Hospitals	CAMH	SIMPSON	MARGARET JEAN	EXECUTIVE VICE PRESIDENT & COO	260,089.69	2,032.89
2003	Hospitals	CAMH	SKINNER	WAYNE	CLINICAL DIRECTOR, ADDICTIONS PROGRAM	100,965.76	601.03
2003	Hospitals	CAMH	SMITH	PATRICK	VICE PRESIDENT, CLINICAL PROGRAMS	227,115.12	1,309.77
2003	Hospitals	CAMH	TARATINE	BORIS	IT SPECIALIST	133,130.68	375.03
2003	Hospitals	CAMH	TONEATTO	TONY	SCIENTIST	101,952.86	536.03
2003	Hospitals	CAMH	TONER	BRENDA	SECTION HEAD, WOMENS MH & ADDICTIONS RES	102,762.46	586.03
2003	Hospitals	CAMH	TYNDALE	RACHEL	SECTION HEAD, PHARMACOGENETICS	150,531.68	842.98
2003	Hospitals	CAMH	VACCARINO	FRANCO	EVP, PROGRAMS	249,782.54	1,768.47
2003	Hospitals	CAMH	VALENTE	COSTANDINA	IT SPECIALIST	112,824.22	375.03
2003	Hospitals	CAMH	VAN TOL	HUBERT	SECTION HEAD, MOLECULAR NEUROBIOLOGY	151,841.56	594.03
2003	Hospitals	CAMH	WALSH	MARY	PHYSICIAN	127,662.36	728.69
2003	Hospitals	CAMH	WARSH	JERRY	SECTION HEAD, CELL & MOL PATHOPHYSIOLOGY	125,614.06	726.09
2003	Hospitals	CAMH	WILSON	ALAN	CHIEF RADIOLOGIST	117,079.37	642.03
2003	Hospitals	CAMH	WOLFE	DAVID	CHAIR, CHILDRENS MENTAL HEALTH	149,999.20	903.09
2003	Hospitals	CAMH	ZUCKER	KENNETH	PSYCHOLOGY DISCIPLINE CHIEF	102,765.06	586.03

I certify that the information provided on this record is correct in accordance with the Public Sector Salary Disclosure Act, 1996.

This record has been approved by: CHRIS LOUGHRAN
CAMH PAYROLL MANAGER

Prepared under the Public Sector Salary Disclosure Act, 1996

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