CELEBRATING 10 YEARS

ANNUAL REPORT TO THE COMMUNITY 2007–2008

camh

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

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On the cover:

Staff from CAMH's Addictions and Mood & Anxiety programs on move-in day in April, 2008, outside 60 White Squirrel Way, one of the four Phase 1A buildings opened this year

MESSAGE

Message from the Chair and President

2008—An anniversary year that has us looking ahead

THIS IS a significant year for CAMH. It marks a decade since the historic 1998 merger of our four founding organizations—the Clarke Institute of Psychiatry, the Queen Street Mental Health Centre, the Addiction Research Foundation and the Donwood Institute—to form the Centre for Addiction and Mental Health (CAMH).

CAMH was one of the first organizations to bring mental health and addiction programming and services together. Today, this model is widely accepted. We were also unique in that we unified five significant mandates, to bring together specialized clinical care and a large research enterprise with province-wide education, public policy development and health promotion.

We started with a vision—to fully integrate these mandates and advance the understanding, prevention and treatment of mental illness and addictions—creating a continuum from the research bench to the patient bedside, from the neuron to the neighbourhood. We envisioned the replacement of our outdated facilities with a hospital for the 21st century that would support a new model of client care, embedded as a vital part of the community and free from the barriers of stigma.

Paul Beeston, Chair, CAMH Board of Trustees and **Dr. Paul Garfinkel**, CAMH President and CEO

This year, we are proud to see the first stage of our vision become a reality. In the spring, we opened the first four buildings of our ambitious, multiphase redevelopment project, called Transforming Lives Here, which will turn our 27-acre institutional Queen Street site—once the site of the provincial "Lunatic Asylum"—into a mixed-use urban village. State-of-the-art CAMH facilities will stand side-by-side with shops, businesses, residences and parks in this pedestrian-friendly new neighbourhood.

In this year's report, we profile our new, home-like Alternate Milieu units and approach to care for clients with addictions and mood and anxiety disorders needing help transitioning back into the community.

CAMH has certainly come a long way since 1998, when our Queen Street site had only 40 computers and one e-mail address for 1,000 staff. Today we are introducing the Electronic Health Record, and going paperless in our new buildings. Ten years ago, mental health and addiction issues were shrouded in stigma and a low public priority. Today, CAMH's Senior Medical Advisor Dr. David Goldbloom serves as Vice-Chair of the newly-funded Mental Health Commission of Canada, mandated to help address the issues of stigma and prejudice while raising public awareness and enhancing knowledge. Public perceptions are changing, thanks in part to the Transforming Lives awareness campaign, undertaken in partnership with the CAMH Foundation.

TEN YEARS ago, our tools for diagnosis and treatment were fairly blunt instruments; this year, CAMH scientists filed eight new patents for novel technologies, paving the way for new treatment approaches that match clients' genetic and epigenetic makeup. Ten years ago, hospitals like ours were fully accountable to the provincial government; today in a newly regionalized health care system, CAMH's primary relationship is with the Toronto Central Local Health Integration Network (LHIN). We are at the table in all 14 Ontario LHINs, advocating for the appropriate recognition of mental health and addictions at the local level.

Our guide has been CAMH's targeted Strategic Plan, built on six goals, seven values and five strategic directions. This Strategic Plan has formed the roadmap for our evolution as a force for building an integrated mental health and addiction system that is truly client-centred.

TEN YEARS has given the CAMH community a great deal to be proud of. Our research program has doubled its scientific citations and tripled its external research funding, putting it among the world's finest. Our staff is recognized as international leaders in the effects of the social determinants of health on mental well-being and recovery. CAMH shows expertise in applying diversity and cultural competence issues to the treatment of mental illness and addictions. A Bill of Client Rights (thanks to our Empowerment Council) was immediately considered to be the gold standard for our sector. A Family Care Initiative fully involved families in the treatment of their loved ones. CAMH has done pioneering work in the areas of first episode psychosis and early intervention in treating mental illness, as well as made significant contributions to progress on concurrent disorders (mental illness with addiction) and dialectical behavioural therapy.

THIS REPORT includes some of the milestones from our first 10 years, with comments reflecting how some of our key stakeholders view our progress to date.

TEN YEARS isn't a very long time in the scheme of things. In fact, from our point of view, it's been just enough time for CAMH to lay the foundation for what we plan to accomplish over the next decade and beyond. With our exceptional staff, clients, families, board trustees, constituency members and partners—and the support of both the LHINs and the province—we are convinced that the next decade will be the one in which mental illness and addictions come out of the shadows, once and for all.

Paul Beeston
Chair, Board of Trustees

Paul E. Garfinkel, MD, FRCPC
President and CEO

10 Years and Counting . . . *Some CAMH Milestones*

1998 The Addiction Research Foundation, the Clarke Institute of Psychiatry, the Donwood Institute and the Queen Street Mental Health Centre are merged to form the Centre for Addiction and Mental Health (CAMH).

1999 CAMH helps to launch Canada's first Drug Treatment Court in collaboration with the federal Department of Justice, the Toronto Police Service, Toronto Public Health and various community agencies.

2000 CAMH is named a Centre of Excellence in Addictions and Mental Health by the World Health Organization (WHO).

2001 CAMH develops an award-winning master plan for the redevelopment of its antiquated and stigmatized Queen Street site into a multi-use "urban village," an integrated health care centre unlike any other in the world.

2002 CAMH introduces revolutionary medication doses for depression and schizophrenia as a result of positron emission tomography (PET) technology.

2003 CAMH introduces Mindfulness-Based Cognitive Therapy, combining the practice and clinical application of mindfulness meditation with the tools of cognitive therapy, as a new therapy at CAMH.

2004 CAMH scientists discover more than 70 novel human receptor genes, many of which help mediate unique functions in the brain and are targets for drug design.

2005 CAMH opens the Transcranial Magnetic Stimulation Clinic, offering a pioneering treatment that stimulates a region of the brain with a magnetic pulse to treat symptoms of schizophrenia and depression.

2006 CAMH licenses a large-scale epigenomic profiling system that can help identify what causes complex diseases, opening new avenues for the development of novel diagnostic and therapeutic approaches.

CAMH takes a lead role in problem gambling in Ontario, managing the province's largest treatment centre for people with gambling problems.

2007 CAMH opens the Women's Medium Secure Forensic Unit, the only gender-specific unit of its kind in Ontario specially designed and staffed to treat women with serious mental illness who require specialized care and rehabilitation.

2008 CAMH completes the construction of four new buildings in the first phase of our Queen Street site redevelopment "Transforming Lives Here," and opens them to clients.

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10 Years and Counting . . . *CAMH Today*

TODAY, CAMH has 10 clinical programs: Addictions; Child, Youth and Family; Centralized Assessment, Triage and Support; Community Support and Research Unit; Dual Diagnosis (serving clients with both intellectual disabilities and mental health needs); Geriatric Mental Health; Law and Mental Health; Mood and Anxiety; Schizophrenia; and Women's Mental Health.

TODAY WE know that five of the 10 leading causes of disability in Canada are mental illnesses or addictions.

CAMH'S STAFF includes:

- more than 450 appointed physicians
- 800 nurses
- 500 allied health professionals (including pharmacists, occupational therapists, recreational therapists, psychologists and social workers) and addiction therapists
- nearly 100 research scientists
- 300 research staff
- nine endowed chairs and professorships
- six Canada Research Chairs
- more than 100 specialists in health promotion, diversity, education and public policy
- 200 corporate services employees and some 350 employees providing maintenance, food services, housekeeping, security and other support services.

Dr. Paul Garfinkel, CAMH President and CEO

"We were convinced in 1998 that forming CAMH out of four legacy institutions would create a far greater driving force for mental health and addiction services in our health care system. We felt that it would also be a driver for change in our society. It was a bold thing to do and the right thing to do. I believe that even more strongly now than ever."

ALCOHOL

ALCOHOL IS the "drug of choice" for Canadians, with 79 per cent of Ontario adults imbibing. The direct and indirect costs to society of problem alcohol use are substantial: $5.3 billion in Ontario alone, second only to the social burden of tobacco. So it's no surprise that CAMH is making substantial clinical, research, health promotion and policy efforts in this area.

Alcohol and cancer: Is drinking the new smoking?

IN LATE 2007, CAMH researchers clarified the link between alcohol consumption and the risk of head and neck cancers, showing that people who stop drinking can significantly reduce their cancer risk.

"Alcohol cessation has very similar effects on risk for head and neck cancers as smoking cessation has on lung cancer. It takes about two decades before the risk is back to the risk of those who were never drinkers or never smokers," says CAMH's Dr. Jürgen Rehm. His team analyzed more than 40 years of epidemiological data on esophageal and other head and neck cancers.

Research by Dr. Rehm and other scientists at the World Health Organization (WHO) International Agency for Research on Cancer (IARC) also determined that breast cancer and colorectal cancer should be added to the list of pernicious cancers where alcohol is a contributing cause. They found that even moderate consumption can pose a threat—for instance, just one drink a day increases a woman's breast cancer risk by seven to 10 per cent.

These research results have important implications for tailoring alcohol policies and prevention strategies, especially for people with a family risk of cancer. This year, CAMH helped bring cancer experts together with stakeholders representing liquor control agencies, alcohol retailers, public health, the province and representatives of more than 50 organizations for discussions on alcohol, cancer and public policy.

Alcohol is the third highest of 26 risk factors examined for disability, morbidity and mortality.

In 2002, alcohol-related damage is estimated to cost Canadians almost $14 billion.

Dr. Jürgen Rehm

Lowering of the blood alcohol level for drinking and driving from 0.08 to 0.05 has been proposed to help address these issues.

Dr. Kathryn Graham, Senior Scientist, CAMH's Centre for Prevention Science

"Our research has really always been out in the community and connected to clinical issues. We're now building on the environmental model used in *Safer Bars* to develop a better understanding of the interrelationships of alcohol, mental health and the environment with violence generally, including intimate partner violence. I'm excited to see what we'll learn and how we can apply this knowledge in the next 10 years!"

Research in action: Educating bar staff on safer serving

The consumption of alcohol in bars can have dangerous consequences. The Safer Bars Program—developed in 2004 by CAMH Senior Scientist Dr. Kathryn Graham—continues to be widely adopted across Ontario and beyond as an effective tool for bar owners to train staff on communication, teamwork and early intervention to reduce the risk of violence in their establishments.

This year, CAMH's Provincial Services trained more than 100 Ottawa-area bar owners, managers and servers on the importance of keeping patrons and the public safe and complying with restaurant and bar laws. The sessions were held in partnership with the Alcohol Gaming Commission of Ontario (AGCO), Ottawa Police, York Entertainment and the City of Ottawa Bylaws Department.

A committee of the Toronto Drug Strategy is now working on bringing *Safer Bars* to Toronto's Entertainment District.

Exploring regional differences in alcohol and other drug problems

THE PRESUMPTION that the big cities of Toronto and Montreal have the highest rate of alcohol and other drug use problems has been proven incorrect. A study authored by three CAMH researchers revealed that Ontario and Quebec had markedly lower concentrations of people with alcohol and other drug problems than provinces to the west and east, and that the prevalence of these problems was higher in mid-sized cities than in larger urban or rural areas. This research has important implications for targeting health promotion initiatives.

The CAMH researchers discussed a number of explanations for their findings. "Major cities include large numbers of immigrants, among whom drug and alcohol problems are less common. People who decide to come to Canada, and are accepted, tend to be healthy and high-functioning, and some immigrant cultures also reject alcohol and drug use," says Scott Veldhuizen, a Research Analyst at CAMH who co-authored the study with Research Scientist Dr. John Cairney and Project Scientist Karen Urbanoski.

YOUTH

Searching for solutions to youth violence

THESE DAYS, LaToya Rodney considers herself "a resource hustler" for youth who want to break the cycle of violence in their lives. LaToya knows how, having broken it herself after repeatedly being expelled from school, joining a gang and going to jail—an experience that she feels led to the development of posttraumatic depression. After two of her brothers were shot as a result of gang violence, LaToya decided her life had to turn around.

LaToya spoke at a special forum organized by CAMH in partnership with George Brown College for more than 260 service providers, youth and youth outreach workers. "Youth Violence: Mental Health Issue or Criminal Behaviour?" challenged stakeholders to take a new look at a tragic problem that seems to be overwhelming our decision makers.

"Youth violence is strongly shaped by social determinants of health such as poverty, social exclusion, racism, unemployment, inadequate housing and community disorganization," says Lew Golding, Manager of CAMH's Substance Abuse Program for African Canadian and Caribbean Youth (SAPACCY).

LaToya Rodney broke a cycle of gangs and violence to turn her life around. At a forum organized by CAMH in partnership with George Brown College, Natalie Crooks (left), LaToya and three other youth panel members told service providers to look at underlying causes of violence and to strive for "unconventional" ways of addressing it.

Lekan Olawoye (left, with Rahel Appiagyei) stressed a holistic approach to youth violence and mental health. "(Do we have) programs that help us deal with our issues, or is it just keeping youth busy? We're more than arts and basketball, man!"

Lekan Olawoye, who grew up in Toronto's Jamestown community and now co-ordinates the Rexdale Involve Youth Project, believes that community workers and service providers need to take a holistic approach to youth, violence and mental health.

"It's about our self-identity and understanding what our roots are, how we fit with our community and our society as a young black person or a young Asian person," Lekan says.

Former Ontario Children and Youth Minister Mary Anne Chambers, who moderated a panel on youth violence for service providers and professionals, speaks with forum organizer Lew Golding, CAMH's Manager of the Substance Abuse Program for African Canadian and Caribbean Youth (SAPACCY).

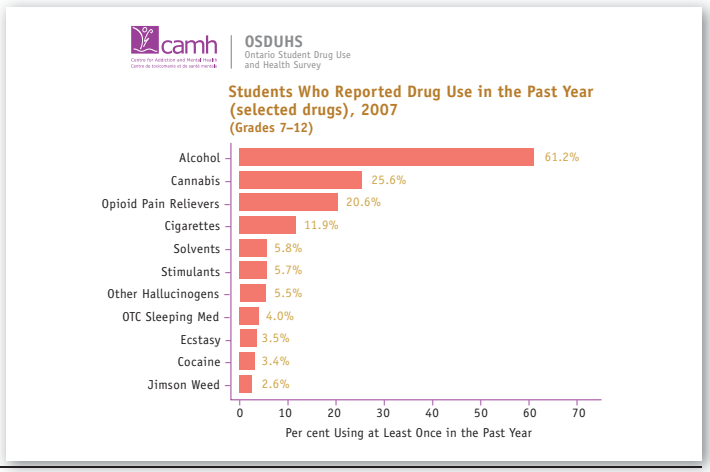
Student use of prescription pain relievers a concern

TWENTY-ONE PER CENT of Ontario students in grades 7–12 misuse prescription opioid drugs, despite the overall use of illegal drugs remaining stable or decreasing, according to the 2007 Ontario Student Drug Use and Health Survey (OSDUHS). This CAMH study, the longest running of its kind in Canada and the second longest in North America, provides a wealth of reliable information about the health, behaviour, attitudes and beliefs of Ontario adolescent students.

Alcohol is still the most prevalent drug used by students (61 per cent drink), and binge drinking remains a real concern, with a total of just over 26 per cent reporting binging in the last year. While the OSDUHS tells us that cannabis use has not decreased, the rate of students smoking tobacco daily or occasionally at 12 per cent is the lowest on record since CAMH started the study in 1977.

"This survey indicates that it is the legal drugs—alcohol and prescription opioids—that are being used by Ontario's youth today, and our governments' efforts to address substance use among youth need to be in synch with that reality if we want to improve the health of our young people," says Gail Czukar, CAMH Vice-President of Policy, Education and Health Promotion.

Dr. Louis Gliksman and Dr. Roberta Ferrence of CAMH at the OSDUHS press conference



Victor Willis, Executive Director, Parkdale Activity Recreation Centre (PARC)

"As it comes up on 10 years for CAMH, there are a number of positive developments: the creation of the Empowerment Council and the Bill of Client Rights, the Diversity Programs Office, and the fact that CAMH is the only hospital that has publicly advocated for appropriate funding for community-based mental health and addiction programs as an essential and integral partner for the continuum of care."

Sexual harassment and school safety

CAMH RESEARCH on school violence, sexual harassment and bullying at 23 schools in Southwestern Ontario proved to be influential to policy-makers this year.

Our Centre for Prevention Science in London, Ontario, found that four per cent of males in Grade 11 admitted trying to force someone to have sex with them, while 10 per cent of males and 27 percent of females admitted being pressured into doing something sexual that they did not want to. While 15 per cent of the girls surveyed reported that they had oral sex in order to avoid intercourse, the boys were more likely to report homophobic insults and physical violence.

Fully 33 per cent of boys and 29 per cent of girls from Grade 9 reported feeling unsafe at school in the past month. And in a trend that has emerged with the widespread use of the web and social networking sites, 12 per cent of males and 14 per cent of females reported being harassed over the Internet.

"Going to high school today is like running the gauntlet," says principal investigator Dr. David Wolfe. "Bullying and harassment are well known to affect an individual's health and adjustment, including problems such as depression, substance use, anxiety and academic failure."

On a positive note, the Ministry of Education announced in February that it would respond to issues raised in CAMH's research and in the Toronto District School Board's Falconer Report by activating the Safe Schools Action Team to address how this harassment and violence can be prevented. CAMH is at the table, contributing innovative school-based programs and curricula that help prevent violence by promoting healthy relationships.

Dr. David Wolfe spoke to parents and service providers about youth and substance use problems at "CAMH in the Community," a new series of regional events organized by CAMH Provincial Services. Dr. Wolfe's study on harassment and school safety provided widely cited information for Ontario policy-makers.

EARLY INTERVENTION

Schizophrenia and first episode psychosis

AT 20, RIDWAN TAHSEEN was struggling in his life and wasn't sure why. Devastated by the breakup of a relationship, he began cutting himself. He feared that people in crowds were staring at him and meant to harm him. His university grades dropped precipitously and he was in danger of being suspended. In a feature story in *The Globe and Mail* this spring, Ridwan recounted how a spur-of-the-moment decision to reveal the extent of his disturbance to a school counsellor led to his seeking help at CAMH.

Ridwan came to CAMH's PRIME (Prevention through Risk Identification, Management and Education) Clinic, where clinicians saw early signs of schizophrenia and worked with him to develop a care program to forestall the onset of this disorder or at least minimize its lasting impact. About 200 people visit CAMH's First Episode Psychosis Clinic each year, all challenged by the fact that many early warning signs are the same as those associated with the turmoil of normal young adulthood. And of course paranoia itself can prevent people seeking treatment.

PRIME is at the forefront of developing better preventative care for young people with early signs of severe mental illness. Clients such as Ridwan receive psychological help to address issues such as depression, but the approach widens to focus on social factors as well. "You can't tell everything to close friends or family because they won't understand it, and that's why CAMH is there and makes you feel like they really want to help you," says Ridwan.

Ridwan Tahseen is pursuing his education and playing soccer again.

Signs a teen may be at risk include trouble concentrating, confusion about what is real, hearing voices or seeing things, feeling suspicious, disorganized speech, irrational ideas and social problems.

Dr. Tony Cohn (centre) with Recreation Therapist Natasha Bakiewicz and Registered Nurse Elizabeth Budd (right)

Ridwan, now 22, is feeling more positive these days. He's out of academic probation and attending school, taking four courses as opposed to the two he was taking previously. He's working and playing soccer, and with his visits to the psychiatrist down to one per month, he feels confident that he will not develop schizophrenia. "I feel positive, and my goals are being accomplished as I target them," he says.

PRIME Clinic Director Dr. Jean Addington collaborates with researchers at other clinics in Canada and the United States to refine our understanding of the warning signs in young people who may be on track to develop schizophrenia. Other CAMH researchers profiled below are also breaking ground on schizophrenia by increasing our understanding of the disease and minimizing the side-effects of antipsychotic medications.

A WORLD FIRST: CAMH'S PHARMACOGENETICS CLINIC

CAMH IS building the world's first Pharmacogenetics Clinic under the direction of Dr. Daniel Mueller. This clinic will be dedicated to understanding the genetics of psychiatric medication response and side-effects, which will help psychiatrists with gene-based prescribing. The work of Dr. James Kennedy, head of CAMH Neurogenetics, will allow doctors to help people with schizophrenia treat their illness while reducing such side-effects as diabetes, weight gain, and the severe movement disorder tardive dyskinesia.

MORE ADVANCES IN CLIENT CARE

THANKS TO Dr. Tony Cohn, CAMH is the first hospital to use the Metabolic Health Monitor, groundbreaking software that integrates the history, medication details and physical profile of clients with schizophrenia to help them develop healthier eating and reduce risk factors.

The work of Dr. Rohan Ganguli, who joined CAMH this year as Executive Vice President, Programs and Canada Research Chair, will complement and expand this metabolic monitoring with an array of evidence-based interventions for reducing the risk of diabetes and cardiovascular disease in people with serious mental illnesses.

This year, CAMH also opened its Transcranial Magnetic Stimulation Clinic to people with schizophrenia. At the clinic, auditory hallucinations are treated by stimulating a particular region of the brain with a magnetic pulse. This innovative treatment—called repetitive transcranial magnetic stimulation (rTMS)— had up until now been used on clients with depression. It grew out of research by Dr. Jeff Daskalakis when he started as a student at CAMH. The clinic has treated more than 50 people with schizophrenia with promising results.

Ten to 25 per cent of people experiencing the "risk factor" characteristics of early-episode symptoms of schizophrenia go on to experience psychosis within 30 months.

Three in 100 people will experience a psychotic episode in their lifetime. One in 100 will have schizophrenia.

One in 10 people with a parent or sibling with schizophrenia go on to develop the illness themselves.

Understanding the first onset of depression

BLUE SKY PROJECT: INTEGRATING NEUROSCIENCE, CLINICAL RESEARCH AND TREATMENT OF DEPRESSION

BY FOCUSING on treating the crucial first onset of depression, CAMH's Blue Sky Project takes a unique approach to breaking the lifelong pattern of recurrent episodes of depression that affects 50 to 60 per cent of young people who have no early intervention.

Blue Sky Project recognizes that depression is complex and requires a comprehensive approach, according to Dr. Michael Bagby, Director of Clinical Research at CAMH, who co-founded the project with Dr. Kate Harkness, principal investigator and psychology professor from Queen's University, and Dr. Arun Ravindran, co-investigator and Director of the Mood and Anxiety Program at CAMH.

Drs. Bagby and Harkness knew that Blue Sky needed to extend beyond the traditional clinical boundaries to reach its target group of young adults where they meet: online. With the aid of a volunteer marketer, Blue Sky created pages on Craigslist, Facebook, MySpace and its own website, www.blueskyproject.ca, together with posters on Toronto's transit system.

This has brought in people such as Tabitha Wood, who otherwise might never have found their way into assessment and treatment. Tabitha says she's gained insight into her illness. "Using the web, I saw that there are other people out there like me. I'm not alone in this and I could stop beating myself up," she says.

"I've gone through a lot and was so scared at first," says DJ, another Blue Sky client, "but the process was pivotal to my going forward."

With 16 weeks of medical treatment, followed by an 18-month period of monitoring and consultation with a team of CAMH psychiatrists, "it's a project that helps the clients while advancing knowledge about the etiology and treatment of first episode depression," Dr. Bagby says.

"Depression is caused by an interaction of neurobiological and genetic vulnerability factors with psychological and environmental triggers," says Dr. Harkness. By integrating the work of Drs. Harkness, Bagby and Ravindran with CAMH neuroscientists Drs. John Strauss and James Kennedy, Blue Sky brings together the work of leading experts in psychology, psychiatry and neuroscience in the search for a full picture of what causes depression.

2.5 million Canadian adults will develop depression at some point in their lives.

Only 56 per cent of Canadians with depression sought treatment for their condition in the past 12 months.

Tabitha Wood

Former Senator **Michael Kirby**, Chair, Mental Health Commission of Canada

"Originally the Senate Committee, and now the Mental Health Commission of Canada, extensively used scientific research results developed at CAMH. We have also received invaluable advice from many members of the CAMH staff. CAMH is truly a national asset in Canada's battle to improve the lives of people with mental illness and addiction, and their families."

"I'm so glad CAMH is involved in the community. They're everywhere now. Volunteering at CAMH keeps me alive. The older patients remember me from when I was a nurse. One old man, when he sees me, calls, 'Hello, Katie, how are you?' and that was from 40 years ago. I like the place. I'm so glad I can make a difference."

Katie Soegtrop, volunteer at the CAMH Patient's Library since 1989

WOMEN

WOMEN FROM across Ontario with severe or complex mental illness and a history of trauma need specialized, women-centred care, and that is what CAMH's Women's Mental Health Program provides. This year, we introduced an eight-week Women's Transitional Care Program that facilitates the women's transition back to the community. Our Addictions Program also has a specialty Women's Services Program serving clients province-wide.

Much-needed resources for working with women

HIGHS AND LOWS: *Canadian Perspectives on Women and Substance Use* is a new resource for what is being increasingly recognized as a serious health, economic and social issue in Canada. Developed by CAMH and the British Columbia Centre of Excellence for Women's Health, *Highs and Lows* brings together the views and experience of nearly 100 experts on women's substance use.

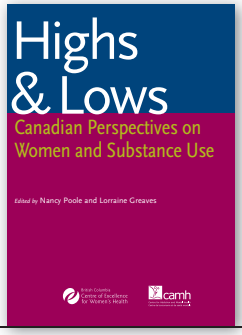
It points to what's working and takes a particularly Canadian point of view, paying special attention to our increasingly diverse population, our First Nations peoples, and our leadership in fetal alcohol research and programs.

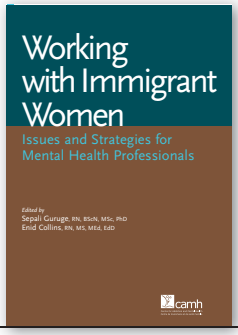
"Girls' drug use is rising faster than boys. This is worrying because drugs and tobacco can more seriously impact girls' developing bodies when we consider issues of trauma, self-esteem, eating disorders, pregnancy and breast cancer," says Christine Courbasson of CAMH's Eating Disorders and Substance Use Clinic, and a contributor to *Highs and Lows*.

Another targeted resource CAMH developed this year is *Working with Immigrant Women: Issues and Strategies for Mental Health Professionals*. It addresses the gaps between Canada's current mental health and addiction services and the real needs of newcomer women. As with many of CAMH's resources for professionals, this book assembles a multidisciplinary group of experts to analyze issues affecting women's mental health and illnesses.

Community partnership addresses post-partum mood disorder

Singer Amy Sky (left, seen here with CAMH Program Consultant Mary Quarterone) shared her own experiences with post-partum mood disorder at a forum organized by CAMH's Peel office and 11 other community healthcare and support providers to find ways to work together to develop a comprehensive approach to this problem.





ABORIGINAL SERVICES

Dr. John Evans, Chair of the Board of MaRS, former President of the University of Toronto, and founding Dean of McMaster School of Medicine

THIS YEAR, CAMH's Aboriginal Services Program was active in Northern Ontario, providing training in cross-cultural diversity to service providers as part of the Mino Bidmaadiziwin Neesh team, as well as giving our own educational sessions on mental health and addiction issues. With more than 1,800 people trained this year, our Aboriginal Services Program is responding to an increasing demand. In 2008–2009, this program will begin receiving funding to provide Aboriginal-specific methadone maintenance training in Ontario and in some of the Atlantic Provinces.

CRISTINE REGO, Aboriginal Training Consultant in CAMH's Sudbury office, was awarded the local YWCA's Woman of Distinction Award for her work with women and youth, and with Aboriginals, to promote health, safety, well-being and positive growth.

ELDER VERN HARPER, a pioneer in promoting the role of First Nations spirituality in the treatment of mental health and addiction and part of CAMH's Aboriginal Services Program, received a City of Toronto 2007 Access, Equity and Human Rights Award.

"Mental illness and addictions are amongst the leading causes of disability today, and their impact is growing. Inaction is simply not an option. CAMH is in the vanguard of client-centred system change, marrying vision with values, innovation with integration, discovery with recovery."

MENTAL HEALTH, ADDICTION AND THE LAW

Toronto Drug Treatment Court program: A road to recovery

THIS YEAR, BRIAN turns 51, but he says his life is just beginning.

Until recently, Brian couldn't remember a time when he wasn't using alcohol or other drugs. By the time he was 19 and running the family business, his experimentation with alcohol and other drugs had turned into frequent use of crack cocaine.

Eventually work and family responsibilities became too much and Brian left the business. When his drug use escalated, he would leave home periodically for shelters, friend's houses or the street.

"I earned my PhD in streetlife," Brian says. "I would spend my time on the streets of downtown Toronto looking for my next chance to use." He felt guilt and shame about his addiction, but that only made him use more.

CAMH's Law and Mental Health (LAMH) Program opened a new minimum-secure Transitional Rehabilitation Unit at our College Street site thanks to funding from the Ministry of Health and Long-Term Care (MOHLTC). This multidisciplinary service helps clients make an eventual transition to outpatient services in the community.

Pictured above (left–right) Mike MacNeil, Jim McNamee and Judith Tompkins of CAMH; Diana Schell and Chris Higgins of MOHLTC.

Shannon Coote, Manager of CAMH's Toronto Drug Treatment Court, answers questions at a press conference announcing federal money for community housing to support clients of the program. Federal Minister of Justice Rob Nicholson (left) and Minister of Human Resources and Social Development Monte Solberg look on.

Brian spoke up at a press conference about the need for supportive housing.

The only other constant in Brian's life was his family, but they couldn't keep him at home, not even when his grandmother and father passed away. "Sometimes we just don't see what our addiction does to the ones we love," Brian says, adding that he had another "family" pulling at him—the one he calls the brotherhood of addiction. "The drugs and my friends who used were always there when things got too hard to deal with—they never deserted me."

After many attempts to stop using, Brian eventually came to CAMH through the Toronto Drug Treatment Court (TDTC), a program for non-violent offenders whose criminal behaviour is directly linked to their addiction to cocaine, crack or opiates. Based on a harm reduction approach to treating the underlying causes of addiction, drug treatment courts have spread across Canada in the 10 years since CAMH helped pioneer them.

This program takes a comprehensive approach with clients like Brian, including judicial supervision, substance use treatment, drug testing and social services support. It's a long and often painful journey, according to TDTC Manager Shannon Coote, who points out that it's a population that has historically been marginalized by society. "Shame and stigma are an enormous challenge," she says.

Brian saw coming to CAMH a few months ago as his last chance to take action. Now in treatment, he looks forward to each day. He has reconnected with his family and sticks to a routine that includes regular visits with a therapist to help him stay focused.

On one of his visits to CAMH in February, Brian was invited to attend a press conference announcing new federal funding for supportive housing for Toronto Drug Treatment Court clients.

The grant from the federal Ministry of Justice and Ministry of Human Resources and Social Development allows CAMH to partner with the John Howard Society to pilot eight short-term transitional housing units, a key element in reducing the risk of recidivism.

Without supportive housing, Brian sees no way for people challenged with addictions to get back on their feet. Speaking up from the audience at the press conference, Brian thanked Minister of Justice Rob Nicholson and Minister of Human Resources and Social Development Monte Solberg for supporting the need for housing through expert organizations such as CAMH and the John Howard Society.

Brian's journey has come full circle. He hopes to return to school and begin working again. "I know what my life is like when I'm using, but I'm excited to see what my life can be when I'm not."

"By the grace of God, I am still here and I know that if I work hard at my recovery, I will succeed."

RESEARCH

CAMH IS a world leader in neuroscientific, clinical, social, prevention and health policy research into mental health and addictions. Increasingly, our scientific findings inform and influence clinical practice, education, health promotion and policy activities provincially, nationally and internationally. **Over the past 10 years,** CAMH research discoveries have had a tremendous impact on the quality of life of people with mental health and addiction challenges and their families, as well as helping to prevent these illnesses from developing in others.

Discoveries point the way to better quality of life

DR. ARTURAS Petronis discovered epigenetic changes—those chemical changes to a gene that do not alter the DNA sequencing—in individuals with schizophrenia and bipolar disorder. (The epigenetics "operating system" has been called the body's software to the DNA hardware.) Conducting the first epigenome-wide investigation in psychiatric research, Dr. Petronis and his team determined that approximately one in every 200 of these genes showed an epigenetic difference in the brains of psychiatric clients.

This groundbreaking proof-of-principle study is the first demonstration of what CAMH epigeneticists have hypothesized for the last 10 years. These results may be the missing link in understanding what causes an illness.

CAMH PHYSICIAN-IN-CHIEF Dr. Benoit Mulsant and Vice-President of Research Dr. Bruce Pollock found surprising evidence that an antidepressant (citalopram) may perform as well as a commonly prescribed antipsychotic medication (risperidone) in the alleviation of agitation and psychosis associated with dementia.

CAMH GENOTYPING research by Dr. Rachel Tyndale found that a person's success in using a smoking cessation drug to quit is influenced by their genes. Her team found that the enzyme that metabolizes the smoking cessation drug bupropion, as well as nicotine, affects smoking cessation and is highly genetically variable in all ethnicities. This finding is a step toward being able to tailor smoking cessation treatment to individuals based on their unique genetic makeup.

THIS YEAR, CAMH built the first cognitive research laboratory in Canada dedicated to addiction and mental health co-morbidity research. This innovative environment will allow CAMH scientists to better understand how deficits in cognitive function, such as attention and memory, contribute to addiction. The lab is under the direction of Dr. Tony George, CAMH Chair in Addiction Psychiatry, who was also appointed Clinical Director of CAMH's Schizophrenia Program this year.

THIS YEAR IN CAMH RESEARCH

- eight patent applications filed
- two novel technologies were licensed with industry partners
- one Option Agreement executed for CAMH technology

"Frankly, despite our greatest hopes, I don't believe any of us ever fully imagined what could be achieved when we started down the merger path. But step by step, year by year, person by person, a compassionate and dynamic organization has emerged—one which transforms every individual who comes in touch with it—clients, patients, families, staff. . . . Magic!"

Pamela Fralick, founding CAMH Board of Trustees member, and former Chair

THE YOUTH Pathways Project, led by Dr. Patricia Erickson, generated new knowledge about the quality of life of street-involved and child welfare youth, focusing on issues of ethnic and sexual diversity, substance use and mental health. These findings are critical to informing policy related to service needs, substance use treatment, child protection, mental health promotion and violence prevention in at-risk youth.

MORE THAN 30 community agencies from Toronto, Peel Region and Kingston are participating in a study led by Dr. Yona Lunsky of CAMH's Dual Diagnosis Program to better understand the factors that cause many adults with intellectual disabilities to go to their local hospital emergency room when experiencing a psychiatric crisis, how hospital staff decide whether to admit, and what the experience is like for people with disabilities and their caregivers. A separate component involves interviewing families to learn how they can be better served in the future.

Shedding light on pedophilia

CAMH RESEARCH scientists are regularly called on by clinicians and media around the world for their expertise in research and treatment of pedophiles—an important but highly sensitive and emotionally charged subject. Their work in the Sexual Behaviours Clinic of CAMH's Law and Mental Health Program aims to better understand the neurobiological factors that contribute to pedophilia, and then to lay the groundwork for discovering methods for preventing the development of the disorder.

This year, Dr. James Cantor and his team released study results revealing that pedophiles tend to be shorter in height and also have less volume in white matter regions of the brain. This adds to prior findings that pedophilic men have significantly lower IQs and greater rates of non-right-handedness. These studies all challenge the commonly held belief that pedophilia results entirely from learned or experiential factors in childhood, and suggest instead that the disorder results, at least in part, from problems in neurodevelopment that occur prenatally or soon after birth.

While CAMH research has shown biological links, Dr. Cantor stresses that such individuals should still be held responsible for their actions, even though no one chooses to be a pedophile.

Dr. James Cantor is interviewed by Irish public broadcaster RTÉ on his work studying the biological factors that may cause pedophilia.

Help for 15,000 more smokers wanting to quit

CAMH RESEARCH indicates that smokers may have up to four times the typical quit rates if they have access to counselling and nicotine replacement therapies.

Minister of Health Promotion Margarett Best, accompanied by Dr. Peter Selby, CAMH Clinical Director, Addictions Program, announced at a press conference at CAMH on Weedless Wednesday in January that Ontario will provide an additional $2 million. This will add 15,000 more smokers to CAMH's highly successful STOP (Smoking Treatment for Ontario Patients) Study, bringing the total number in the study to more than 55,000 smokers.

The STOP Study continued to roll out regionally in collaboration with local pharmacists, public health units and service providers across Ontario.

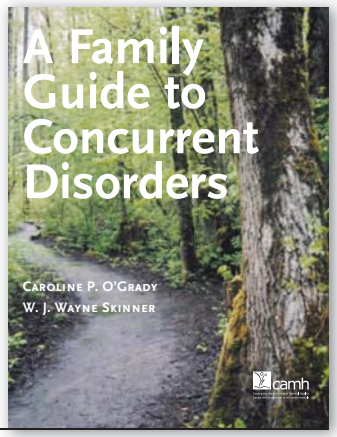
Dr. Peter Selby with Minister of Health Promotion Margarett Best

Supporting families affected by concurrent disorders

An extraordinary number of Canadians contend with both mental health and addiction problems. We know that families play a key supporting role, but there are few tools and resources to assist family members.

CAMH's Partnering with Families Concurrent Disorders Project is the first Canadian study to evaluate different approaches to supporting families affected by co-occurring mental health and addiction problems. What's more, this integrative project provides important new services and supports for these families, including *A Family Guide to Concurrent Disorders* and an accompanying facilitator's guide.

The evidence tells us that co-occurring addiction and mental health problems create major challenges in community living, leading to relapse and psychiatric readmission, involvement with the criminal justice system and a range of quality of life issues.



"We also know that people with concurrent disorders depend on their families for physical, emotional, social and financial support," says CAMH's Caroline O'Grady, Advanced Practice Nurse and Project Scientist who was co-principal investigator with Wayne Skinner, Deputy Clinical Director, Addictions Program. "And the negative impact of co-occurring mental health and substance use problems is also felt by family members," she adds.

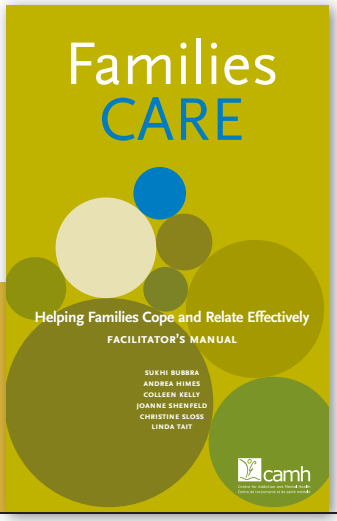
"Research suggests that patient outcomes actually improve when family members' needs for information, clinical guidance and support are met," Caroline says.

For O'Grady and Skinner, the work is just beginning: they are now collaborating with colleagues around the province to create a community of practice to work with families affected by concurrent disorders by providing increased access to psychoeducational and family support resources, and by researching new ways of serving families.

"We accord families the status of experts in their own right. To us, they're partners in our work to find solutions for co-occurring addiction and mental illness," Wayne says.

Ann Orr, President, CAMH Family Council

"Over the past 10 years, I have learned how family, and patient-centred care can speed up recovery and dramatically reduce costs. As I look ahead for CAMH, I know we will continue to work tirelessly on the Family Centred Care Initiative with the wholehearted support of staff and volunteers who have partnered with the Family Council for five years. Together we can make a miraculous difference in the lives of the people we care about."



CAMH also released a facilitator's guide for therapists working with people who have relatives with substance use problems. The guide is based on a family education and support group program developed by a team in the Family Addiction Service.

METHADONE MAINTENANCE TREATMENT

From policy to programs

ADDICTION TO prescription opioids such as OxyContin and Percocet is a growing problem in Ontario, replacing some of the more traditional opioids such as heroin. Methadone Maintenance Treatment (MMT) has long been shown to be an effective treatment for those people addicted to opioids, helping to stabilize their lives and to reduce the harm related to drug use. However, the stigma attached to opioid dependence has helped to make access to MMT services problematic.

After a provincial task force identified the need to improve access to MMT services, the Ministry of Health and Long-Term Care awarded leadership of a $2-million awareness, acceptance and training initiative to CAMH. In November, CAMH convened stakeholders from across Ontario to launch the OpiATE initiative (Opioid Awareness, Treatment and Education).

OpiATE will work in collaboration with our partners to strengthen three elements: greater awareness of opioid dependence and appropriate treatments; professional training and supports to health care professionals to provide MMT; and community acceptance of treatment as part of the continuum of health services for those in need of care.

CAMH is an experienced MMT provider and has extensive medical expertise. With an Education Program set up to provide specialized training, a Provincial Services team working in 32 local sites across Ontario, and a Public Policy Program having developed recommendations on MMT and other treatments, CAMH is uniquely suited to play a central role in the OpiATE initiative.

EDUCATION

CAMH'S ROLE in education and training is broad and diverse, ranging from the formal education of the next generation of psychiatrists, researchers, psychologists, nurses, social workers, occupational therapists and other clinicians, to helping the general public better understand mental illness and addictions. This year's numbers help capture the scope of CAMH's educational reach:

Elizabeth Budd, Registered Nurse, CAMH Schizophrenia Program

- training for more than **7,500** professionals across the province
- **165** online and classroom courses provided to develop clinicians' capacity to treat mental illness and addictions using best practices
- **92** per cent course satisfaction rate, resulting in double the standard rate of reported change in practice
- more than **300** unique CAMH books, videos and brochures published
- **one million** copies of publications distributed
- **43,000** callers to CAMH McLaughlin Information Centre with information available in **19** languages
- **four million** visits to www.camh.net (an increase of 39 per cent over the previous year).

"As nurses, our approach to client care has become increasingly holistic. Care is more complex, yet we are better skilled at engaging clients and families to be more actively involved in it. I'm glad to see how much we have improved support to students through strengthening the preceptor program, putting greater emphasis on teaching and clinical supervision."

INTERNATIONAL

CAMH IS one of only four Pan American Health Organization / World Health Organization Collaborating Centres in the world for mental health and addictions. This year we were invited to participate in the UN Drug Policy Forum, and many of our researchers and clinicians contributed to other international initiatives. Here are just a few of the highlights.

Maintaining momentum abroad: Making and assessing impact on international health

CAMH CONTINUED to build mental health and addiction service capacity in 18 countries as far away as Sri Lanka and Brazil, with knowledge exchange and training activities as diverse as addiction counselling, research capacity-building, mental health promotion and gender-based violence work. A new strategic focus—reciprocity—has emerged in this work: leveraging the lessons learned abroad about the role of local primary health care professionals in mental health and addiction care, and applying them to benefit the people of Ontario. By the end of March 2008, CAMH staff had trained:

- **90** health professionals from Chile in mental health promotion, first episode psychosis and youth addiction
- **40** primary care staff from the Hidalgo State of Mexico in motivational interviewing and cognitive behavioural therapy
- **44** Parana, Brazil, health workers in a process of addiction capacity-building
- **52** health professionals from seven countries in the Caribbean in intensive addiction training and 23 in youth, drugs and mental health.

In addition, 22 international medical graduates from another 12 countries received CAMH observerships and exchange visits.

CAMH sponsored a long-term initiative to address the impact of enslavement, colonization and racism on the mental health of African Canadians. The project received funding from Heritage Canada, Health Canada, the Canadian Race Relations Foundation, the Quebec Ministry of Health and Canadian Institutes of Health Research. Participants from mental health disciplines and community organizations from Toronto, Montreal, Halifax, Mali, Jamaica, Haiti, USA, France, Bénin and England developed a new service model to account for traditional healing practices and needs of African Canadians. A CAMH-led team (above) is working with local groups to implement a service model targeted for Toronto communities.

Working with the World Health Organization

THE IMPACT of work (or lack of employment) on mental health is a critically important issue worldwide. That's why CAMH's Social Equity and Health Research Program is acting as an organization co-hub for the World Health Organization's (WHO) Employment Conditions Knowledge Network, established to inform the final report of the WHO's Commission on the Social Determinants of Health.

Chaired by CAMH's Dr. Carles Muntaner and Dr. Joan Banach, this network will help develop models and measures to clarify how different types of jobs, conditions of underemployment and the threat of becoming unemployed affect workers' health. The commission itself draws attention to the social determinants of health that are known to be among the worst causes of poor health and inequalities between and within countries, to improve health equity through intersectoral health policies.

Dr. Kwame McKenzie, Senior Scientist, Social Equity and Health Research; Senior Clinician, Schizophrenia Program; Medical Director of Diversity and Mental Health, CAMH

"Worldwide, high income countries are struggling to meet the challenge of developing mental health services for their increasingly multicultural populations. Many have tried and failed because they do not have the unqiue mix of clinical, research, policy and health promotion of CAMH. I came from abroad to work here because CAMH has the capacity to develop a model of care that will work for all."

OUR VALUES AT WORK

Patient safety

A COMMITMENT to patient safety was reflected in CAMH's introduction of a number of important initiatives this year aimed at reducing falls, enhancing infection control, preventing medication errors, reducing restraint use and seclusion, and educating clients and staff.

Technology improving client care

THIS YEAR, CAMH took significant steps toward turning its dream of an Electronic Health Record (EHR) for every patient into a reality by introducing e-Progress Notes and Single-Sign On to selected programs. CAMH's effort is also part of our commitment to supporting and sustaining the larger provincial and national EHR effort.

Diane Blackburn of the Recycling Council of Ontario presents a platinum Waste Minimization Award, the only one granted to a health care provider, to Peter Ritchie, CAMH's Manager of Housekeeping Services.
CAMH achieved an 82 per cent waste diversion rate last year, diverting 305 tonnes of organic waste and saving an estimated 13,765 trees through paper recycling.

Green efforts

CAMH MAINTENANCE and housekeeping staff:

- installed a green roof on a newly opened building at the Queen Street site and the first white roof for a health care organization at the Russell Street site
- used 200,000 fewer cubic meters of natural gas annually
- maintained the same consumption of 30,000,000 KWH of electricity per annum since 2003
- replaced all "domestic" hot water tanks with energy-efficient heat exchangers
- reduced cleaning chemicals in the facilities wastewater tenfold over a one and half year period
- reduction in greenhouse gas emissions recognized through the federal Ministry of Natural Resources Energy Innovators Initiative Award

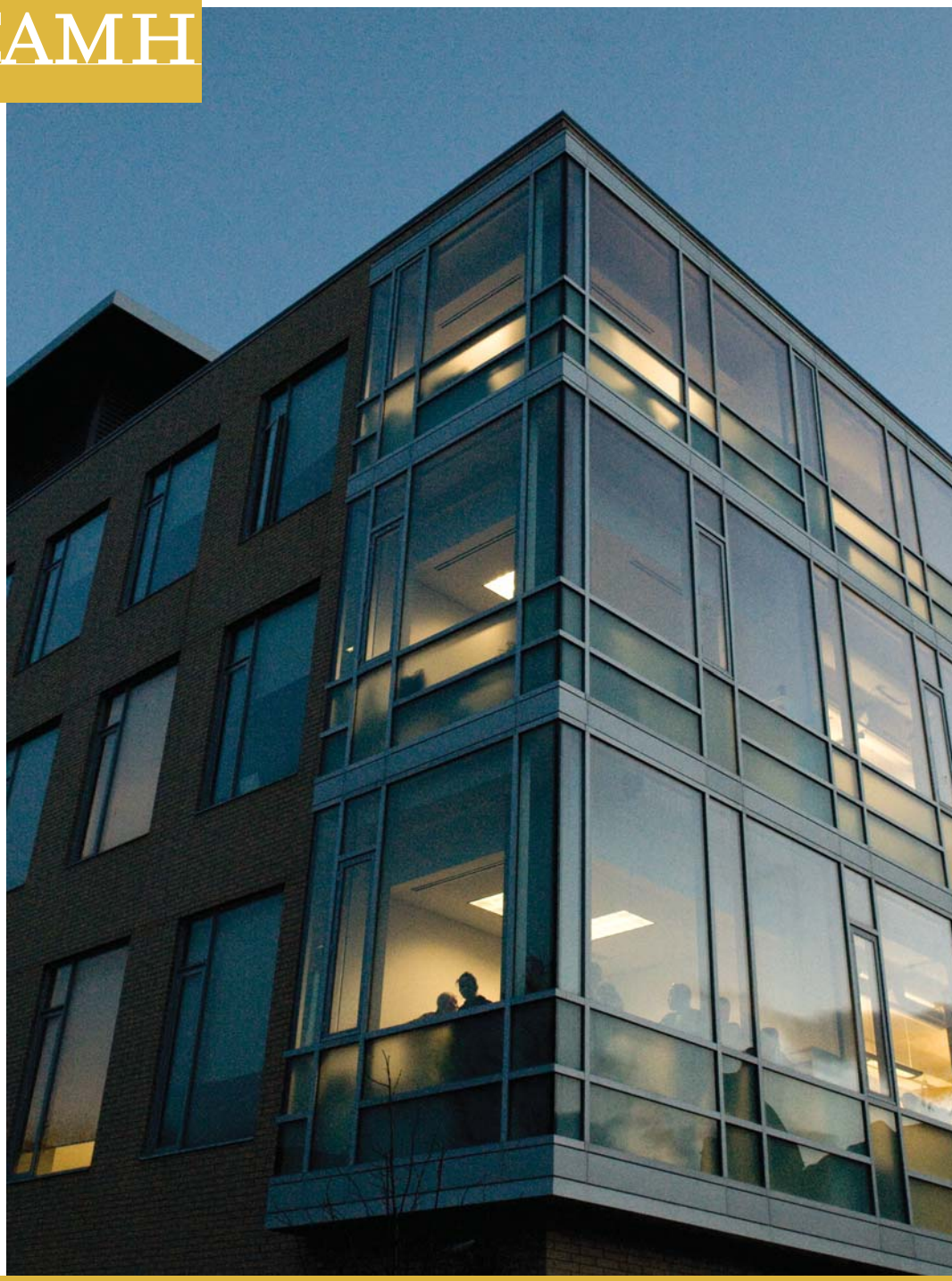
REDEVELOPING CAMH

Shaping the future of mental health and addiction services

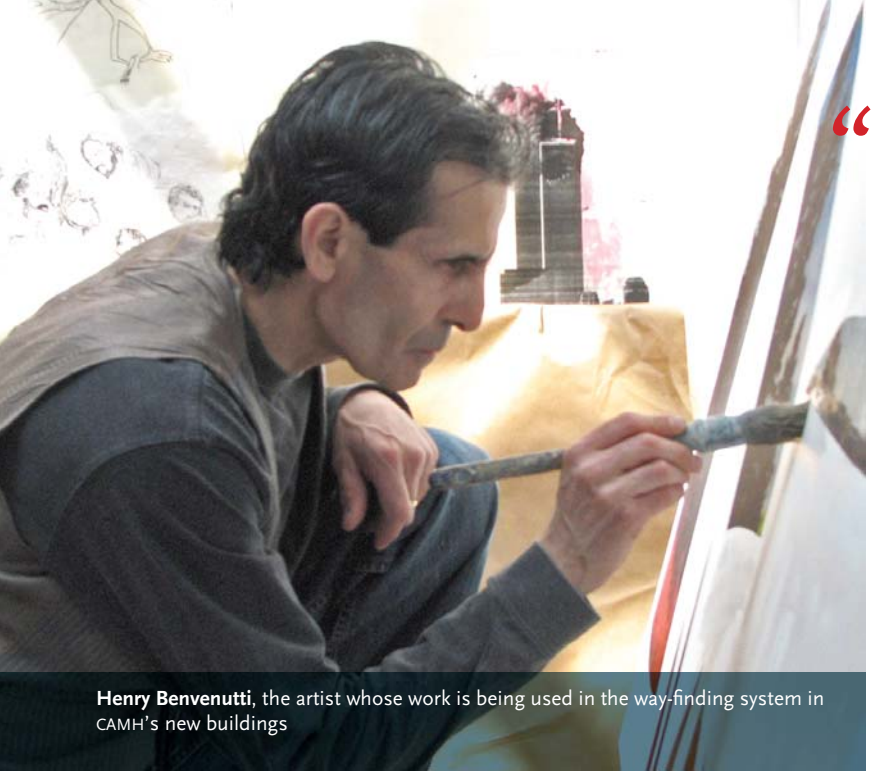
The Present: Phase 1A opens

"**WHEN ORGANIZATIONS** redevelop their sites, they often redevelop their souls. A certain kind of building implies a certain way of thinking about treatment." Dr. Kwame McKenzie's statement perfectly captures CAMH's experience this year when we opened the first four buildings of our redevelopment project Transforming Lives Here, featuring innovative new Alternate Milieu (AM) units.

These buildings, the vanguard of the transformation of our Queen Street site, embody CAMH's vision of integrating the best of research and practice from mental health, addictions and health promotion in a revitalized urban village. AM units create a uniquely **flexible environment**



Evening greets the new home of CAMH's Addictions Program, part of the first phase of the redevelopment of our Queen Street site into a mixed-use urban village.



Henry Benvenutti, the artist whose work is being used in the way-finding system in CAMH's new buildings

"CAMH got me into a positive frame of mind to accomplish things I could never start before. They helped me see things more clearly in art. I was addicted to drugs for 20 years. I was very introverted and CAMH helped me become more extroverted—gave me social and mental awareness. Next year I'll be artist-in-residence in the Jean Simpson Studio. They helped me so much that now I want to help them."

where we customize service for clients. Staff members follow the specific duties of their discipline while becoming care facilitators; that is, each client is connected to a particular staff member during his or her residency so there is **continuity of care**. CAMH scientists are also conducting a research study to determine the impact of the new AM model on clients so we can continually improve it.

The **state-of-the-art units** provide a home-like environment for clients in the Addictions Program (48 beds) and the Mood and Anxiety Program (24 beds). "The best thing about these buildings . . . is the attention to light. There are large windows everywhere—windows in rooms and corridors, window seats at the end of hallways, wide views from every level," wrote architecture critic John Bentley Mays in *The Globe and Mail* this year about a key feature intended to support client recovery.

Even the **directional signage** is client-centred. Peter Smith is one of four artists, all former clients, whose work has been chosen to illustrate way-finding in the new buildings. "It's a great idea because they are including patients in the process and ex-patients and it makes a difference," Smith told CityTV during coverage this year.

CAMH President and CEO Dr. Paul Garfinkel says the new buildings embody the **transformation of care**. "These are client-centred facilities designed around best treatment practices that support our patients' dignity, recovery and transition back into the community," he says. "It represents an enormous leap forward in mental health and addiction care."

Client-directed care helps foster feelings of independence and autonomy, develops a sense of empowerment and creates an atmosphere of respect and responsibility. The home-like environment is conducive to the involvement of family in treatment and to creating a sense of community for clients. The focus shifts from illness to wellness, health and hope.

The Future: Phase 1B of Transforming Lives Here

TRANSFORMING LIVES HERE is set to take a major step forward through the next phase of the redevelopment project. CAMH's Queen Street site will truly evolve from a concrete-dominated institutional campus into a mixed-use urban village.

In this next phase, a new client care building will create beds for youth dealing with both mental health and addiction issues—a vulnerable and high-needs group. These beds will be the first of their kind in Toronto and reflect CAMH's commitment to extending high-quality care to this under-serviced group. The building will also house CAMH's Geriatric Mental Health Program, combining 48 inpatient beds with a suite for outpatient programming and supports.

Phase 1B will also deliver CAMH's new outpatient and administrative hub, and a combined central plant / parking garage / gymnasium, surrounded by interconnecting sidewalks, boulevards and roads. Construction of this next phase is expected to begin in late 2009 and continue to the end of 2012.

This phase of the redevelopment will make the first parcel available for non-CAMH development. The finished urban village will contain a balance of CAMH and typical neighbourhood uses—such as retail, residential and commercial—in an integrated and destigmatized community.

Phase 1B of the CAMH redevelopment project "Transforming Lives Here," which will create a multi-use "urban village"

Voices from the Wall, photo by photographer Tom Lackey

The Past: Voices from the Wall

THIS YEAR, CAMH paid homage to the voice of our past even as we celebrated moving into the future. The stretch of the 19th-century Heritage Wall along the western edge of our Queen Street site was repaired in 2007 as part of the first phase of the redevelopment project.

The wall has served as a sounding board for patients for more than a century. Its etchings and inscriptions were painstakingly captured by photographer Tom Lackey, and displayed at Toronto's Lennox Gallery in October 2007. Recorded on many of the bricks are dates, names, words and symbols that carry the raw emotion and darkest thoughts of generations of former patients.

"The wall lives and speaks for the people who can't speak for themselves and an institution that is no longer there . . . there's a sense of a living memory," says Lackey, who began his work documenting the wall brick by brick three years ago.

Terry Montgomery, Montgomery Sisam Architects

"These new buildings are tangible proof that we are changing our attitudes about hospitals and cities to their mutual advantage. New accommodation for patients and staff are intricately woven into a context of courtyards, streets and parks that are an integral part of the existing neighbourhood. An environment for healing and wellness is created, which also contributes to the mending and enrichment of the surrounding city fabric."

Earla Dunbar, CAMH Transforming Lives Award winner and campaign spokesperson, and founder of one of North America's largest social phobia support groups

"From the age of four, I would experience the symptoms of what I later learned was severe social phobia. The stigma we have in society toward mental illness kept me from getting the help I needed for years. I was so terrified to walk through the door at CAMH, but today I consider that day to be the first of my life. My psychiatrist saved my life. I trusted him because I had to learn to trust someone. It was either die or live, and I decided to live."

10 Years and Counting ...

Selected Impacts and Highlights from CAMH's first 10 Years

SINCE OPENING its doors in 1998, CAMH has served nearly 100,000 individuals with mental illness or addictions, or both. The following data helps provide a snapshot of the people we've served over the last 10 years:

- 28 per cent had less than a high school education
- 27 per cent had a university or post-graduate degree
- 32 per cent were employed (either full-time or part-time)
- 10 per cent had no income
- 26 per cent had a partner (married, common law, same sex)
- four per cent had no fixed address.

THOSE SAME 100,000 clients were:

- born in 178 different countries
- spoke 41 languages
- from all 14 of Ontario's LHINs, and all provinces and territories
- members of 19 different religions, including 30 varieties of Christianity.

SINCE CAMH was founded 10 years ago:

- Annual admissions have increased 54 per cent, while outpatient visits increased 50 per cent.
- Extramural funding to CAMH research has increased 81 per cent.
- Visits to **www.camh.net** have increased approximately 2,000 per cent.
- Mentions of CAMH in the media have climbed to an all-time high, averaging four per day.

Financial snapshot

Year ended March 31, 2008

SOURCES OF REVENUE

	$
Ministry of Health and Long-Term Care/ Toronto Central Local Health Integration Network	**232,498,616**
Patient revenue	**719,843**
Grants and donations	**26,181,030**
Ancillary and other	**16,735,256**
Amortization of deferred capital contributions	**3,049,874**
Interest	**3,382,410**
Total	**282,567,029**

ALLOCATION OF EXPENSES

Salaries, wages and employee benefits	**213,038,792**
Supplies and other expenses	**54,484,799**
Depreciation	**4,843,138**
Rent	**2,359,788**
Drugs and medical supplies	**4,005,572**
Medical and surgical	**2,326,219**
Total	**281,058,308**
Excess of revenue over expenses for the year	**1,508,721**

For a copy of CAMH's audited financial statements, call 416 535-8501 ext. 4250.

CAMH by the numbers

Based on the fiscal year April 1, 2007—March 31, 2008

CLIENTS

Unique* clients	**22,182**
Inpatient admissions	**3,698**
Outpatient visits	**436,193**
Visits to Emergency Services	**4,651**
Average length of stay in days	**49.2**
Top two substances reported by addiction clients	**Alcohol, crack/cocaine**
Top two diagnoses among mental health clients	**Schizophrenia disorders, mood and affective disorders**
Top four languages indicated by clients at time of admission, other than English and French	**Spanish, Serbian, Portuguese and Italian**

STAFF AND RESEARCH

CAMH staff	**2,800**
CAMH physicians	**471**
Research grants/contracts	**264**
Amount of research grants/contracts	**$38,713,909**

VOLUNTEERS AND DONORS

Volunteers (approx. per quarter)	**765**
Hours contributed by volunteers	**167,605**
Donors	**3,378**
Amount of donations	**$9,889,246**

INFORMATION/EDUCATION

Calls to CAMH's R. Samuel McLaughlin Information Centre	**41,098**
E-mail requests	**1,283**
People who participated in professional education, training or development courses	**20,553**
Visits to the CAMH website	**3,981,070**

MULTI-FAITH INFORMATION

Regular worship services in the multi-faith Spiritual and Religious Care Services serving diverse needs of CAMH's clients and staff	**483**
Special holiday services	**26**
People attending services	**6,550**
Faith groups	**14**

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

Most of the statistics from this page came from CAMH's Balanced Scorecard, *which measures and monitors CAMH's performance. Hard copies of the scorecard are available at CAMH libraries.*

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as of March 31, 2008

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Physician-in-Chief and Clinical Director, Geriatric Mental Health Program

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Dr. Stephen Sokolov
Vice-President, Medical Affairs

Judith Tompkins
Chief of Nursing Practice and Professional Services and Executive Vice-President, Programs

Public Sector Salary Disclosure Act

As a publicly funded hospital, CAMH is bound by the Public Sector Salary Disclosure Act to publish the names, positions and salaries of employees receiving annual salaries of $100,000 or more. This information is available online at www.fin.gov.on.ca/english/publications/salarydisclosure/2008/

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. This recognition of excellence is a great honour, recognized worldwide.

How to reach CAMH

Executive Office

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

CAMH Main Switchboard
416 535-8501
Website: www.camh.net

Sites

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

Emergency
416 535-8501 ext. 6885

Centralized Assessment Triage and Support (CATS) Ambulatory Service
416 979-6878

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

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

Addictions Program Assessment Service
416 535-8501 ext. 6128

Community Offices

Hamilton
905 525-1250

Kenora
807 468-6372

Kingston
613 546-4266

London
519 858-5110

North Bay
705 472-3850

Ottawa
613 569-6024

Sault Ste. Marie
705 256-2226

Sudbury
705 675-1195

Thunder Bay
807 626-8111

Toronto
416 535-8501 ext. 6028

Windsor
519 251-0500

Clinical Satellite Offices

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

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

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

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

Dual Diagnosis Service–Peel
30 Eglinton Ave. West,
Suite 801
Mississauga, Ontario
416 535-8501 ext. 7801

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. West
Suite 201
Etobicoke, Ontario
416 535-8501 ext. 7233

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

Psychogeriatric Assessment Consultation and Education (PACE) Central/East
1001 Queen St. West
Room 1046
Toronto, Ontario
416 535-8501 ext. 3448

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

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

Memory Clinic
1001 Queen Street West,
Room 1046,
Toronto, Ontario
416 535-8501 ext. 2875

Nicotine Dependence Clinic
175 College St.
Toronto, Ontario
416 535-8501 ext. 6662

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

CAMH

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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For information about CAMH, please contact:
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