

A new era for CAMH

ANNUAL REPORT TO THE COMMUNITY 2009–2010



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

At CAMH, We Care, Discover, Build and Share . . . to Transform Lives

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.



Dr. Catherine Zahn, CAMH president and CEO,
and Dan Burns, chair, Board of Trustees

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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/2010/

PAHO/WHO Collaborating Centre in Mental Health and Addiction

CAMH is a Pan American Health Organization / World Health Organization Collaborating Centre in Mental Health and Addiction.

TAKING CAMH INTO THE FUTURE

MESSAGE FROM THE CHAIR AND PRESIDENT

We are pleased and proud to introduce you to CAMH's *Annual Report to the Community 2009–2010*, our first together as chair of CAMH's Board of Trustees and CAMH president and CEO.

Dan is a former deputy minister in the Ontario Ministry of Health and Long-Term Care. Prior to becoming Board chair, he served as vice-chair. Catherine is a neurologist and a professor in the University of Toronto Department of Medicine. She has held several leadership roles in Ontario health care. At this important stage in CAMH's development, we are both excited to contribute learning from our previous health care experience to this fantastic organization.

This year marked significant progress in CAMH's vision of helping to transform the lives of Ontarians affected by mental illness and addictions. It began with the launch of a renewed Strategic Plan. This *Annual Report to the Community* has been structured to reflect the plan as it comes to life on a daily basis, as we work toward our vision through **CARING, DISCOVERING, BUILDING and SHARING to Transform Lives**.

In April 2010 CAMH broke ground on the second phase of the Queen Street Redevelopment Project, as the historic transformation of our institutional campus into a mixed-use urban village continues. In this new model, being part of the community will be part of care. This transformation in the approach to care has already begun in our Schizophrenia Program. We have launched a comprehensive, holistic program based on a model of recovery and support in the community for people at all stages of their illness.

CAMH is one of the top research hospitals in the world for addiction and mental health. This year, at our College Street site, we began the groundwork for our biggest research project yet. With a scope that reaches from the neuron to the neighbourhood, the \$38 million CAMH Research Renaissance Project will change the future of mental health and addiction care.

For those of us advocating change to public policy on behalf of the people we serve, this year was filled with hopeful signs. Following a landmark provincial summit, Ontario is working on a 10-year mental health and addiction strategy. At the same time, a select committee of the Ontario Legislature is studying these issues, and the Mental Health Commission of Canada finished gathering feedback on its interim framework for a national strategy. And the Toronto Central Local Health Integration Network has been a collaborative partner supporting quality hospital care, as well as ongoing support in the community for people with mental illness and addiction.

It was a year of strengthening collaboration with our partners and well-deserved recognition for our devoted staff—people who really care. We hope you enjoy sharing the highlights of our year.

Sincerely,



T. Daniel Burns
Chair, Board of Trustees



Dr. Catherine Zahn
President and CEO

best care from caring people

Transforming schizophrenia care

Many years of life are lost to the effects of schizophrenia, in part because people often do not get the treatment they need, when they need it. Disabling psychiatric symptoms, physical side-effects from medications, poverty, poor housing and other barriers to social inclusion are just a few of the obstacles that can shorten life expectancy and diminish quality of life for people with schizophrenia.

CAMH's Schizophrenia Program is working to transform care through recovery-based practices and principles: an approach grounded in the knowledge that people can recover from mental illness. This knowledge must inform our entire service delivery system—the breadth of clinical supports, the roles of professionals and clients, the training and supervision of staff, and our relationships inside and outside the organization.

A continuum of services is required—services that are accessible, culturally competent, holistic and, where possible, that take place in the person's community and home and include the family. CAMH's new approach will streamline access to care and reduce waiting times. We will treat more people in the community and in a new acute Partial Hospital Program, providing alternatives to full hospitalization.

CAMH will continue to advocate for more high-support housing for inpatients with schizophrenia who don't require inpatient care. We will also expand our mobile crisis services, increase our outpatient teams' operating hours, and offer a centre dedicated to metabolic monitoring, medication assessment, cognitive treatment and concurrent disorders (that is, schizophrenia plus substance use problems).



CAMH's largest clinical program, Schizophrenia has 200,000 outpatient visits and 1,200 inpatient admissions per year. **Care is provided by** an interdisciplinary team of clinical specialists. They work alongside peer support workers who bring their lived experience with mental illness, as well as world-class research scientists.

"People with schizophrenia should be able to access care in the location that they feel is most appropriate for them. CAMH's new approach to care in the Schizophrenia Program is helping them do just that."

—Mary Alberti, CEO of the Schizophrenia Society of Ontario

CARES



Community living: Thomas Schultz (r), at home with CAMH peer support worker George Mihalakakos. Thomas was one of nine clients—some of whom called CAMH home for more than 20 years—who made a life-changing transition to living in the community, thanks to a novel collaboration between CAMH, Pilot Place Society and Toronto's Homes First Society. Two clients have also secured part-time employment.

Community care: CAMH's Home Intervention Program (HIP) (photo on opposite page) serves young people experiencing their first episode of psychosis, working with clients in their homes. Troy, aged 33 and undiagnosed, refused to leave his room in his parents' home for two years, often shouting incoherently and going days without eating. Within a short time of the HIP team knocking on their door, the family saw "a total change," said his father Ron. "They're bringing back my son, who'd disappeared."



CAMH's Rise Up **Adventure-Based Program** offers clients horseback riding, low ropes courses, indoor rock climbing, hiking and problem-solving activities. It also promotes effective decision making and other life skills.



A video, *Beyond Psychosis*, produced by CAMH's LEARN (Learning Employment Advocacy Recreation Network) Program features five inspiring stories of clients' experiences with psychosis. See it in the online version of this report at www.camh.net.



Schizophrenia Program directors April Collins and Dr. Tony George with VP Clinical Programs Dr. Rohan Ganguli (r).



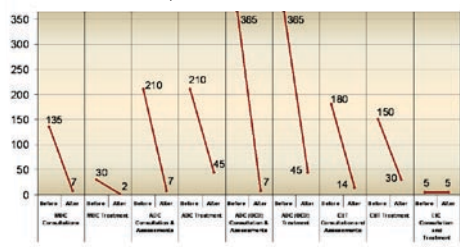
For families: When someone experiences a psychotic episode for the first time, one of the most valuable sources of support is the person's family. A new CAMH information guide, ***Promoting Recovery from First Episode Psychosis***, will help inform and support families living through this situation. In addition, CAMH's Family-Centred Care Initiative helps address the need for support and services for families as well as for individual clients.



Keeping in touch with their culture while 2,000 km away from home is a challenge for Inuit clients of CAMH's Law and Mental Health Program. Staff provide the opportunity to converse in Inuktitut with other people from Nunavut and to cook traditional foods.

Staff accompanied the clients to Kensington Market, where they chose ingredients from fresh food stalls.

MAP Outpatient Clinics Wait Times



Dramatic drop in wait times:

A tremendous CAMH team effort resulted in a sharp drop in waiting times between referral and first appointment across a range of Mood and Anxiety Program (MAP) outpatient services, while the program handled an increase in visits of almost 100% over four years.

Focus on at-risk youth

CAMH research shows that when courts and probation offices follow our recommendations for a young person at risk, the person's risk declines. Clinical assessments from CAMH's **Adolescent Service** help youth aged 12–19, who are charged with serious crimes, to rehabilitate and achieve their potential.

Dr. Lindley Bassarath, a psychiatrist and head of the Adolescent Service, points to the example of David, a 16-year-old First Nations youth charged with second-degree murder, who was assessed with behavioural and family problems and a range of disorders including fetal alcohol spectrum disorder and polysubstance abuse.

"After multidisciplinary psychosocial, psychiatric and psychological assessments, we suggested a youth sentence and intensive rehabilitation services, rather than transfer for an adult sentence in the correctional system," he says. The aim is to prevent future offences, to improve the outcome for young people like David, and to protect the public.

Supporting the cultural components of recovery

Culture can be a powerful factor in supporting and empowering clients in the recovery process. CAMH offers numerous tailored **addiction programs for specific populations**, including:

- women who have experienced trauma
- Aboriginal people (the first program of its kind in Canada, including a smudging room)
- Spanish and Portuguese speakers
- African Canadian / Caribbean Canadian / Black people
- LGBT communities
- speakers of French and Farsi who have gambling problems (as well as problem gambling treatment for 17 different ethnocultural communities through service agreements).

CAMH also conducts outreach through networks such as the Scarborough Addiction Services Partnership and the Iranian Social Services Providers Network.

Geriatric mental health: the quiet tsunami

By 2016, 16% of Canadians will be 65 or older, and it is estimated that up to a quarter of seniors will experience addiction or mental health problems. So it's more important than ever that specialized geriatric services allow older Canadians to maintain the best possible quality of life.

CAMH has **Ontario's largest geriatric mental health and addiction program**, providing interprofessional services to older adults who have late-life mood disorders, schizophrenia, Alzheimer's disease and memory disorders—often with co-occurring medical problems. Late-life depression that does not respond to treatment is emerging as a major public health issue, and CAMH clinical director Dr. **Benoit Mulsant** (top photo) recently received a five-year, \$1.4 million award from the U.S. National Institutes of Health to research effective treatments for such patients.

CAMH's innovative Stepping Stone partnership with LOFT Community Services provides the intensive specialized supports that vulnerable older clients need to transition back into the community. Our Geriatric Telemedicine Clinic provides seniors in remote areas with specialized psychogeriatric services from CAMH psychiatrists.

Recovery through creative self-expression

Creative writing circles: Storytelling workshops where street-involved youth and youth at risk present their experiences in poems, stories and art offer great potential as a tool to engage this population and lead to changes, according to research by CAMH senior scientist Dr. Pat Erickson.

Several clients and staff of the Geriatric Mental Health Program were part of **Art on the Move**, a collaborative arts initiative that saw clients' art featured on vehicles all over the Greater Toronto Area (centre photo).

The power of music therapy: Anthony DiGiacomo, music therapist with CAMH's Schizophrenia Program, makes a recording with client Stanley Marston (bottom photo). Music therapy has been cited as an evidence-based practice for the treatment of schizophrenia and similar illnesses, and is now being explored as a treatment for autism spectrum disorders.





DISCOVERS

science that serves people

Research Renaissance breaks ground

Shovels went in the ground this year at CAMH's College Street site to make way for important advances in our understanding of mental illness and addiction—from the neuron to the neighbourhood level.

That's the scope and ambition of the \$38 million **CAMH Research Renaissance Project**, due in large part to a grant from the Canada Foundation for Innovation's Research Hospital Fund and funding from the CAMH Foundation. This tour-de-force project builds on CAMH's unique strength in research—an interdisciplinary approach uniting basic, clinical, social and epidemiological science in the service of Canadians.

Unfolding across six themes—schizophrenia, mood disorders, addiction, community health and knowledge exchange, neuroimaging, and pharmacogenetics and neuroscience—the Research Renaissance Project has ambitious goals:

- to optimize treatment of mental health and substance use disorders, including the development of **personalized medicine based on molecular genetics**
- to translate discoveries into **improved clinical practice, and prevention and intervention** strategies
- to reach out to **underserved and understudied communities** such as Aboriginal people, remote populations, women, older adults, children, and the workplace
- to maximize the impact of all six funded themes through effective **knowledge exchange**
- to **reduce the health care costs and social burden** of mental health and addiction problems, while **creating commercialization opportunities** and specialized employment.



Dr. Bruce G. Pollock, VP Research



Drs. Sylvain Houle and James Kennedy (r), project leaders, with Michelle Beaudry (l), Canada Foundation for Innovation, and Jane Kirkwood, Ontario Ministry of Research and Innovation.

Among the other innovations are a **Work and Well-Being Lab** for workplace mental health issues and a **Mobile Community Lab** that will bring science to underserved communities. CAMH will also increase the neuroimaging capacity of its Positron Emission Tomography (PET) Centre.

Genetics and brain imaging: The path to personalized medicine

Leading neuroscientists Drs. **James Kennedy** and **Sylvain Houle** are working to realize the vision of personalized medicine for people with schizophrenia, bipolar disorder, anxiety disorders, and other major mental illnesses and addictions. Their cutting-edge project “**neuroIMAGENE**, the Convergence of Genetics and Brain Imaging in Mental Health and Addictions,” will bring the molecular genetics of neurochemistry and liver metabolism—which play a critical role in patients’ risk for medication side-effects—together with PET scanning and magnetic resonance imaging (MRI). This will all be made possible through the addition of a second cyclotron and an MRI machine to CAMH’s PET Centre. (The cyclotron benefits from funding by the Ontario Ministry of Research and Innovation.)

PET data allow CAMH researchers to develop “biomarkers” that can match clients with the drug most likely to help them. This will allow more effective and targeted prescribing, which will help family doctors treat serious mental illness and addiction in the community, and will improve patients’ long-term outcomes by helping stabilize their first episode of serious mental illness. This approach will also help save costs to the health care system.

Research breakthroughs and discoveries

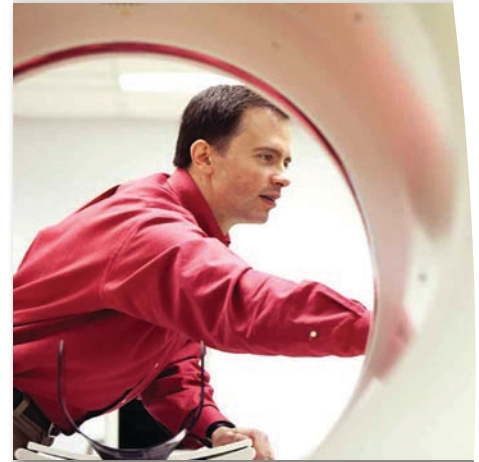
Dr. **Jeffrey Meyer**, Canada Research Chair in the Neurochemistry of Major Depression, led two groundbreaking studies published in the *Archives of General Psychiatry*. Each study used **PET methods to explore root causes of depression**.

Both studies, which garnered international media attention, focused on monoamine oxidase A (MAO-A), a key protein that removes brain chemicals such as serotonin that support a positive mood. One study discovered that MAO-A levels are elevated during depression, yet are unaffected by treatment with common **antidepressants**. This finding identified an important mismatch between a common treatment and a key biological aspect of depression. “The findings have important implications for our understanding of why antidepressants don’t always work, as well as for more effective treatments,” says Dr. **Bruce G. Pollock**, CAMH’s vice-president of Research. The second study found that MAO-A levels increase by 43% in the week after childbirth, which may explain why **postpartum blues and clinical depression** are so common.

“CAMH has the world’s only PET centre dedicated to mental health and addiction research,” says Dr. Pollock. “It allows us to apply this advanced technology to focus on essential questions like what causes depression and how we can overcome mental illness that resists treatment.”

The next advance in treating depression may relate to a group of brain chemicals involved in virtually all brain activity, according to a study co-authored by CAMH scientists Drs. **Andrea Levinson** and **Jeff Daskalakis**. Compared to healthy individuals, people with major depressive disorder have altered functions of the brain chemical GABA (gamma-aminobutyric acid).

“We are advancing the goal of a truly personalized medicine,” says Dr. Daskalakis. “We may soon be able to apply simple brain stimulation to identify which treatments are most likely to help an individual, eliminating the guesswork. We may be able one day to determine who is and who is not going to respond to traditional pharmacological approaches to depression.”



Dr. Jeffrey Meyer, Canada Research Chair in the Neurochemistry of Major Depression



Watch Dr. Robert Mann, CAMH senior scientist, deliver highlights of the OSDUHS 2009 survey (www.camh.net).



Neuroscientist
Dr. James Kennedy

Dr. **Art Petronis** continued his world-leading work in the emerging science of **epigenetics**, a key component of CAMH's investment in personalized medicine. Epigenetics identifies how **environmental factors trigger an individual's genetic risk** or protective factors for mental illness or addiction. Dr. Petronis received a four-year, \$4.2 million grant from the U.S. National Institute of Mental Health for the project "DNA Methylome Analysis in Bipolar Disorder." The project may lead to a better understanding of the changes in the regulation of genes and genomes that occur in bipolar disorder. Dr. Petronis was also awarded the Tapscott Chair in Schizophrenia Studies following an extensive international search.

Senior scientist Dr. **Robert Mann** was a co-author of CAMH's 2009 **Ontario Student Drug Use and Health Survey (OSDUHS)**, Canada's longest-running survey monitoring alcohol, tobacco and other drug use among students in grades 7–12.

While fewer teens are drinking alcohol than a decade ago, OSDUHS indicates that binge drinking and the use of cannabis and prescription drugs remain a concern. One in four students reported binge drinking and one in five may be drinking hazardingly. One-quarter reported using cannabis at least once in the past year, with up to 3% indicating possible cannabis dependence.

Non-medical use of prescription opioid pain relievers is also a concern, especially among female students, one-fifth of whom reported using an opioid pain reliever without a prescription. Most said they acquired these drugs at home.

Cannabis use was a focus of other important work this year. A study for which Dr. Mann was also an investigator found elevated rates of anxiety and mood disorders among people who used cannabis. The study also pointed to a possible link between cannabis use and a person's genetic risk of developing these disorders. "For schizophrenia, if a person is genetically predisposed, any level of cannabis use can hasten the onset—this may be the same case here," says Dr. Mann.

Dr. **James Kennedy** was among the worldwide experts interviewed on the CBC's *The Nature of Things* episode "The Downside of High," which focused on the fact that teenagers who smoke cannabis before age 16 are four times more likely to develop schizophrenia.

Senior scientist Dr. **Jürgen Rehm** received worldwide media attention for his role in the leading paper of the *Lancet's* series on alcohol and global health. The study estimated that globally, 3.8% of all deaths and 4.6% of disability-adjusted lost life-years are attributable to alcohol. It found that people living in poverty and who are marginalized from society carry the highest burden of disease. The study concluded that actions to reduce disease and the costs associated with alcohol should be urgently increased.

CAMH teams were awarded two of six major Emerging Team Grants from the Canadian Institutes of Health Research for a strategic program entitled "Comorbidity of Brain Disorders and Other Health Problems."

Each grant will provide nearly \$2.6 million over the next five years. One grant allows staff led by CAMH's **Child, Youth and Family Program** to do multifaceted work in child and youth concurrent disorders (co-occurring mental health and addiction problems). The other will allow scientists in the **Social, Prevention and Health Policy Research Department** to carry out community-based research using the new Mobile Community Lab.

CAMH scientist Dr. **Samuel Noh** conducted research on how **cultural factors in diverse communities** affect mental illness, addiction and treatment. The work examined how patterns of alcohol use change between first- and second-generation Canadians.

Meanwhile, research led by Dr. **Laura Simich** and **Biljana Vasilevska** of CAMH's Social Equity and Health Research Unit is looking at ways to improve the **mental health of refugee populations** by examining gaps in service and developing best practices and education materials.



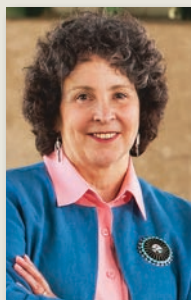
Dr. Jürgen Rehm, CAMH senior scientist



Dr. Joseph Beitchman, clinical director of CAMH's Child, Youth and Family Program



Scientist Dr. Laura Simich (l) and Biljana Vasilevska



Watch Dr. Paula Goering speak on the study of homelessness and mental illness (www.camh.net).



Watch Dr. Carolyn Dewa speak about the Congress on Mental Health and the Workplace (<http://knowledge.camh.net/researchers>).

Senior scientist Dr. **Paula Goering**, of CAMH's Health Systems and Research Consulting Unit, is leading an ambitious research project to evaluate the effectiveness of providing **housing to homeless people struggling with mental illness** in five Canadian cities. The project is funded by the Mental Health Commission of Canada.

Dr. Goering also led the Systems Enhancement Evaluation Initiative (SEEI), a group of nine research studies that explored the **system impact** of \$167 million of new **community mental health funding** in Ontario. SEEI found that Ontarians now have better access to more appropriate community mental health services, but also highlighted the system's limited resources to serve all those in need.

Under the leadership of Dr. **Carolyn Dewa**, head of the Work and Well-being Research and Evaluation Program, CAMH was again at the forefront of advancing our understanding of **workplace mental health** issues.

Dr. Dewa led a study indicating that employees who have had a previous disability leave are more at risk of having another one. This finding highlights the importance of prevention and support mechanisms. The study also showed that people contending with both physical illnesses and depression had higher out-of-pocket expenses for medication—and that they tended to sacrifice antidepressant medication first when money got tight.

Dr. Dewa led another study finding that when family doctors partner with psychiatrists in providing care, people on short-term disability for mental illness return to work sooner.

CAMH hosted the Canadian Institutes of Health Research's fourth annual **Congress on Mental Health and the Workplace**, the leading Canadian forum dedicated to the exchange of scientific evidence to transform the working environment and the mental health of employees.

CAMH signed a number of **commercialization agreements** this year—an important measure of our accountability for the public's investment in our research. "We identify innovations in our research that can be developed into marketable tests,

treatments, or other products. Our Technology Transfer Office shepherds them through patent protection and commercialization, benefiting patients and clients in Ontario and beyond,” says Dr. **Bruce G. Pollock**, CAMH’s VP of Research.

Dr. **Fang Liu** identified a specific interaction between receptors involved in addiction in animal models, leading to an agreement with MaRS Innovation to develop a product for application to addiction in humans. This has the potential to be a **safe and cost-effective treatment for tobacco and alcohol addiction**.

CAMH also signed its third licensing agreement with U.S.-based Athena Diagnostics Inc. to market a diagnostic test in Canada, the United States and Japan by 2011. Based on research by Dr. **John Vincent** and a colleague, the test uses a blood or saliva sample to identify the recessive gene that causes a specific type of intellectual disability.



Drs. Fang Liu and John Vincent

CAMH Research: Science that serves people

- CAMH is one of the world’s **top five** mental health and addiction research centres.
- Our multidisciplinary **neuron to neighborhood** focus integrates basic, clinical, social and epidemiological research.
- We have **100** scientists (including six Canada Research Chairs) and **450** total staff in our Research Program, including students, post-docs and trainees.
- Our PET Centre developed **12 of the 25** ligands (molecules that can bind to things such as proteins and receptors) that are most commonly used in human nervous system research.
- All research projects are funded by external grants, including **top-tier funders** such as the Canadian Institutes of Health Research and the U.S. National Institutes of Health.



BUILDS

developing our resources

Introducing Toronto's most life-changing address

Thanks to the support of the Province of Ontario and generous contributions from individual donors to the CAMH Foundation, CAMH is building a new kind of hospital—a first in the world—where being part of the community is part of the treatment.

We're opening up our sequestered 27-acre Queen Street site to the community and creating an “urban village”—a new neighbourhood where psychiatric facilities mix with cafés, businesses, parks and residences. And it's all happening on the original site of the 1850 “Provincial Lunatic Asylum.”

Our goal is ambitious: to transform care for people with mental illness and addiction, break down stigma, change attitudes and improve our city.

CAMH recently broke ground on the second phase of this landmark redevelopment. We have begun to replace outmoded institutional facilities shrouded in stigma with therapeutic, healing buildings designed to promote clients' independence, hope and recovery. The redevelopment enables a unique, integrated model of care and client recovery, based on the most advanced knowledge in addiction and mental health.

Changes in this phase of the project include the extension of streets such as Ossington Avenue onto the site, new pedestrian-friendly walkways, and the completion of three new CAMH buildings by 2012. The first non-CAMH building will also go up during this phase. It will bring 179 units of affordable housing to the neighbourhood, atop ground-level retail stores that will draw in the community.

“The new CAMH buildings are designed to bring natural light onto all floors, and to afford clients options and a variety of experiences in their surroundings, from access to private courtyards and terraces, to new public parks,” explains Alice Liang of Montgomery Sisam Architects. “The new design creates an environment focused on wellness and recovery. What is most exciting about this project is that the healing environment includes the neighbourhood and the city.”



The historic golden shovel digs in for the second phase of CAMH's Queen Street Redevelopment Project: (l-r) Angela Foot, client; Dante Larcade, chair, West Queen West BIA; Ana Lopes, CAMH Foundation vice-chair; Joe Pantalone, deputy mayor of Toronto; Dr. Catherine Zahn, CAMH president and CEO; Brad Duguid, Ontario minister of Energy and Infrastructure; Nick Carveth, client; and MC Andy Barrie.

“This project will enhance the quality of life and the quality of treatment offered to families across Ontario who rely on the specialized care provided by CAMH.”

—minister of Energy and Infrastructure Brad Duguid

Green CAMH

- CAMH will be the first hospital in Ontario to obtain **LEED Gold** certification for Leadership in Energy and Environmental Design.
- A flexible building design ensures that the facilities are adaptable to future needs, ensuring sustainability.
- The new buildings will cut energy costs by **27%**.
- Reduced greenhouse gas emissions will be equivalent to **220** fewer cars on the road.
- **95%** of construction waste will be diverted from landfill.
- **One** “green” roof and **three** reflective white roofs will reduce cooling costs.



Dev Chopra, EVP of Corporate Services and Redevelopment



CAMH's new **Gateway Building** will streamline services for outpatients in the Addictions Program and the Mood and Anxiety Program, and will introduce a street-level gymnasium and a client-run café for the entire community.

The 60-bed **Intergenerational Wellness Centre** will place services for children and youth alongside those of the Geriatric Mental Health Program, to maximize integration and collaboration for the benefit of all clients.

The centre will feature Canada's first dedicated beds for young people aged 14–18 who have concurrent disorders (both mental health and addiction issues), along with day-treatment programs to help at-risk youth before they require a hospital bed.

Green is the colour

A new **Utilities and Parking Building** reduces CAMH's environmental footprint by centralizing utilities and parking for all the new facilities. At street level, the building will contain client assessment and training facilities and a family outreach centre. It's just one of several ways this redevelopment is “green.”

This year, the first phase of CAMH's Redevelopment Project won the Academy Award of the International Academy of Design and Health, the project's fifth professional architecture or urban planning award to date.

Clients' Stories



By the time Nick Carveth was 18, he was addicted to crack cocaine and had undiagnosed obsessive compulsive disorder, as well as an anxiety disorder so crippling he couldn't leave the house unless he was high. Nick wanted to end his addiction but felt hopeless. Now, with the proper supports, he is transforming his life.

"Withdrawal was overwhelming," says Nick. "I felt out of control and that I couldn't trust myself to make even the most basic decisions. That's why I believe it's so important for the youth addiction service here at CAMH to have a place with beds and professional care workers. Then clients can detoxify and work through it in a safe, supportive environment that's comforting and controlled. I think CAMH, and especially the new building, can provide a sense of community and belonging to people who are vulnerable to relapse because of the isolation that addiction can bring."



"I was 32 when I was diagnosed with bipolar disorder," says Angela Foot. "As a client who has experienced CAMH in both its original setting and its new one, I believe the transformation taking place here is of critical importance: not only providing clients with better facilities and care, but smashing stigma with each brick that falls from the old, and each brick that is laid for the new. Stigma prevented me from seeking treatment for years, and prevents many children, teens and their families from seeking treatment early on—as well as isolating our elders from their families and friends."

"Recently I had the opportunity to tour the construction site with CAMH CEO Dr. Catherine Zahn, and standing there on that day I thought about the future children, teens and elders who will walk on this land in a new setting only two years from now. I found myself feeling hope for the future. I hope the citizens of Toronto will feel the same way."

"After having been to many treatment centres, this was the only one that worked for me. Thank God it did."

—Nick Carveth, CAMH youth client

- **1.2 million** Canadians under age 19 have a mental health problem that impedes their lives.
- **Half** of all young people with mental illness also deal with substance use problems at the same time.
- **Two-thirds** of them will not receive the help they need.

"The first of its kind in Canada, CAMH's new unit will provide young people with 24-hour support as needed for their concurrent disorders. Once stabilized, they will move on to programs for schooling, recreation and life skills, helping them regain their footing in life."

—Dr. Joe Beitchman, clinical director of the Child, Youth and Family Program



CAMH scientist Dr. Martin Zack, Clinical Neuroscience Section, investigating the cognitive and biological basis of problem gambling in a mock-bar laboratory.

SHARES

sharing the tools to build a healthier community

Leveraging technology to extend our reach and impact

CAMH plays a unique role in translating and disseminating research, knowledge and best practices to the mental health and addiction community. We're leveraging technology to help us collaborate, share resources and make our research and experience available across the system, around the province and throughout the world.

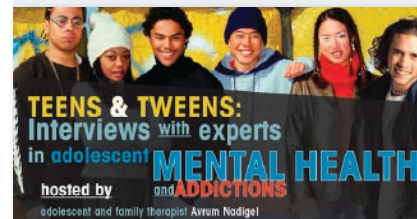
This year, CAMH launched its **Knowledge Exchange** web portal. "**KnowledgeX**" is a unique one-stop source of reliable, evidence-based information for professionals in the mental health and addiction field. It includes unique Web 2.0 components such as wikis, discussion boards, collaborative workspaces and blogs that allow professionals to share practical information, expertise and experience in communities of practice. This new resource will bridge the gap between researchers, policymakers and practitioners to improve clients' outcomes.

KnowledgeX hosts the dynamic **Work and Well-Being Research and Evaluation Program**, which provides a collaborative professional environment to examine the impact of work on employees' mental health. The **Teens and Tweens** podcast series is another innovative KnowledgeX feature. It includes short interviews with experts on adolescent mental health and addiction, providing parents, teachers and professionals with information on such topics as marijuana use, online bullying, mother and daughter relationships, Internet addiction and the teenage brain.

Canadians spend more on gambling than on movies, reading, arts and sports combined. As such, gambling has become an important public health issue. This year, CAMH launched the **Problem Gambling Institute of Ontario (PGIO)**. The PGIO integrates CAMH's problem gambling clinical, research, knowledge exchange and policy divisions to support the provincial treatment system and better serve the 3.4% of Ontarians affected by gambling problems. The PGIO's website, **ProblemGambling.ca**, is one of the most popular and comprehensive resources of its kind. The PGIO also sponsors the *Journal of Gambling Issues*, the first online peer-reviewed journal focused on problem gambling.

2009–2010 *by the numbers*

- CAMH staff work in **29** locations across Ontario.
- **18,000** people participated in "CAMH in the Community" events across the province.
- **166,421** people visited our Mental Health and Addiction 101 online courses.
- **7,219** professionals participated in our training sessions.
- **230** residents and medical students, plus **500** nursing and other placement students, received their training at CAMH.
- There were **4,238,040** visits to camh.net, a 15% increase over last year.
- CAMH had **2,519** mentions in the media.





Senior scientist Dr. Kwame McKenzie has developed a virtual community through the “Toronto in Colour” website, and has received technology-based grants from the CIHR and the Mental Health Commission of Canada for other projects. These include the use of mobile devices such as smart phones to try to improve pathways to care, and increasing electronic resources for family practitioners to help provide mental health services to immigrant groups.

Toronto in Colour (torontoincolour.ca) is a virtual community for Toronto’s diverse population—a social media site for collaboration and knowledge exchange by different racialized, cultural, immigrant and refugee groups living in a city where 52% of people are born outside of Canada.

This year, CAMH harnessed other **social media** opportunities to further promote conversations about mental health and addiction issues. CAMH clinical psychologist Dr. Katy Kamkar, an expert on psychological distress in the workplace, is a regular contributor to CTV News’s Mednews Express Blog. Bioethicist Dr. Barbara Russell blogs on topical mental health dilemmas on the website of CAMH’s journal *CrossCurrents*. CAMH CEO Dr. Catherine Zahn blogs regularly on the staff intranet site. And CAMH has launched an official Facebook page, Twitter feed and YouTube channel to help expand our reach and better engage the communities we serve.

Technology is also a new gateway into treatment. Research by CAMH scientist Dr. John Cunningham indicates that online interventions are effective in changing drinking behaviours, and can have a significant public health benefit. CAMH hosts an online alcohol help centre, where you can evaluate your drinking, and a “Do you need help?” quiz on problemgambling.ca. In addition, CAMH psychiatrists use video conferencing via the Ontario Telemedicine Network to provide telepsychiatry to patients in remote areas.

Fostering resilience in youth

Why do some kids grow up healthy despite difficulties, and others don’t?

“No one is born resilient: it’s the result of a dynamic process between child, family, school and community,” says CAMH psychiatrist Dr. Tatyana Barankin, an expert on people’s ability to recover from adversity or change. This year, Dr. Barankin, who co-authored the CAMH book ***Growing Up Resilient***, spoke about how to foster resilience in youth and families—and thereby strengthen communities—at a “CAMH in the Community” forum in Peel Region (photo, p. 23).



Resilience was also the theme of the **11th Annual George Brown College Mental Health Conference**, co-organized by CAMH: the conference (bottom photo on opposite page) examined the impact of early trauma and neglect on the development of resilience. As keynote speaker and best-selling author Dr. Gabor Maté explained, resilience depends on having an emotional “witness” to your pain—someone who can provide the emotional connection that alters your trajectory for future possibilities.

The CAMH program **Strengthening Families for the Future** (top photo, this page) builds resilience in children aged seven to 11 who may be at risk for substance use or mental health problems. It nurtures resilience by bringing families together in facilitated weekly sessions that begin with a shared meal. Health Canada cited the program in its compendium of best practices, while the U.S. National Institute on Drug Abuse named it as one of the best interventions of its kind.

Each year, between 10% and 20% of high school-aged teens are hit, slapped or beaten by an individual they are dating. This violence is associated with a greater risk of injuries, unsafe sex, substance use, suicidality and intimate partner violence in adulthood. **The Fourth R** is a CAMH program that integrates information about healthy relationships, sexual health and substance use prevention into the existing Ontario Grade 9 school curriculum. A study has demonstrated that this program reduces adolescent dating violence and increases condom use, especially by boys.

More than 100 service providers and 400 youth participated in a collaborative project demonstrating that a standardized screening tool can lead to earlier identification of issues and earlier interventions for youth with concurrent addiction and mental health concerns. The tool—the **GAIN** (Global Assessment of Individual Needs) Short Screener—was tested across a range of health, shelter and support agencies. This project has also shown the power of collaboration in knowledge exchange, opening the door to improved access and quality of care for young people with concurrent disorders.



CAMH's Judith Tompkins (l), EVP Programs and chief of Nursing Practice and Professional Services, and Gail Czukar, EVP Policy, Education and Health Promotion, celebrate the success of the GAIN Collaborating Network.



Dr. Gabriel Ivbijaro, chair of the World Organization of Family Doctors Working Party on Mental Health and the editor-in-chief of *Mental Health in Family Medicine*, addressed a CAMH leadership training institute on the topic of strengthening mental health and addiction capacity in primary care.



CAMH's 2009 World Mental Health Day Symposium attracted attendees and presenters from around the world.

Dr. Obiora Ejim (I) of Enugu State, Nigeria, and Akwatu Khenti, director, CAMH Office of International Health.

Improving access through primary care

As a Pan-American Health Organization / World Health Organization Collaborating Centre for Research and Training, CAMH continues to play a leading role in efforts to address the burgeoning addiction and mental health needs of low and middle income countries through primary care capacity building.

This year, CAMH's **Office of International Health** led the development and delivery of mental health and addiction training to 334 health professionals from 18 countries in Latin America, the Caribbean, South Asia and sub-Saharan Africa.

CAMH collaborated with PAHO/WHO to deliver a special one-year mental health management program for 16 leaders from Central America and the Dominican Republic. This pilot initiative proved to be an effective vehicle for building capacity in the Americas. As well, CAMH marked **World Mental Health Day** with a six-country symposium that focused on strategies for reducing stigma and discrimination within primary care settings.

CAMH's **Primary Care Forum** focused on the challenge of building the capacity of Ontario family doctors and other first-contact health care providers to successfully treat addiction and mental illness in their patients, as well as take on psychiatric patients who need a primary care provider. Applying what we have learned from our international work to primary care in Ontario, CAMH collaborated with 10 community health centres in the Greater Toronto Area to conduct screenings and assessments and deliver effective psychosocial interventions.



CAMH in the Community: A central-Ontario event was one of several focused on stigma. Dr. David Goldbloom (I), CAMH's senior medical advisor, Education and Public Affairs, appeared with Tom Regehr, founder of CAST Canada and a frequent public speaker on his lived experience with mental illness, addiction, homelessness and trauma.

Culturally competent services for hard-to-reach populations

This year, CAMH partnered with the Iranian Canadian Social Service Providers Network (photo, right) to customize our training in addiction counselling to the issues and needs of the Iranian community. Among other initiatives, we also reached out to the francophone Afro-Caribbean community on numerous mental health issues and trained counsellors from the Aboriginal community on smoking cessation.

The devastation from the disastrous earthquake in **Haiti** has affected not only survivors on the island, and family, friends and members of the Haitian diaspora in Canada, but also the clinicians and counsellors working with those who are grieving and distressed. Participants at a CAMH workshop spent the day reflecting on how working with traumatized groups affects their own professional practice and personal well-being.



CAMH continued sharing expertise on mental health and addiction through **CAMH in the Community** events, organized by our Provincial Services team located throughout Ontario. This year's forum on resiliency, held in Peel Region, included (l-r) Lew Golding, CAMH Substance Abuse Program for African Canadian and Caribbean Youth (SAPACCY); Baldev Mutta, Punjabi Community Health Services; Nicole Bonnie, Peel Children's Aid; and Nina Acco Weston, CAMH Provincial Services, GTA West Area.

the people who care

Safety comes first

Client and staff safety are paramount at CAMH. A number of priority initiatives reflecting this commitment continued this year, including work to minimize the use of restraints and seclusion, workplace violence prevention and Partnering to Prevent Aggressive Behaviour (PPAB)—an evolution of our education program that emphasizes communication, open dialogue and teamwork to increase the quality of care and improve safety.

This year CAMH is also putting plans in place to become 100% smoke free at its three principal Toronto sites, in order to better protect the health and safety of clients and staff.

Health equity

The Public Health Agency of Canada listed CAMH's **Culture Counts** guide on its Canadian Best Practices Portal—a source of the best available evidence on chronic disease prevention and health promotion, and a key aid in policy and program decision making. The guide was the outcome of a partnership among eight organizations.

Drs. **Kwame McKenzie** and **Samuel Noh** are leading Social Aetiology of Mental Illness (SAMI), a CIHR-funded training program involving 56 partners worldwide. It will create a new generation of advanced experts through an interdisciplinary collaboration focusing on the social determinants of mental disorders and models of causation.

CAMH worked hard this year to embrace both the letter and the spirit of the *Accessibility for Ontarians with Disabilities Act*, new legislation in keeping with our organizational values of diversity, health equity, respect and client-centred care. In compliance with customer service requirements for client care and community access, CAMH distributed a special education guide to all staff, contractors, vendors and partners.



Staff in CAMH's Addictions Program were among those who embraced progressive training to enhance and promote safety through teamwork and communication.



Dave Levac (r), parliamentary secretary to the minister of Community Safety and Correctional Services, presents the **Fire Marshall's Award for Excellence in Fire Safety** to Dr. Sherri MacKay, director, TAPP-C (The Arson Prevention Program for Children), a program that assesses and treats children and youth who set fires.

PEOPLE

This year, CAMH was selected as one of **Greater Toronto's Top Employers**. Employers are compared to other organizations in their field to determine which offer the most progressive and forward-thinking programs.

In 2009 Dr. **Bruce G. Pollock**, vice-president of Research, received the prestigious Jack Weinberg Memorial Award for excellence in geriatric psychiatry from the American Psychiatric Association. This is the most recent of several awards recognizing Dr. Pollock's leading research in medications (particularly antidepressants) and their dosages for seniors, who account for up to 50% of medication-related deaths.

Akwatu Khenti, director of CAMH's Office of International Health, received the Harry Jerome Award—the African Canadian community's pre-eminent national award—for professional excellence in international health from the Black Business and Professional Association.

Three CAMH nurses were nominated for the 2009 *Toronto Star* Nightingale Award as part of Nursing Week: **Ann Pottinger**, APN (top photo), **Frances Abela-Dimech**, RN, and **Barbara Shelly**, RN.

Dr. **Allan Kaplan** received the 2009 J. M. Cleghorn Award for Excellence and Leadership in Clinical Research, presented by the Canadian Psychiatric Association.

Rani Srivastava (bottom photo), deputy chief of Nursing Practice, won the International Women's Day Recognition Award for Diversity from Punjabi Community Health Services.

Raj Sohi, deputy administrative director of CAMH's Addiction Program and Child, Youth and Family Program, was awarded a DiverseCity fellowship by the Toronto City Summit Alliance and the Maytree Foundation.

CAMH staff psychologist Dr. **James M. Cantor** was appointed editor-in-chief of *Sexual Abuse: A Journal of Research and Treatment*, an internationally recognized interdisciplinary journal ranked in the top 10% of scholarly journals in criminology and sexology.





Charlene Marshall: A profile of excellence in client-centred care

CAMH's Ted Tremain Awards recognize excellence in our staff in all fields. As one of this year's recipients, social worker **Charlene Marshall's** extensive client-centred work exemplifies the excellence that all CAMH staff strive toward. Charlene specializes in clients with complex and challenging illnesses. For example, she worked with one young man with schizophrenia who is also deaf, and has a developmental delay, poor literacy and limited family support. He often experienced severe frustration, isolation and loneliness because of his inability to communicate, and had episodes of aggression. Working with her team, Charlene brought in the Canadian Hearing Society to provide visual and written resources that helped the team and the client communicate more effectively. This work helped to uncover the internal distress that the client was experiencing and led to greatly improved results.

Susan Morris, clinical director of CAMH's Dual Diagnosis Program, was presented with the Ontario Association on Developmental Disabilities Award of Excellence. Dr. **Yona Lunskey** received the association's Research Professional Award. The awards recognize those who contribute significantly to the better understanding of, or enhanced quality of life for, people with developmental disabilities.

Two members of CAMH's Board of Trustees were honoured by the YWCA for their leadership in improving the lives of women and girls and in community building. **Mary Anne Chambers** is the 2010 Woman of Distinction for Community Service and **Helen Burstyn** is the Woman of Distinction for Community Leadership.

CAMH redevelopment architects **Montgomery Sisam** received a June Callwood Outstanding Achievement Award for Volunteerism for their employees' continuing contribution to CAMH. A successful partnership with CAMH's **Corporate Volunteer Program** has seen their staff do creative writing and art therapy, and regularly make breakfast for clients in the Addiction Medicine Service.

Dr. **Zindel Segal**, head of CAMH's Cognitive Behavioural Therapy Clinic, was appointed Cameron Parker Holcombe Wilson Chair in Depression Studies in the Department of Psychiatry, University of Toronto. The Chair, endowed by Michael Wilson in 1998, supports innovative research into the neural and behavioural mechanisms underlying effective prophylactic interventions for depression.

The 2009 Pittsburgh Schizophrenia Conference Award was presented to Dr. **Rohan Ganguli**, executive vice-president of Clinical Programs, for more than 30 years of basic and clinical research related to the pathophysiology and treatment of schizophrenia and other psychotic disorders.



When Dr. **Paul E. Garfinkel**, CAMH's founding president and CEO, retired in 2009, he received a wide range of tributes, including being named an Officer of the Order of Canada and having one of the new public parks in CAMH's Queen Street Redevelopment Project named in his honour (shown with Ana Lopes, vice chair, CAMH Foundation and deputy mayor Joe Pantalone).

FINANCIAL SNAPSHOT

Year ended March 31, 2010

Sources of revenue	\$
Ministry of Health and Long-Term Care/ Toronto Central Local Health Integration Network	252,264,727
Patient revenue	1,143,561
Donations and other grants	25,035,464
Ancillary and other	19,176,545
Amortization of deferred capital contributions	4,729,580
Investment income	572,393
Total	302,922,270

Allocation of expenses	\$
Salaries, wages and employee benefits	231,517,826
Supplies and other expenses	53,517,317
Depreciation	7,941,243
Rent	4,128,788
Drugs and medical supplies	3,498,102
Medical and surgical	975,192
Total	301,578,468
Excess of revenue over expenses for the year	1,343,802

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

CAMH by the numbers

CLIENTS

Unique* clients	24,661
Outpatient visits	460,021
Inpatient admissions	3,800
Visits to Emergency Services	4,883
Average length of stay in days	51

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

STAFF AND RESEARCH

CAMH staff	2,893
CAMH physicians	383
Research grants/contracts	263
Amount of research grants/contracts	\$56,212,781

INFORMATION/EDUCATION/SPIRITUAL SERVICES

Visits to www.camh.net	4,238,040
People who participated in professional education, training or development courses	7,219
Regular multi-faith worship services	383

VOLUNTEERS

Volunteers (approx. per month)	1,114
Hours contributed by volunteers	146,794

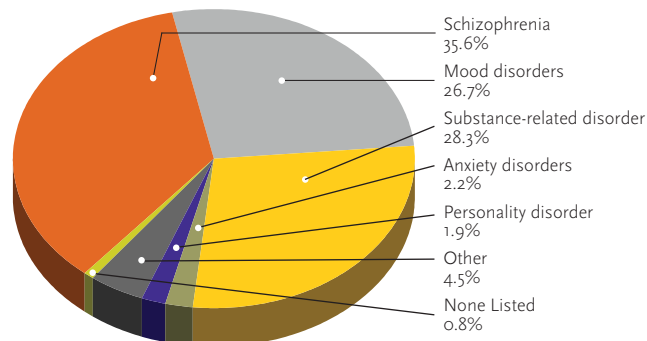
DONORS

Donors	9,168
Amount of donations	\$20,707,536

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

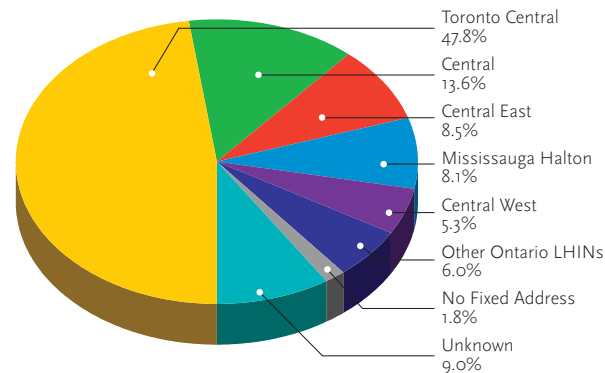
Top 10 countries of birth (other than Canada): **Jamaica, U.K., U.S.A., Portugal, China, Italy, Poland, India, Iran, Philippines.**

INPATIENTS PRIMARY DIAGNOSIS, 2009–2010



Note: 48.6% of clients who were in hospital in 2009–2010 had more than one diagnosis. 29.3% had two diagnoses and 19.3% had three diagnoses.

DISTRIBUTION OF CLIENTS BY LHINS, 2009–2010



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, 2010

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Dr. Benoit H. Mulsant, *Physician-in-Chief and Clinical Director, Geriatric Mental Health Program*

Dr. Donald Wasylenki, *Chair, Department of Psychiatry, University of Toronto*

* Retired from position during the fiscal year

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Dr. Bruce G. Pollock, *Vice-President, Research*

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

* Retired from position during the fiscal year

HOW TO REACH CAMH

CAMH Main Switchboard (for all sites)

416 535-8501

Website: www.camh.net

Executive Office

901 King Street West
Toronto, Ontario
M5V 3H5

SITES

College Street site

250 College Street
Toronto, Ontario
M5T 1R8

Emergency

416 535-8501 ext. 6885

Queen Street site

1001 Queen Street West
Toronto, Ontario
M6J 1H4

Russell Street site

33 Russell Street
Toronto, Ontario
M5S 2S1

COMMUNITY OFFICES

Hamilton

905 525-1250

Kingston

613 546-4266

London

519 858-5110

Ottawa

613 569-6024

Sault Ste. Marie

705 256-2226

Sudbury

705 675-1181

Toronto

416 535-8501 ext. 6028

CLINICAL SATELLITE OFFICES

Archway

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

CAMH Aboriginal Services

393 King Street East
Toronto, Ontario
416 535-8501 ext. 7657

CARE, VENTURES, ProACT and INTERACT

Richmond Street Clinic
862 Richmond Street West,
Suite 200
Toronto, Ontario
416 535-8501 ext. 2606

Central Link

393 King Street East
Toronto, Ontario
416 535-8501 ext. 7670

Community Support and Research Unit

Richmond Street Clinic
862 Richmond Street West,
Suite 300
Toronto, Ontario
416 535-8501 ext. 2606

Dual Diagnosis Resource Centre

501 Queen Street West
Toronto, Ontario
416 535-8501 ext. 7800

Dual Diagnosis Service–Peel

30 Eglinton Avenue West,
Suite 801
Mississauga, Ontario
416 535-8501 ext. 7704

First Assessment Clinical Team

(FACT)–Peel

30 Eglinton Avenue West
Suite 801
Mississauga, Ontario
416 535-8501 ext. 7700

Learning Employment Advocacy Recreation Network (LEARN)

1709 St. Clair Avenue West
Toronto, Ontario
416 535-8501 ext. 7300

Nicotine Dependence Clinic

175 College Street
Toronto, Ontario
416 535-8501 ext. 7400

PACE Peel

30 Eglinton Avenue West
Suite 801
Mississauga, Ontario
416 535-8501 ext. 7716

PACE West

3170 Lakeshore Boulevard West
Suite 202
Toronto, Ontario
416 535-8501 ext. 3448

Spectrum

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

Work, Stress and Health Program

455 Spadina Avenue
Suite 200
Toronto, Ontario
416 260-4147

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Centre de toxicomanie et de santé mentale

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