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CAMH Science: Centred on Discovery

Science Synopsis from the Research Program
Volume Two, Issue One

From the Desk of Shitij Kapur, Chief of Research

As the old order changth yielding place to new ...

Dear Colleagues:

It is with a heavy heart that I pen this piece, as this is my last opportunity to talk to you as Chief of Research. On August 1, I will pass this role into the competent hands of Dr. Louis Gliksman – and you could not be in better hands.

I took on this position in 2003, with some ambivalence, as I was afraid it would draw me away from “real science”, and with some trepidation, as I had never before done anything this big or important. It has been a most exciting and gratifying four years.

From a scientific perspective, CAMH has grown from strength to strength. Our overall grants income increased from about $28M to nearly $39M in 2006-2007, including a significant CFI grant to acquire a new cyclotron. Our bench strength has grown,

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thanks to notable international recruitments and the addition of two new Canada Research Chairs. We have been able to institute a formal system of performance review for scientists, which will lead to a more competitive and transparent organization. Clinical Research is more closely integrated with 'basic' research and we now also have an array of support services for clinical researchers. We have more formal recognition for research training initiatives, and increased integration with and impact upon the community. And our Library services are rapidly evolving to serve an increasingly virtual world. Finally, the Research Program itself is much more closely aligned with overall mission and the priorities of the hospital.

All of this would not have been possible without a wonderful team. The most important lesson I learned in my role as Chief is that the only 'power' one has is to surround oneself with a great team, to support their ideas and cheer them on. In this regard, I have been most fortunate to have a creative team of Research Directors (Louis Gliksman, James Kennedy, Michael Bagby, Sylvain Houle) who led the charge to make change happen and Syd Jones who developed the Library. I have been most fortunate to have with me Darryl Yates and his Research Operations team, who provided all the support needed to implement changes (including, among the other innovations, the e-newsletter that you are reading).

Yet, change is constant, as we live in an ever-evolving system. There is a major Research Hospital Fund competition in the cards and the Queen Street Redevelopment project continues. The Ontario government is developing a new health research strategy and there is talk of a series of Ontario Health Research Institutes – with ours

being one. However, one thing shall remain constant: the hope that the new ideas and opportunities we discover will lead to less pain and suffering of those who suffer from mental illness and addictions. And since we can't solve all those problems in this generation - we will leave behind a generation of better-trained scientists and researchers to carry on the flame.

In This Issue

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To subscribe to CAMH Science: Centred on Discovery e-mail research_newsletter-on@lists.camh.net. To unsubscribe e-mail research_newsletter-off@lists.camh.net.

Talk Back

Got a story idea you'd like to share? Contact the editor at leah_young@camh.net. All suggestions and comments are welcome.

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Recognizing Excellence in Community-Based Research

Dr. Laura Simich's Study of Sudanese Settlement in Ontario project was the first major Canadian investigation of the settlement and integration of Sudanese immigrants and refugees. This work provided a socio-demographic profile of the population; described settlement needs and social determinants of health; expectations of life in Canada and mental well being; barriers to service utilization; and socio-cultural influences on the settlement and integration process. more

Recognizing Education Excellence: Dr. Ray Blanchard Awarded First CAMH Research Training Award

Dr. Ray Blanchard is a natural teacher. According to a former student, supervision is not a task he needs to force himself to make time for; it is always his genuine pleasure to knock ideas about with his students. This is just one of many reasons Dr. Blanchard received the first CAMH Research Training Award. more

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2007 Trainee Award for Thought in Research Ethics

PhD student Carolyn Wilson received the 2007 Trainee Award for Thought in Research Ethics. Recognizing trainee excellence in identifying and analyzing research ethics dilemmas, Carolyn received the award for her essay that examined whether or not psychologist have an ethical obligation to intervene among research participants who have suicidal thoughts. more

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CAMH Team Receives Nova Scotia's South Shore Health Outstanding Quality Initiative Award

On May 10, 2007, "Using Telehealth to Increase Skills Around Tobacco Use During Pregnancy and Beyond" received Nova Scotia's South Shore Health Outstanding Quality Initiative Award. Dr. Peter Selby and Virginia Chow of the CAMH Pregnets (Network for the Prevention of Gestational and Neonatal Exposure to Tobacco Smoke) Project, along with Thérèse Millette of the University of Toronto Psychiatric Outreach Program, were named as part of the award winning team. more

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In The News

Subtle Bias Affects Mental Health Of Korean Immigrants In Canada

Hazardous alcohol drinking causes nearly half of deaths in working-age Russian men

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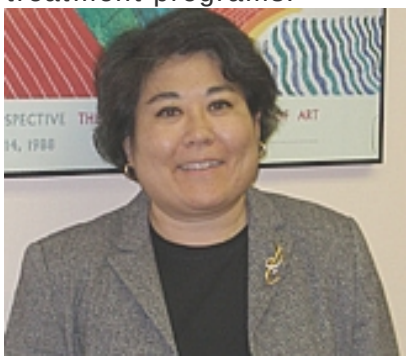
Work and Well-being Research and Evaluation Program: Closing the Gaps in our Understanding of Mental Health in the Workplace

Working nine to five. What a way to make a living - when you consider that working can contribute positively to mental health, promote recovery from mental illness or contribute to the development of mental health problems including stress, depression and anxiety. We don't need research to tell us that mental health and workplace issues are complex and multifaceted. But research can help us answer the many questions we still have, and offer guidance to develop useful and cost-effective prevention and treatment programs.



Dr. Carolyn Dewa

CAMH's new research program *Work and Well-being Research and Evaluation Program* is focused on transforming our understanding of work and living. Led by Carolyn Dewa, a health economist, and a

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team of experience scientists including Carles Muntaner, an epidemiologist; Martin Shain, a legal scholar; and Elizabeth Lin, a systems researcher, the program takes a trans-disciplinary approach to research. Projects will look at the impact of work on people with mental illness, and investigate the workplace's impact on mental health.

"We already have several experienced scientists bringing their own perspectives and strengths to one goal – fully understanding and addressing all aspects of mental health and the workplace," said Dr. Dewa

The *Work and Well-being Research and Evaluation Program* is built around four research streams: epidemiology, prevention and promotion, diagnosis and treatment, and disability management of mental disorders at the workplace. It has a strong emphasis on applied research including developing interventions and policy recommendations. Said Dr. Dewa, "we'll be looking at what works, what doesn't work and what's cost-effective."

Building on the CAMH mission, this program's vision statement is "Transforming Work and Living." It recognizes the contribution of work and the workplace to the quality of life, and understands the importance of knowledge exchange. Dr. Dewa and her team plan to share information with CAMH stakeholders as well as with external partners such as employers, unions, workers, occupational health, clinicians, providers and insurers. "We're excited about working with stakeholders in different sectors. It's important to share information so we can work together to create healthier workplaces," said Dr. Dewa.

For more information the *Work*

and Well-being Research and Evaluation Program contact Dr. Dewa at carolyn_dewa@camh.net. This program is located within the Health Systems Research & Consulting Unit of the Social, Prevention & Health Policy Research Department.

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Getting More Than a Pay Cheque From Your Job: Understanding the links between stress, mental illness, physical conditions and disability

All these deadlines are making my headache worse. When I think about my job, I feel overwhelmed and depressed. I just need a break; then I'll feel better. Sound familiar? A new study helps us understand how chronic work stress, psychiatric disorders and chronic physical conditions impact our ability to work, and offers suggestions on creating healthier workplaces.

Using data from the *Canadian Community Health Survey 1.2*, CAMH's Drs. Carolyn Dewa and Elizabeth Lin explored how factors such as work stress and mental illness are associated with worker disability, when experienced alone or in combination with each other. The data showed:

- 31% of respondents (6,768 people) experienced chronic work stress. They experienced stress alone, in combination with a chronic physical condition and a psychiatric disorder, or both.
- 46% reported at least one chronic physical condition, either alone or in combination with the other factors.
- 11% reported having a

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psychiatric disorder.

- Those who reported having a psychiatric disorder and a chronic physical condition, in combination with work stress, were most likely to experience disability (i.e. days off from work). This finding supports existing literature.
- Women were more likely to report disability days, and those who were single experienced high rates of disability compared with married respondents.

Interestingly, these findings indicate a more complex disability pattern between psychiatric disorders and workplace stress than previously reported in other studies. In the presence of chronic stress, psychiatric disorders were associated with more partial and full days away from work, suggesting that workers with mental illness experience more intense disability days.

Overall, this study shows that chronic work stress may amplify the disability associated with psychiatric disorders and chronic physical conditions. Drs. Dewa and Lin suggest that physicians and workplaces must work collaboratively on interventions that go beyond typical clinical or occupational health considerations. Key success factors may include assisting workers to develop effective workplace coping mechanisms, in addition to medical treatment; creating less stressful work environments, and adapting the work environment to the workers' needs.

For more information, visit Association of Chronic Work Stress, Psychiatric Disorders, and Chronic Physical Conditions With Disability Among Workers

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Case Study Offers Possible Clue to Ecstasy-caused Deaths

Death caused by the drug ecstasy (mdma) is very rare compared to the high number of users. And the reasons why some ecstasy users are especially susceptible to a fatal drug reaction are not known, though these deaths often involve severe hyperthermia (increased body temperature). A new case study in the *Journal of Forensic Sciences* points to a pre-existing defect affecting temperature regulation as one factor that might contribute to some ecstasy deaths.

Working with Centre of Forensic Sciences and the Office of the Chief Coroner of Ontario, CAMH's Dr. Stephen Kish described a young woman who developed fatal hyperthermia after taking ecstasy. It was later discovered at autopsy that she had an overactive thyroid (hyperthyroidism), a condition that can make some people less tolerant to heat.

Dr. Kish explained that this single case does not prove that hyperthyroidism contributed to the death of the ecstasy user. There are probably many different factors that explain deaths caused by ecstasy, including room temperature, physical activity, and fluid intake. However, the work does suggest what many scientists have suspected - that a pre-

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existing problem in temperature regulation might increase the risk of an ecstasy-triggered death. If this conclusion is correct, this would be the first instance of a medical condition contributing to an ecstasy fatality. This theory is also supported by other data showing that experimental animals with hyperthyroidism are more likely to die when exposed to ecstasy.

Dr. Kish suggests that there may well be many users of ecstasy, who unknowingly have a problem in temperature regulation (caused by a variety of different conditions), and are at higher risk for a "heat stroke" type of death caused by this drug.

For more information on this case study visit Does Hyperthyroidism Increase Risk of Death Due to the Ingestion of Ecstasy?

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A copy of CAMH's press release for this study is available at Hyperthermia and Ecstasy: New Case Study Offers Possible Clue to Ecstasy-caused Deaths

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Helping People with Depression Regain their Memories

Remember your favourite childhood pet? When you were a kid, what was the best thing about summer? For someone at risk for or living with depression, sharing detailed memories like these is often impossible. A hallmark of this illness is a reduced ability to recall specific personal memories, a cognitive trait referred to as overgeneral memory. In a new study, CAMH researchers showed that two treatments were equally effective at targeting and changing this common cognitive symptom of depression. This discovery may lead to a decrease in the risk of depression relapse.

Drs. Carolina McBride, Zindel Segal and colleagues investigated whether cognitive behavior therapy (CBT) and pharmacotherapy (PHT, treatment with medication) improved a depressed person's ability to recall specific personal memories. Both CBT and PHT are equally effective depression treatments. However, scientists believe CBT reduces depression symptoms by changing cognition. For this reason, Dr. McBride and her team expected CBT to be a more effective treatment for improving autobiographical memory.

Study participants were randomly assigned to 16 weeks of either CBT or PHT. Scientist then tested

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autobiographical memory twice over a four-month period by asking participants to write a personal memory in response to five positive words and five negative words.

Contrary to the scientists' hypothesis, the data reveal that both CBT and PHT increased ability to recall specific memories. For example, after both treatments study participants were more likely to respond, "the day my dog died" in response to the word cue "sad", rather than, "every day."

These results are clinically important as they show that two depression treatments help individuals improve their recall of specific personal memories. This suggests that both treatments can help people with depression remember specific details about their personal histories, which may decrease the risk of depression relapse.

More research is needed on how long-lasting these changes in memory are, how they relate to relapse, and whether the changes are differently maintained across CBT and PHT.

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Social Phobia and Seniors

The debilitating effects of social phobia, a common psychiatric disorder in the elderly, may be keeping many people away from social situations because of fear or embarrassment. Though older people are less likely to experience symptoms of social phobia, those who continue to suffer later in life may experience more severe social isolation as they also deal with the physical difficulties of aging.

In his study *Epidemiology of Social Phobia in Later Life*, CAMH's Dr. John Cairney used data from Statistics Canada's 2002 *Canadian Community Health Survey: Mental Health and Well-being* to examine the prevalence and nature of social phobia in seniors. Published in the *American Journal of Geriatric Psychiatry* this study filled a significant information gap by showing:

- 1.3% of respondents aged 55 and older reported symptoms of social phobia during the twelve months prior to the survey. Concurrent mood and anxiety disorders were also common in this group, with 31% experiencing depression and 12% experiencing panic disorder.
- However, the above rate declined with age, from almost 2% among 55-64 year old adults, to 1% at 65-74 years of age and to 0.5% for those ages 75 and older.

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- 4.9% of respondents aged 55 and older reported experiencing social phobia during their lifetime.

Interestingly, the profile of older adults with social phobia is very different than that of the general population. In the general population, social phobia is more common among woman than men. But among older people, it is equally common in both sexes. Similarly, where educational attainment is a risk factor for social phobia in the general population, it does not appear to be among older adults according to this study.

From a clinical perspective, the high rates of concurrent psychiatric disorders suggests that doctors should screen for social phobia when individuals present with illnesses like depression and anxiety disorders. Equally important, those with social phobia should be checked for co-occuring mental illnesses.

Knowing how many older people have conditions like social phobia, and whether certain groups are at especially high risk, can help identify services needs and gives physicians tools to recognize symptoms. Evidence on differences in social phobia among demographic groups can also be useful to researchers working to understand the underlying causes of the disorder, since it suggests that these difference may be related to certain psychological, social, or biological factors that also differ among these groups.

To view a copy of CAMH's press release on this topic visit: Social Phobia and Seniors: What Lies Ahead for One of the Fastest Growing Groups in Canada. For more information on the study visit: Epidemiology of Social Phobia in Later Life -- Cairney et

al. 15 (3): 224 -- American Journal of Geriatric Psychiatry

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SEEI Interim Report - Seeing a Difference

Background

The System Enhancement Evaluation Initiative (SEEI) is a unique and exciting four-year research initiative that has brought together researchers, providers, decision makers, consumers and family members to explore the system impact of new mental health funding in Ontario.

The SEEI includes nine studies of the changes over time in our community mental health system that have resulted from dramatic new annual funding for programs since 2004. The studies were initiated in two phases. Phase 1 includes the Impact Study, which looks at changes in use of hospitals and correction services by people with mental illness, and the Matryoshka Project, which explores effects on continuity of care of early intervention in psychosis programs and court support programs. These studies began in 2005. The Phase 2 Studies consist of seven smaller studies initiated in 2006. After two years of data collection and analysis by the Phase 1 Studies, we can begin to see some early change in the community mental health system. SEEI has also developed the Ontario Mental Health and Addictions Knowledge Exchange Network (OMHAKEN) to support and inform the research. This 'network of networks' has

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already had involvement in the Phase 1 Studies and, as it develops, will provide a platform for linking the practice, policy, consumer and family communities to the research community to ensure research is relevant and applicable to the field.

The *Seeing a Difference* interim report is a second look at what is occurring in the province. An earlier glimpse of the system prior to the implementation of new funding was provided in the *SEEI Update Winter 2007* newsletter (posted in the Mental Health and Addictions Portal on www.ehealthontario.ca). A more in-depth picture will be available in 2009, when we will report on the final results for both Phase 1 and Phase 2 Studies.

SEEI Interim Report Key Findings

Preliminary findings suggest that the additional $142 million Ontario has invested since 2004 in community mental health is making an impact in the following ways:

- Ontario's significant new investments in community mental health are resulting in new and enhanced programs, additional new staff and large numbers of new clients who have received service.
- One of the most noticeable effects of the new funding is the revitalization it has brought to the field.
- SEEI builds on previous community mental health research that provided evidence that community mental health programs are 'good investments'. *(Making a Difference: Ontario's Community Mental Health Evaluation Initiative – CMHEI)*

- SEEI confirms that it takes time and many complex steps to get new funding into the system and to make programs fully operational.
- When new programs are created, and increased numbers of clients are served, new demands are made on related mental health services
- Hospitals are an important provider of mental health services; with over 48,000 adult mental health admissions and 115,000 adult mental health ER visits annually. Compared to baseline, hospital admissions and visits to hospital emergency rooms increased during the study period. This may reflect unmet need combined with new case finding.
- Recurrent use of hospital is a concern. During the baseline period, 15% to 24% of people returned to hospital at least once in the year following their initial visit. Over time, rates decreased modestly on two of five indicators of recurrent use – early return (within 30 days) to an ER after discharge and after an initial ER visit. There were declines in some of the other five indicators at the Local Health Integration Network (LHIN) level but not at the provincial level.
- Police involvement with people with mental illness has increased in regions that can be monitored. However we do not have data to assess whether the increase in apprehensions is accompanied by a reduction in charges.
- There has been an increase in the number of new early intervention clients and programs. There is also a considerable increase in the number of individuals served by court support services.
- Early intervention programs are able to better identify their target population.
- Since the new investments, case managers report an

apparent increase in continuity of care with specific mental health services and supports for individuals using early intervention programs.
- The growth in the court support programs may be straining the capacity of local systems.

Visit *Seeing a Difference* for a copy of the full report. (PDF only)

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