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CAMH Science: Centred on Discovery

Science Synopsis from the Research Program

From the Desk of Louis Glikzman, Acting Chief of Research

I have now been in the position as Acting Chief of Research for a couple of months, and I want to thank everyone for their warm welcome and assistance during this period. It has been an interesting and challenging transition. And while I am still learning about the job, we have still managed to achieve some major accomplishments.

First and foremost, we were first institution in Canada to submit our completed application to the Canada Foundation for Innovation – Research Hospital Fund (CFI RHF). This was a request for \$38.6 million to expand and enhance CAMH's research infrastructure and ability to transform research knowledge into practice. This application involved major efforts from approximately 25 scientists and support staff over the course of the summer. I want to thank each and every person involved for their invaluable contributions and their selflessness in the face of this daunting task.

We completed the external review of Research Operations and we are currently drafting a response to review committee's issues and suggestions. We will update everyone about the recommendations and our proposed responses in the next couple of months. I would like to thank all those who contributed to this process and especially thank Darryl Yates and his staff for their commitment and diligence to this process.

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The PEHP office in London recently moved into the facilities occupied by the research office in London, and we are excited by the new look of the London office. CAMH's Centre for Prevention Science – Child, Youth & Family Program – Clinical Services, is also located in the same building and this represents an opportunity for collaborative, multi-disciplinary initiatives as we go forward together. An Open House took place on October 2nd to present our look to the London and area community.

I am pleased to announce that Dr. Allan Kaplan has been appointed as the new Director of Research Training to replace Dr. Leslie Atkinson who has gone on to Ryerson University. Allan brings a wealth of experience with him in this position. In addition to his role at CAMH, he is currently Professor of Psychiatry and Vice Chair of Research, and Director of the Clinician Scientist Program in the Department of Psychiatry, University of Toronto as well as the Loretta Anne Rogers Chair in Eating Disorders. He previously served as the Director of Post Graduate Education in the Department of Psychiatry from 1994-2005 and Director of Fellowship Training from 1993-1994.

In addition, we recently welcomed two new scientists to our fold. Joining CAMH from England, Dr. Kwame McKenzie will be a member of the Social Equity & Health section of the Social, Prevention & Health Policy Research Department, in addition to doing clinical and community work. We also welcomed Dr. Paul Shuper who joined the Public Health & Regulatory Policy section of the Social, Prevention & Health Policy Research Department. Paul comes to us from United States where he worked at the Center for Health/HIV Intervention and Prevention of the University of Connecticut.

I look forward to sharing more exciting news and happenings in the coming months.

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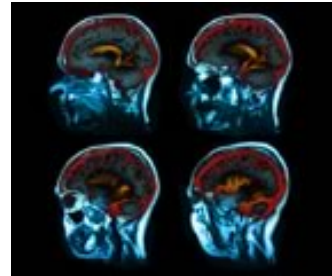
Scientist Recognized for Outstanding Scientific Contributions Relating Smoking and Health

[Dr. Rachel Tyndale](#), Head of Pharmacogenetics in the Neuroscience Department and the Canada Research Chair in Pharmacogenetics at the University of Toronto, was awarded the 22nd Annual Alton Ochsner Award Relating Smoking and Health. This prestigious honour recognizes Dr. Tyndale's outstanding and exemplary original scientific investigations that relate tobacco consumption and health.

Through studying genetic risk factors for drug dependence, Dr. Tyndale is tackling the serious public health issue of smoking and trying to find answers to the questions, "why some people smoke more than others", "why some find it easier to quit unassisted", and "why some treatments work for some and not for others", to better understand the mechanisms involved with drug abuse and to optimize treatment approaches. Dr. Tyndale's goal is to use genetic information to personalize treatment for people who want to quit smoking.

Social Equity and Health Named as Co-Hub for WHO's Employment Conditions Knowledge Network

CAMH's [Social Equity and Health](#) (SEH) research section was selected as an organizational co-hub for the World Health Organization's (WHO) Employment Conditions Knowledge Network (EMCONET). As a co-hub, SEH coordinates the Network's activities, and uses its extensive expertise to contribute towards generating knowledge

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in this area of research.

Chaired by CAMH's Carles Muntaner and Joan Banach, the EMCONET will help to develop models and measures to clarify how different types of jobs, conditions of underemployment and the threat of becoming unemployed affect workers' health.

EMCONET is one of nine Knowledge Networks established to inform the final report for the WHO's Commission on Social Determinants of 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. The goal of the final report is to improve health equity through intersectoral health policies that address these important determinants of health equity.

Ministry of Innovation Honours CAMH Scientist for Smoking Research

[Dr. Bernard Le Foll](#), Head of the Translational Addiction Research Laboratory, received an Early Research Award from the Ontario Ministry of Innovation. Dr. Le Foll received this honour for his scientific and academic contributions, and for the importance of his proposed project called "An Integrated Approach to Develop New Treatment for Tobacco Smoker." This project builds on recent evidence showing that antagonists to the D3 type of dopamine receptors are potentially useful in the treatment of nicotine addiction. The validation of this novel therapeutic approach may change the treatment of smokers in the future.

The Early Researcher Award program is a \$51 million, 5-year program that aims to help promising, recently-appointed Ontario researchers build their research teams. The ultimate goal of the program is to improve Ontario's ability to attract and retain the best and brightest research talent.

Welcome To:

CAMH is pleased to welcome Paul Shuper,



PhD, to our Research Program. Joining us from the University of Connecticut, Dr. Shuper is an Independent Scientist in the Public Health & Regulatory Policy section of the Social, Prevention & Health Policy Research Department.



While at the University of Connecticut, Dr. Shuper helped develop an interactive computer-based program for people living with HIV/AIDS. This program first identifies individuals' specific barriers to continuing anti-retroviral treatment and then provides them with tailored, evidence-based interventions that promote adherence to treatment. At CAMH, Dr. Shuper will continue his work on HIV prevention and treatment interventions. He will carry on with his work that involves integrating HIV prevention into clinical care for people living with HIV/AIDS in South Africa. He will also investigate alcohol and substance use as it relates to HIV transmission risk behaviour.

We are also very pleased to welcome Dr. Kwame McKenzie to CAMH. Coming to us from England, Dr. McKenzie is an internationally-renown expert in transcultural psychiatry. In addition to his role as Senior Scientist in Social Equity and Health section, he will share his time and expertise amongst our PEHP and clinical programs as Medical Director of Diversity and Mental Health, and Senior Clinician in the Schizophrenia Program.



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Research Profile: Sabrina Hassan

Staying Focused on Clients' Needs

If you ask Sabrina Hassan, she'll tell you we all have the chance to change things. She explains, "In our positions at CAMH, and out in the community, we must stay focused on clients' needs and work together to reduce stigma and breakdown the barriers to treatment." And Sabrina is active in both areas. As a Research Analyst (RA) in the Pet Centre, Sabrina is primarily involved in a study researching postpartum depression. As a passionate client-advocate, she writes articles of struggle and triumph to educate and empower both general readers and individuals living with mental illness.



In her role as an RA, Sabrina is directly involved with potential participants for CAMH's postpartum depression study.

Sabrina always thinks in terms of the client's well-being and takes responsibility for fully understanding the study so she can explain complex scientific information in a way that's accessible and clear. Her client-centred focus also ensures that participants' needs are considered when developing a study.

"My experience in the community makes me a better advocate for client care throughout the research process. I offer suggestions based on what I think is important for clients and always try to ensure that the research reflects the people we're trying to help."

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Sabrina is committed to community education and regularly contributes educational pieces about important mental illness issues. Her recent work in Moods Magazine entitled *Stigma: The invisible barrier to recovery* explores the dimensions and impact of stigma. In a new article, inspired by her work at CAMH, Sabrina looks at barriers to services and treatment in mental health care. She explains that obstacles inherent in the mental healthcare system can make people feel as though getting help is the most difficult part of recovery, and she offers suggestions for effectively navigating the healthcare system.

By educating clients through her work at CAMH and in the community, Sabrina hopes she can empower people to be their own advocates, break down the walls of stigma and barriers to treatment, and get the help they need. She looks forward to the day she hears stories of timely diagnosis and efficient access to care and treatment – rather than clients sharing experiences about years of suffering and unmet needs.

Sabrina is confident we can remove stigma and barriers to mental illness care and treatment. “I believe in people. I believe the face of mental healthcare can be transformed. But we have to want change and we all have to work together to make it happen.”

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Suicide and Schizophrenia

Schizophrenia is a devastating neuropsychiatric condition. Even with successful treatment, most people with this illness continue to live with some symptoms that can isolate them for normal social interaction. This condition is also associated with a very high risk of suicide attempts (4% to 30%) and completed suicide (4% to 13%).

As part of [Caring for the Suicidal Patient: An Evidence- Based Approach](#) (PDF only), a timely and accessible compilation document focused on the secondary and tertiary prevention of suicide, CAMH's [Dr. David Mamo](#) looked at the existing evidence and best-practices for managing suicide in schizophrenia. Directed at front-line clinicians, his paper provides a systematic overview of the literature in this area.

Not surprisingly, the review indicated that suicidality in schizophrenia is high. Early detection relies on the clinician identifying:

- Signs of depression, despair, and hopelessness, and
- The nature and severity of the psychotic experience itself, particularly in individuals recently diagnosed with schizophrenia who have high cognitive function and educational background.

Based on Dr. Mamo's review, effectively managing suicidality in individuals with schizophrenia involves a combination of traditional bedside clinical skills, selecting psychosocial techniques to address depression and psychosocial stressors based on individual needs, and selective treatment with medication directed primarily at an individual's psychotic and depressive symptoms.

Visit [Managing Suicidality in Schizophrenia](#)

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for the full text (PDF) of this paper.

For more information visit [Caring for the Suicidal Patient: New CAMH-led Resource Addresses Best Practices for Different Populations](#).

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Road Rage & Collisions

In their study *Road Rage and Collision Involvement* CAMH's [Dr. Robert E. Mann](#), Senior Scientist, Social, Prevention and Health Policy Research, and colleagues Gina Stoduto and Drs. [Ed Adlaf](#) and Reg Smart, compiled data from Ontario residents to examine correlations between driving behaviours and experiencing a collision in the past year.

The first study of its kind - investigating the effects of both victimization and perpetration of road rage behaviours on collisions - found that:

- Both victims and perpetrators of road rage behaviour roughly double their risk of being involved in a collision.
- Collisions related to road rage behaviours were highest among those aged 18 to 35; dropping significantly for those aged 35 to 54.
- Reported collisions were significantly lower for those living outside of urban centres.
- 12.7 percent of respondents indicated experiencing both victim and perpetrator behaviour; and they are at the highest risk of collision.

Published in the June 2007 edition of the American Journal of Health Behaviour, the research also indicates that as someone engages in road rage behaviour, the likelihood of collision increases substantially. According to Dr. Mann, the increased risk of collision remains equal for those who have perpetrated or have been victims of road rage behaviour at around 85 percent, but for those who have engaged in both behaviours, their risk increases by 157 percent.

Dr. Mann also points out that we must be aware of the potential dangers this poses to drivers. Evidence has shown that serious

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road rage is associated with alcohol and substance use as well as stress, anxiety and depression.

Visit [Road rage behaviours found to increase collision risk](#) for a copy of CAMH's press release on this study.

To view on abstract of this study, visit [Road Rage and Collision Involvement](#).

The research team is currently following up on an interesting and potentially important set of associations involving road rage, collision involvement and psychiatric distress. Their research has shown an elevation of psychiatric distress in people who report road rage and in people who report collision involvement. Understanding the causal pathways for these relationships may have important implications for prevention and treatment interventions.

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From Science to Art: Research on homeless youth leads to a multi-dimensional picture of life on the street

Researchers at CAMH and the University of Toronto have released the initial results of the Youth Pathways Project (YPP). Made up of three research components - queer youth; street involved youth and pregnancy; and maltreatment – this project focused on issues of ethnic and sexual diversity, drug use and mental health faced by youth living in high-risk environments on or close to the street.

Led by CAMH's [Dr. Patricia Erickson](#), YPP generated new knowledge about the quality of life experienced by street-involved youth. For example, data from the study *Young, Queer, & Homeless in Toronto* revealed:

- 70.2% of queer street youth had contemplated suicide,
- 57.4% of queer street youth were diagnosed with a mental illness, and
- 80% of queer youth reported a dependency on three or more illicit drugs.

All of these rates were significantly higher than those found in heterosexual street youth.

Street Involved Youth and Pregnancy filled important knowledge gaps on the rates of pregnancy, and child bearing or fathering in street-involved youth. For example:

- 60% of street-involved young women reported having been pregnant at least once. Twenty-nine per cent of those who had been pregnant had children, 33% had abortions, and 75% of those who had been pregnant reported at



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- least one miscarriage.
- 44% of males in the study reported that they were responsible for a least one pregnancy, and 56% of those were fathers.

In addition to providing much-needed data on street-involved youth, the YPP findings are critical to informing policy related to service needs, substance use treatment, child protection, mental health promotion, and violence prevention in street-involved youth.

While conducting interviews among youth in Toronto, the YPP team noticed that the youth were articulate and surprisingly candid about their lives and experiences on and off the streets. The insights and anecdotes that they shared gave an extra dimension to the data and statistics generated by the research. These youth obviously had a desire to share their stories, but often lacked the means and opportunity to do so.

To address this need, Dr. Erickson and her team created Toronto Youth Street Stories (TYSS). This project offered an innovative way to collect experiences, disseminate knowledge gained from these studies, and paint a multi-dimensional picture of the realities experienced by youth living on or near the streets of a major Canadian city. The result is a dynamic web site featuring poetry, prose and visual arts that tell the stories of street-involved youth.

Visit www.tyss.org for more information on both the Youth Pathways Project and Toronto Youth Street Stories.

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New Diagnostic Tool will Help Doctors Minimize Risks of Schizophrenia Treatment

Doctors treating individuals with schizophrenia face a serious dilemma – atypical antipsychotics may cause diabetes and weight gain, while typical antipsychotics increase the risk for developing the severe movement disorder tardive dyskinesia (TD). How then do doctors help their patients avoid potentially life-threatening health risks, or a debilitating side effect, and treat a serious mental illness? One answer can be found in CAMH's discovery of a D3 receptor gene variant and an exclusive license agreement with a US-based company.

A global leader in unlocking the potential of molecular discoveries to offer better healthcare, our business partner realized that a CAMH discovery could help identify individuals who have an increased risk for TD. [Dr. James Kennedy](#), section head for Neurogenetics, and graduate student Clement Zai discovered that a variant in the upstream regulatory region of the D3 receptor gene was involved in predicting risk for TD. Having this gene variant would put individuals at a significantly increased risk for developing TD, if they were treated with a typical antipsychotic.

This discovery is a critical component of the TD diagnostic kit our business partner is currently developing. The kit works by measuring a person's DNA for variants in his/her D3 receptor gene. Thanks to CAMH's discovery, the kit will now identify which individuals with schizophrenia have the TD risk variant, approximately 25% of the population. Doctors can then use this information to more confidently prescribe medication that will effectively treat schizophrenia symptoms and minimize health risks and debilitating side effects.

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CAMH's Technology Transfer Office (TTO) identified this company as our best licensing partner and vehicle for developing diagnostic kits based on our discovery. The TTO negotiated favourable licensing terms, generating funds to re-invest in our research, recognize our scientists' contribution, and provide more opportunities to bring the benefits of scientific discoveries directly to the community.

Said Dr. Kennedy, "this discovery was 10 years in the making. And after all this hard work, on the part of many CAMH scientists, it is very rewarding to see our research translated into improving schizophrenia treatment."

Our business partner plans to start selling their TD diagnostic kits within 18 months. CAMH also plans to use this diagnostic tool starting in 2008 in the new Pharmacogenetics Clinic.

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