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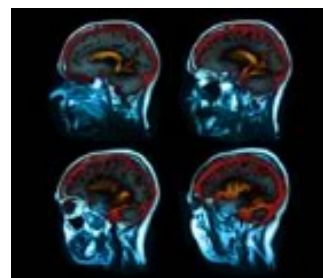
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CAMH Science: Centred on Discovery Volume Three, Issue One

Science Synopsis from the Research
Program, Volume Three, Issue One



From the Desk of **Bruce Pollock**, Vice President of Research

This year, we're witnessing a turning point in the history of mental illness and addiction research. The Canada Foundation for Innovation (CFI) recently announced a landmark investment of \$15 million into a new research initiative that will enhance understanding, intervention, treatment and prevention of mental illness and addiction cross six research themes: schizophrenia, mood disorders, addictions, community health & knowledge exchange, neuroimaging, pharmacogenetics, and neuroscience. This unparalleled support kicks off a \$38 million project that enhances CAMH's ability to generate timely, relevant research that can seamlessly translate into clinical practice that provides optimal care.

It is thanks to the countless hours of hard work the project team and scientific leaders put into our application to the CFI, that we are able to celebrate this remarkable achievement. It is their vision and commitment to conducting, sharing and applying the ground-breaking research CFI's investment is making possible, that will change the lives of people impacted by mental illness and addiction.

And while CFI's contribution to CAMH research is the largest individual grant in our history, it is only one example of the Research Program's commitment to transforming lives. As you read through this edition of *CAMH Science: Centred on*

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Discovery, you'll find more examples of CAMH's leadership, scientific excellence and commitment to helping people on a local, national and international scale.

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

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News and Events, Volume Three, Issue One

- CAMH scientists lead a province-wide team of health care providers, managers, and researchers to create the *Hospital Report 2007: Mental Health*. [more](#)
- [Joan Nandlal, PhD](#), to lead a new research project that is focused on learning how people with mental illness benefit from the congregate living. [more](#)
- Visit [celebrating a centenary](#) for a look back at the ideas, events and personalities from the first 100 years of psychiatry at the University of Toronto. These illustrated historical vignettes feature many CAMH scientists and their accomplishments.

Media

- [Marijuana use on the rise among Ontario adults, CAMH reports: Despite positive substance use trends, tobacco and alcohol still have high costs to society](#)
- [Large-scale Investment Catapults CAMH's Mental Illness and Addiction Research Forward](#)

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Dr. Paula Goering Leads Design and Implementation of National Homelessness Research Initiative

"It's unlike anything else anyone in the mental health field has been able to do before," says [Dr. Paula Goering](#) of the Mental Health Commission of Canada's (MHCC) national \$110 million homelessness research initiative. Under her guidance, the MHCC has developed a unique and comprehensive national research plan that will find ways to help the growing number of homeless people who have a mental illness.

As the project's research lead, Dr. Goering, head of the Health Systems Research and Consulting Unit and professor in the University of Toronto's department of psychiatry, is drawing upon her expertise in homelessness and multi-site evaluation studies to help the MHCC design and implement research demonstration projects in five Canadian cities. The projects' primary focus is mentally ill people who are homeless, but each site will also focus on a distinct group of homeless people living with mental illness, such as urban aboriginal populations in Winnipeg and individuals struggling with substance abuse in Vancouver.

Uniquely, the government's investment will allow project teams to implement a housing plus support initiative and study its impact. This approach will allow researchers and community agencies to work together, deciding collaboratively how to implement the initiative and what happens when you do so. "This is an extraordinary opportunity to put in place evidence-based practices on a large scale and find out how they work in a Canadian context," says Dr. Goering.

This initiative will also allow a research team to compare the results of all the

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projects, as each support intervention must be based on a Housing First model. As Dr. Goering explains, defining a common intervention model allows you to do interesting comparison work that would otherwise be impossible. But, at its core, the Housing First model is focused on helping at-risk and vulnerable people. Providing safe and sustainable housing is paramount and unconditional in this model, as it's built on the philosophy that individuals who have a mental illness and are homeless are more responsive to interventions and social services support that they choose after they have a safe and sustainable place to live.

Collectively, this national service and research effort will develop a body of evidence to enable Canada to become a world leader in providing services to homeless people living with mental illness. But, for Dr. Goering, "what's really exciting is that we're not just learning, we're also doing something to help people."

For more information [MHCC Homelessness Research Demonstration Project](#) or email homelessness@mentalhealthcommission.ca.

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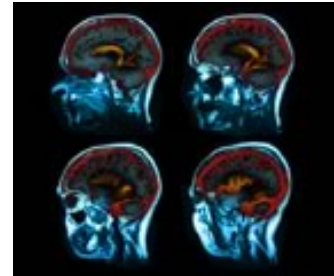
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Antidepressant Increases Amygdala Activity: Discovery offers more clues to understanding how brain function contributes to mental illness



Abnormalities in the amygdala (an almond-shaped group of brain cells that processes information about emotional events) may be linked to depression, anxiety and post traumatic stress disorders. While existing research suggests that variations in serotonin levels impact the amygdala, scientists have yet to discover how amygdala function is regulated, or methods to control the changes that may lead to illnesses such as depression.

A new study published by Vice President of Research Dr. Bruce Pollock and colleagues used intravenously administered citalopram (part of a class of antidepressants called a selective serotonin reuptake inhibitor, SSRI, that increases the level of serotonin in the brain) to investigate how immediate changes in serotonin levels impact amygdala function.

The scientists gave either citalopram or a placebo to healthy volunteers, showed the participants different facial expressions, and measured their amygdala activity in response to the different expressions using fMRI technology. The scientists discovered that participants had an increase in amygdala activity in direct relationship to the antidepressant's concentration. This pattern of amygdala activity caused by increased serotonin levels may help explain how SSRIs achieve an antidepressant effect i.e. first stimulating the amygdala, which then becomes less active. Intriguingly, the data may also reveal a mechanism contributing to clinical observations of extreme agitation, restlessness, and suicidal ideation in some individuals when starting SSRI

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treatment.

Dr. Pollock and colleagues' discovery adds to the development of a comprehensive model of how changes in serotonin affect brain function. Understanding how medications affect the brain processes over time is essential to understanding how medications can be made safer and more effective.

For more information, visit [Acute 5-HT Reuptake Blockade Potentiates Human Amygdala Reactivity](#)

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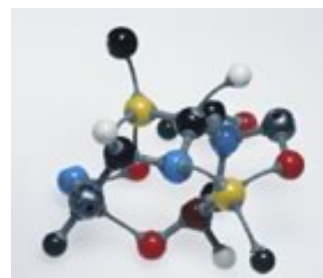
Gene Discovered for New form of Intellectual Disability

Under the direction of [Dr. John Vincent](#), CAMH discovered a new form of intellectual disability involving mental retardation (MR) along with the eye defect retinitis pigmentosa (RP). Dr. Vincent and his team also discovered the previously unidentified gene that causes this disorder, *CC2D2A*. This discovery will help understand the developmental and biological processes involved in brain development, and may help identify ways to diagnose and treat intellectual disabilities.

As Dr. Vincent explains, most genes for intellectual disabilities that have been found so far are on the X chromosome, but this mutation was found on the autosome (The 22 pairs of non-sex chromosomes, that make up the 46 chromosomes in the human body). Autosomal-recessive inheritance (where both mother and father carry a gene mutation on one chromosome, but both maternal and paternal copies must be passed on to the offspring to cause the disorder) is believed to be relatively common in intellectual disability, though only four genes causing this type of disability have been identified to date.

"What's really exciting is that the new gene, *CC2D2A*, encodes a protein with domains similar to those found in one of the previous four autosomal recessive MR genes. This link could suggest a common function that is essential for normal brain development," says Dr. Vincent.

Dr. Vincent and his team will continue exploring these initial findings, to help identify more people with mutations affecting the *CC2D2A* gene. This additional research will provide scientists more clues to understand, diagnose and treat intellectual disabilities.

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Ontario Teens Continue to Exhibit Troubling Behaviour

The 2007 Ontario Student Drug Use and Health Survey (OSDUHS) revealed that Ontario's youth are experiencing a different kind of high -- approximately seven percent (an estimated 79,000 students in grades 7 to 12) report participating in a thrill-seeking activity called the "choking game", which involves self-asphyxiation or having been choked by someone else on purpose. The 2007 OSDUHS Mental Health and Well-Being Report, released in May 2008, revealed these new data, as well as indicators and trends on the psychological health of Ontario's youth.

Other new topics in the 2007 OSDUHS showed that approximately three percent (or 35,000 students) reported a suicide attempt in the past year. About one in ten students rate their mental health as poor, with females more likely to do so than males (16 percent versus 7 percent). About nine percent of students may have a video gaming problem (indicated by symptoms such as loss of control, withdrawal, and disruption to family or school), with males significantly more likely than females to indicate this problem (16 percent versus 3 percent).

This year's report also shows a stable but high rate of elevated psychological distress, with 31 percent of students reporting symptoms of depression, anxiety or social dysfunction. In addition, about 21 percent of students visited a mental health professional a least once during the past year. This is a significant increase from 2005, when only 12 percent of students reported visits.

Bullying continues to be a problem with Ontario youth, with stable but elevated rates of approximately 30 percent of students reporting being bullied at school



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since September. The most prevalent form of being bullied is verbal attacks (23 percent), while four percent are bullied physically, and three percent are usually victims of theft or vandalism.

Visit [2007 OSDUHS Mental Health and Well-Being Report](#) or [The “Choking Game”, Psychological Distress and Bullying: Ontario teens continue to exhibit troubling behaviour](#) for more information.

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Save \$1 Billion and 800 Lives: Avoidable Costs of Alcohol Abuse in Canada 2002 Study released

Released by CAMH in June 2008, the *Avoidable Cost of Alcohol Abuse in Canada 2002* report estimates that, even under very conservative assumptions, implementing six reviewed interventions would result in cost savings of about \$1 billion per year and a savings of about 800 lives, close to 26,000 years of life lost to premature death and more than 88,000 acute care hospital days in Canada per year. This pioneering study is Canada's first systematic estimate of the avoidable costs of alcohol abuse, and the first study of its kind worldwide.

To calculate the avoidable burden and avoidable costs of alcohol abuse in Canada for 2002, CAMH Senior Scientist Dr. Jürgen Rehm and his team estimated the potential economic impact of increasing alcohol taxation, lowering the blood alcohol concentration (BAC) legal limit from 0.08 per cent to 0.05 percent, zero tolerance BAC for all drivers under age 21, increasing the legal minimum drinking age from 19 to 21 years of age, a Safer Bars intervention, and brief interventions (routine screening with concise advice for problematic alcohol users by primary care physicians or other health professionals).

The data revealed that:

- Implementing all six interventions would decrease productivity losses by more than \$561 million or 58 per cent of the total avoidable cost due to alcohol, decrease health care costs (saving almost \$230 million or 24 per cent), and lower criminality costs by almost \$178 million or 18 per cent.
- The most effective intervention to reduce avoidable costs in health care, criminality and productivity losses was

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the brief interventions (saving almost \$602 million per year, 62 per cent of total savings), followed by increasing alcohol taxes (saving more than \$211 million per year, 22 per cent of total savings).

- The most effective intervention for preventing drinking and driving incidents in Canada was lowering the BAC level, which would result in a 19 per cent reduction.
- The Safer Bars program was the most effective measure to avoid homicide and other violent crimes (more than 3 per cent reductions were estimated).
- Brief interventions were the most effective measure to avoid other alcohol-attributable criminal activities (e.g., property crime), resulting in an almost 3 per cent reduction in these types of crimes.

“It’s clear that the largest impact would come from interventions affecting the level of drinking in general such as brief interventions and increasing alcohol taxation,” says Dr. Rehm. “However, the greatest overall cost avoidance would be achieved when multiple rather than single effective and cost-effective alcohol interventions are implemented as part of a comprehensive alcohol policy.”

The scientists also estimated the potential impact of privatizing alcohol sales in those provinces that sell alcohol through a government monopoly. The analysis showed that substantial increases in direct and indirect costs would occur if Canadian provinces were to privatize alcohol sales. Productivity losses would increase by more than \$468 million (7 per cent), health care costs would increase by more than \$258 million (8 per cent), and costs related to criminality would increase by about \$102 million (3 per cent).

While studies that investigate the cost of illness are a valuable indicator of the overall economic burden due to substance abuse in Canada, they do not offer potential solutions to reduce the burden. As Dr. Rehm explains, “this study shows the benefits potentially available to the community as a whole by directing public resources to specific policies, strategies and programs. It also helps identify information gaps, target problems, and identify potential solutions.”

Visit [Avoidable Cost of Alcohol Abuse in](#)

[Canada 2002, Highlights](#) (PDF) or [Avoidable Cost of Alcohol Abuse in Canada 2002, Detailed Report](#) (PDF) for more information.

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