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CAMH Science: Centred on Discovery Volume Three, Issue Two

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

From the Desk of Darryl Yates, Director of Research Operations

Every day the news reminds us of the difficult economic times we are facing. Given this unstable and uncertain environment, I am both humbled and awed by the Research program's continued growth and success that's featured in this edition of *CAMH Science: Centred on Discovery.* A history-making grant announcement, innovative community-based forums, press releases on ground-breaking discoveries, highlights on pioneering science, and much more – this edition is full of good-news stories about CAMH research.

In August, we were thrilled to announce a $15 million infrastructure grant from the Canada Foundation for Innovation. This investment will allow CAMH to create new research space and focus on transforming lives across six research themes: schizophrenia, mood disorders, addictions, community health & knowledge exchange, neuroimaging, pharmacogentics and neuroscience. Since August, staff have been hard at work addressing the grant's administrative requirements so that we will be ready to implement the project plan in the summer of 2009 and begin construction and renovations at the College Street site in early 2010.

We also have two staff members joining the Research Operations leadership team in December. Both Sandhya Patel, Manager, Research Quality and Regulatory Affairs,

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and Marisa Selig, Manager, Research Contracts bring diverse skills and backgrounds that will help the Research program continue to develop and grow.

Finally, I'd like to take this opportunity to thank Dr. Bruce Pollock for his expert leadership over the past year, and thank everyone in the Research Program for their hard work and commitment to research excellence this year. While we will likely continue to face uncertainty in the months to come, your individual and collective contributions to CAMH science will be the reason we continue to be successful in 2009.

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Talk Back

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 Two

- Congratulations 2008 CORE Awards Recipients and Nominees
- **Data collection underway for the 2009 OSDUHS**
  Thousands of Ontario students in grades 7 to 12 will take part in the Ontario Student Drug Use and Health Survey between October 2008 and May 2009. This self-administered, anonymous survey, conducted across the province every two years, identifies trends in student drug use, mental health (e.g. depression), physical activity, and risk behaviour (e.g. violence, gambling), as well as identifying risk and protective factors. New topics in the 2009 OSDUHS questionnaire include salvia divinorum use (a powerful hallucinogenic plant that is legally available for purchase), the non-medical use of over-the-counter cough and cold medications, reasons for non-medical use of opioid pain relievers, purchasing and smoking contraband cigarettes, healthy eating, sedentary activity, and street racing. For more information, including a copy of the 2009 questionnaires, visit Ontario Student Drug Use and Health Survey.
- **Towards understanding and solutions:** One-day event on nightlife, drinking and violence a success
- **Congress for Research on Mental Health and Addiction in the Workplace**
  "We Can Do It: evidence and interventions for transforming mental health in the workplace" is the leading Canadian forum of its kind dedicated to improving the working environment and the mental health of employees. During this two and a half day congress, sponsored by CAMH and CIHR, hundreds of researchers, business leaders, policy-makers and workers will gather to share information on the

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latest research and evidence-based interventions focusing on five main areas:

*Workplace Prevention and Promotion
*Disability Management and Return to Work
*Diagnosis and Treatment
*Stigma/Discrimination
*Workplace Mental Health and Addiction Policies

The connections made will transform mental health in the workplace. We can do it! For more information on submitting on registration or submitting abstracts, visit 4th Annual Canadian Congress for Research on Mental Health and Addiction in the Workplace - October 28th to 30th, 2009

Media

Bisexual community reports need for improvements in mental health services
Depression, Healthcare Services and Heart Attacks
Drinking and Partner Violence – what's the connection?

A PAHO/WHO Collaborating Centre. Fully affiliated with the University of Toronto.

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CFI Investment Catapults CAMH's Mental Illness and Addiction Research Forward

CAMH research has reached a turning point, and we are poised to transform the lives of people affected by mental illness and addiction is ways that were never possible before.

On August 20, 2008 the Canada Foundation for Innovation (CFI) announced a landmark investment of $15 million. This infrastructure grant will allow CAMH to create new research space and focus on transforming lives across six research themes: schizophrenia, mood disorders, addictions, community health & knowledge exchange, neuroimaging, pharmacogentics and neuroscience.

(L-R) Celebrating the announcement of a $15 million research grant to CAMH were University of Toronto Dean of Medicine Dr. Catherine Whiteside; CAMH Physician-in-Chief Dr. Benoit Mulsant; VP of Research Dr. Bruce Pollock; Dr. Colin Carrie, MP and Parliamentary Secretary to the Minister of Industry; Dr. Eliot Phillipson, President & CEO of CFI; and CAMH President & CEO Dr. Paul Garfinkel

For Vice President of Research Dr. Bruce G. Pollock, this unparalleled support and endorsement is the engine that will drive real change for people impacted by mental illness and addiction. As he explains, CAMH scientist are currently scattered across four

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sites, often working in over-crowded, aging and ill-equipped space. While scientists successfully work on individual projects, they are isolation from their colleagues, making it difficult to share and translate research into improved treatment, prevention, intervention and public policy reform. "The new environment that we can now build as part of our bold redevelopment will greatly increase the opportunities for researchers, clients, and partners to work together to generate timely, relevant research that can seamlessly translate into clinical practice that provides optimal care."

An implementation meeting with CFI on September 8, 2008 marked the first step on this momentous journey towards a new kind of research at CAMH. Members of our senior leadership team met with CFI representatives to discuss the details of our proposed project and how we planned to move it forward. Out of this meeting, CAMH made a commitment to develop a comprehensive project plan and final budget that will be finished by summer 2009. Our project plan will be the roadmap that will guide all aspects of the project from purchasing equipment to building new research space. Once the project plan is in place, we can move forward with securing an architectural design and construction teams, obtaining provincial and city approvals for construction and recruiting project mangers to guide different aspects of the project. By early 2010, we will be on our way to a new kind of Research at CAMH.

CFI's investment, the largest individual grant in CAMH's history, kicked off at $38 million project. With the additional financial support coming from donors through the CAMH Foundation, this integrated and pioneering project will address key issues such as:

- Optimizing treatment across mental illness and substance use disorders, including the development of individualized treatment based on molecular genetics,
- Translating discoveries into improved clinical practice, prevention and intervention strategies, and
- Reaching out to underserved and understudied communities such as First Nations, remote populations, the workplace, women, the elderly, and children.

This achievement is the result of countless hours of hard work put into CAMH's grant application by the project team and scientific theme leads. It was the combination of this team's dedication, former Chief of Research Dr. Shitij Kapur's vision, and the leadership from its conception of Physician-in-Chief Dr. Benoit Mulsant and Dr. Louis Gliksman that led us to this celebration. And, as Dr. Pollock explains, it will take more hard work and dedication from CAMH Research Operations team, scientific leads, Redevelopment staff and many others to turn a grant into improved understanding, treatment, prevention and intervention initiatives.

"The $15 million investment was a bold first step. But only commitment to scientific excellence and integration will propel us towards truly transforming lives for everyone affected by mental illness and addiction."

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Clues to Improved Long-term Recovery in Anorexia Nervosa Discovered

Anorexia nervosa (AN), an eating disorder characterized by low body weight and distorted body image, impacts approximately one percent of Ontario's female population. In severe cases, this complex disorder can lead to death. Previous research has found that many people with AN are unable to maintain a normal body weight, even after successful weight restoration programs and therapies. Relapse rates can be as high as 70 percent, with the greatest risk of relapse occurring during the first year following discharge from initial treatment.

In a new study, led by CAMH's Dr. Allan Kaplan, scientists sought to identify variables that could predict successful weight maintenance among AN patients who had restored their body weight to a healthy range in intensive treatment. Dr. Kaplan and his team chose to focus on predictors of weight maintenance, rather than relapse predictors, as identifying factors in this area might allow for enhanced weight maintenance treatments to be designed.

Dr. Kaplan and his team studied approximately 100 patients with AN treated at New York State Psychiatric Institute and Toronto General Hospital. Once participating individuals reached a minimally normal weight after acute treatment, they were randomly assigned to receive an antidepressant or placebo along with cognitive behavioral therapy for one year. Participants were then examined at 6 and 12 months to determine if the treatments were helping patients successfully maintain their weight.

The data showed that the most powerful predictors of weight maintenance at 6 and

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12 months were the level of weight restoration at the end of acute treatment and avoiding weight loss immediately following intensive treatment, rather than any specific psychological variables. Interestingly, site was also a predictor of weight maintenance as patients in Toronto fared better than those in New York. As Dr. Kaplan explains, there is no compelling empirical evidence for this difference; the treatment and treatment philosophy were similar in both hospitals. The variation may be due to external factors such as differences in healthcare systems at both sites. It is noteworthy that these findings are similar to what has been reported in successful relapse prevention in depression -- early recurrence of symptoms is associated with long-term relapse.

This is the first paper to definitively show that early weight loss after weight restoration in adults with anorexia nervosa is a predictor of a more long-term poor outcome for people living with this disorder. According to Dr. Kaplan, the study results suggest that better treatment may be achieved if patients reach a higher normal weight during a structured treatment programs. He explains that preventing weight loss immediately following discharge from such programs may also be key to effective long-term recovery

E-published October 8, 2008 in *Psychological Medicine*, visit The slippery slope: prediction of successful weight maintenance in anorexia nervosa for a copy of the abstract.

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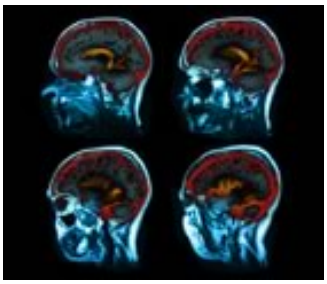
Fluctuations in Serotonin Transport May Explain Winter Blues



Why do many Canadians get the winter blues? In the first study of its kind in the living human brain, CAMH's Dr. Jeffrey Meyer and colleagues discovered greater levels of serotonin transporter in the brain in winter than in summer. These findings have important implications for understanding seasonal mood change in healthy people, vulnerability to seasonal affective disorders and the relationship of light exposure to mood.

CAMH's scientific team discovered that the serotonin transporter levels were significantly higher in all investigated brain regions in individuals studied in fall/winter, compared to those studied in spring/ summer in a study of healthy subjects. Serotonin transporters remove serotonin so this discovery argues that there is more serotonin removal in the fall/winter as compared to spring/summer. Also, the higher serotonin transporter binding values occurred at times when there is less sunlight. This is the first time scientists have found differences in serotonin transporter levels in the brain in fall/winter versus spring/summer.

As Dr. Meyer explains, this is "an important lead in understanding how season changes serotonin levels. This offers an explanation for why some healthy people experience low mood and energy in the winter, and why there is a regular reoccurrence of depressive episodes in fall and winter in some vulnerable individuals. The next steps will be to understand what causes this change and how to interfere with it."

For more information, visit Fluctuations in Serotonin Transport May Explain Winter Blues. A copy of the study's abstract is available in the September 2008 issue of

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New Research in WHO Report Points to a Link Between Solid Employment and Health

For the past three years, an eminent group of policy makers, academics, former heads of state and former ministers of health have been investigating the differences between and within countries that result from the social environment where people are born, live, grow, work and age – the social determinates of health. Together, they comprise the World Health Organization's Commission on the Social Determents of Health, which has produced new report entitled *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health.*

The report contains three overarching recommendations to achieve health equality, including improving daily living conditions by focusing on early child development and education for girls and boys, improving working conditions. The data and recommendations on workplace came from the Employment Conditions Knowledge Network (EMCONET), one of nine Knowledge Networks established to inform the final report, chaired by CAMH's Psychiatric and Addictions Nursing Research Chair Dr. Carles Muntaner and by Joan Benach, adjunct scientist in the Social Equity and Health (SEH) research unit.

Dr. Muntaner and his team explain that employment and working conditions have powerful effects on health equity. For example, poor mental health outcomes are associated with precarious employment (e. g. temporary contracts or part-time work), and workers who perceive work insecurity experience significant adverse effects on their physical and mental health. In *Closing the Gap in a Generation,* they call for – and outline steps to achieve - global, national and local action to improve employment and work.

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The Commission presented this new report to the WHO's director-general. They also produced an accompanying policy document that was distributed to all ministers of health in countries that are part of the WHO. Dr. Muntaner participated in these knowledge-sharing activities by presenting the workplace data at the "5th World Conference on the Promotion of Mental Health and the Prevention of Mental and Behavioral Disorders" in Melbourne, Australia in September, and at the two-day international conference "Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health" in London, England in November. Over 400 delegates from around the world, including British PM Gordon Brown and his secretary for health, gathered in London to explore the recommendations made in the Commission's report. For more details, including video from conference sessions, visit CSDH Conference.

Dr. Muntaner and colleagues also published an article entitled "Addressing social determinants of health inequities: what can the state and civil society do?" in the November 8, 2008 issue of the *Lancet.* In this health policy article, the authors selected and reviewed evidence synthesised by nine knowledge networks established by WHO to support the Commission on the Social Determinants of Health.

For more information on EMCONET visit Employment Relations and Health Inequities. Additional information on Dr. Muntaner's contribution to *Closing the Gap in a Generation*, including links to the final report, visit Steady work and mental health – is there a connection?

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Smoking Cessation Policies & Emergency Department Visits: What's the Connection?

What impact does a smoking cessation policy have on visits to an emergency room? This is the question CAMH's Dr. Paul Kurdyak examined in his paper *The Impact of a Smoking Cessation Policy on Visits to a Psychiatric Emergency Department*, published in the November 2008 issue of the Canadian Journal of Psychiatry.

Smoking cessation policies are an important part of healthcare, explains Dr. Kurdyak, head of the Emergency Crisis Services and section head of the Centralized Assessment, Triage and Support research unit. "We know that individuals with mental illnesses are twice as likely to smoke, so we understand the positive outcomes of smoking cessation policies. But, it's also important to look at potential negative outcomes."

Working with a team of CAMH scientists, Dr. Kurdyak measured the impact of two smoking cessation polices on weekly visit rates to CAMH's emergency room; the CAMH policy implemented September 21, 2005 and the Smoke-Free Ontario Act implemented May 31, 2006. The CAMH team also assessed the impact of these two policies on emergency department visit rates across three broad diagnostic categories: substance-related disorders, psychotic disorders and other disorders, such as depression and bipolar disorder.

Dr. Kurdyak and his team analyzed administrative data from March 1, 2002 to December 31, 2006. During this time, there were 20,736 visits to CAMH's emergency department, of which 5,569 were due to psychotic disorders, 2,291 were due to substance use disorders and 12,876 were other disorders.

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The data showed that neither the CAMH-specific nor the province-wide smoking cessation policies reduced the overall number of visits to the emergency department. However, the Smoke-Free Ontario Act had a significant impact on the number of emergency department visits for patients diagnosed with a psychotic disorder, resulting in a 15 percent decrease in hospital visits.

While work is need to evaluate the impact of smoking cessation polices over a longer period of time, this work does open the discussion about the pros and cons of policies in psychiatric facilities. "We need to balance the benefits of smoking cessation policies with the potential for these polices to act as a barrier to care, particularly to patients with psychotic illnesses who are in crisis," says Dr. Kurdyak.

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