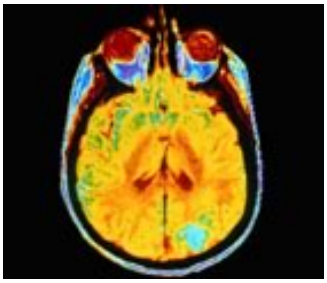
CAMH Science: Centred on Discovery

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



From the Desk of Dr. Bruce G. Pollock, Vice President of Research

As CAMH's fiscal year draws to a close, and I reflect on my first year as Vice President of Research, I can honestly say that 2008—2009 has been a year of memorable achievements. Even in the midst of a turbulent economy, an uncertain future for grant funding and organizational challenges, CAMH Research has a lot to be proud of.

Reading through this edition of *CAMH Science: Centred on Discovery*, you'll see we've enhanced our engagement with the community by establishing the Community Advisory Committee for Research and hosting our first CIHR café scientifique, made progress in bringing the vision of the $38M Canadian Foundation for Innovation - Research Hospital Fund project into a concrete plan, presented important discoveries to the media, and advanced knowledge in depression, opioid use, and workplace health.

Next year will continue to bring challenges. But, I am confident that the collective efforts of Research staff and volunteers – working in partnership with our colleagues at CAMH and the community - will continue to make CAMH a beacon of hope for people impacted by mental illness and addiction.

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CAMH Hosts Its First CIHR Café Scientifique -- Is Work More than Making a Living?

"So, it will take 10,000 hours of meditation and walking 10,000 steps, to save companies 10,000 dollars", said Ted Cadsby (middle left), chair of the CAMH Foundation's Corporate Leaders Program, member of the Board of Directors, and host for CAMH's first café scientifique. His jovial comment summed up an evening's discussion entitled *Is Work More than Making a Living?*, which brought together three researchers and almost fifty members of the public to provoke questions and provide answers around promoting and maintaining mental health in the work place - a topic that is particularly relevant during these turbulent economic times.

CAMH's Dr. Carolyn Dewa (right), head of the Work and Well-being Research and Evaluation program, kicked off the evening's discussion by talking about the costs associated with mental illness in the work place. As Dr. Dewa explained, an employee on 15 days leave for a mental illness costs a company over $3,000. However, investing in mental health promotion and mental illness prevention initiatives can actually save a company money and promote a healthy environment for staff in the workplace and those returning to work. It's not quite a $10,000 savings per person, but theses initiatives can have a significant impact on a company's bottom line and employees.

Dr. Guy Faulkner (left), associate professor in the Faculty of Physical Education and Health at the University of Toronto, then talked about the link between physical activity and mental health. Jobs are significantly more inactive, explained Dr. Faulkner.

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Many employees sit for long periods of time and may have limited leisure time during the workweek. These changes point to an increase in stress and high rates of preventable disease. Dr. Faulkner stressed that even small changes in activity can improve both mental and physical health. Consider, he suggested, taking the recommended 10,000 steps daily, walk for one meeting a day, or climb the stairs – these small changes can make a big difference in your health.

Rounding out the presentations was a look at the value of mindfulness meditation, a technique that involves focusing without self-judgment on one's present thoughts and action. CAMH's Dr. Zindel Segal (middle right), head of Cognitive Behaviour Therapy, commented that you don't need to meditate for half of your day every day. Research has shown that an eight-week course on meditation is enough to have a powerful impact on the brain and, in turn, your mental health. Even learning how to reconnect on your present thoughts and actions for just a few minutes a day can reduce stress. And for someone who's experienced depression, learning mindfulness techniques can help ensure people sustain recovery so that they stay healthy and can return to work, explained Dr. Segal.

Guests then had an opportunity to ask questions and share information about promoting and maintaining mental health in the workplace. "It was really refreshing to see people with different backgrounds and perspectives engaged in research," said Heather Bullock, manager of knowledge exchange at CAMH and moderator for the evening. "Guests asked some very thought-provoking questions, and shared some of their own experiences, which made for a very rich and educational discussion."

With a complex issue like mental health in the workplace, there are no simple solutions. Meditation, exercise, supportive work environments – these can all help reduce the social and economic burden of mental illness – but it will take more collective effort to create real change. An event like this, however, can open the conversation and help us all learn how to promote and maintain mental health in the workplace.

Sponsored by the Canadian Institutes for Health Research, café scientifiques provide insight into health-related issues of popular interest to the general public. You don't need a science degree to take part in a CIHR café scientifique, you just need to have a deep-rooted desire to talk about a particular health subject. For more information visit CIHR café scientifique.

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News and Events, Volume Three, Issue Three

- **Canada Foundation for Innovation - Research Hospital Fund Project Update**
  Since September 8, 2008 -- when members of our senior leadership team met with Canada Foundation for Innovation (CFI) representatives to discuss the details of their $15 grant to our $38 million project that will allow CAMH to create new research space and focus on transforming lives across six research themes -- CAMH has selected an architectural design team who is now doing structural design consultations with scientific leads from each of the six themes. The design team and scientists are working together to ensure the specifications from the redevelopment master plan are followed and the space meets the research needs of the scientific teams who will be working in the new laboratories.

  The next project milestones will be completing a comprehensive project plan and final budget by summer 2009. By early 2010, we will be on our way to a new kind of Research at CAMH.

- **Clinical Research Highlights**
  Visit current clinical research projects (PDF) to learn more about older adults with schizophrenia, rehabilitation interventions for young offenders, and a pilot project on housing and forensic mental health services.

- **Community Advisory Committee for Research Launched**
  With the Research Program maturing and moving forward, coupled with the changing landscape of health care and health science, we needed to do more to meaningful connect with our community partners. So the Community Advisory Committee for Research (CACR) was born. At the inaugural meeting on January 27th, 10 committee

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members representing clients, families, community stakeholders and Research staff began the structured discussion and consultations that will lead to an enhanced Research Program. The work of the CACR will also shed light on improving the translation of basic science, clinical research, and regulatory/systems research into improved community practice.

"I was delighted to have been invited to join the CACR, since community engagement is critical in my research," said Dr. Lori Ross, research scientist in the Social Equity and Health research section. "I left the first meeting excited and inspired by the enthusiasm of our community members. I'm looking forward to new partnerships and believe that having a formal structure like the CACR is an important step in ensuring that CAMH's research is responsive to the needs of our communities."

- **International Award Recognizes Promising Young Physician Researcher**
  Dr. Aristotle Voineskos, CIHR-funded fellow and psychiatrist working in the Geriatric Mental Health and Schizophrenia Programs, is the recipient of a 2009 American Psychiatric Association/AstraZeneca Young Minds in Psychiatry International Award. Recognizing and supporting promising young physician researchers (up to five years post-residency) working in core psychiatric areas with an emphasis on bipolar disorder and schizophrenia, Dr. Voineskos was one of just four recipients selected from an international pool of applications. more

Media

- National rates of co-occurring substance use and mental disorders call for better integration of mental health and addictions services
- 11,000 Ontarians to Receive Free Medication and Support to Quit Smoking this New Year
- Current alcohol and licensing policy could be making things worse for young drinkers

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New way to educate doctors on recognizing and treating depression

An international team of educational researchers, including CAMH's Dr. Sagar Parikh, has recently published the findings of a major randomized controlled trial to test a new way to educate doctors on recognizing and treating depression. The study, published in a series of articles in the journal *Family Practice* in 2008 and in press in the *Canadian Journal of Psychiatry*, involved scientists from Iran, Sweden, and Finland. The results show striking benefits to tailoring education for doctors on depression by using a specialized theory of how doctors learn.

Family physicians in Iran, like their Canadian colleagues, frequently treat depression but are faced many challenges. Both recognition of the illness, and its treatment, are inadequate amongst physicians in Iran. Continuing medical education (CME, accredited and standardized educational activities) is one method used to enhance physicians' skill, and CME is compulsory in Iran. But this education method has largely failed to improve professional practice and patients' health, and there is no formal CME course for depression in Iran. This has created a need to increase the knowledge and skills of family physicians around diagnosing and treating depression.

In an earlier study Dr. Parikh explained that even sophisticated CME formats used with capable learners are not enough to change a physician's performance, in part because the learner is not ready to change. In this new study, the first known of its kind, Dr. Parikh worked with an international group of educational researchers and psychiatrists to determine if tailored education formats impacted physicians' readiness to change their medical behaviour (i.e. performance).

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Using an original theoretical model of how doctors learn -- the Modified Prochaska Questionnaire (MPQ) that identified three stages of behavioural change, attitude, intention and action, developed in part by Dr. Parikh -- the research team identified which stage of change participating physicians were in. They were then grouped according to their identified stage and randomly assigned to either the intervention group or the control group. The control group received standard CME. However, in the intervention group participants were matched to a method of learning that fit their needs, based on the results from MPQ. For example, participants in the attitude stage were identified as having an awareness of the problem (i.e. benefits of effective diagnosis and treatment of depression) but had no commitment to take action. The desired outcome for this group, which would allow them to move to the next stage of change, was improved understanding of diagnosing depression. Therefore physicians in this group participated in interactive education methods such as lectures, videos and discussions focused on diagnosing depression.

This randomized control trial involving 192 family physicians revealed that significantly more participants in the intervention group (59 percent) moved to a higher stage of readiness to change, compared to just 12 percent in the control group. These results support the assumption that educational formats tailored to different stages of learning can help family physicians not only become more aware of problems, but also motivate them to learn more on a given subject and change their behaviour. In the case of this study, the desired change ultimately is starting to use better methods to diagnose and treat depression.

This model could be used to enhance CME programs in Iran, and is may be applicable to physicians in other parts of the world. This enhanced education may help people living with depression receive better care and treatment for their illness.

In recognition of his work on this project, Dr. Parikh received the 2008 *Dave Davis Continuing Education & Professional Development Research Award* from the University of Toronto. This award recognizes an outstanding completed research project in continuing education and professional development in the

Faculty of Medicine.

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Troubling connection between expenses for physical illnesses and accessing antidepressant treatment

Approximately one third of work-related productivity losses can be attributed to an employee being either unproductive or unable to function at full capacity because of depression. While recommended use of anti-depressants is associated with increased productivity and decreased disability, depression treatment is often complicated by physical disorders (e.g. heart disease, ulcers, hypertension, and asthma) that also require prescription drug treatment. A new study led by Dr. Carolyn Dewa, head of the Work and Well-being Research and Evaluation Program, and colleagues points to a troubling connection between out-of-pocket expenses for physical illnesses and accessing antidepressant treatment for depression.

Building on previous research that revealed workers on depression-related short-term disability improved with antidepressant treatment, Dr. Dewa and her team explored if the amount of money spent on medication before a disability episode impacts medication use among workers on depression-related disability.

The team analyzed administrative disability data for approximately 63,000 employees nationwide. The analysis, published in *Healthcare Policy Vol.4 No2. 2008,* revealed that workers on depression-related short-term disability are more likely to fill a prescription for antidepressant medication if they have previously purchased antidepressants. This suggests that the medication is viewed as necessary, which may point to increased adherence to antidepressants, an issue that is frequently of concern in depression treatment.

At the same time, a worker on depression-related short-term disability is less likely to fill a prescription for antidepressant

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medication if the worker already is paying high out-of-pocket costs for medications to treat physical disorders such as heart disease or asthma (about 50 percent of employees studied had a co-morbid chronic physical disorder). For example, if prior out-of-pocket expenses for medication associated with heart disease were $500, the probability of a worker filling an antidepressant prescription was 40 percent.

This phenomenon may be a barrier to accessing antidepressant treatment, which could delay taking necessary medication, impacting not only a person's recovery, but also a company's bottom line. For example, a delay in use could cost an average of $2,924 extra (based on the average hourly wage of $21.66) per worker on depression-related short-term disability.

As Dr. Dewa explains, these findings highlight the dilemma faced by many employers – the desire to control rising costs of prescription drug benefits must be balanced with the fact that it's important not to create barriers to treatment. More research is needed to evaluate if drug benefits should be changed for workers on depression-related disability leave, especially those with a chronic physical condition.

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Use of prescription pain medication emerges as a concern at CAMH

Prescription pain relievers are an important therapeutic option in the treatment of persistent pain. But, many have the potential for abuse. Existing research suggests that misuse of prescription pain medication may be a common form of illicit opioid use in Canada; previous CAMH statistics show that codeine and oxycodone are commonly abused prescription drugs.

Now, new research from CAMH, published in January's *Canadian Family Physician,* shows a dramatic increase in the number of people seeking detoxification treatment for opioid dependence. The cause of this increase is the use of prescription pain medication, not heroin.

Led by Dr. Beth Sproule, advanced practice pharmacist and clinician scientist at CAMH, the study found individuals seeking treatment for OxyContin® misuse increased steadily from fewer than 4 percent to 55 percent. This increase was noted over a five-year period, based on data from people coming to CAMH's Medical Withdrawal Service for the treatment of opioid dependence.

The study also revealed that the majority of people seeking medically assisted opioid detoxification at CAMH received pain medication by prescription from a doctor. A smaller number identified purchasing it on the street or obtaining it both by prescription and on the street. A very small number of people identified receiving pain medication from friends and family. Though pain medications are available by prescription and are slowly released into the body, many people who misuse these substances crush or chew them, eliminating the time-release properties. Another issue with this type of drug use is the problem of multiple substance use.

According to Dr. Sproule, the challenge for

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health care providers is to be aware of the issues to be able to detect possible problems, while continuing to provide pain treatment to those who need it.

For more information, view a copy of CAMH's press release on this topic. Or, visit Changing patterns in opioid addiction: Characterizing users of oxycodone and other opioids -- Sproule et al. 55 (1): 68 -- Canadian Family Physician on the *Canadian Family Physician* web site for a copy of published article.

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Workplace mental health: exploring social forces that shape experience

"There is a growing body of evidence documenting the prevalence and cost of mental illness and addiction in the workplace. This research is important, but it does not capture the day-to-day human experience of illness within the context of work," says PhD candidate Sandra Moll. Under the direction of CAMH's Dr. Carol Strike and Dr. Joan Eakin at the Dalla Lana School of Public Health at the University of Toronto, Sandra is conducting a new study that will fill this information gap and provide valuable information on how the social and structural dimensions of the workplace impact the experiences of staff with mental health or addictions challenges.

As Sandra explains, mental illness in the workplace has become one of the leading reasons why workers are unable to do their job. We're learning that illness is only part of the picture; interactions with supervisors and colleagues, organizational policies and procedures, and beliefs about health, illness and productivity may influence how someone responds to symptoms, or whether someone discloses an illness. "This is a tough, complex issue – this is about human relationships. We need to understand the unique social experiences that make up the workplace so that we can create environments that are more responsive to peoples' needs," says Moll.

Sandra is currently interviewing CAMH staff who have experience with mental health or addictions challenges. She's also interviewing people at all levels of CAMH who've come in contact with staff experiencing these challenges, and reviewing organizational policies and procedures. According to Sandra, it's very important that this research looks at all aspects of working life so we can begin to understand how an organization and its

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culture shapes the experiences of staff.

“This is not an easy subject to talk about,” says Sandra, “but people have been very generous with their time and willing to share their experiences. The personal stories that people have shared have been incredibly helpful in illustrating issues faced by staff across the organization."

With data collection nearing completion, Sandra will continue to work with her research advisory group to determine what to do with the findings, which she plans to finalize by September 2009. This group, made up of 14 staff from across CAMH, will help guide decisions about the best format for information sharing, and where will it have the most impact. “Our main goal is to start a dialogue,” says Sandra. “Hopefully this study will encourage people to start discussing what’s working and what needs improving so we can create positive change.”

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