

Fall, 2003

A Twice Annual Bulletin of the Habilitative Mental Health Resource Network.

This newsletter is available to members of NADD and subscribers in Ontario and across Canada. If you wish to receive two editions a year, please see the information on page 6.

Habilitative Mental Health Resource Network

Consumer and Family Support

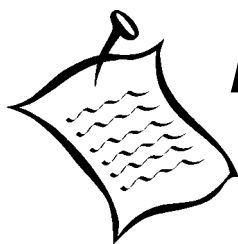
Excerpts from Concerned Parents of Toronto Inc.'s 2002 Resource Handbook for Persons with an Intellectual Disability and Mental Health Needs.

A Partnership in Action

Service providers and colleges are beginning to develop interesting and creative partnerships.

Check out our updated Website

<http://www.dualdiagnosisontario.org/>



Message from the Chair

The norm for a president is to write a message for the members and report on various activities of the Board. I am going to deviate slightly from this norm and start this message by thanking the Board of Directors. When you sit back and reflect, in today's hectic society we all have busy schedules, with our families, jobs etc. Nonetheless members of the Board make a commitment to our mission and give a portion of their lives to carry it out, and what can be a better gift! Thank you.

Now to the Board activities: the French translation of the book on Dual diagnosis has been completed and distributed to agencies identified by the Ministry of Health and Ministry of Community and Social Services. While a simple task on the surface it required a lot of exchange with the ministries, translator, printers, etc. Our honorary members continue to make their contribution and in the completion of the book Dorothy Griffiths made a huge contribution, I would say beyond what she was initially asked to do and I would like to thank her on behalf of the Ontario Chapter of NADD (HMHRN).

Speaking along the same line I had mentioned in my previous message about training sessions based on this book (curriculum) and the first full training session was presented at our AGM, on November 17th in Toronto. Dr. Bob Carey conducted the workshop on "Collaborative Approaches in the Treatment of Dual Diagnosis" and it was very well received by participants. The Education Committee under the chairmanship of Brenda Quinlan is planning to continue with other workshops, and the next training session is being planned for the Spring in Ottawa.

Consistent with its mandate the Communication Committee continues to publish the Newsletter with information on upcoming events, other resources, government policies, and local programs. The website has been revised and updated. If you would like to post an event or information on the web site, click on contactus@dualdiagnosisontario.org from the web site.

Please write to our Newsletter Editor and tell us about any new approach you are using or even something you have done in the past which has been effective and could be useful for others. We look forward to hearing from you.

Naseema Siddiqui

President (HMHRN) or (NADD Ontario Chapter)

Interministerial News

Where Are We headed?

In 1997 the Ministries of Health and Community and Social Services established Joint Guidelines for the Provision of Services for Persons's With a Dual Diagnosis. This was followed by an Implementation Work Plan in 1998. The purpose of the guidelines were to "ensure persons with a DD have access to services in either or both the mental health or the developmental sectors as their needs require, and to provide direction for planning and delivery of services and supports". The Implementation Plan provided a work plan and time lines regarding various activities and outcomes that were to occur. The expected outcomes included timely and coordinated access, assessment tools, increase in the number of clients linked to cross sector specialized teams, case management and increased client satisfaction.

The Ontario Chapter of NADD undertook an informal survey in 2000 to track the progress of the implementation of the Guidelines. The results of that survey were published in the Spring of 2001. We found that the Guidelines facilitated and influenced the development of cross sector partnerships at an individual, program and system level through various examples of local and regional cross sector committees, service protocols and training endeavors. (See below the Brant County Committee

Continued on next page

Update as an example) Since that time the Ministries jointly sponsored the publication of a provincial curriculum: *An Introduction to the Mental Health Needs of Persons with Developmental Disabilities*. This 600 page book was circulated to all agencies in both sectors in Ontario and is now also available in French. Additionally the number of multidisciplinary specialized teams funded by the Ministry of Health across the province now totals five. These are located in Brockville, Toronto, Ottawa, Kingston and North Bay. More recently there was a proposal call by the Ministry of Community and Social Services to provide videoconference capacity in the North to support access to specialized consultation. There has also been a noticeable uptake in training offered by Colleges, (see Partnership column in this edition) who have begun to forge partnerships with the community to support continuing professional development.

However dual diagnosis services and opportunities for cross sector collaboration remain patchy across the province. For example regions that fall at the outreaches of psychiatric hospital catchment areas have tremendous difficulties accessing specialized

resources that are available. Education, training and development of psychiatrists specializing in the field continues to be a bleak prospect. Inclusion of intellectual disabilities in other professional training programs such as nursing and occupational therapy is very uneven, if non-existent. The only conclusion one can draw therefore is that only limited progress has been made in ensuring access to services in either or both the mental health and developmental services sectors.

The Guidelines in fact are outdated and do not provide the direction required for how to move forward in the context of the new policy directions established by Making Services Work for People and Making It Happen. It is time to renew and update the vision. A work plan of action steps should also accompany the new vision, similar to the 1998 process, and include requirements for reporting jointly to the regional offices of both health and social services. In addition, resources need to accompany the work plan to support consistent implementation across the province and evaluation of expected outcomes. This type of approach was effective

“...a clear renewed vision... in an updated policy...”

1990 with the Interministerial Dual Diagnosis Initiative. In that process local projects were funded to demonstrate a provincial goal of bridging across sectors. In this time of fiscal constraint, a modified approach could be utilized with clear and measurable outcomes.

The process of system change that has occurred over the last 15 years has proven that simultaneous efforts at the policy, program and individual levels can be successful. The experience with the 1997 Guidelines demonstrates that local services, in collaboration with DHC's and Regional offices can respond to the challenge. It has also been demonstrated that the system had some capacity to expand and stretch to more effectively utilize existing resources. However, it is the position of this writer that any further integration and cross sector bridging cannot occur without a clear renewed vision articulated in an updated policy as well as strategic investment of additional resources that builds and leverages the changes that have been implemented or bridges the gaps where change has not occurred.

Consumer and Family Support

Continuing with the periodic inclusion of excerpts from the *Resource Handbook for Persons with an Intellectual Disability and Mental Health Needs*, published by Concerned Parents of Toronto, Inc, below are questions to consider regarding signs of an intellectual disability or mental health need. These are only suggested indicators to help you decide to consult a professional for a more thorough assessment and do not constitute a diagnosis.

Cognitive indicators:

- Does he/she communicate in short sentences and seem egocentric in his/her thinking?
- Does he/she seem on the surface to be able to do things he/she really can't?
- Does he/she have trouble generalizing?
- Does he/she seem to learn slowly?
- Does he/she have trouble with abstract thinking? (For example, recognizing how two things are similar.)

- Does he/she do better on concrete and structured tasks? (For example, when you are very specific and break things down into steps?)
- Does he/she have memory problems?
- Does he/she have a splinter skill that fools people but has been learned by rote?
- Is he/she a poor problem-solver? Does he/she show poor judgment?
- Does he/she have trouble understanding 'why' questions?
- Is he/she good at picking up non-verbal social cues?
- Do people disagree about whether this person is higher functioning or not?

Mental health needs indicators:

- Is he/she overly dependent for his/her capabilities?
- Is he/she overly independent for his/her capabilities?
- Is change really hard for him/her?

- Does he/she lack peers and friends?
- Is he/she impulsive?
- Is he/she withdrawn?
- Is he/she aggressive, verbally or physically?
- Does he/she have trouble with anger?
- Is he/she irritable?
- Has he/she been in trouble with the law?
- Does he/she have problems with inappropriate social or sexual behavior?
- Does he/she deny being intellectually disabled?
- Does he/she appear higher functioning than he/she is?
- Is there a diagnosed mental illness?
- Does he/she hurt himself/herself?
- Is he/she sleeping more or less?
- Has there been a change in his/her appetite?

- Does he/she seem overactive?
- Is he/she overly fearful?
- Is he/she extremely confused or disoriented?
- Does he/she hear voices that are not there? (This is not to be confused with talking to oneself for company or to reduce anxiety)
- Has there been difficulty in getting professionals to agree over the years about a diagnosis for both the range of cognitive functioning and their mental health?
- Are there family problems that interfere with his/her functioning?
- Is there a parent with an intellectual disability or a mental health problem?

Local Committee Update

The Brant Dual Diagnosis Committee is alive and well! The Committee is Co-Chaired by Marion McGeein, from the Public Health Unit of Brant and Keith Hudson from Community Living Brant and receives administration support from Contact Brant. Over the past couple of years the Committee has assisted in the training of two nurses, one full time and one part time, from the Community Mental Health Unit of Brantford General Hospital. This training has given the nurses an orientation of the Developmental Sector to help them better understand our issues and act as an advocate on the floor with other hospital staff when we have someone admitted. Family Counselling Centre of Brant, who has the APSW program for Brant, is preparing to host a training course for transit drivers for Brantford's City Transit System. These sessions will assist drivers to respond appropriately to prevent and/or defuse issues of aggression on their vehicles. We hope to hold a similar training session for Mall security guards and like positions in the community. We continue to work on joint education between Mental Health and Developmental Sector and have just piloted a six week course developed by Judy Adamson RN as part of the Area Resource Team from Chedoke/McMaster's outreach program. For more information contact Keith Hudson e-mail keithhudson@clbrant.com

Update from the Board of Directors

Meet a New Board Member

Jane Summers, Ph.D., C.Psych is the Director of Behavioural and Mental Health Services for individuals with a developmental disability at McMaster Children's Hospital at Hamilton Health Sciences. She is also an Assistant Professor (part-time) in the Department of Psychiatry and Behavioural Neurosciences, McMaster University. Her interests include working with individuals with autism and pervasive developmental disorders and Angelman syndrome.

Book Update

As of September 2003, our Chapter completed the translation of the Dual Diagnosis book into French, funded by the Ministry of Health and Long-Term Care. As well, this Ministry funded the distribution of approximately 100 free copies of the French version of the book to designated agencies serving people with a dual diagnosis throughout Ontario. Copies of the book in French can also be purchased from our Chapter, at the same price as the English version.

Membership Committee

Membership Committee of the Ontario Chapter recently updated their terms of reference. The committee wants to promote and maintain a diverse membership in NADD Ontario including organizations,

professionals in mental health, education, developmental and physical health sectors, family members and others who would benefit from membership and would help NADD to achieve its objectives. The functions of the committee include promotion of membership, identification of inhibitors to membership and recommendation of solutions, identification of issues or complaints, contact members who do not renew membership to determine and remedy the cause, develop and maintain an up to date information package, and liaison with NADD international. Current members include Jim Hughes (chair), Jim Johnston, Elizabeth Arnold, Don Lethbridge and Ron McCauley.

Annual Meeting

The November 17th Annual Meeting was a stimulating event with Dr. Bob Carey presenting Collaborative Treatment Approaches: Integrating Medication with Nonpharmacological Treatments. His presentation was based on a chapter from the Dual Diagnosis book that Dr. Carey co-wrote with Dr. Bob King. Attendees were from both the mental health and developmental sectors, front line and ministry staff. Following the 1/2 day presentation the Annual Meeting was held. As the Chapter operates on a calendar year, the Financial Report for 2002 was presented and approved at the meeting.

2002 Financial Report

Balance at December 31, 2001		\$ 7,869.87
Income		
NADD Membership Rebate	\$2,424.15	
Sale of Training Book	7,109.42	
Newsletter	180.00	
Conference	800.00	
Interest	2.06	
Balance Before Expenses		18,375.50
Expenses		
Newsletter	922.30	
Board Expenses, Insurance	4,095.29	
Web Site	978.00	
Post Office Box	77.02	
Balance at December 31, 2002		\$12,302.89

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2003/04

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Dr. Robert King

North Bay Psychiatric Hospital

Dr. Chris Stavrakaki

Children's Hospital Of Eastern Ontario



Call for Partnership Ideas

Send us a one page description of effective approaches and/or programs and it will be published in this newsletter. Include the major characteristics of the individual(s) being served, the major issues, the various roles of those involved in the partnership and why it is working. Send your description to Susan Morris. Fax: 416-463-4025 Email: susan_morris@camh.net.

A Partnership in Action

Normally this column has focused on service delivery partnerships. However recently there have been some interesting and creative partnerships occurring between service providers and colleges. Here is just one example. The Peel Region Committee for Persons with a Dual Diagnosis and Humber College have developed a Dual Diagnosis Certificate Programme to provide a basic level of dual diagnosis training for staff in Peel and Halton Regions. It brings together the post secondary college system and the mental health/developmental services delivery systems while maximizing cost effectiveness. It also makes available the

option of providing college certificates for participants, which act both as an incentive and as professional validation for participants. The target audience is staff in Peel and Halton Regions who are working directly with individuals who have a dual diagnosis.

Humber College is developing the curricula (with input from the Peel Dual Diagnosis Committee), and is also responsible for hiring/evaluating/paying instructors, issuing certificates, and providing all educational materials for participants. The Committee is assisting with recruitment of

Continued on next page

participants through advertising of the program, providing location and refreshments, and assisting with evaluation of the program through facilitation of feedback from staff. Two staff from each agency will be able to attend for a total of 30 spaces. The curriculum is offered over 6 full days and includes: Introduction to Mental Illness, (issues in diagnosis, symptom presentation in persons with developmental disabilities); Comprehensive Behavioural Approaches (functional assessments, the impact of medical issues on behaviour, positive behavioural approaches); Pharmacology; Legal and Ethical Issues; Abuse, (decreasing victimization, facilitating disclosure, the behavioural symptoms of abuse victims, the impact of abuse on mental health, effective interventions); and "Doing the Job", (providing supports to persons with dual diagnosis, recognizing potential mental illness, preparing for the psychiatric interview, collecting/presenting data, understanding the service system in Peel and Halton). Thanks to the support from the Ministries of Health and MCSS the cost per student is \$50. For more information contact Jo Anne Nugent at 416-675-6622 Ext 3257 or jnugent@nugenttraining.com.

Here & There

Ministry of Community and Social Services

Prior to the recent election the funding allocations announced for 2003/04 as part of the 3rd year of the MCSS Multi-year Plan. 10.3 million in operating costs to complement the 15.4 million announced for capital; 25.5 million for revitalization of salaries; 10.4 million for Community Supports and Places to Live e.g supported individual living, associate living, day supports, out-of-home respite; and 8 million for Special Services at Home. These corporate directions to Regional Offices continue to focus on residential and day supports with very specific targets in terms of number of clients served. As a result the case management needs of more and more individuals living in lower supported environments and family homes are not being addressed. Case loads for case managers are as high as 40 to 60 clients. There is a wealth of knowledge and research available in the mental health sector regarding intensive case management, particularly for those with high needs that could inform allocations for future years.

Canadian Community Health Survey – Mental Health and Well Being was released

by Statistics Canada in September 2003. This was a national survey intended to provide estimates of major mental disorders and problems and to illuminate the issues associated with disabilities and the need and provision of health care. Topics that were studied included access to and use of mental health care services; comorbidity and disability associated with mental health, and first lifetime episode of mental health disorder. The survey targeted persons aged 15 years and older in all ten provinces. Data collection began in May 2002 and continued for a seven month period. Face to face interviews were done and a sample of 30,000 respondents were selected from ten provinces. The study confirmed that mental illness/addiction continues to be a major health problem for Canadians affecting 1 in 10. Also once people seek treatment for a mental illness the vast majority report that they are satisfied with the treatment they received. However two out of three of those who reported having symptoms of mental illness/addiction did not seek treatment for a multitude of reasons. For more information go to www.statcan.ca

Information Resources

Interesting WEB Sites:

www.odmh.state.oh.us

Best Practice brochure, medical directors page.

www.shared-care.ca

Shared Mental Health Care in Canada - click on Collaborative Mental Health Care Network. Established in 2001 following the awarding of a grant from the Ministry of Health and Long Term Care in Ontario because family doctors were experiencing great difficulties in accessing psychiatric consultations for their patients. Needs assessment results indicated that assessment and treatment of patients with psychiatric problems were stressful in the absence of access to information, guidance and advice. The Network connects family doctor mentees to psychiatrist and GP-

Psychotherapist mentors through telephone, email and faxes. Mentees may contact their mentors on an informal basis for guidance and support. Formal CME workshops, small group teleconferences and sessions take place regularly in order to foster group cohesion.

www.ohpe.ca/ebulletin/

The Ontario Health Promotion E-mail Bulletin (OHPE) is a weekly newsletter for people interested in health promotion produced by the Ontario Prevention Clearinghouse and The Health Communication Unit. Provides information on workshops, conferences, job postings, projects, issues and resources. The July publication focused on Decreasing Barriers Faced by People with Disabilities.

Support Resources

www.yssn.ca/handbook.pdf

York Support Services Network web site – Supports and Services for People with a Dual Diagnosis A Resource Manual for York Region Families.

www.dhc.simcoe-york.on.ca

Supports and Services for People with a Dual Diagnosis. A Resource Manual for Simcoe Region Families

www.psychiatry.med.uwo.ca/ddp/events/CPRISpeakerDirectory.htm

Child and Parent Resource Institute (CPRI) Speaker Directory, 2003/2004.

www.elfrida.com

The Elfrida Society website from the UK. Click on publications for a wide range of health pamphlets written in accessible language.

Educational Events

Risks and Responsibility Recognizing

Responding and Reporting Abuse January 19, 2004 Windsor, Ontario. Presenter: Glen Walker, BA, BSW, RSW is the Director of RSA. How do we determine capacity and consent issues when working with those with an intellectual disability? Will include a review of the Health Care Consent Act and the Substitute Decision Makers Act, use case examples to examine the ethics of the decisions for treatment and support. Cost: \$35 For more information contact: Jayne Joyes, Regional Support Associates, at 1-800-640-4108 or 519-421-4248, ext. 2412. RSA: www.regionalsupport.on.ca/rsa1.html

Autism Update 2004: Early Identification Treatment Options and the Search for Underlying Causes January 23, 2004 Zarfes Hall, CPRI, 600 Sanatorium Road, London, Ontario. Learn about how to distinguish Autism Spectrum Disorders from other diagnoses, early behaviours at age 2 years or younger and interventions that improve outcomes for preschool and school-aged children. Opportunity for parents' questions regarding the role of genes, diet and the

immune system. Lonnie Zwaigenbaum, M.D., F.R.C.P. (C), Associate Professor of Paediatrics, McMaster University, Hamilton, ON. Registration Fees: Received by January 9, 2004 - \$40.00, after January 9, 2004 - \$50.00 For more information go to: www.psychiatry.med.uwo.ca/ddp/events/cpri.htm

NADD International Conference V Evidenced Based Practice/Practice Based Evidence in Mental Health/Developmental Disabilities March 17-20, 2004 Fairmont Copley Square Hotel, Boston, Massachusetts, USA. Sponsored in association with the EAMHMR, IASSID and the WPA, among others. For more information contact: NADD Phone: (845) 331-4336/(800) 331-5362 Fax: (845) 331-4569; E-mail: info@thenadd.org; Website: <http://www.thenadd.org>

OADD Annual Meeting-Building Teams, Building Supports and Building Lives March 31-April 2, 2004. Kempenfelt Centre, Barrie, Ontario. Conference website: <http://oadd.icomm.ca> For Research Special Interest Group go to same website.

8th World Congress on Down Syndrome

April 14-20, 2004 Singapore <http://www.down-syndrome-int.org/congress/current/>

128th Meeting of AAMR Meeting the Challenges of Health and Inclusion Realizing The Vision Of Community Health Supports June 1-4, 2004, Philadelphia, Pennsylvania Focusing on a new, broader understanding of what health means for persons with intellectual disabilities. Health is conceptualized as a state of complete physical, mental, social, and spiritual well-being-not just the absence of disability. For more information go to www.aamr.org

International Certificate Programme in Dual Diagnosis Intensive training courses in habilitative mental health for persons with developmental disabilities. A certificate programme offered by Brock University, St. Catharines, Ontario, Canada, in association with Niagara University, New York, USA, and the NADD. For more information call: 905-688-5550 ext 3740, fax 905-682-9020 (Janet Sackfie) or email the Registrar (Margaret Bernat) at mbernat@spartan.ac.brocku.ca

Do you want to join NADD?

Call or write NADD at 132 Fair St, Kingston, New York 12401-4802.
Telephone 845-331-4336
Fax 845-331-4569.
E-mail: nadd@aol.com.
Web site: <http://www.thenadd.org>

Inquire about family, student, individual and organizational memberships. Cost is paid in US dollars with 20% returned to support Ontario Chapter activities. With NADD membership you receive this bulletin free of charge.

Do you want to subscribe to this Newsletter without joining NADD?

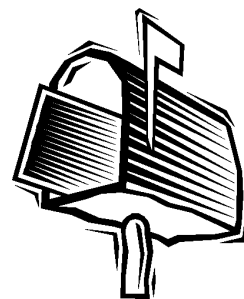
Send ten dollars (fifteen dollars for residents outside Ontario) with your request to:

NADD Ontario News
c/o Plaza 69 Postal Outlet,
1935 Paris St., Box 21020
Sudbury, ON
P3E 6G6

Please make cheque payable to the Habilitative Mental Health Resource Network.

Letters to the Editor

Please tell us what do you think? About program, treatment or planning issues. Tell us what is happening across Canada. E-mail your comments c/o Susan Morris at susan_morris@camh.net



The Habilitative Resource Network Reserves the right to edit material submitted for publication.



Centre
for Addiction and
Mental Health
Centre de
toxicomanie et
de santé mentale

Psychologist, Dual Diagnosis Resource Service Centre for Addiction and Mental Health

Position Description:

The Dual Diagnosis Resource Service (DDRS) is an innovative specialized community based service for individuals with an intellectual disability and mental health needs. As a member of the multidisciplinary team, the Psychologist will provide time-limited consultation services to address the assessment and treatment needs of our clients. The DDRS also triages referrals to the dual diagnosis inpatient and day treatment services located at the Queen Street site. In addition, the Psychologist supervises a Research Assistant with regard to the implementation of evaluation tools and protocols for the program. The position includes opportunities to develop and implement a program of research with peer review, funding and publication and opportunities for student training.

Qualifications:

The successful candidate will have a Doctoral-level Psychology degree and be in the process of applying for registration or already registered with the College of Psychologists of Ontario. Excellent interpersonal skills and the ability to work effectively in a dynamic clinical-research team environment with minimal supervision are essential. Knowledge and experience in the administration, scoring, and interpretation of psychological tests and clinical experience working with individuals with intellectual disabilities and/or serious mental illness is required. Previous experiences in clinical research and program evaluation as well as providing consultation services are an asset.

Please note: This full-time position is part of the OPSEU bargaining unit.

Salary range: \$32.21– \$43.44 per hour

Contact: Neill Carson, neill_carson@camh.net, 416-535-8501 Ext 1136

Advertising Feature

The Ontario circulation of the newsletter is about 150 individuals, families, professional and paraprofessional staff and organizations. Quarter (25\$), half (50\$) or full (100\$) page advertisements will pay for inclusion in the Fall and Spring editions. To submit, contact Susan Morris at 416-583-4353 ext. 1136 or susan_morris@camh.net.