

# News

Fall, 2004

## **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 5.

## **Habilitative Mental Health Resource Network**

### **Interministerial News**

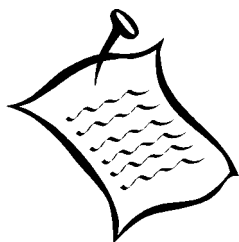
NADD response to MCSS Transformation Planning.

### **A Partnership in Action**

Dual Diagnosis Knowledge and Skills Self Assessment Tool now available.

### **Here and There**

Senate Committee on Social Affairs, Science and Technology wants to hear from us!



## **Message from the Chair**

### **Seasons Greetings to All**

*This is a busy time of the year and with the usual activities of the festive season we also have to continue to participate in planning for de-institutionalization and service provisions for individuals with dual diagnosis. As Susan Morris has reported elsewhere in this Newsletter NADD, Ontario has submitted a response to MCSS "Transformation Agenda" and I would like to thank Susan Morris and members of the task group, Dr. Elspeth Bradley, Maria Gitta, Jo Anne Nugent and Dr. Jane Summers for producing this document. However, our task has just begun because in reviewing the MCSS announcement and the subsequent speeches by the Minister what stood out for me was that there was no mention of "dual diagnosis". I realize the term "developmental disability" is considered to be all inclusive however, I feel that the mental health needs of the dually diagnosed might not get sufficient attention. If we look at the Romanow report on health the focus was on physical health and mental health was briefly mentioned under the chapter on "Home Care". My concern is that mental health needs of the "dually diagnosed" could also have the same outcome. Our submission to the MCSS on "Meeting the Health and Mental Health Needs of Individuals with Developmental Disabilities" has addressed this issue but we need more input from our members who have the knowledge and expertise as family members, professionals, direct care staff and friends. According to the Minister the final plan is expected in spring 2005 and "it will provide a long-term blueprint for developmental services in Ontario". This is our opportunity and responsibility to provide input into the process. Please provide your contribution through the Newsletter or members of the Board.*

**Have a Happy New Year**

**Naseema Siddiqui, Chair**

### **NEW DOMAIN NAME FOR OUR WEBSITE**

The website can now be accessed by either of the two following addresses:  
<http://www.naddontario.org> OR <http://www.dualdiagnosisontario.net>

## **Interministerial News**

In response to the MCSS announcement regarding the establishment of a planning process to transform developmental disability services, NADD has submitted a paper entitled Meeting the Health and Mental Health Needs of Individuals with Developmental Disabilities. It was prepared by a task group of contributors including Susan Morris, Dr. Elspeth Bradley, Maria Gitta, Jo Anne Nugent and Dr. Jane Summers and approved by the Board in December 2004. A full copy of the report is available on our website or by contacting [Susan\\_Morris@camh.net](mailto:Susan_Morris@camh.net).

The perspective presented in the paper focuses specifically on the health and mental health needs of individuals with a developmental disability. This focus was chosen because increasingly as individuals with a developmental disability gain citizenship, both day-to-day experience and research studies demonstrate that their many health needs are not met because of the inadequate availability of primary, secondary and specialized health care. Additionally, these unmet needs often present as "challenging behaviours" and as such these individuals are referred to the mental health sector where the behaviours may be treated as "psychiatric" and the underlying health needs remain unidentified and therefore untreated.

*Continued on next page*

The Transformation Agenda is an opportunity to establish a provincial framework and standards for access to health and mental health services based on a life span, (facilitating transition from child to adulthood) cross sector, holistic (biopsychosocial and multidisciplinary) approach that includes health promotion and prevention strategies.

A number of assumptions form the basis of nine recommendations for a provincial model of health and mental health care:

- In most situations, generic providers in each sector (Developmental/Health/Mental Health) have a role and should continue to have a role in supporting persons with developmental disabilities.
- In more complex situations, additional supports and cross sector team approaches may be needed.
- Specialized services that combine and integrate the expertise of both sectors are required (as an adjunct) for a small but very challenging group.
- Providers are experienced and comfortable working with persons with intellectual disabilities at each level of care
- A consistent definition of specialized services provides a means of establishing standardized understanding and service development across the province (a definition is proposed within the paper).

The recommendations included a

compilation of what has already been outlined by a variety of Ontario authors in a myriad of reports, articles and book chapters previously published. Below is a sample:

1. The Provincial Transformation Policy will:

- Recognize the need for a continuum of health and mental health services at a primary, secondary and tertiary level.
- Identify lead government ministries (i.e. MOH, MCSS, Ministry of Education and Training) to develop policies, procedures and performance indicators that ensure clinical excellence and a comprehensive approach to meeting the health and mental health needs of individuals with developmental disabilities.
- Incorporate collaboration with Community Colleges and Academic Health Science Centres to develop and maintain the necessary infrastructure such as teaching sites, research and program evaluation, interdisciplinary training.
- Establish targets for types of service (e.g., multidisciplinary health care teams) and trainee graduates (e.g., nurses, psychologists, case managers, physicians per population)

2. Regional level formal memorandums between the developmental service, community health and mental health providers and identified regional health and mental health clinical Academic Health Science Centers across the province.

3. Local level links between generic health services such as primary health care networks, community health centers and Community Care Access Centres and developmental providers for day-to-day care

4. A community-based rehabilitative support system with the capacity to provide varying degrees of transitional and long term support over a lifetime in recognition of fluctuating needs, relapsing and/or recurrent medical or psychiatric disorders. This would include specialized housing and day programs for those with complex needs such as medically fragile, severe autism and/or challenging behaviours.

5. Intensive case management (with lower case loads) for individuals with more complex needs to support providers and families to negotiate the system e.g. medically fragile, dual diagnosis.

**“...day-to-day experience and research studies demonstrate that their many health needs are not met because of the inadequate availability of primary, secondary and specialized health care.”**

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## Consumer and Family Support

The following is reprinted with permission from **A Resource Handbook for Supports and Services for Persons with a Dual Diagnosis in Toronto**, published by Concerned Parents of Toronto Inc.

### ***Do I need an assessment in order to get services?***

It is always very important to have a good overall assessment or an accurate picture of the person and all their needs. Otherwise you won't know how to put together the right services to really help the person and their mental health will

likely get worse. A good assessment needs to include physical and mental health and an understanding of the nature of the person's intellectual disability. Important areas to consider for a comprehensive assessment include medical, psychiatry, psychology, communication, medication, vocational, behavioral, neurological, endocrinology, genetic, environmental, systems, family, social, cultural and

sexuality. You can get an assessment at an agency that specializes in dual diagnosis or you may have to gather information and reports from different people such as a family doctor, community agency reports and/or a psychiatrist and put it all together. Even if the individual has had a thorough assessment in the past, they may require a new assessment as their situation changes.

**“A good assessment needs to include physical and mental health and an understanding of the nature of the person's intellectual disability.”**

# Local Committee Update

## “Making a Good System Better”

Since January 2004, the Central West Region has been involved in an exciting process to redesign the system of services for people with a dual diagnosis. Led by the staff from the regional office of the Ministry of Community and Social Services, with strong support from the Ministry of Health and Long-Term Care, a report was prepared on best practices to be used in the system redesign. Key principals of system redesign were identified to include: incorporating a

person-centered philosophy, maintain a cross-sectoral approach, use best practices, promote clinical excellence, and integrate broad based services. Then, a draft system was designed, envisioned as a continuum with the following key components: comprehensive screening/assessment, medical treatment, therapies, inpatient hospitalization, specialized teams, transitions programs, education and training.

In February and March, staff from both Ministries met with a small group of

stakeholders to plan a community consultation day at which the draft system would be presented for extensive feedback. Key themes for the consultation day were:

- “Making a Good System Better”
- The status quo is no longer acceptable
- Take advantage of other initiatives
- Just get started – it doesn’t have to be perfect!

On April 30th, 129 participants attended the consultation meeting to evaluate the draft system design. Based upon this feedback, the Ministry of Community and Social Services modified the original system design. On July 30th, an update letter that included 2 key announcements was sent by MCSS to the broad community stakeholders’ group:

- The transformation project at Oaklands Regional Centre will be merged with the dual diagnosis system redesign to become one process – some of the proposed dual diagnosis services will be delivered at Oaklands
- Specialized dual diagnosis teams will be created to serve the Central West Region

The process is now underway. In the Central West Region, we are eagerly looking forward to the development of more comprehensive, coordinated and accessible services for people with a dual diagnosis. For more information contact Jo Anne Nugent, Co-chair Peel Region Committee for Persons with a Dual Diagnosis [jnugent@nugenttraining.com](mailto:jnugent@nugenttraining.com)

# Update from the Board of Directors

## Annual General Meeting

On November 5, 2004 the Annual General Meeting featured a presentation on Communication and Dual Diagnosis. Julie Ried, M.A.CCC-SLP Speech Language Pathologist and Brenda Habjan, E.C.E, R.T. Communication Assistant, both with

Hamilton Health Sciences Resource Team discussed learning how to distinguish between various types of behaviours and their communication function; how the Communication Team assists individuals with a dual diagnosis and understanding the communication assessment.

## 2003 Financial Report

**Balance at December 31, 2002** **\$12,303.00**

### Income

NADD Membership Rebate	\$ 3,188.00
Training Manual Sales and Newsletter Subscriptions	21,305.00
Conference Income	2,575.00
Donations and Interest	503.00
Website Grant	7,000.00
<b>Total</b>	<b>34,571.00</b>

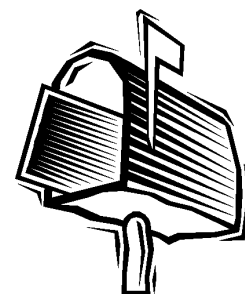
**Balance Before Expenses** **46,874.00**

### Expenses

Newsletter	889.00
Board Expenses	3,644.00
Training Manual Expenses	6,864.00
Conference Expenses	1,119.00
Insurance	1,080.00
Web Site	2,841.00
Member Subsidies	460.00
<b>Total</b>	<b>16,897.00</b>

**Balance at December 31, 2003** **\$29,977.00**

## Letters to the Editor



Please tell us what do you think? What is it that you would like the new policy for Developmental Services to address? E-mail your comments c/o Susan Morris at [susan\\_morris@camh.net](mailto:susan_morris@camh.net)

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

# 2004/05

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**Dr. Robert King**

North Bay Psychiatric Hospital

**Dr. Chris Stavrakaki**

Children's Hospital Of Eastern Ontario

## A Partnership in Action

The Dual Diagnosis Implementation Committee of Toronto, Education Task Group with representation from developmental, mental health, colleges and university sectors has developed a Knowledge and Skills Self Assessment Tool for Dual Diagnosis. The tool can be used by providers across the sectors to evaluate their skills. The tool was piloted at the Dual Diagnosis Cross Sector Front Line Staff Forum last March and individually by mental health and developmental service agencies in Toronto. It has been found useful for personal self-assessment, group assessment and/or to support pre and post evaluation of training programs. Questions cover areas related to current

### “Knowledge and Skills Self Assessment Tool for Dual Diagnosis.”

level of knowledge (acquired through education, experience, observation and supervision) and skill (application of knowledge/demonstrated ability in practice) with individuals with a developmental disability and mental health needs (i.e. dual diagnosis). Topic areas include developmental disability, mental health, assessment and intervention strategies. For a summary of the pilot results and/or copies of the tool contact susan\_morris@camh.net. The Dual Diagnosis Program at the Centre for Addiction and Mental Health will also compile the results in an Access file for your group.



## 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.

# Here & There

## Local Health Integration Networks (LHINS)

In October 2004 the Minister of Health and Long Term Care announced a plan for restructuring of the health system in to Local Health Integration Networks (LHINs). The LHINs will integrate health care at a local level and consolidate the following functions: planning, system integration and service coordination, funding allocation, and evaluation of performance through accountability agreements. The first of these functions that the LHINs will be expected to take on will be integrated health system planning, to help inform and shape the design and execution of the other functions. The role of the Ministry of Health and Long Term Care will be to

- Establish overall strategic directions and provincial priorities for the health system;
- Develop legislation, regulations, standards, policies and directives to support strategic directions within the context of its overall stewardship role; and
- Monitor and report at a provincial level on the performance of the health system and the health of Ontarians.

Beginning in November 2004 one-day workshops occurred in each LHIN geographic area across the province. Information on the LHINS is available on the government website [http://www.health.gov.on.ca/transformation/lhin/110104/lhin\\_bul\\_3\\_110104.html](http://www.health.gov.on.ca/transformation/lhin/110104/lhin_bul_3_110104.html). The process is moving quite quickly and regular updates can be found on the government website. See also [www.ontario.cmha.ca](http://www.ontario.cmha.ca) for a summary of the CMHA branch responses and key messages on the LHIN consultation from the mental health and addictions sector.

**The Standing Senate Committee On Social Affairs, Science And Technology** published in November 2004 an interim report on Mental Health, Mental Illness and Addiction. The Honourable Michael J.L.Kirby, Chair and The Honourable Wilbert Joseph Keon, Deputy Chair are leading the review. The Senate mandate is to study the state of mental health services and addiction treatment in Canada and to

examine the role of the federal government. Recommendations for reform are scheduled to be tabled in November 2005. In their report the committee says that mental health services are fragmented and ineffective. Stigma and discrimination associated with mental illness and addiction are largely responsible for the system's failings. There are no data about how many are affected by mental illness, but estimates say one in five Canadian adults (about 4.5 million individuals) experience mental illness in their lifetime. In their first reports reference is made to dual diagnosis. The reports are available on line:

Report 1, Mental Health, Mental Illness and Addiction: Overview of Policies and Programs in Canada

<http://www.parl.gc.ca/38/1/parlbus/commbus/senate/com-e/soci-e/rep-e/report1/repintnov04vol1-e.pdf>

Report 2, Mental Health Policies and Programs in Selected Countries

<http://www.parl.gc.ca/38/1/parlbus/commbus/senate/com-e/soci-e/rep-e/report2/repintnov04vol2-e.pdf>

Report 3, Mental Health, Mental Illness and Addiction: Issues and Options for Canada

<http://www.parl.gc.ca/38/1/parlbus/commbus/senate/com-e/soci-e/rep-e/report3/repintnov04vol3-e.pdf>

In addition to hearings, an online survey is also available to encourage personal stories to be heard. The questionnaire is posted at <http://www.senate-senat.ca/SOCIAL.asp>. Click French or English, then select the link. Respondents' privacy will be respected. There is no need to give your full name.

**Children with Autism** received additional supports through the Ministry of Children and Youth in October 2004. Minister Bountrogianni announced that by doubling it's spending to \$80 million the new services will move from a system that "focused on the most severe cases to one that is more universal". Additional funding is to support teachers having access to 75 newly hired autism consultants, doubling

of the number of Transition Coordinators from 13 to 26 to assist the move from preschool to school programs; more therapists and psychologists to provide IBI services to 20% more pre-school age children, and new guidelines to enable children to be assessed sooner.

**Funding to community mental health in Ontario increased** during legislative session that ended in June 2004. \$185 million in new annualized funding was announced. The total investment by 2007-08 will be \$583 million. Some of the additional funds this year provided 2% increase to base budgets of community mental health services (the first in 12 years) and investment in new crisis, case management and early intervention services. Increases of 3% also went to the ODSP, Ontario Works and rent supplement programs.

## 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](mailto: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.

# Educational Events

## **BOUNDARY SETTING & ETHICAL**

### **BEHAVIOUR: How Close is Too Close?** J.

Dale Munro, MSW, CSW, FAAMR This workshop will look at a model for resolving ethical quandaries faced by front-line professionals and managers; and will discuss methods to manage stress relating to unclear roles and poor boundary-setting. Friday, January 14, 2005 9:30 - 3:30 Quality Inn, Woodstock Regional Support Associates. For more information please call Jayne Joyes at 1-800-640-4108, Ext. 2412

**Certificate in Dual Diagnosis** Offered by York University, Division of Continuing Education. Program consists of 6 courses, which combine to a total of 91 hours of instruction. Directed to managers, supervisors and front-line practitioners who want to learn theoretical knowledge and increase their understanding of the needs of clients with a dual diagnosis. Practition-

ers from the developmental services, mental health, social services, corrections, medical/ health services will find the program relevant to their work For information see: [www.atkinson.yorku.ca/~dce/Programs/Certificates/DualDiag/DualDesc.html](http://www.atkinson.yorku.ca/~dce/Programs/Certificates/DualDiag/DualDesc.html) or contact: Domenica Lam, Program Assistant, Division of Continuing Education; Phone: (416) 736-2100, ext 44619. Email: [dlam@yorku.ca](mailto:dlam@yorku.ca).

**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](mailto:mbernat@spartan.ac.brocku.ca)

# Information Resources

## **Interesting WEB Sites:**

[http://www.intellectualdisability.info/families/family\\_issues\\_rj.html](http://www.intellectualdisability.info/families/family_issues_rj.html)

This web site was previously listed however of note is the page on Families where a refreshing and clear family perspective is provided. There is also a good bibliography at the end of the Family Issues article. Note that this is a web-based learning resource for medical and health care students and practitioners.

<http://www.children.gov.on.ca>

Website for the Ontario Ministry of Children and Youth Services

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

Estia Centre is a training, research and development resource for those who support individuals with developmental disabilities or dual diagnosis. It is a UK site so note that the term learning disabilities is used to connote developmental disabilities.

<http://www.prioritysetting.ca/>

This site has a page for each Local Health Integration Network (LHIN) in Ontario. It includes a summary of the regional consultation workshop, a map of the LHIN, census data for the area, and a list of the stakeholders who attended the consultation. The password is "LHIN."

## Support Resources

<http://www.reach.ca/>

Reach Canada Equality and Justice for People with Disabilities. Provides lawyer referral, educational and outreach services to improve the quality of life for citizens with disabilities.

<http://www.bced.gov.bc.ca/specialed/fas>

British Columbia Ministry of Education – Teaching Students with Fetal Alcohol Syndrome / Effects A resource guide for teachers.

## **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](mailto:susan_morris@camh.net).*



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

## **Part Time Psychiatrist(s) Required Dual Diagnosis Program**

The Dual Diagnosis Program is a specialized/tertiary program for individuals age 16 and older with an intellectual disability and mental health needs, their families and care providers. The Program provides inpatient and outpatient services co-ordinated with the broader continuum of supports and services, utilizing a biopsychosocial approach that integrates mental health and developmental perspectives. Those in receipt of service may present with complex questions surrounding diagnosis and treatment and/or require a complex array of supports coordinated across sectors.

Working with a community based interdisciplinary team you will be responsible for providing psychiatric consultation, time-limited treatment and training services in Toronto. Additionally there is opportunity to participate in a new project, working collaboratively with a clinical team at Surrey Place Centre providing videoconference consultation services to two northern Ontario communities.

Affiliation with the Department of Psychiatry, Mental Health Systems Research and Development Program at the University of Toronto, and a growing group of medical practitioners working in this specialized field will support your clinical learning, teaching, evaluation and research activities. You will be expected to participate in the academic and research activities of the program.

FRCPC certification in psychiatry and an Ontario licence is required. Experience in working with individuals with developmental disabilities, adolescents, individuals with a serious mental illness, and/or individuals with complex needs in both institutional and community settings is preferred. The successful candidate will possess excellent organizational, communication and interpersonal and team work skills. You must have a valid driver's license and access to a vehicle on a regular basis.

For more information, contact T. Gofine, MD, FRCPC, Senior Responsible Physician at 535-8501 Ext. 2817 or [tim\\_gofine@camh.net](mailto:tim_gofine@camh.net) Fax # 416-583-4353.