



Fall 2010

A Twice Annual Bulletin of
the Habilitative Mental
Health Resource Network

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NADD?

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NEWS

Habilitative Mental Health Resource Network

Advertise your employment opportunities FREE of charge on the website. Submit a copy ready word document with expiry date to: contactus@dualdiagnosisontario.org

MESSAGE FROM THE CHAIR

Wow – Fall has passed quickly, it's coming up to Christmas and snow has been falling in various parts of the province since October. The (snow) and time flies but regardless of the season, Ontario continues to be the most active hub of dual diagnosis activities in Canada. And with that – in this publication you will find a snapshot update of our work on the 4 strategic areas. Additionally, each of the areas has expanded participation from NADD members across the province – thanks to tele and video conferencing!

New this fall is a policy within the organization to **expand support to families** to assist their attendance at dual diagnosis education and training initiatives. And its' that time of year again – for you to take a moment to **consider your nomination for the Chapter Recognition Award** - an individual, group or team who you feel should be recognized for their invaluable contribution to the field.

Also stay tuned for how you can connect to the NADD Ontario May 13th AGM by video conference.

So read on.... And have a safe and warm holiday season with you and yours!
On behalf of the Board, thank you for your support and interest over the last year.

Susan Morris, President

INTERMINISTERIAL NEWS

Some thoughts on cross sector advocacy during a time of restraint

We are obviously in a period of fiscal contraction that will continue for a good number of years to come. And on the ground every day we feel relentless pressures to do more with less, to be even more creative than we were a few months ago, while also keeping up with the increasing amount of research and better practice information that comes across our desks.

In this kind of swirling environment it is necessary to find a better balance for ourselves by focusing in the moment, balancing our own needs with the tasks that we know will have an impact both for our clients and our services. Health and social service organizations are increasingly recognizing their role in the promotion of physical and mental health wellness within staff groups in order to strengthen our ability to respond to the day to day chronic stresses of the work environment and our field. Various new workplace practices to support staff are being introduced based on mindfulness practice or similar techniques that encourage us to make space in our daily schedules for activities intended to enhance staff wellbeing.

During these periods of conflicting demands and tension, there is a natural tendency to withdraw from others and in particular our partnerships that in the past have enabled creativity and cross sector access. There is recent evidence of this system level ‘contraction’ in relation to the process in eastern Ontario regarding the closure of the Brockville Dual Diagnosis unit. It appears that the health and mental health funders were unable to fashion a joint response to a proposed community plan that was developed by health and social service providers. In other regions, some LHINs continue to be unengaged and unresponsive to the implementation requirements of the Dual Diagnosis Policy Guideline.

How do we get past all of this? **First – take the time to refresh**, using the means that work best for you and are being offered within your organizations. For some it includes taking a step back and focusing on the personal – your family, a good book or exercise. For others its’ going to a conference or meeting where you can just sit and listen and think about how your energy can be utilized more strategically or in a more focused way. The goal is for you to come back from those respites with renewed energy and focus, a means to maintain the necessary balance.

When it comes to dual diagnosis here are a few ideas of where your renewed focus might be successfully targeted:

1. **Many communities have already put into place tools and procedures to facilitate partnering. For example – if your agency or region has a protocol for sharing information with the Emergency Room when bringing a client – is it still being used, does it need updating, has the ER staff changed and do you need to meet with their mental health crisis staff to reconnect? In the last Bulletin we learned that the strongest predictor of an ER visit is previous ER visits. All over Ontario ER’s have told us they appreciate this information. For information and some examples of what others are doing you can contact susan_morris@camh.net**
2. **Find the issue(s) that the developmental and mental health sectors share in your locale e.g. the LHINs are focused on diverting emergency room usage and preventing bed blockage (patients stuck in the mental health beds due to discharge challenges.) Everyone shares the same concern related to the trauma experienced by individuals and families who don’t have access to treatment resources and end up going to hospital to find these. It’s very costly for developmental service agencies to be continually bringing clients to the ER and not have the individual’s needs met. A win-win that can be found here is negotiating earlier discharge with a commitment of psychiatric follow up by the hospital. The Specialized Networks can play a role in supporting this negotiation.**
3. **Local Primary Care physicians and nurses carry most of the load of providing health and mental health care to clients living in the community. Next time you accompany a client to their GP visit you can share with them that a new Clinical Support Network resource is available. Sponsored by the Developmental Disability Primary Care Initiative this bi-monthly webinar/teleconference provides an opportunity to learn more about best practices, share questions about adult patients, and learn about accessing resources. Physicians can qualify for Mainpro-M1 Certificate of Attendance. The dates are scheduled for the 4th Tuesday, noon – 1:00 pm. For registration and information provide the following contact to your primary care provider: Duane White, duane.white@surreyplace.toronto.on.ca**

There is also some potentially helpful news at the policy level. The Standing Committee on Public Accounts of the Ontario Legislature submitted a report on Community Mental Health in May 2010 to the Speaker of the House. Recommendation #3 asks the MOHLTC and MCSS to provide a “status report” on the new joint policy Guideline. Specifically the Committee wants to know:

- How well the new guideline is working in the field to assist service providers
- Whether the ministries are clear on their respective responsibilities
- At what point the ministries will assess the effectiveness of the guidelines

NADD Ontario recently met with representatives of MOHLTC and MCSS to discuss the successes and challenges to implementing the guideline. We agree with the need to proceed with the above and also recommended that an **interministerial point of accountability needs to be identified for ongoing monitoring and stewardship to meet the corporate level goals outlined in the guideline.**

Update from the Board of Directors

Current activities of the strategic initiative workgroups

For information and to provide your input, contact the leads noted below.

Organization Sustainability khirstwood@catulpa.on.ca	Lobby / Advocacy Susan_Morris@camh.net	Capable workforce inugent@nugentraining.com	Family / Individual self determination npilon@mhcp.on.ca
<ol style="list-style-type: none"> 1. Develop plan to review governance 2. Explore market analysis project with Georgian College re dual diagnosis publication needs 3. Explore graphic design resources at St. Lawrence College 4. Facilitate board discussion re next steps for book. 5. Facilitate board discussion re NADD Ontario relationship with NADD international 	<ol style="list-style-type: none"> 1. Meet with Provincial Network to discuss strategic partnering opportunities 2. Follow up meeting with MOH and MCSS on accountability re guideline outcomes 3. Facilitate board discussion re Bill 77 definition of developmental disabilities and implication for NADD Ontario 	<ol style="list-style-type: none"> 1. Obtain feedback from Specialized Networks re adoption of Levels of Practice framework for categorizing training. 2. Investigate other Community of Practice groups for front line staff to partner with. 3. Investigate video conference options to support a Community of Practice. 	<ol style="list-style-type: none"> 1. Focus on bringing the family / individual perspective to existing initiatives. 2. Review and provide feedback to A Guide for Families on Dual Diagnosis. 3. Review the book Success Stories from the Frontline and propose how this resource can be distributed to families

NEW - Family Education Fund

The NADD Ontario board has established a fund for 2010 and 2011 for families to access dual diagnosis education and training. The maximum grant is for \$500. The total available for this grant period is \$2,500.00. Applicants should be NADD members or a family member who has a child with a dual diagnosis. For more information regarding eligibility and how to apply please contact Susan_Morris@camh.net. Applications will be reviewed by the executive and approved by the board.

Education Events

International Certificate Programme in Dual Diagnosis. Summer Institute 2011. Brock University. For information email dualdiagnosis@brocku.ca Registration: www.brocku.ca/dualdiagnosis

Primary Care of People with Developmental Disabilities Training Course 2011-12
For family physicians, Nurse Practitioners, nurses and other health professionals in primary care. Mainpro-C Credits. To find out more and register contact Duane White, duane.white@surreyplace.toronto.on.ca

2010 Ontario Chapter Recognition Award

It's that time again – for you to nominate **an individual, group or team** within Ontario whose contribution to the field of dual diagnosis is consistent with the NADD vision and strategic directions. There are 2 categories of potential recipients:

1. Family members and persons with developmental disabilities; or
2. providers of service, students, academicians, researchers, educators, or administrators.

Recipients will be selected by the Board of NADD Ontario based on their contribution to:

- Increasing the understanding and awareness of the abilities and needs of individuals with dual diagnosis, and/or
- Enhancing delivery of services to individuals with a dual diagnosis and their families, and/or
- Life time achievement.

Anyone can nominate an individual, group or team by completing the form found on the web site: www.naddontario.org, Committee Updates tab. (Note: The nominee is not required to be a member of NADD). All nominations must be made by or endorsed by a member of NADD. The nominee(s) must be aware that their name(s) has been put forward prior to submission of the form. The completed nomination form is submitted to Alex Conant at conanta@providencecare.ca

Deadline for nominations is **February 15, 2011**. The award will be announced at the Spring Annual General Meeting on May 13, 2011

Partnership in Action

Advanced Generalist Training in Dual Diagnosis – Curriculum Development

The Mississauga Halton LHIN has funded a project to develop an Advanced Generalist Dual Diagnosis curriculum. The project is jointly led by CMHA Halton Region Branch, the Community Network of Specialized Care—Central West Region and the Tri-Region Community Network of Specialized Care. The goal of the course is to build capacity, promote cross sector planning, and to increase the level of expertise by developing “dual diagnosis champions” on clinical teams.

This Advanced Generalist Level of Training is targeted at practitioners who have already received training at the Generalist Level and/or would generally be an experienced practitioner with formal training in one of the regulated health professions or a related paraprofessional program. Given their experience and training, they might be a supervisor or senior member of a clinical team, offering supervision/consultation to Generalist Level practitioners, or a front-line specialized Case Manager offering supports and services to individuals with a dual diagnosis. The Advanced Generalist can offer discipline and context specific services in addition to skilled assessment, planning and intervention with individuals with a developmental disability and who also have mental health needs.

Participants will come from services such as Assertive Community Treatment Teams, Community Outreach Treatment Teams, Intensive Case Management, hospital emergency departments, in-patient units and Community Networks of Specialized Care teams. With this increased knowledge and skill it is anticipated that hospital Emergency Department pressures and crisis visits would reduce, inpatient hospital admissions and lengths of stay would be decreased and better access and availability to services for individuals with a dual diagnosis and their families will result.

A cross sector steering committee has been established with representation from specialist providers in the mental health and developmental sectors. They will guide the work of a consultant who will be responsible for drafting the course and overseeing implementation of a pilot, with project completion by March 31, 2010. The final product will include a pre-screening test, a course manual for participants and facilitators based on adult learning and experiential based training, PowerPoint presentations to support the delivery of the content and evaluation forms and process including a 3-6 month follow-up.

It is planned that the training will be offered on an ongoing basis as part of the curriculum that the Community Network of Specialized Care provides. For more information contact: Heather Thompson – HThompson@cmhahrb.ca

Here and There

The nine Application Entities established by MCSS have been announced. They are: York Support Services Network, Sunbeam Residential Development Centre, Contact Hamilton for Children's and Developmental Services, Hands - The Family Help Network, Lutheran Community Care Centre of Thunder Bay, Extend-A-Family: South East Ontario, Community Services Coordination Network, and Surrey Place Centre. It is anticipated that they will become operational July 1, 2011.

The Ontario Human Rights Commission (OHRC) has launched a survey to learn more about the human rights issues and barriers people with mental health and addiction disabilities face. The survey kicks off a broader consultation process on human rights and mental health-related issues. The purpose of this questionnaire is to collect personal accounts of lived experiences. There are two surveys: one for individuals, and one for family and friends. The OHRC will use these stories to identify key issues for policy development and for future OHRC projects involving human rights and mental health. Online access: www.ohrc.on.ca. Hard copies can be requested from Vicky Masellis at 416-314-4526. The survey should be returned to the OHRC by the end of February 2011.

The NADD international has announced the introduction of three new social networking sites designed to provide an outlet for people seeking information or resources and a forum for discussion on the web. NADD members, family members, and other people interested in mental health care for individuals with intellectual and developmental disabilities can now communicate with one another more seamlessly than ever before on our Facebook, Twitter, and Blog sites. www.thenadd.org/social.shtml

In the US, Rosa's Law is proposing to change all references in Federal law from "mental retardation" to "intellectual disability". References to "a mentally retarded individual" will be changed to "an individual with an intellectual disability." This bill passed in the Senate by unanimous consent on August 5, 2010, and passed in the House of Representatives by voice vote on September 22, 2010. The bill now proceeds to a conference committee of senators and representatives to work out differences in the versions of the bill each chamber approved. The bill then goes to the President before becoming law.

SUPPORT RESOURCES

<http://www.camhcrosscurrents.net/blogs/ethicist/>

Ask the Ethicist blog. Barbara Russell, bioethicist at the Centre for Addiction and Mental Health in Toronto offers a regular online feature of *CrossCurrents*. You can add comments and submit ethics questions to be considered for future columns.

www.ctn-simcoeyork.ca/ctnfamily

Children's Treatment Network of Simcoe and York – Family Resource Discussion List. A Forum for Posting, Discussing and Sharing Information on Disability Topics for Children & Youth in York Region & Simcoe County

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

A "one-stop-shop" web resource that crosses diagnostic boundaries. A collaboration between The Ontario Federation of Community Mental Health and Addictions Programs, The Mood Disorders Association of Ontario and Schizophrenia Society of Ontario, each organization maintains their own pages in order to broaden the reach to families across the province. Of note - The Justice Process: A Guide for Families – a helpful guide.

<http://www.fasdontario.ca/index.htm>

FASD Ontario Network of Expertise (FASD ONE) is a group that works together to address issues related to Fetal Alcohol Spectrum Disorder (FASD) in the province. Membership includes experts and specialist in research, health promotion, diagnosis, justice services, community and policy development, and service delivery as well as family members who have intimate knowledge of the practical needs of individuals with this disability. The organization is comprised of a Leads' Committee and five working groups: Diagnosis & Disability, Intervention & Support, Justice, Prevention, and Urban Aboriginal. Each focus on priority areas to strengthen individual, agency, community, provincial and national effectiveness related to FASD.

Board of Directors 2010

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