



NADD ONTARIO CHAPTER

**Spring/Summer
2010**

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

NEWS

Habilitative Mental Health Resource Network

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NADD?**

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www.nadd.ontario.org

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www.dualdiagnosisontario.net

Message from the Chair

Our annual meeting on May 14, 2010 was a very interactive session. There was an update and discussion of the Chapter's strategic initiatives in the coming year and a presentation and very fruitful discussion with MOHLTC and MCSS representatives regarding the policy guideline.

A by-law change was also approved to expand the number of board members by 1 (from 14 to 15). There are two reasons for this: a) we want the board to be open to increased renewal and input and b) with our new strategic initiatives there is a large amount of work to be done. With regard to this latter point, one of our organizational goals is to have an expanded and vibrant membership. During the discussion on the Chapter initiatives we engaged 6 new people to assist the Competent / Capable Workforce and Self Determination strategic initiatives!

Of note from the last year – we had 40 participants across 12 video conference sites to provide input to the Bill 77 Quality Assurance regulation response! Feedback on the International Congress in Toronto was extraordinarily positive. NADD Ontario continues to set a precedent for NADD international by sponsoring families or students to attend the Congress.

We think we have hit on the right strategies to influence policy, training and education and address family/individual needs so that NADD functions as a vibrant, open and transparent organization. Read on to learn more – and consider whether you can support our work by providing feedback, participating by phone or any other creative ways you can think of.

On behalf of the Board, thank you for your support over the last year.

Susan Morris, President

INTERMINISTERIAL NEWS

NADD presents to the Ontario Legislature Select Committee on Mental Health and Addictions

An update on the Dual Diagnosis Policy Guideline Implementation

Carol Lang (MOHLTC) and Reshmi Majumder (MCSS) spoke at the AGM providing an overview of the role out and progress to date. Noteworthy on the success side are the many and varied accomplishments that have resulted from the leadership of the Community Networks of Specialized Care, including increased specialized resources, training and pathways into service. Attendees also highlighted local successes that include linkages to LHINs for joint community sessions, linking to Human Service and Justice committees and Mental Health and Addiction tables, cross sector service protocols, and a joint effort in one region between MCSS, the LHIN and a mental health tertiary provider to jointly plan for closure of a specialized unit.

There was also acknowledgement by the presenters of the challenges associated with cross sector engagement at the regional level and that the experience has been quite uneven across the province. Challenges in implementation that were identified by attendees include: a policy gap within the guideline regarding the role of the hospital sector, lack of joint ownership (e.g. between LHINs, CNSC, and MCSS regional offices) of the guidelines in some regions, and as a result lack of coordination in regard to establishing cross sector systematic pathways and service resolution approaches. Family attendees noted that the outcomes are not yet tangible for individuals, families and service providers at the front line.

This led to a discussion of NADD's role in supporting opportunities for change. While it was acknowledged that resources to support implementation of the Guideline are a chronic concern, there are some minimal cost activities that can occur. We were reminded that during the first roll out in 1997, benchmarks were established for the DHC's and MCSS Regional offices to report back to the corporate levels of the ministries. Corporately, the MOHLTC LHIN Liaison office meets regularly with the MOH Mental Health and Addiction group where the Guideline is an appropriate agenda item. The NADD Lobby/Advocacy group will be following up with the ministry representatives on these ideas.

NADD responds to the MCSS Bill 77 Draft Quality Assurance Regulations

In February 2010 we submitted our response with 46 recommendations. We acknowledged the importance of Bill 77 to improve the services and supports for adults who have developmental disabilities and their families. The Quality Assurance Measures regulations focus on safety, choice, services, and accountability and are important areas where persons with developmental disabilities, families and service providers have had shared concerns for some time. Broadly, NADD Ontario's comments and recommendations fall within the following areas:

- 1) Consent and the rights of individuals with developmental disabilities
- 2) The implications of using a regulatory framework with incomplete detail thus resulting in misinterpretation rather than clear policy directives to guide best practice principles
- 3) Behaviour support plans that, other than reference in Part III 18(3), do not appropriately reflect the developments in the field regarding the person centered, multi-modal approach based on biopsychosocial principles

We noted that the Draft Regulations, in an effort to address a number of important areas, in the end confuse and complicate achievement of the intended goal. For example some of the regulations cross over and contradict existing regulations and regulated disciplines e.g. Personal Health Information Protection Act, the Health Care Consent Act and the Substitute Decisions Act. We suggested that there are other means available to government to address the more detailed aspects of quality of care, such as through the use of a policy directive regarding Behaviour Intervention Safeguards. We were pleased to hear that the Expert Panel on Behaviour Intervention safeguards has been reconvened to provide more consultation. The full document can be found on <http://www.naddontario.org/>.

Update from the Board of Directors-Financial Report for the year ending December 2009

Income in 2009 exceeded expenses for the year by \$9,420. Cash balance on hand as of December 31, 2009 was \$62,843.

Income in 2009 was \$20,800 representing an increase of \$12,545 over 2008. This was mainly due to Dual Diagnosis book sales being higher than in 2008, an un-expected change as the book has aged without updates.

Expenses in 2009 totaled \$18,373 which was \$11,181 more than 2008. This is due in part to reprinting of the book and changes in geographic location of Board Members, solid attendance at meetings and a reduction of in-kind support by agencies.

Significant expenses for the year included:

- AGM expenses \$1,595
- Reprint Dual Diagnosis \$7,123.

There was no significant year over year changes in other income or expense lines.

2010 Ontario Chapter Recognition Award Recipients

Congratulations to our two recipients this year: **Frances Owen** of Brock University and **Barbara Vyrostko** of Community Living Welland Pelham. They were recognized for their contributions to increasing understanding and awareness of the abilities and needs of individuals with dual diagnosis. Specifically, throughout their careers they have been champions of the rights of persons who have intellectual disabilities, focusing on advancing the opportunities of individuals with disabilities to be members of our community and to be able to fully benefit from the citizenship that is granted in our Charter of Rights and Freedoms. They also both played a key role in the 3Rs Project, and the recent very successful conference in Niagara. The award was presented by Liz Froese.

EDUCATION EVENTS

International Certificate Programme in Dual Diagnosis. Summer Institute 2008. Brock University. For information email dualdiagnosis@brocku.ca Registration: www.brocku.ca/dualdiagnosis

Health and Wellbeing in Children, Youth, and Adults with Developmental Disabilities: Autism, Intellectual Disabilities and Other Neurodevelopmental Disorders Pre-Conference Workshops: September 29, 2010, Main Conference: September 30, October 1, 2010 The Coast Plaza Hotel & Suites Vancouver, BC. For information: http://www.interprofessional.ubc.ca/Developmental_Disabilities.html



*Join us in building the road as we walk it ! We need your help to make the vision happen.
To provide your input please contact the lead members noted below*

2009/10 Strategic Initiatives	To March 2011 Initiatives
<p>Capacity/Sustainability Group</p> <p>1. Clarify focus: Membership Retention and Recruitment Financial Sustainability Promotion of NADD</p> <p>2. Update Display Materials</p>	<p>Expand Task Group Membership Market book Develop promotional materials</p> <p>Contact: Alex Conant conanta@providencecare.ca</p>
<p>Family/individual self determination group</p> <p>1. Clarify focus Resources identified that Provide Education to Families NADD Ontario is a "Broker" of education for families - identify opportunities</p> <p>2. Recruit task group members</p>	<p>Update and revise the "Navigating the System" of the Concerned Parents Handbook Hire "facilitator" to complete work Link with agencies / organizations that have the mandate to deliver education</p> <p>Contact: Nancy Pilon npilon@mhcp.on.ca</p>
<p>Competent/capable workforce group</p> <p>1. Clarify focus Utilize Levels Of Practice as a common framework for evaluating and designing training</p> <p>2. Take stock at the NADD International Congress of the level of interest in developing a Community of Practice in Ontario</p>	<p>Define the benefits (outcomes /key results indicators) when professionals are performing per the "Levels of Practice." Develop and sustain a meaningful Community of Practice</p> <p>Contact: Jo Anne Nugent: jnugent@nugentraining.com</p>
<p>Lobby/Advocacy group</p> <p>1. Continue to leverage linkages / partnerships re HR, service and policy issues e.g Provincial Network, CNSC, National Coalition</p> <p>2. Support NADD Congress planning / sponsorships Deputations / Submissions</p>	<p>Recruit task group members Solidify relations with Provincial Network, CNSC to coordinate / collaborate on strategic initiatives Follow up on Dual Diagnosis Guideline implementation Craft key messages to assist families, service providers and self advocates Continue Deputations / Submissions</p> <p>Contact: Susan Morris Susan_Morris@camh.net</p>

Partnership in Action

Managing Psychiatric Crisis in Individual with Intellectual Disabilities

A team of researchers and clinicians (emergency psychiatrists, clinicians in the field of intellectual disabilities and health systems researchers) from Toronto, Peel and the Kingston area worked together on this project funded by the Canadian Institutes for Health Research. The team is lead by Yona Lunsky at the Dual Diagnosis Program, Centre for Addiction and Mental Health. Working with 31 participating developmental service agencies information was received on a total of 3,451 crises. The goal was to find out who has a crisis, which crises lead to the ER and what happens in the ER. Staff in the participating agencies were trained to complete forms on clients who had experienced crises, they provided detailed information on the crisis as well as client back ground. And if the crisis resulted in an emergency room visit, they completed a form describing the visit. In a second part of the study the hospital chart was reviewed and interviews occurred with individuals, their caregivers and emergency clinicians. Ethics approval from all participants and hospitals was obtained.

Data collection has been completed and analysis is underway. There are some emerging preliminary results that are very relevant for the prevention and response to crisis. Of the total 3,451 crises (reflecting 843 individuals), 570 crises led to ER visits, and 165 of the ER visits led to hospital admissions. Key findings to date:

1. The strongest predictor of a visit to the ER is people who have previously been to the ER. This means that we already know who is likely to go to the ER and therefore we can take proactive steps to understand these situations by debriefing following the first visit and developing a coordinated crisis plan with the appropriate supports to try to prevent this. It may also be an indicator for a specialized mental health assessment if this is not already in place, which can be accessed through the specialized networks.

2. Life events within the past year (change in client's primary staff/worker, move of house or residence, change in roommates) is an important predictor of an ER visit – this is particularly true for those who go to the ER for behavioural crisis. This means that regardless of the current precipitating problem that lead to the ER visit, such events must be taken seriously and recognized as having a cumulative impact. Such events can be addressed proactively through supportive counseling e.g. transition planning when the event is anticipated or acknowledgement and support following the event.

3. People with autism are no more likely to go the ER than those without autism, even though the crisis/behaviour is more serious in the autism sample. This suggests that caregivers may work extra hard to avoid hospitals to prevent the associated experience of trauma for individuals with autism.

4. Only 1 in 10 clients living in group homes who experienced a behaviour crisis go the ER. This is important information for hospitals as it means that most crises are handled without hospitalization and the ER is not used too quickly by group homes. However it is possible that those living in less supported settings (family home, supported independent living) use the ER more frequently.

Stay tuned for more results as they become available. For information contact Yona_Lunsky@camh.net

Here and There

Canada's National Coalition on Dual Diagnosis is being heard! On April 16, 2010 Howard Chodos, Vice-President, Mental Health Strategy, Mental Health Commission of Canada gave the luncheon key note address at the NADD International Congress. Dr. Chodos provided attendees from Canada, the United States, Europe and the Far East an overview of the work of the Commission to develop a national strategy and also spoke specifically of how individuals with a dual diagnosis and their families will benefit from a plan of action. Noteworthy was his comments that confirmed that individuals with a dual diagnosis.

United Nations' Convention on the Rights of Persons with Disabilities was ratified by the Canadian Federal government March 11, 2010. According to the UN, the purpose of the Convention is "to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity." This Convention is an international treaty that identifies the rights of persons with disabilities, including people with mental illnesses, as well as the obligations of countries to uphold the Convention to promote, protect and ensure those rights. Countries that ratify the agreement are "legally bound to respect the standards in the Convention." Canada initially signed the Convention in 2007, but had not ratified it until now. For more information www.un.org/disabilities

Support Resources

www.autismresolutionontario.com/ Autism Resolution Ontario (ARO) is a network of Ontario families with children who have autism, who are seeking prompt, accessible and sufficient ABA therapy for our children

Information Resources

www.ontario.ca/DShistory In partnership with Community Living Ontario and the School of Disability Studies at Ryerson University, the Ministry of Community and Social Services has created an online history of developmental services in Ontario. Through words, photographs and videos, you can find out why Ontario built institutions, why it closed them and what it would have been like to have lived and worked in them.

<http://www.ddna.org/> Developmental Disabilities Nursing Association is a not-for-profit nursing specialty organization located in the US. It is committed to advocacy, education, and care for nurses who provide services to persons with intellectual and developmental disabilities (I/DD). DDNA's goal is to foster the growth of nursing knowledge and expertise about optimal care of persons with I/DD, thereby improving their care, services, and quality of life. [The International Journal of Nursing in Intellectual and Developmental Disabilities \(IJNIDD\) can be accessed for free on their website.](#)

<http://www.camhcrosscurrents.net/index.php> *CrossCurrents: The Journal of Addiction and Mental Health* informs and educates health care professionals about the latest developments in the addiction and mental health fields from a Canadian perspective. The focus is on providing practical information that professionals can use to inform their work.

<http://www.mcass.gov.on.ca/en/mcass/publications/accessibility/accessibility.aspx> Charting a Path Forward: Report of the Independent Review of the Accessibility for Ontarians with Disabilities Act, 2005

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<p>President Susan MORRIS CAMH, Queen St. Site Toronto</p> <p>416-535-8501, x 1136 Susan_Morris@camh.net</p>	<p>Mike COXON Camphill Communities Ontario Angus</p> <p>705-424-5363 mcoxon@rogers.com</p>
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