



# 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](mailto:contactus@dualdiagnosisontario.org)*

### Winter 2006

A Twice Annual Bulletin of the Habilitative Mental Health Resource Network

### Message from the Chair—Naseema Siddiqui

**MERRY CHRISTMAS, HAPPY HOLIDAYS AND A HAPPY NEW YEAR.**

- Check out our website for what's new, great links and resources

[www.nadd.ontario.org](http://www.nadd.ontario.org)

Or

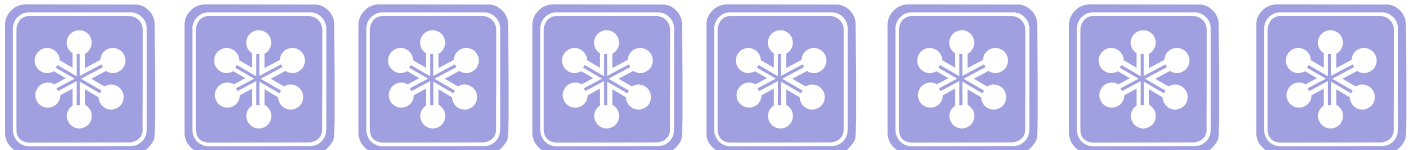
[www.dualdiagnosisontario.net](http://www.dualdiagnosisontario.net)

On behalf of the Board I would like to wish all NADD, Ontario members a very Merry Christmas, happy holidays and Happy New year.

Last Summer the Board developed a strategic plan for the Association, but as I had quoted in a previous message “a vision, no matter how noble, will remain just that without a detailed map that shows how that vision can be achieved”. We were and are lacking in human resources and therefore the Board has decided to develop a road map which is pragmatic. We hope to finish this work early in the new year and if members have ideas, suggestion or would like more direct involvement please contact Ron McCauley, Chair of Membership committee.

Our website and the Newsletter continue to be a great resource to our members, and many other professionals. Special thanks to Christine Iacobucci at CAMH for her design and publication of the newsletter. Members are encouraged to make contributions to the newsletter, or send comments to Susan Morris, Editor of the Newsletter.

Naseema Siddiqui, President



Do you want to join NADD?  
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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

U.S. dollars with 20% re-  
turned to support Ontario

Chapter activities.

### INTERMINISTERIAL NEWS

#### What do the Local Health Integration Networks (LHINS) have to do with our clients?

The 14 LHINS have finalized their Integrated Health Service Plans (IHSPs) based on community consultations. A reasonable question, given our focus on the provision of care and/or treatment services to individuals with a developmental disability and challenging behaviour, would be how will the LHINS affect me and/or how can they help me? This question also arises because the majority of the policies and

funding that impact on our work stems from the Ministry of Community and Social Services.

Recall the purpose of LHINS. LHINS are not-for-profit corporations, established by provincial legislation, responsible for planning, integrating and funding local health services. They are intended to be *managers*

of health services that are delivered in public and private hospitals (including divested psychiatric hospitals), long-term care facilities, community health centres, community care access centres, community support services and mental health and addiction agencies. The MOHLTC retains responsibility and control of individual practitioners (that is billing by physicians

## INTERMINISTERIAL NEWS

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under OHIP), family health teams, ambulance services, laboratories, provincial drug programs, independent health facilities and public health. The underlying principle in the establishment of LHINS is that 'community based care is best planned, coordinated and funded in an integrated manner within the local community because local people are best able to determine their health service needs and priorities'. (Reference: [www.health.gov.on.ca/english/public/legislation/lhins/lhins\\_faz.html#2](http://www.health.gov.on.ca/english/public/legislation/lhins/lhins_faz.html#2)) However it must also be acknowledged that an underlying goal is to increase efficiency and accountability within the system.

Often there are questions regarding the rationale of the LHIN geographic boundaries. The LHIN boundaries were established by hospital usage, and while this often bears little resemblance to what occurs in the community, the challenges that individuals with a developmental disability experience accessing their local hospital services is of relevance here. It is also important to note that community engagement is a core function of LHINS in relation to the assessment, planning and delivery of local services. In this light, the establishment of LHINS provides an opportunity for clients, family members and providers to engage in their local LHIN processes.

LHINS are also required to implement a Health Professionals Advisory Committee (HPAC) that would include four physicians, three nurses, a dietitian, an occupational therapist or physiotherapist, a pharmacist, a social worker, and up to

three others from other health professions. A standardized selection process is being developed by the ministry in collaboration with the LHINS. Although for the last 30 years services to our population have primarily come from the social service sector, we know that the health care needs of individuals with a developmental disability are often not well met. The 2004 Ontario Chapter of NADD report *Response to the Ontario Government Transformation Agenda for Developmental Services: Meeting the Health and Mental Health Needs of Individuals with Developmental Disabilities* outlined these issues fully and are available for your reference on [www.naddontario.ca](http://www.naddontario.ca). At the time of this writing, nine of the 14 LHINS have released their (IHSPs) in draft form, of which six have named mental health and addictions as one of their priorities. Two of the other three LHINS have included mental health and addictions under other priorities — access to services, chronic care management and/or access to primary care — while the third intends to develop a plan to address accessibility to mental health and addictions services.

Of the five LHINS who have not released their draft IHSPs, three have

stated that mental health and addictions will be a priority. The other two have identified that they will be taking action on mental health and addictions issues, although it is not a named priority. (From [www.ontario.cmha.ca](http://www.ontario.cmha.ca), "Interim Review on the Local Health Integration Networks' Integrated Health Service Plans (IHSP)," October 2006)

Additionally many LHINS have also identified other priority areas that relate to the needs of individuals with a developmental disability, including seniors and chronic diseases (e.g. diabetes, epilepsy). For example, the South West LHIN is proposing pilot projects for people with diabetes. This provides the developmental sector and the four newly developed Community Networks of Specialized Care an opportunity for families, consumers, advocates and providers (particularly those who fall within a regulated health profession) to raise the profile of the specialized (and often marginalized) basic health care needs of this population.

In summary, the LHINS provide an opportunity for the developmental sector to attend to the whole needs of our clients, their needs for annual physical and dental exams, care of chronic diseases such as gastrointestinal disease, seizures, and access to specialized care for cardiology or cancer needs. For more information as to which LHIN you fall within, see [www.health.gov.on.ca/transformation/lhin/lhinmap\\_mn.html](http://www.health.gov.on.ca/transformation/lhin/lhinmap_mn.html)

**“Community engagement is a core function of LHINS”**

## Local Committee Update

The Dual Diagnosis Implementation Committee of Toronto is pleased to announce the release of *Building the Path to Home: Links to Sustainable Housing for Individuals with Dual Diagnosis*.

*Building the Path* is a system map designed to help people concerned about the housing of individuals with developmental disabilities and mental health needs (dual diagnosis) to navigate the developmental, mental health and housing sectors and to access the resources which underpin successful community living for people with a dual diagnosis. Housing is only sustainable for

someone if they have a strong, caring safety net or support network. This online guide includes information about how to access housing, but it also talks about how to find all the pieces of support needed to make the housing situation work. The guide also supports better identification of individuals with developmental disabilities and mental health needs who are living in marginalized and under supported circumstances. Anyone who encounters a person with dual diagnosis in the community and becomes concerned about their degree of support will find a place to

start in this guide. It includes simple ways of asking whether a person might have a developmental disability and/or mental health problem and information to help support individuals find and access housing.

It is intended for use by family members, professionals, advocates and service providers. There are 2 ways of linking to the guide: [www.camh.net/Care\\_Treatment/Resources\\_for\\_Professionals](http://www.camh.net/Care_Treatment/Resources_for_Professionals) or [http://www.camh.net/Care\\_Treatment/Program\\_Descriptions/](http://www.camh.net/Care_Treatment/Program_Descriptions/)

## Update from the Board of Directors

### 2005 Financial Report

|  |                    |
|--|--------------------|
| <b>Balance as at December 31, 2004</b> | <b>\$45,207.55</b> |
| <b>INCOME:</b>                         |                    |
| NADD Membership Rebate (20%)           | \$2,378.23         |
| Training Manual Sales & Newsletter     | \$4,748.01         |
| Conference Income                      | \$ 718.00          |
| Interest                               | \$ 767.65          |
| <b>Total Income</b>                    | <b>\$8,611.89</b>  |
| <b>Balance Before Expenses</b>         | <b>\$53,819.44</b> |
| <b>EXPENSES:</b>                       |                    |
| Newsletter                             | \$ 469.65          |
| Board Expenses                         | \$3,711.00         |
| Training Manual Expenses               | \$1,487.83         |
| Conference Expenses                    | \$ 638.83          |
| Insurance                              | \$1,188.00         |
| Website                                | \$ 82.04           |
| <b>Total Expenses</b>                  | <b>\$7,577.35</b>  |
| <b>Balance as at December 31, 2005</b> | <b>\$46,242.09</b> |

### Meet Two New Board Members

Diane Zanier is a Social Worker with the Developmental Clinical Services a division of the Northeast Mental Health Centre in Sudbury, Ontario. She has been working in this specific area of practice for the past 15 years and provides social work services to families, children and adults who have a global developmental disability, a pervasive developmental disability or a dual diagnosis.

Alex Conant has a Masters degree from Antioch University's New England Graduate School, Department of Organization and Management. She is the Manager of the Dual Diagnosis Consultation Outreach Team for South Eastern Ontario at Providence Continuing Care Centre, Mental Health Services where she has been since 2003. Alex began working with adults with developmental disabilities and mental illness in 1978 in a large institution in the Boston area. Continuing with her commitment to this field, this was followed by a variety of training and management positions in community residential and vocational services as well as for the State of Massachusetts. As a result she is familiar with the criminal justice system, mental health inpatient and outpatient services, child welfare agencies, addiction services, community health providers, long-term care and hospital based health care services. Alex immigrated to Canada in 2001. We look forward to Alex's contribution to the Board.

If you are interested in serving on the NADD - Ontario Board of Directors, please contact Barbara Macdonald @ 416-222-1153.

### Partnership In Action

## Provision of Specialized Mental Health Services in the Northeast: The Hub and Spoke Model of Care

The Developmental Disabilities Service (DDS) is part of the Regional Specialized Mental Health Program (RSMHP) of the Northeast Mental Health Centre (NEMHC), North Bay Campus. The service originated in 1993 under the former North Bay Psychiatric Hospital, which divested to NEMHC in November, 2005. DDS provides psychiatric assessment and consultation to persons aged 16 years and over with a developmental disability and (suspected) serious mental illness, utilizing a multimodal approach to care.

The catchment area of the service matches that of the hospital: approximately 300,000 square kilometers, serving over 630,000 people living in small cities and rural communities. Our service encompasses the area as far north as the James Bay Coast, east to New Liskeard and the Quebec Border, south to Novar (just north of Huntsville), and west to Sault Ste Marie. The challenges experienced provincially in terms of training, recruitment, and retention of sub specialists is replicated in the Northeast, compounded by additional factors including geographical distances, isolation, and access.

In order to optimize our human resources, make our services meaningful and accessible, and promote the building of local capacity, DDS developed a "hub and spoke" model of service delivery. The "hub" refers to the core team in North Bay (including 1 Lead Psychiatrist and 1 Locum Psychiatrist, 1 Program Secretary, 1 Program Manager and 1 Mental Health Clinician). The "spokes" refer to the 5 district based Mental Health Clinicians based in local community mental health agencies (Community Mental Health Associations in Timmins, North Bay and Sault Ste. Marie, the Health Unit in Timiskaming, and Community Mental Health Service in Muskoka-Parry Sound). The district-based clinicians have backgrounds in developmental services, behavioural therapy, case management, counseling, nursing and/or advocacy and receive training in psychiatric assessment and psychopharmacology. The clinicians are familiar with their district needs, strengths, and partnerships and work in collaboration with others, including MCSS Specialized Service Providers, a number of Associations for Community Living, L'Arche Communities and Christian Horizons support networks, local

physicians and hospitals, and sub-specialists (typically via clinics or travel). Being based out of local mental health agencies ensures opportunities for cross training and resource sharing between the generic mental health resources and the sub-specialty of dual diagnosis. The clinicians are supported locally through their agencies' policies, procedures and general training, and through DDS for clinical supervision, specific procedures and specialized training. Local capacity is also strengthened on a case-by-case basis, with the clinicians providing mental health education to primary care providers in the client's circle of support.

With district-based clinicians, the client/referral source's first contact with the service is with a familiar face who is able to navigate local service delivery systems. The clinician is the point of contact from referral through the intake assessment process and thereafter works in partnership with the consulting psychiatrist to optimize the assessment and consultation process. The psychiatric assessment takes place typically in the form of clinic days scheduled in the district, minimally on a quarterly basis, and

## Partnership In Action

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which may include office appointments or often appointments in the client's own home environment. The clinician provides follow-up with clients during the application of the treatment plan and participates with other providers to ensure a holistic approach to care, while connecting with the consulting psychiatrist weekly for clinical supervision. In addition to their clinical work, district-based clinicians are invaluable in meeting the needs of their local community whether it be delivering Dual Diagnosis education to front line staff, participating on local Human Rights Committees or Front-Line Mental Health Worker committees, or spearheading a district-wide abuse prevention policy and education for self-advocates.

To optimize communication amongst this "virtual team", monthly team meetings occur via teleconference. In addition to the (at minimum) quarterly onsite clinics the service manager visits each district annually and is in contact via phone and email regularly. Ad hoc phone calls and emails are used to share resources and areas of expertise. The team, although separated geographically, enjoys celebrating each other's milestones, special days and specific interests. The team gets together twice a year for study days for further training and education opportunities (this fall's topics included Movement Disorders, a Review of the Mental Health Status Exam in persons with Developmental Disabilities, and incorporating Spirituality in our work), and hosts a biannual conference on dual diagnosis via NEMHC's Medical Research and Education Department (this year's theme was Making Connections and included presentations on Sleep Disorders (Dr. E. Feige, Sleep Disorders Clinic, North Bay), Genetic Syndromes (Dr. Eva Chow, University of Toronto), Psychodynamic Approaches (Dr. Paul Eshleman, DDS), Comprehensive Behavioural Assessment and Treatment (Dr. Rosemary Condillac), with Joanne Nugent our keynote speaker (Complexities of Care and Issues Regarding Training).

The DDS service model is a creative and effective approach in meeting the mental health needs of persons with a dual diagnosis in the Northeast that minimizes the barriers of geography and scarce human resources. For more info contact Patti Turcotte via email [pturcotte@nemhc.on.ca](mailto:pturcotte@nemhc.on.ca)

Questions about the service can be directed to: Patti Turcotte [pturcotte@nemhc.on.ca](mailto:pturcotte@nemhc.on.ca)



### Here and There

**\*The Disability Rights Commission of Britain** investigated the health inequalities experienced by people with mental health problems and/or learning disabilities in England and Wales. Their published report: Equal Treatment - Closing the Gap, 2006 reported that the evidence of inequalities "is overwhelming: greater likelihood of major illness, developing health problems at an earlier age than the rest of the population, and dying earlier". Focused on primary health services, many people reported very helpful primary care staff. However others, said they had problems with gaining access to services, the attitudes of some staff, and getting the necessary treatment and support. The clinical evidence also showed, similarly, that, while many services are equally available to people with mental health problems and/or learning disabilities, this is not universally the case. Solutions to these systemic issues lie within primary care organisations and Governments, inspection and standard-setting bodies and include incentives for GPs to offer regular check ups and training that specifically tackles 'diagnostic overshadowing'. For a complete summary see: [http://www.drc-gb.org/newsroom/health\\_investigation.aspx](http://www.drc-gb.org/newsroom/health_investigation.aspx)

**\*The CMHA Mental Health Notes** reported on November 3, 2006 that federal health minister Tony Clement stated that he is committed to reducing wait times for mental health services as part of the federal government's wait time guarantee plan. In a speech on October 4, 2006, he also assured listeners that the government will follow through on its campaign promise to develop a national mental health plan. The health minister's statement was made during a speech at the Champions of Mental Health Awards Luncheon hosted by the Canadian Alliance on Mental Illness and Mental Health (CAMIMH). During the last federal election campaign the Conservatives told CAMIMH that, if elected, they would establish a national mental health commission. A national mental health commission is one of the recommended steps in the creation of a national mental health plan as set out by the Standing Senate Committee on Social Affairs, Science and Technology in its study of mental health and addictions in Canada. Senator Michael Kirby, co-chair of the senate committee, stated recently that he is optimistic that the federal government will create a mental health commission as part of the budget process. The minister's speech is available at [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca).

**\*Mental illness and substance abuse cost Ontario almost \$34 billion** in 2000, according a recently completed study completed by lead investigator Dr. William Gnam, of the Centre for Addiction and Mental Health. That total cost breaks down between \$28.7 billion (85%) in lost productivity and \$5.1 billion in direct costs such as community mental health programs, hospitalizations, law enforcement and research (15%). Of this latter amount, substance abuse costs comprise \$3 billion and mental disorder costs \$2.1 billion. Of the total 5.1 billion, only 55.4 million (or 1%) was spent on research, education and prevention. The CAMH study, "The Economic Costs of Mental Disorders and Alcohol, Tobacco, and Illicit Drug Abuse in Ontario, 2000: A Cost-of-Illness Study," October 2006, is available at [www.camh.net <http://www.camh.net/Research/Research\\_publications/COI\\_report\\_final.pdf>](http://www.camh.net/Research/Research_publications/COI_report_final.pdf). See also the press release, "Mental Disorders and Substance Abuse Costs Ontario \$34 Billion," November 14, 2006, at [www.camh.net <http://www.camh.net/News\\_events/News\\_releases\\_and\\_media\\_advisories\\_and\\_backgrounders/cost\\_study\\_ontario.html>](http://www.camh.net/News_events/News_releases_and_media_advisories_and_backgrounders/cost_study_ontario.html)

## Information Resources

<http://www.autismontario.com/client/aso/ao.nsf/web/Jobs+at+Autism+Ontario>  
Autism Ontario job page of their website.

**www.endexclusion.ca** a national initiative to gather and share success stories of people with disabilities in Canada. You can sign a declaration, share your story, and read the history of achievements in Canada. A national forum occurred in Ottawa on November 2, 2006.

<http://www.mentalhealthfamilyguide.ca/> The Family Mental Health Network was established in 1998 by members of an Intensive Family Intervention program offered by the Community Mental Health Clinic in Guelph. Its current project is the publication entitled *From Rollercoaster To Recovery: A Guide For Families Navigating The Mental Health System In Wellington-Dufferin Counties*. The book includes sections written by individuals, families, and professionals experienced with mental health and illness, as well as the contacts and resources sections at the end of each chapter. Information about the book and how to order can be found at this site.

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

Written in the UK, the practicality of this guide provides practical advice to enable frontline support staff to develop the skills to meet the mental health needs of people with a developmental disability. It helps staff to recognise mental health needs and provide appropriate treatment and support.



## Support Resources

**www.fameforfamilies.com:** Family Association for Mental Health Everywhere, an Ontario resource that provides advocacy, education, referrals and supportive counseling to families that have a mentally ill relative of any diagnosis, including dual diagnosis.

[www.beststart.org/projects/index.html](http://www.beststart.org/projects/index.html) : FASD Ontario News, edited by the Best Start Resource Centre and supported by the Public Health Agency of Canada, Ontario Region. Developed by FASD Stakeholders for Ontario, intended to help people in Ontario work together to address FASD.

<http://www.rcpsych.ac.uk/mentalhealthinformation/mentalhealthproblems/learningdisabilities.aspx>  
Royal College of Psychiatrists, UK. Learning Disabilities section – easy to read pamphlets that describe depression and mental health issues in those with developmental disabilities.

## Education Events

**NADD Teleconferences :** visit [www.thenadd.org](http://www.thenadd.org) for the full teleconference brochure and online registration :

**December 12, 2006**

*“Maybe He’s Sick and Not Just Mean”: General Medical Issues Involved with Assessment of Persons with Mental Retardation and Behavioral/Psychiatric Problems*

**December 18, 2006**

*Sleep Problems in Individuals with Intellectual Disabilities*

**December 19, 2006**

*Enhancing Staff Performance through Supportive Behavioral Supervision*

**The 2<sup>nd</sup> International Come To Your Senses Conference : Opening the Sensory World to Children and Adults with Complex Disabilities. May 23 – 27, 2007 . The Sheraton Centre Toronto.**

**Call for papers and registration at [www.sensoryconference.ca](http://www.sensoryconference.ca)**

## Board of Directors 2006

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