



NADD ONTARIO CHAPTER

Spring 2007

A Twice Annual Bulletin of
the Habilitative Mental
Health Resource Network

NEWS

Habilitative Mental Health Resource Network

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Message from the Chair

On May 4, 2007 the Chapter held one of its most successful Annual Meetings! The key note address was provided by Kevin Costante, MCSS Deputy Minister who provided a Transformation update followed by a panel with representation from the LHINs, Developmental and Mental Health perspectives. The Interministerial News column in this edition provides highlights of the presentations.

Following the meeting the board elected the Executive for the coming year. Susan Morris is assuming the Chair position, Shelley Bishop Vice Chair, Jo Anne Nugent, Secretary, Jim Johnston, Treasurer and Naseema Siddiqui, Past Chair. A tremendous thanks is extended to both Naseema as past Chair and Glen Walker as past Vice-Chair, both of whom will remain on the board. Naseema's knowledge and skills in board functioning and Glen's in the developmental sector have provided important leadership during a time of significant system change.

In this Newsletter you can also read about NADD Ontario's shift in focus from the direct delivery of training to system level influencing and facilitation role. As part of this effort, funds from the sale of the book have been committed to hiring a consultant to help us complete a discussion paper summarizing what other jurisdictions have implemented in relation to establishing sustainable education and training. We expect to circulate this paper in the Fall.

Finally, over the summer, the Board Executive will be reviewing our committee structure and meeting processes. Stay tuned for updates!

Susan Morris, President

INTERMINISTERIAL NEWS

Notes from the May 4, 2007 Key Note and Address and Panel on Transformation

With both the Developmental and Health sectors undergoing transformation, the Annual Meeting was devoted to transformation update and impact on dual diagnosis, with the goal of facilitating a dialogue between the two sectors.

Below are some points of note from the comments by Kevin Costante, Deputy Minister, Ministry of Community and Social Services and Children and Youth, and Jean Trimmell, CEO of the North Simcoe Muskoka Local

Health Integration Network and lead LHIN for Mental Health and Addiction issues.

Of note from MCSS:

- a Project Office to oversee and manage the various elements of change within MCSS is being established.
- An additional 500 million has been invested in the developmental sector in the last 3 ½ years.
- Under 600 individuals remain in the

developmental sector facilities

- The Supports Intensity Scale, currently in piloting phase, is intended to assess individual needs and will be rolled up into system information. Eventually, it will be the basis for establishing a funding formula.
- Eligibility for services is being redefined broadly to include individuals with significant limitation in cognitive and adaptive functioning before the age of 18.

Do you want to join NADD?
Call or write NADD at 132 Fair St., Kingston, New York 12401-4802.

Telephone 845-331-4336

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E-mail: 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% returned to support Ontario Chapter activities.

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

www.nadd.ontario.org

Or

www.dualdiagnosisontario.net

INTERMINISTERIAL NEWS

Notes from the May 4, 2007 Key Note and Address and Panel on Transformation

Cont from page 1

- Recognition of the following: need for a Human Resource Strategy to establish a career path in the field, quality outcome measures, access to specialized services when needed and individuals living in psychiatry facilities

Of note from the LHINS:

- The LHIN role is to oversee integration of the health care system, inform policy, and ensure a system exists across populations and or disease groups
- LHINS are particularly focused on the determinants of health and how illness can be prevented
- The recent completion of the Integrated Health Service Plans by each LHIN provide a broad overview of the priorities and issues. Efforts are now required to understand and examine the implications for specific sub populations.
- In their role of informing policy, the LHINS were recently requested by the Ministry Of Health LHIN Liaison Branch to provide comment and input to the updating process of the Interministerial Dual Diagnosis Policy Guidelines.

Both Kevin and Jean highlighted the principles of partnership that underlie the current transformation activities in both sectors. Kevin referred to “partnerships on steroids with other ministries” and Jean picked up on the analogy with “community engagement on steroids” for the LHINS! As part of this context Kevin noted that Regional MCSS offices will be meeting with their local LHINS to begin discussion on areas for coordination. Jean was particularly sensitive to the developmental sector issues as Huronia Regional Centre falls within the Simcoe Muskoka LHIN.

Glen Walker provided a succinct and useful overview of the 6 new Networks of Specialized Care which have been created across the province to facilitate the improvement of services for individuals with developmental disabilities and challenging behaviours. Dual diagnosis will come under this umbrella. While each geographic Network has its own local priorities, they will all focus on optimizing service coordination, forging stronger ties with post secondary institutions, researching best practices, and increasing training opportunities.

During the discussion it was noted that individuals with developmental disabilities have significant unmet health needs, and that the LHINS provide an opportunity to move beyond the mental health needs of individuals with developmental disabilities to address these issues in relation to determinants of health and planning for integration of services. Jean committed to bringing this forward to the provincial meeting of all LHIN CEO's that occurs regularly.

Here and There

The American Association on Intellectual And Developmental Disabilities(AAIDD-Formerly AAMR) Announces The Definition of the Term Intellectual Disability, and Renames "Mental Retardation" in its upcoming classification and terminology manual. AAMR formally changed its name on January 1, 2007 to AAIDD

The group of AAIDD experts responsible for defining the condition of intellectual disability to the world now explains the move away from the word "mental retardation" to the term intellectual disability in an article published in the April issue of the journal, *Intellectual and Developmental Disabilities*. "At the heart of this shift is the understanding that this term covers the same population of individuals who were diagnosed previously with mental retardation in number, kind, level, type, and duration of the disability and the need of people with this disability for individualized services and supports," explain Robert Schalock et al. in "The Renaming of Mental Retardation: Understanding the Term Intellectual Disability". This article cites the new definition for intellectual disability and the assumptions on which it is based, although the official 11th edition of the AAIDD definition manual is expected to be published in the year 2009. From AAIDD FYI, April 2007, Vol.7, No.4. For more information, check the website at www.aaidd.org

Costs of Care: The Ministry of Health and Long-Term Care, the Ministry of Community and Social Services and Community Living Toronto provided the following figures to the Toronto Star in February 2007 related to an article on individuals with developmental disabilities living in Ontario nursing homes. Residential cost comparisons for those with developmental disabilities: one year living in a regional centre cost \$102,300; one year in a group home cost ranges from \$20,000 to \$78,000 averaging \$49,000; one year in a nursing home costs \$46,700. Demographic data for 2006: the number of nursing home beds is 75,800 an increase of 10,000 beds in five years; number of developmental disabled residents transferred into the community over the past decade is 6,000.

Autism is more common than previously thought in the United States On February 8, 2007 the Centers for Disease Control and Prevention (CDC) published the first and largest summary of prevalence data for autism spectrum disorders (ASD), reporting that one in 150 children in multiple U.S. communities had autism. These revised numbers dispel the currently held prevalence estimate of four to five per 10,000 children. For the full report: *Prevalence of the Autism Spectrum Disorders (ASDs) in Multiple Areas of the United States, 2000 and 2002*, visit <http://www.cdc.gov/ncbddd/autism/documents/AutismCommunityReport.pdf>

Health Care Access: The June 11, 2007 Edition of MacLeans magazine included the 2nd guide to medical care. Some interesting notes relevant to developmental disabilities and dual diagnosis:

- ER wait times, based on patients estimates are longer in Canada than Britain, Australia, New Zealand, Germany, and the U.S.
- 3.9 million Canadians do not have a G.P.
- Canada ranks 17 out of 21 for the percentage of doctors per 1 million population in the developed world—lower than Italy, Greece, France, Australia, Belgium, Denmark, Germany and Austria.
- Canada ranks among the two worst industrialized countries in the world for the computerization of health files.
- “Open” MRI's are being developed. The new machines are wider and shorter and don't enclose the patient as much. Alberta's Children's Hospital has one where parents can lie on the table with their child.
- New audiology electrophysiological testing, measures how the brain responds to sound rather than depending on the patient's reaction to verbal commands.

Note: Access to newer technologies may only be through private clinics at this time.

Update from the Board of Directors

The mission of NADD is to advance mental wellness for persons with developmental disabilities through the promotion of excellence in mental health care. With this in mind the Board is committing its efforts to **establish sustainable education and training initiatives to support recruitment and retention of human resources.** The following principles guide this work:

1. The initiative must take into consideration of the impact on the family / informal care givers
2. The initiative must take into consideration the range of needs of individuals with a dual diagnosis, including those in the lower functioning levels
3. The initiative should be undertaken in partnership with other Ontario groups in order to broaden NADDs links and presence in the province

With this commitment NADD Ontario is shifting its focus from the direct delivery of training to an influencing and facilitation role on a system level. This will be achieved in part through participation in various provincial and regional groups (e.g. Community Networks of Specialized Care within MCSS, LHINs). We believe that this builds on the existing strengths of the organization which include a provincial perspective, expertise in dual diagnosis, knowledge of the literature and best practices, capacity to highlight the critical issues and experience in writing position papers. A task group of the board is currently working with a consultant to complete a discussion paper summarizing what other jurisdictions have implemented in relation to establishing sustainable education and training. We expect that this paper will add to the discussions and current initiatives underway within the field.

Membership:

The complexion of the board is changing this year, as a number of members who have been on the board have had to resign due to demands or changes in their home positions. It is with great regret that we bid farewell to Ron McCauley, Barbara MacDonald, Diane Zannier and Jane Summers. Their contributions and perspectives to the administration of the board and the clinical and systems issues will be greatly missed. As Past Chair Naseema Siddiqui is overseeing the recruitment process for the North vacancy and three At-Large vacancies. Please contact Naseema at nsidd@rogers.com if you are interested in joining the board or participating in a committee.

Website Update

The www.naddontario.org site receives approximately 1,700 to 2,000 hits a month. This makes it a viable location for advertising your employment or educational opportunities free of charge. To make a submission send us a Word ready document at: contactus@dualdiagnosisontario.net

2006 Financial Report

Balance as at December 31, 2005 **\$46,242.09**

INCOME:

NADD Membership Rebate (20%)	2,491.74
Training Manual Sales & Newsletter	19,755.91
Conference Income (note 1)	2,725.00
Interest	1,199.99
Total Income	26,172.64

Balance Before Expenses **72,414.73**

EXPENSES:

Board Expenses	4,230.14
Mailing	349.40
Committee	165.21
Board travel	3715.53

Training Manual Expenses **12,395.38**

Delivery	173.68
Printing	12,221.70

Conference expenses (note 1) **4278.93**

AGM 2006 **478.04**

Insurance **1188.00**

Membership Fee (CARE/ID) **50.00**

P.O. Box **164.78**

Web site **86.16**

Total expenses **22,871.43**

Balance as at December 31, 2006 **49,543.30**

Note 1—Conference—A. Hurley

Note 2—\$41,602.12 deposited in GIC's

Book Update:

Demand for the book continues and we are now into our 3rd printing. With this we will have printed 4,000

Partnership In Action

Safeguards Training for Children and Adult Services was established in 1995 in partnership with 5 associations: Children's Mental Health Ontario, Ontario Association of Children's and Youth Centres, Community Living Ontario, Ontario Association of Residences Treating Youth, Association of Native Child and Family Services Agencies of Ontario. The purpose of Safeguards is to meet the highly specialized needs of staff serving vulnerable children, youth, adults and families in Ontario. Though Safeguards provides training on a wide range of topics, it specializes in training related to abuse prevention, assessment, treatment and the related effects of abuse. Courses include those specifically related to individuals who have an intellectual disability and mental health issues or behaviours. The training registration cost is free to those agencies that belong to one of the five provincial partners.

The decision to create such a partnership in 1995 was ground-breaking and it has caused a positive ripple effect at both the provincial and local level. Collaboration among associations continues to increase on a number of fronts including: research, advocacy, policy development and conferences. Local training provides staff from various agencies the chance to meet in an informal manner and subsequently many local partnerships and shared resources have developed. The new Respite Learning Portal and Online Respite Certificate is the outcome of a local and provincial partnership between agencies of southwestern Ontario and Safeguards that can be utilized by all.

Safeguards grew from a training project to a permanent training program and incorporated as a not-for-profit corporation in 2004 with full support from the association partners. The Board of Directors includes three members-at-large as well as two representatives nominated by each of the five associations. These representatives ensure training meets the needs of their sector. Training programs are funded by the Ministry of Community and Social Services and the Ministry of Children and Youth Services. You can check out the website at: www.safeguards-training.net or contact Elizabeth Arnold, Safeguards Board Secretary at arnoldr@bmts.com

Congratulations to Professor Dorothy Griffiths—Named to the Order of Ontario

Professor Dorothy Griffiths of the Department of Child and Youth Studies, Brock University, was one of 29 people invested into the Order by Lt. Gov. James K. Bartleman, at a black tie investiture ceremony December 21, 2006.

"It is humbling to receive an award for doing work for which I have great passion. Persons who have an intellectual disability and a mental health challenge represent a neglected group of individuals. I am only one of many individuals and organizations who have been creating awareness for the need for expanded research and changed practice within the social service and mental health fields to better support individuals with this dual challenge," said Griffiths.

"I am so honoured that my students and colleagues from the University and the community would choose to recognize my work by nominating me for such a prestigious award, and further honoured by this recognition from the Province. Many of my colleagues share this recognition with me, for it is our collective efforts that have made a difference."

Griffiths has extensive experience in working on clinical issues regarding dual diagnosis - persons who have an intellectual disability and a mental health need. She is a researcher, instructor and mentor who has initiated groundbreaking therapeutic programs such as positive therapeutic approaches for treating persons with severe challenging behaviour.

She is currently researching human rights and persons with intellectual disabilities with a community- research alliance team from Brock University and the Community Living Associations in Niagara, spearheaded by Welland Pelham Community Living. Griffiths was also one of the founders of Brock's new graduate program in Applied Disabilities Studies, which has enrolled 60 students in its inaugural year.

Griffiths has been a member and advisory member of three board of directors for associations serving persons with developmental disabilities and mental health challenges: Community Living Welland Pelham, the National Association for Dual Diagnosis and its Ontario chapter. She also serves on the editorial boards for the *Journal of Developmental Disabilities* and the *Developmental Disabilities Bulletin*.

She has co-authored/co-edited several books, including: *Changing Sexually Inappropriate Behavior: A Community-Based Approach for Persons With Developmental Disabilities* (1989), *Dual Diagnosis: An introduction to the mental health needs of person with developmental disabilities* (2002), *Ethical Dilemmas: Sexuality and Developmental Disability* (2002), *Demystifying Syndromes* (2004) and *Practice Guidelines for Diagnostic, Treatment and Related Support Services for Persons with Developmental Disabilities and Serious Behavioral Problems* (2006).

The Order of Ontario is the province's most prestigious official honour. The award was created in 1986 by the Government of Ontario to recognize the highest level of individual excellence and achievement in any field. The men and women invested in the Order are representative of the best of Ontario's caring and diverse society and their lives have benefited society in Ontario and elsewhere.

For additional information on the Order of Ontario visit:
www.citizenship.gov.on.ca/english/citdiv/honours/index.html

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Education Events

NADD Teleconferences: visit www.thenadd.org for the full teleconference brochure and online registration. These one hour sessions are very reasonably priced (\$50), only require one hour of time and can also be shared across agencies and staff teams.

Regional Support Associates 12th Annual Conference "Brave New World: Ethical Issues in a Changing Community" **October 18 and 19, 2007**

Best Western Lamplighter Inn, London Ontario. 2 day registration fee: \$145.00 before Sept. 14, \$155.00 after.

For further information: Eszter Erdelyi tel: 519-433-7238/1-800-640 x2100 email: eerdelyi@wgh.on.ca

Mental Health: A Human Right for People with Intellectual Disability 6th European Congress of Mental Health in Intellectual Disability
October 11-13, 2007. Zagreb, Croatia. <http://www.zagrebcongress2007.org/>

IASSID World Congress 2008, August 25-30th Cape Town, South Africa

Conference themes include aging and the lifespan, challenging behaviour, mental health, physical health, populations, policy and service systems, quality of life. For information see <http://www.iassid.org/pdf/newsletter-april-07.pdf>

Support Resources

“**Special Kids, Special Parents**” is a book written by a team of seven parents based in Essex, Ontario and offers encouragement and practical suggestions on a number of key issues. Lisa Raffoul, lead consultant for the group, called Ensemble, coordinated the development of the book. “It has some good reading material,” says Raffoul. “We also wanted it to be practical, to give people concrete activities that they can do.” “Special Kids, Special Parents” covers four main topics, including emotional health, relational health, self-care, and transitions. Each section includes a worksheet to allow readers to reflect on their own lives in relation to the topic addressed. “Families told us early on that they didn’t have a lot of extra time to come out to workshops,” says Raffoul. “However, people who took the workshop thought there was so much value in it.” Putting the information together in a book made the most sense, since a greater number of people could be reached. For more information about “Special Kids, Special Parents,” contact Raffoul at ensemble@communitylivingessex.org or call 519-776-6486 ext. 225.

“**Successfully Supporting People with Prader-Willi Syndrome: A Handbook for Professionals**”, written by Jo Anne Nugent. Handbook for Professionals with practical information about best practices in supporting people with PWS. The primary focus is on staff who work on a day to day basis with people with PWS, though the information can also be helpful for families and other professionals.

Contents:

1. An overview of Prader-Willi Syndrome
2. Characteristics of PWS
3. Service delivery: Philosophy and General Guidelines for Practise
4. Weight Control: Food and Exercise
5. Behavioural Strategies
6. Early Intervention
7. The School Year
8. Residential Services
9. Vocational Programs and Day Activities
10. Staff Training
11. What Does the Future Hold?

Available for purchase from Ontario Prader Willi Syndrome Association (for \$26.00) 2788 Bathurst Street, Suite 303 Toronto ON M6B 3A3. Tel 416/481/8657 web: www.pwsnetwork.ca, email: info@pwsnetwork.ca

Information Resources

www.jemh.ca Journal of Ethics and Mental Health a free, online, peer-reviewed journal, has published its first issue, and plans to publish three issues a year. Its purpose is to provide “a useful forum for sharing ideas and experiences among all who are committed to improving ethical standards, behaviours, and choices in mental health care giving.” The journal was developed with the Whitby Mental Health Centre and McMaster University.

<http://www.ont-autism.uoguelph.ca/CS-20070322.html> An electronic bulletin for adults who are vulnerable because of disability and for their families, friends and supporters who care about them. Originating from the Guelph Spring Conference on Creative Supports in April 2005. You can subscribe through the website

<http://www.pathwaysineducationpeel.com/> A site created to provide educational resources to families with special needs, educators and developmental service providers in the region of Peel

www.kidsmentalhealth.ca/ Children's Mental Health Ontario

www.ontchild.ca/ Ontario Association of Children’s and Youth Centres

www.communitylivingontario.ca Community Living Ontario

www.oarty.net Ontario Association of Residences Treating Youth

www.nativecfs.org Association of Native Child and Family Services Agencies of Ontario

Information Resources cont. from page 5

Diagnostic Manual—Intellectual Disability (DM-ID) The National Association for the Dually Diagnosed (NADD), in association with the American Psychiatric Society (APA), developed a Manual that is designed to be an adaptation of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition—Text Revision (DSM-IV-TR). The title of this Manual is the Diagnostic Manual-Intellectual Disability (DM-ID): A Textbook of Diagnosis of Mental Disorders in Persons with Intellectual Disability offers a broad examination of the topic, including a description of each disorder, a summary of the DSM-IV-TR diagnostic criteria for the ID population. A shorter volume, Diagnostic Manual-Intellectual Disability (DM-ID): A Clinical Guide for Diagnosis of Mental Disorders in Persons with Intellectual Disability has been abridged for clinical usefulness. It focuses on issues related to diagnosis in people with ID, the limitations in applying DSM-IV criteria to people with ID, and the adaptation of the diagnostic criteria.

The goal of both volumes is to facilitate a more accurate psychiatric diagnosis of people with ID. Chapters in the DM-ID cover both specific issues (i.e. assessment and diagnostic procedures and presentations of behavioral phenotypes of genetic disorders) as well as the individual DSM-IV categories. For each disorder, descriptive text and details of how to apply diagnostic criteria are included. For more detailed information about the text and clinical guide see <http://www/dmid.org/>

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HONORARY MEMBERS

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Dr. Robert King North Bay Psychiatric Hospital
Dr. Chris Stavrakaki Children's Hospital of Eastern Ontario



Vacancies

North Region 1

At Large 3

For information re joining the Board or its committees
contact Naseema Siddiqui at nsidd@rogers.com