



## Spring 2008

A Twice Annual Bulletin of the Habilitative Mental Health Resource Network

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**NADD Annual Conference in Niagara Falls Ontario— See p.5 to register**

**Canadian Advocacy Toolkit for people living with life-long developmental disabilities and mental health needs— see p.2**

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# NEWS

## Habilitative Mental Health Resource Network

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### MESSAGE FROM THE CHAIR

Spring has finally arrived! And with that, NADD Ontario jumped into the 21<sup>st</sup> Century during this past long winter by holding its first board meeting via videoconference in March. Thank you to RSA and Heather Prescott for her coordination of 6 sites! We still have some learning to do regarding voting on line, but all agreed that it is a much better approach for our late Fall and mid Winter meetings.

The Board has been particularly busy as a co-sponsor of the upcoming NADD Annual Conference in November 2007 in Niagara Falls Ontario. Two members are on the conference planning committee and we have also been very active in submitting workshop proposals. NADD Ontario will be sponsoring 2 half-day workshops! One session will have families presenting on successful implementation of self-directed supports for individuals with a dual diagnosis. Please let families know about this great opportunity, and stay tuned for more information on sponsorships available for families to attend the conference.

We've also been very busy continuing with our advocacy strategies on two fronts: within the province in relation to training, recruitment and retention and nationally on the inclusion of dual diagnosis in the National Mental Health Strategy. Read more about all this in this edition of the newsletter!

As this Bulletin coincides with the Annual General Meeting, I would like to take this opportunity to thank all Board members for their dedication this year, and in particular the leadership demonstrated by the Executive whose assistance enabled the smooth transition into the new board year. Thank you Jim Johnston, Jo Anne Nugent, Naseema Siddiqui and Shelley Bishop.

Susan Morris, President

### INTERMINISTERIAL NEWS

#### Update on Training, Recruitment and Retention in the Field of Developmental Disabilities and Dual Diagnosis

Following the circulation of the literature review in October 2007, a task group of the board launched the implementation strategy to connect with key groups in Ontario in order to coordinate efforts in this regard. The paper was very well received, particularly by the Provincial Network on Developmental Disabilities.

This was very timely as MCSS and the Provincial Network launched Developmental Services Sector Human Resource Strategy. As a result NADD Ontario has been invited to participate on two of the key planning committees: Core Competencies (Susan Morris) and Program Standards (Jo Anne Nugent).

We are delighted to participate in working toward the implementation of a sustainable cross sector provincial plan to training, education, recruitment and retention. NADD Ontario believes that this plan must be *comprehensive* and incorporate a *population health perspective*.

## INTERMINISTERIAL NEWS

### Update on Training, Recruitment and Retention in the Field of Developmental Disabilities and Dual Diagnosis (Continued from page 1)

Therefore:

- 1) Skills in the core competencies must include those required to support specialized populations – individuals with complex medical, behavioural, environmental, social and/or psychiatric needs
- 2) Staff from a broad variety of disciplines must be incorporated into the human resources strategy by including professions such as medicine, social work, psychiatry, OT, nursing and psychology as well as paraprofessionals such as behaviour therapy, and developmental service workers.
- 3) Ontario's human resource implementation plan must focus on training of management personnel to complement the work that will be occurring at the front line level and to maximize the effectiveness of the sector.

On a regional level, the four Community Networks of Specialized Care have as one of their mandates the role to support and develop capacity. The Networks are invited to use the NADD Ontario paper to inform and support the variety of efforts that are currently underway within the regions.

## HERE AND THERE

### The Canadian Advocacy Toolkit for People Living with Lifelong Developmental Disabilities and Mental Health Needs.

NADD Ontario has partnered with CARE-ID/ACCREDI and the Developmental Disabilities section of the Canadian Psychiatric Association, to develop advice for the National Mental Health Commission regarding the inclusion of this population in the national mental health strategy. 'Dual diagnosis' is not well understood, terminology is confusing and it is often thought to be the same as concurrent disorders (substance), and there has been no national voice to advocate for persons with developmental disabilities and mental health needs, their families and caregivers. Acknowledging that the federal role in health care is to set policies and standards which drive decisions on funding, the value of a national strategy in this federal context is that it:

- Signals to provinces and territories what the federal government has endorsed as important directions in health care,
- Points to priorities where investment will be made or where investments are *more likely* to be made,
- Is available to advocacy groups who then utilize the strategy to lobby provinces and territories for implementation of its components.

To achieve this the Toolkit project, funded by the Dual Diagnosis Program, Centre for Addiction and Mental Health, , will:

- Provide recommendations to the Commission regarding the integration of persons with a dual diagnosis and their families in a national mental health strategy, and
- Provide a practical toolkit to help groups and individual champions to spread the message.

The Toolkit is targeted to those living with Developmental Disabilities, Fetal Alcohol Spectrum disorders and Autism Spectrum disorders.

An expert panel including families, community and institutional providers, researchers, academics, physicians, psychologists, and social workers is currently working to achieve a consensus-based set of pan-Canadian recommendations. Written materials include a plain language pamphlet with first person stories and key messages, a background briefing document, fact sheet and frequently asked questions and glossary. The toolkit includes a 'how-to' to guide groups on how to get the message out to decision makers. The results of this project will be presented in BC in late September, Winnipeg at the CARE-ID annual meeting in October and the NADD conference in Niagara Falls Ontario in November. For more information, contact [Susan\\_Morris@camh.net](mailto:Susan_Morris@camh.net)

**The Ontario Agency for Health Protection and Promotion** was created by the Ontario government as a new arms-length public health agency. The agency is intended to be a centre of public health excellence, linking researchers, practitioners and health care workers to the best scientific knowledge in the world. The agency will bring together academic, clinical, public health and government experts to focus on infectious disease, infection prevention and control, health promotion, chronic disease, injury prevention and environmental health. The staff will also provide advice and support to the health care system during critical situations, such as pandemics. For more information, see "New Agency Leads the Way," *New Directions*, January 17, 2008, at [www.health.gov.on.ca](http://www.health.gov.on.ca).

**Washington State passed legislation to provide incentives** for medical students at the University of Washington to work with patients with developmental disabilities. Incentive grants support medical research and training products. The bill was borne out of a recommendation of The Caring for Washington Individuals with Autism Task Force. Representative Bill Williams who introduced the bill has a 4-year-old nephew who has been diagnosed with autism.

## UPDATE FROM THE BOARD OF DIRECTORS

Save the dates of November 12-14 to join us in Niagara Falls Ontario for the 25<sup>th</sup> annual NADD Conference! NADD Ontario is sponsoring 2 very informative and innovative workshops. The first one: “**Dual Diagnosis Education and Training in Ontario**” will include a review of the various models and methods of training and education programs currently offered in the province. The second workshop, intended for a family audience is titled “**A Focus on Families: Overcoming Critical Dilemmas To Access**” It will include a panel discussion by families who have utilized self directed supports for their family member with a dual diagnosis and/or challenging behaviour.

### The First Annual NADD Ontario Chapter Recognition Award

**Congratulations** to the three recipients of the first annual NADD Ontario Chapter Recognition Award. They have been recognized for their contribution to increasing the understanding and awareness of the abilities and needs of individuals with dual diagnosis, enhancing delivery of services to individuals with a dual diagnosis and their families and/or for lifetime achievement.

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**Beverley Lloyd**, Mental Health Access Facilitator with North Hastings Community Integration Association, Community Living Bancroft, was nominated because of her work with community services including ACT (Assertive Community Treat-

ment), Dual Diagnosis Consultation Outreach Team, the local mental health and counselling centre, support groups and the mental health department of the hospital. Her outreach and education have made a significant impact on the availability and coordination of services and interventions in a small rural community.

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**Nancy Pilon**, BA, HBScN, Reg.N, MHA, Program Coordinator, Bayview Dual Diagnosis Program (BDDP) at the Mental Health Centre Penetanguishene, was nominated for her work in spearheading the adoption of a restraint free policy within the Bayview program, and for her efforts to foster an environment where the BDDP and the community work together to meet individualized needs of clients. Nancy's efforts in this regard are a demonstration of her tremendous commitment to clients and staff at both a policy and individual level,

irrespective of any expectation of acknowledgement or reward.

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**Suzanne Rydzik**, B.Sc., M.D., C.C.F.P. was nominated for her dedication, ongoing support and education to family members and care-providers, increasing the public's awareness of issues specific to developmental disabilities and dual diagnosis, and advocating for services for individuals and their families. Dr. Rydzik takes care of 60-70 patients who have a developmental disability and provides services to the Ottawa Adult Down Syndrome Clinic. She has also participated in television and radio programs to advocate for deinstitutionalization and to promote services and creative projects within a local francophone organization serving individuals with developmental disabilities.

## EDUCATION EVENTS

**International Certificate Programme in Dual Diagnosis. Summer Institute 2008.** Brock University.

For information email [dualdiagnosis@brocku.ca](mailto:dualdiagnosis@brocku.ca) Registration: [www.brocku.ca/dualdiagnosis](http://www.brocku.ca/dualdiagnosis)

**Health and Wellbeing in Developmental Disabilities** Vancouver, September 25-26, 2008.

For information: [ipinfo@interchange.ubc.ca](mailto:ipinfo@interchange.ubc.ca).

**The International Institute on Special Needs Offenders and Policy Research** (Canada). 4th International Conference on Special Needs Offenders: Innovative Leadership through Best Practices. September 14-17, 2008. Sheraton on the Falls ~ Niagara Falls, Canada For more information: [info@towneventsmangement.com](mailto:info@towneventsmangement.com)

**A Quarter Century of Awareness: Assessment, Treatment & Policy Advanced (ID/MH).** NADD's 25<sup>th</sup> Annual Conference in **Niagara Falls Ontario.** November 12-14, 2008, Sheraton Fallsview Hotel. For Information: [www.thenadd.org](http://www.thenadd.org)

**UPDATE FROM THE BOARD OF DIRECTORS (continued)****2007 Financial Report**

<b>Balance as at December 31, 2006</b>		<b>\$49,544.06</b>
<b>INCOME:</b>		
NADD Membership Rebate (20%)	\$ 2,832.81	
Sale of Training Book	11,522.03	
Interest	1,329.94	
Conferences	<u>1,235.00</u>	
<b>Total Income</b>		<b><u>\$16,919.78</u></b>
Balance Before Expenses		<b>66,463.84</b>
<b>EXPENSES:</b>		
Board Expenses		4,043.76
Board travel	3,913.76	
Name Change	130.00	
Training Manual Expenses		7,532.95
Delivery	63.36	
Printing	7,469.59	
AGM 2007		598.50
Board Insurance		1,188.00
Consulting Fees (Ray Roebuck)		3,180.00
Web Site		<u>82.28</u>
<b>Total Expenses</b>		<b><u>16,625.49</u></b>
<b>Balance as at December 31, 2007</b>		<b><u>\$49,838.35</u></b>

**PARTNERSHIP IN ACTION****A Specialized Dual Diagnosis Unit in the Northeast: Furthering the continuum of services**

Since 1993, the Developmental Disabilities Service (DDS) of the Northeast Mental Health Centre, (NEMHC, formerly the North Bay Psychiatric Hospital) and funded by the Ministry of Health, has provided community based psychiatric assessment and consultation to adults with a dual diagnosis across Northeastern Ontario. The DDS has been able to provide this specialized service across a vast geographical area by establishing a partnership between the core office in North Bay and several district based clinicians, located in community mental health agencies across the region. We have also actively partnered with several MCSS services, including clinical teams across the Northeast, residential services, as well as the North Community Network of Specialized Care. To further the access to a full continuum of specialized services, a proposed Dual Diagnosis Inpatient Unit will be taking shape in the Northeast Mental Health Centre's North Bay site this spring/summer.

The 7-bed, gender-integrated, short-term, open-door unit will work in co-ordination with the existing DDS outreach team, as part of the continuum of mental health services in the Northeast that also includes MCSS Specialized Service Providers, North Community Network of Specialized Care, and Schedule 1 hospitals. It will be housed at the current NEMHC hospital site until final construction of the new co-located North Bay General Hospital/Northeast Mental Health Centre in 2010. The goal of the specialized unit is to prevent long-term institutionalization and to maintain community placement by providing short-term, tertiary psychiatric inpatient services to enhance quality of life, maximize individual's potentials, reduce mental health and behavioral challenges, teach new skills to optimize functioning, and improve relationships, working within a recovery oriented framework. It will provide comprehensive transdisciplinary diagnostic assessment and short-term treatment to people with a dual diagnosis whose needs preclude community based care. The core features of the unit will reflect best practices in dual diagnosis. This will include:

## PARTNERSHIP IN ACTION (continued)

1. Person-centred planning and promotion of self-determination
2. Transdisciplinary team approach, including client, family, community providers, and collaboration across systems. The nursing approach will be primary care, with a key contact for each client's needs and integration of clinical information.
3. Integrative (multi-modal) biopsychosocial assessment and treatment planning
4. Comprehensive screening and assessment
5. Best practice guidelines for use of psychotropic medications
6. Objective monitoring for assessment, evaluation of treatment efficacy, and measurement of progress toward personal goals
7. Optimization of nonpharmacological approaches including adaptive skill maintenance/enhancement, environmental adaptations (e.g., semi-private or private rooms, availability of a quiet/relaxation room, visual cues to promote generalization of new skills taught, e.g., feelings identification, relaxation, prn protocol/coping plan, wellness plan)
8. Use of least restrictive model/positive-based behavioural approaches
9. Crisis Planning
10. Upon discharge, followed by the DDS Outreach Team and MCSS and MOH community partners, as needed.

The circumstances leading up to a planned admission to the unit would include one of the following:

1. The individual requires a comprehensive diagnostic assessment that cannot be effected in the community
2. The individual lives in a setting which cannot ensure that therapy will be carried out as ordered
3. The individual has a significant medical illness, which might complicate treatment with psychotropic medication.

The number of beds for the specialized unit is reflective of a recent census of people with a dual diagnosis requiring tertiary inpatient care both already in NEMHC or referred for the same. Of note, with 33 people with a developmental disability currently residing at NEMHC, only 3 individuals have needs related to the specialized unit. The other 30 are awaiting community placement. The numbers point to the accuracy of the needs analysis in terms of regional inpatient mental health services, but unfortunately also continue to point to the challenges in accessing residential supports in the community. The DDS will continue to highlight the cause of these 30 individuals and support advocacy efforts such as those recently undertaken by the Central East Network of Specialized Care in the hopes that in the broad continuum of inter-ministerial mental health services, a person with a dual diagnosis will be able to access the right help at the right time by the right people. DDS is appreciative of the work of our community partners, self-advocates, and families who are participating in ensuring that this becomes a reality.

For more information contact Patti Turcotte, Manager, Developmental Disabilities Service, at (705) 494-3180 or pturcotte@nemhc.on.ca

## SUPPORT RESOURCES

[www.pwsnetwork.ca](http://www.pwsnetwork.ca). Successfully Supporting People with Prader Willi Syndrome: A Handbook for Practitioners – practical information for staff who work on a day-to-day basis with people with PWS; their families, and other professionals. Includes general guidelines for practice, weight control and behavioural strategies, residential, vocational day programs ideas. Available for \$20 from the network.

**Families for Secure Future** is dedicated to helping vulnerable adults with developmental disabilities to take up their full citizenship in the community. It is a family-governed, provincial, non-profit charitable organization that is based on building networks of support for both families and individuals. FSF is based on the principle that individuals and their families can define and prioritize their own needs, make choices and direct their lives with support. It is committed to supporting families who are isolated and those without services or adequate supports. FSF's services are free and have three part-time staff working as Facilitators in the Durham Region, Wellington-Guelph and Peel Region. Forming circles of support, there are eight Family Groups comprised of parents and siblings. Members commit themselves to be there for each other as they age. A family Leadership Series is offered and includes topics on The Art of Listening, Reflections on Support Workers, The Art of Interviewing, and the Power of Social Roles. For more information: <http://www.familiesforasecurefuture.com/>

## INFORMATION RESOURCES

<http://journal.hsmc.org/ijnidd> **International Journal of Nursing in Intellectual and Developmental Disabilities** offered free of charge to nurses, individuals, families, and others interested in promoting optimal health and nursing supports for individuals with intellectual and developmental disabilities worldwide.

<http://www.opadd.on.ca/News/guides.htm> **Guide to Property and Personal Care** Simplified and single source of information about substitute decision-making and related issues as they pertain to adults with a developmental disability.

<http://www.pkunews.org> National PKU News provides news and information to families and professionals. The site includes information about diet, research and support.

<http://www.pahdb.mcgill.ca/?Topic=Information&Section> Phenylketonuria 15 Point Mutation and Linkages – Information on genetic screening and other related web sites.

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