

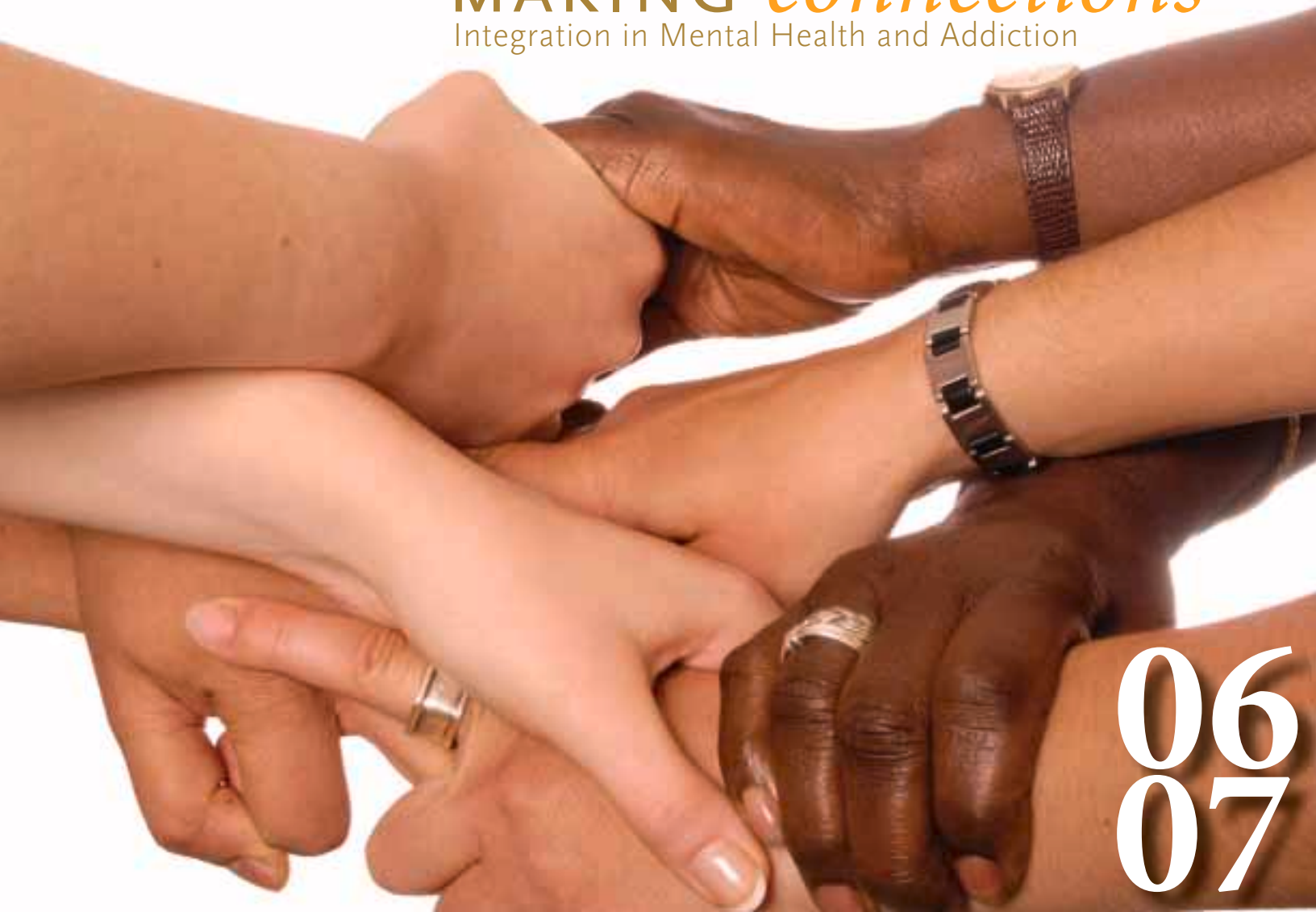


Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

Annual Report to the Community
Centre for Addiction and Mental Health

MAKING *connections*

Integration in Mental Health and Addiction



06
07



CAMH

OUR MISSION

Improving the lives of those affected by addiction and mental health problems and promoting the health of people in Ontario and beyond.

OUR VISION

Strong and healthy communities, in which people with addiction and mental health problems can access appropriate and effective services and live as full participants.

VALUES

- Client-centred practice
- Continuous learning
- Diversity
- Evaluation and accountability
- Holistic view of health
- Partnership

GOALS

- Improve care and enhance health
- Discover, share and apply new knowledge
- Influence public policy and promote positive system change
- Be the best place to work and learn
- Ensure long term sustainability and development
- Provide effective information management systems and technology
- Develop innovative facilities

NEW DIRECTIONS

- Build an integrated system
- Provide specialized clinical services
- Expand support for best clinical practice, professional education and professional development
- Maximize the reach and impact of research
- Foster a healthy workplace



Contents

Message from the Chair and President	2
Making connections between people and clinical care	5
Law and Mental Health Program	6
Child, Youth and Family Program	6
Connecting older people with mental health and addiction services	7
Linking therapy and cultural competence: Expanding services to Aboriginal people	9
Integrating the social determinants of health into care, research and education	11
Connecting research with everything else we do	17
Linking research to health promotion: From the neuron to the neighbourhood	20
Linking communities locally, provincially and globally	21
Helping underserved areas	21
Educating local service providers throughout Ontario	22
Reaching francophone communities	22
Building capacity in the community	23
CAMH Provincial Services	24
Connecting CAMH expertise to needs around the globe	26
Building capacity in Sri Lanka	28
Building on excellence	29
Building a world-class hospital	31
Financial snapshot	32
CAMH by the numbers	33



Message from the Chair and President

An integrated approach to transforming lives

*Dr. Paul Garfinkel, CAMH
President and CEO, and Paul
Beeston, Chair, CAMH Board
of Trustees*

Transforming Lives is much more than a slogan to us at CAMH. It is our promise, as Canada's leading mental health and addiction facility, to play a leading role in the evolution of our health care system and to help build more inclusive communities around us.

This year's annual report demonstrates the steps we are taking to transform lives—in our communities, across Ontario and internationally. We couldn't take these steps alone, however. That's why we have chosen to focus on integration and connection in this year's report. So much of what we do now, and what we aspire to do in the future, depends on our ability to better define the role of CAMH in the overall health care system. It depends on our ability to better co-ordinate and integrate our own core areas—care, research, education, policy, and health promotion and prevention. And it depends upon stronger connections with our community partners.

We have achieved tremendous results, and yet in many ways our work is just getting started.

Serving clients better

Improving service is always our ultimate objective. New research discoveries allow us to pioneer new treatment in areas such as geriatric depression, nicotine dependence and first-episode psychosis. By integrating mental health and addiction treatment, we better serve the 40% of our clients who have concurrent disorders (both mental illness and addiction). By integrating the social determinants of health—jobs, housing, income, and social or family relationships—as a fundamental component of care planning, we increase rates of client recovery and improve clients' quality of life. And finally, by integrating clients and their families into all aspects of treatment and recovery, we build on their strengths and expertise, and empower them as individuals.

Advancing public policy

This year we applauded the federal government's creation of a national mental health commission—the result of years of advocacy. The commission will spearhead a new Canadian mental health strategy. We look forward to working with commission chair Michael Kirby, whose passion and commitment will ensure that this long-awaited body makes a real difference.

We also helped advance mental health and addiction issues on the provincial health care agenda. As a result, 12 of Ontario's 14 new Local Health Integration Networks (LHINS) made mental health and addiction a priority. This is a remarkable achievement that acknowledges the needs of clients and the importance of the programs we offer. It is a testament to the powerful work done by our sector in highlighting the issues.



Building partnerships

Partnerships are fundamental to building an integrated continuum of services to meet clients' diverse needs. This year, we developed innovative partnerships to serve youth, seniors and marginalized communities. We increased specialized services and built the capacity of front-line staff to address mental health and addiction needs in local communities.

Our education and health promotion partnerships ranged from training bar staff in how to keep patrons safe, to conducting community forums on mental health and addiction issues in languages such as Farsi. We provided training, e-learning and public information materials, and helped advance best practices locally, provincially, nationally and in some 20 countries around the world.

Strategic Plan and Queen Street site redevelopment

This year marked a solid start in the implementation of our blueprint for change through integration. CAMH's three-year Strategic Plan was developed with clients, families and staff, along with partners in the community, hospital and academic sectors. It is an excellent framework for change, and a blueprint for integration to better serve people who are challenged by mental health and addiction issues.

One of the most exciting events this year was the groundbreaking for the first phase of our new Queen Street site redevelopment. Construction is underway, and we are finally replacing our outdated and isolated hospital campus with a facility that reflects dramatic advances in understanding and treating people with mental health and addiction problems. The new facility will integrate CAMH into the neighbourhood and create a positive healing environment for our clients. It will bring together care, research, education, policy and health promotion in one location, allowing us to make new discoveries and improve treatment and quality of life for clients.

Success driven by people

Our achievements this year resulted from the efforts of many people—clients, families, staff, volunteers, donors, neighbours, and our community and health care partners. These people worked together, like never before, as an integrated whole. We thank everyone for their passion, their support, their courage and their wisdom. Our successes and innovations have strengthened CAMH's position as a global centre of excellence and brought significant strides in transforming the lives of people with mental health and addiction problems.



Paul Beeston

Chair, Board of Trustees



Paul E. Garfinkel, MD, FRCPC

President and CEO

Making connections between people and clinical care

CAMH integrates leading-edge treatments with client-centred care. Through specialized services and a whole-person focus, we transform the lives of seniors with depression and memory loss, young people experiencing a first episode of psychosis, new Canadians traumatized by war and resettlement, adults with an alcohol or crack problem, women with an eating disorder or anger management issue, and people with a gambling problem, anxiety or schizophrenia.

CAMH provides specialized care and treatment for the most complex mental health and addiction problems. This year, we sharpened this focus through new initiatives and program directions.



9

Number of CAMH clinical programs offering inpatient and/or outpatient and community-based treatment:

- Addictions
- Child, Youth and Family
- Centralized Assessment, Triage and Support (CATS)—formerly General Psychiatry
- Dual Diagnosis—serving clients with both intellectual disabilities and mental health needs
- Geriatric Mental Health
- Law and Mental Health
- Mood and Anxiety
- Schizophrenia
- Women’s Mental Health

“CAMH is pioneering a new integrative model that will help us improve mental health and addiction care locally, while building capacity across the province and around the world. This model will also better address the needs of the 40% of CAMH clients who experience concurrent mental health and addiction problems.”

Dr. Paul Garfinkel, President and CEO

\$34 billion

Estimated annual cost of mental illness and addiction in Ontario, mostly due to lost productivity

Law and Mental Health Program

CAMH filled a longstanding gap in both the mental health and justice systems when it opened the new six-bed Women's Medium Secure Forensic Unit. The unit is the only facility in Ontario designed to treat women with serious mental illness who have been charged with a crime, and who need specialized care and rehabilitation.

"The number of women entering the forensic system with complex mental health issues is growing, yet few services are geared to their distinct needs," says CAMH staff psychiatrist Dr. Shaheen Darani. "This new women's unit will enable us to provide state-of-the-art, multidisciplinary programs that address specific women's issues—including trauma, relapse prevention, life skills and parenting—in an environment of safety, optimism and hope."

"The health care system can be a maze for people with mental health and addiction problems. We take seriously the need to better integrate our own services, and so this year we piloted a Centralized Assessment, Triage and Support Program (CATS) to be a single "front door" to CAMH for clients, families, referring physicians and hospitals. I'm proud of the hard work of our staff who are starting to implement it across CAMH this year."

Judith Tompkins, Executive Vice-President, Programs, and Chief of Nursing Practice and Professional Services



Dr. Howard Barbaree, Dr. Paul Garfinkel, Minister of Health and Long-Term Care George Smitherman, and Dr. Shaheen Darani at the opening of the new Women's Medium Secure Forensic Unit. "Specialized inpatient hospital care for women in the forensic system is part of a larger continuum of care that is critical for women with mental health issues," says Dr. Garfinkel.

Child, Youth and Family Program

This year, CAMH tackled some of the most difficult youth issues. Working with new community partners, we:

- provided mental health and addiction services to homeless youth
- delivered addiction services to young people in conflict with the law
- provided specialized services to youth with both mental health issues and a developmental delay
- developed and delivered training on youth violence and gangs.

30,000

Copies distributed this year, in print and online, of *Responding to Older Adults with Substance Use, Mental Health and Gambling Challenges: A Guide for Workers and Volunteers*

Connecting older people with mental health and addiction services

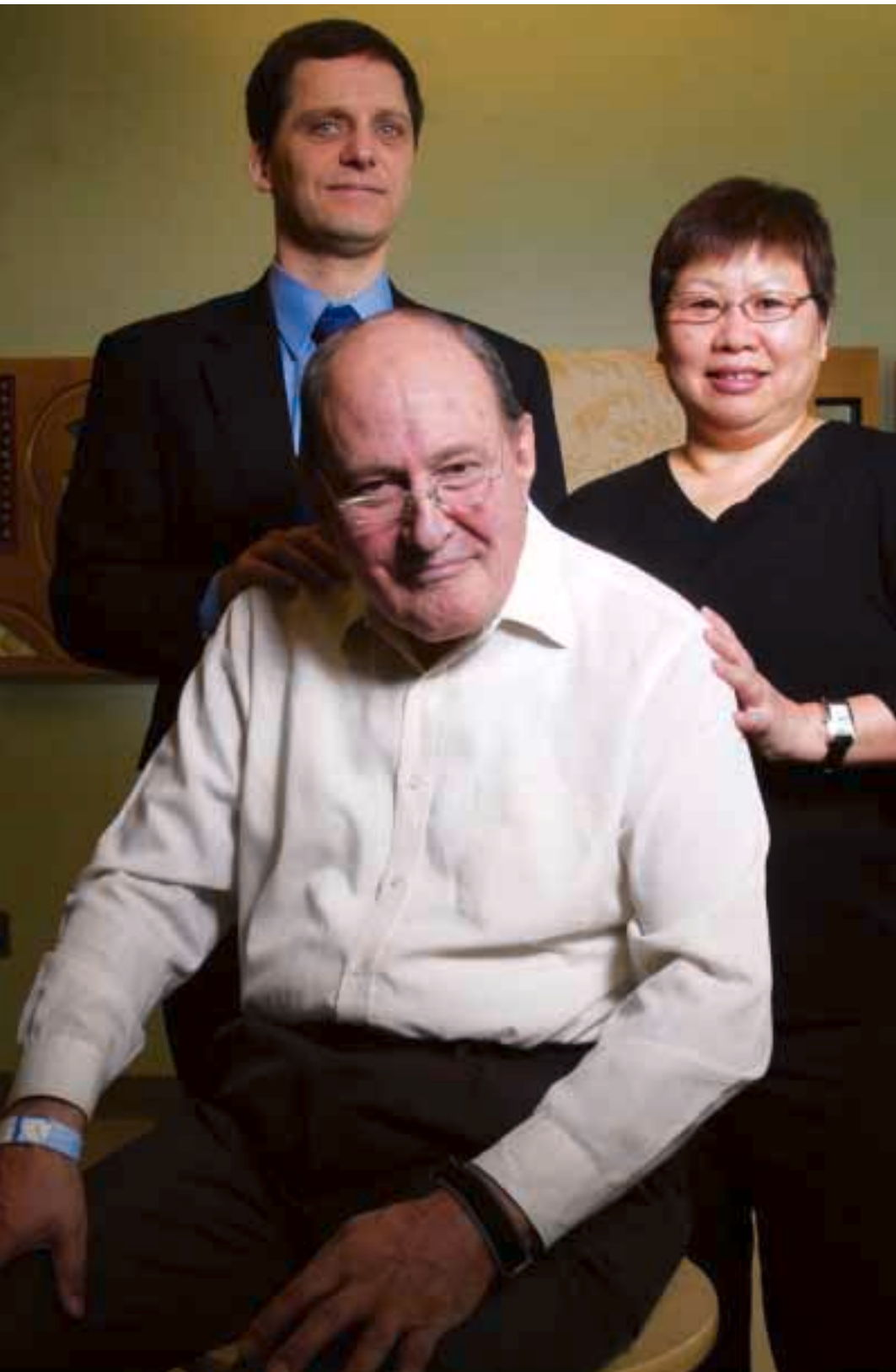
Under the leadership of Clinical Director Dr. Benoit Mulsant, this year's achievements of CAMH's Geriatric Mental Health Program included:

- an increase in fully utilized inpatient beds from 24 to 48
- a new central intake and referral system
- a reorganized Multilingual Memory Clinic to better assess clients and communicate with referring physicians
- an expanded staff team with new psychiatrists, a primary care doctor, advanced practice and research nurses, a nurse educator and more residents
- improved health outcomes for clients.

1 in 5

Number of Canadians who will personally experience mental illness

Geriatric Mental Health Clinical Director Dr. Benoit Mulsant, Inpatient Manager Rong Ting, and Leonard Chapman, a client in the program. Dr. Mulsant was appointed as CAMH's Physician-in-Chief this year.



Connecting research with geriatric treatment

Dr. Benoit Mulsant is a champion of integrating research into CAMH's Geriatric Program. "There is far too much that we still don't know," he says. "Many of the drugs that we prescribe to seniors have been tested in younger people. Likewise, only younger people have participated in the positron emission tomography (PET) studies being done to understand mental illness. We need to also include seniors in these important studies."

For the first time, a team of top scientists is working with the Geriatric Program in key areas, such as:

- optimal drug prescribing for older clients
- brain function in geriatric psychiatry, Alzheimer's disease and late-life schizophrenia.

The Geriatric Program will soon open a repetitive transcranial magnetic stimulation (rTMS) clinic, on a pilot basis. The clinic will allow clients with hard-to-treat depression access to a breakthrough treatment developed by CAMH researchers. "This is an exciting new development that illustrates how research can translate directly into care," says Dr. Mulsant.

Increased capacity allows the Geriatric Program to take on new clients with more acute psychiatric problems and medical needs. Among these are 45 long-term clients from CAMH's Schizophrenia and Mood and Anxiety programs, who have reached age 60 and have new issues related to aging. Clients benefit from new treatment approaches, as well as stronger links to community providers and long-term care homes. As a result of intensive work by the entire program team, some clients are making successful transitions to living in the community. Research Nurse Regina Simon says that for one woman who was discharged after 20 years, "it was her dream come true."

"Our partnerships with long-term care homes build capacity on the front lines of health care delivery. They're a great example of the way CAMH is working with providers in the community to build an integrated range of services and supports for older people with addiction and mental health concerns."

Dr. Benoit Mulsant, Clinical Director, Geriatric Mental Health Program and CAMH Physician-in-Chief

6 in 10

Estimated number of people with mental illness or addictions who go without treatment

"If we want to advance and provide better care, we need research. It is the backbone of our knowledge, and will change the lives of older people."

Regina Simon, Research Nurse, Geriatric Mental Health Program

Building capacity in the community

This year, the Geriatric Program took part in an assessment, by the Ministry of Health and Long-Term Care, of the training needs of staff in the province's 84 long-term care homes. Now, as a result, CAMH is providing clinical services to 27 long-term care homes in Toronto and 40 in Peel. Weekly visits from CAMH outreach teams help nursing home staff and general practitioners manage residents with complex behavioural and psychological issues.

1,000

Visitors per week to the newly launched website www.problemgambling.ca



CAMH staff member and Cree Elder Vern Harper (second from left) and Clinical Head of Aboriginal Services Dr. Peter Menzies (centre) with International Health Program Director Akwatu Khenti (far right) at a symposium hosted by CAMH on best practices in Aboriginal mental health, addiction and prevention

Linking therapy and cultural competence: Expanding services to Aboriginal people

It's Thursday at the Meeting Place in downtown Toronto. Cree Elder Vern Harper and therapist Lizz Arger are meeting with a regular at this drop-in centre for homeless people. Like 40% of the 200 men and women who gather each day to chat with friends, shower, cook and take part in craft workshops, he is Aboriginal. He is struggling with both mental health and addiction issues.

As part of CAMH's Aboriginal Services team, Harper and Arger offer a unique program combining therapy with cultural and spiritual teaching.

1,230

Clients with whom CAMH's
Aboriginal Services works
each year



*CAMH staff member and
Cree Elder Vern Harper*

“Clients get the best of both worlds,” says Dr. Peter Menzies, Clinical Head of Aboriginal Services. “Besides therapy, Elder Harper talks about spiritual issues, tells traditional stories and provides ceremonies. This is an important part of healing.”

CAMH Aboriginal Services has grown steadily since its inception in 2000. With the support of Health Canada’s First Nations and Inuit Health Branch and the Oshki-Pimache-O-Win Education and Training Institute, CAMH will be providing training sessions on concurrent disorders with eight First Nations in the Nishnawbe-Aski Nation Territory.

With provincial funding, Aboriginal Services is working with Aboriginal and non-Aboriginal partnering agencies across Northern Ontario to build local capacity to address mental health and addiction issues. The training has begun in Sudbury (where we also have hired a Provincial Aboriginal Training Consultant), and we plan to expand training to Thunder Bay, Sioux Lookout, Fort Frances, Nipissing and Kapuskasing in the future. “It is huge,” says Dr. Menzies. “CAMH has an opportunity to have a major impact on the lives of many First Nations people, and to build mental health and addiction capacity in a lot of northern communities.”

*“The other centres
would just focus
on the addiction
part. I needed
more than that.
I needed cultural
understanding.”*

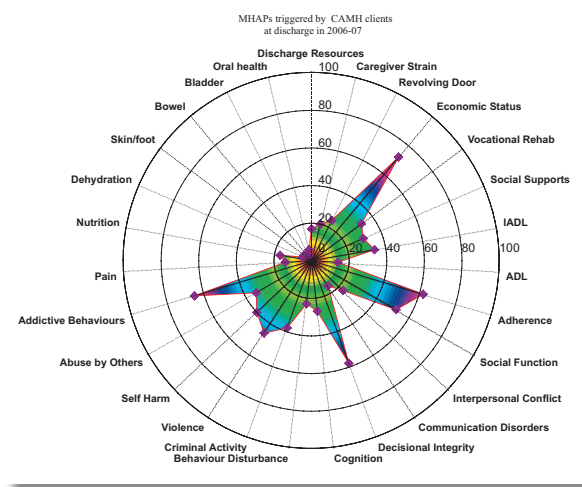
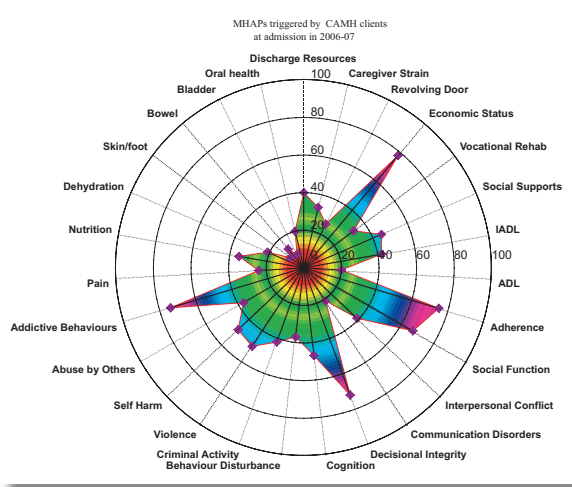
*Client Marilyn Brown credits
CAMH’s Aboriginal Services for
paving her road to recovery*

Integrating the social determinants of health into care, research and education

75%

Percentage of women living on the street who have a mental illness

Every CAMH client is involved in developing an individual plan of care, with goals related to work, housing, income and relationships. These factors are known as the social determinants of health, and they are as central as goals directly related to clients' mental health or addiction issues. Through the work of our Community Support and Research Unit (CSRU), CAMH promotes a holistic, rather than a medical, view of health to address these broad client needs. Encouraging family involvement, respecting diversity and building clients' strengths are all part of our focus on recovery, health and well-being.



CAMH led other hospitals in using the Resident Assessment Instrument for Mental Health (RAI-MH), a tool for tracking a wide array of risks and symptoms, which keeps client-centred values at the heart of care. These graphs show how the RAI-MH integrates multidimensional information such as employment, income, relationships, and physical and mental health for CAMH clients admitted during the 2006–2007 fiscal year, and how we track those items for clients discharged at the end of the same period.

Integrating housing issues

“No person, regardless of their circumstances, should be without a decent place to live. We must make it simpler to both find and keep a home in our city,” said Toronto Mayor David Miller as he opened CAMH’s housing forum, titled Navigating the Housing Maze.

The one-day forum focused on clients’ experiences, strategies to find and keep housing, the needs of culturally diverse populations, and harm reduction approaches in housing. Nearly 30 housing providers discussed their services with more than 250 clients, family members, CAMH staff and community members. As a result, some clients received the support they needed to move into permanent housing.



140,000

Canadians with mental health issues who have temporary or unstable housing

Housing continues to be a key challenge for people who have both a developmental disability and mental health needs. Now family members, professionals, advocates and service providers have CAMH's *Building the Path to Home: Links to Sustainable Housing for Individuals with Dual Diagnosis* as a guide to access resources and navigate the system, and to identify people living in marginalized and under-supported circumstances.

The connection between housing and healing

Dr. Jorge Soni takes time to gain the trust of a homeless man in Toronto. CAMH is part of a new Multidisciplinary Outreach Team (M-DOT) that does street assessments of homeless people's needs to help connect them to the right mental health and addiction services.



“CAMH’s housing forum was invaluable in connecting members of the mental health community with agencies and public officials. It has kept the issues related to affordable housing on the public agenda.”

*Sean Goetz-Gadon, City of Toronto
Affordable Housing Office*

Connecting diversity and dignity

CAMH worked this year to integrate the principles of diversity into every element of its mission, and to provide collaborative, culturally appropriate mental health and addiction services:

- We expanded the popular Spanish-language addiction program; worked in partnership with dozens of ethno-specific agencies and racialized and Aboriginal communities; and hired an ethnocultural problem gambling specialist responsible for outreach, education and prevention work in diverse communities.
- CAMH worked with the Supportive Housing and Diversity Group (SHAD) in a one-year study, the Best Practices in Developing Culturally Competent Housing Models Project. The results will be part of a resource manual for service and housing providers.
- CAMH’s Deputy Chief of Nursing Practice, Rani Srivastava, published *The Healthcare Professional’s Guide to Clinical Cultural Competence*.
- We provided diversity and cultural competence training to a number of new Local Health Integration Networks, hospitals and businesses, health providers and community organizations, and all new CAMH employees.
- CAMH helped develop Culture Counts, an online health promotion resource, to help service providers better serve diverse communities and use best practices and culturally sensitive approaches in community education.

Globe and Mail photo by Tibor Kolley

Ursula Lipski of the Family Mental Health Alliance presented the Hon. James K. Bartleman, Lieutenant Governor of Ontario, with Caring Together: Families as Partners in the Mental Health and Addiction System, a policy position paper, as he officially opened Family Week at CAMH. This was the second year of the annual event, which focuses on the critical role families play as partners in mental health and addiction care.



Integrating employment and recovery

A client of CAMH's Gender Identity Clinic, Rachel Paige Price knows first-hand how work aids recovery. Born biologically male and struggling with feelings of confusion over gender since childhood, Paige was formally diagnosed with gender identity disorder in 2003. Over the next two years, the impact of 9/11 and the SARS epidemic on the airline industry challenged Paige's long career in airport and airspace operations analysis, leaving her grappling with employment difficulties as well as the expected challenges of her gender transition process.

During her transition Paige remained uneasy about interacting in a formal workplace environment. With the help of CAMH clinical staff at the Gender Identity Clinic and Diana Capponi of our Employment Works! program, she was hired to work with CAMH's information technology team in developing our internal website.

"Working at CAMH was an invaluable learning experience," Paige says. "It helped me gain confidence in adapting to working in a formal environment, and to feel more comfortable with my new self in all situations." With this new confidence and self-acceptance, Paige was soon consulting with staff in CAMH's various programs in developing the website.

After a successful six months (both personally and professionally), Paige felt ready to compete again for consulting work in her area of expertise. She soon found work with the company she had worked for before her transition, and with their support has had a successful career since.

"There is a lot of stigma, and people in the trans community are not always accepted on their merits," says Paige. "Being able to work has really helped me to adjust, and the support I have received from my family, friends and colleagues has helped me be who I really am."



*Vincent Welcome and other clients in CAMH's Integrated Rehabilitation Unit were given disposable cameras to photograph themes related to work. A show of their work, titled *The Working Life*, was displayed at Propeller Gallery on Queen Street West.*



Diana Capponi, CAMH's Employment Works! Co-ordinator, with Rachel Paige Price, a former client of the program, in CAMH's Information Technology Department

1

Ranking of depression among causes of workplace absenteeism (replacing cardiovascular disease)

85% and 65 - 85%

Percentage of people with histories of serious mental illness and addiction, respectively, who are without work

“We should all be champions of the importance of work. It reinforces who we are and what we do—it’s a powerful determinant of how we value ourselves.”

Dr. David Goldbloom, Senior Medical Advisor

Connecting clients to employment



Anthony Silvester Murdoch (above) and Clarington Miller (below) perfect their technique in Construction Craft Worker Extended Training, a partnership between CAMH’s Employment Works! program and George Brown College in Toronto.



“If we want other employers to offer jobs to people with mental illness and addiction, we need to lead by example,” says Dr. John Trainor, director of CAMH’s Community Support and Research Unit (CSRU).

The Employment Works! initiative provides mandatory training for CAMH managers to raise their awareness about what is required to recruit and retain employees with histories of mental health or addiction problems.

“This is an important first step in creating a supportive work environment, but we must do more,” says Diana Capponi, leader of the initiative. “Today mental health issues are the leading cause of absenteeism in Canadian workplaces. Employers need to develop accommodation policies and workplace supports.”

“The Unusual Suspects,” an informal CAMH employee support group of staff with disclosed and undisclosed mental health and addiction histories, meets regularly to provide peer support.

This year, CAMH proudly posted our first job advertisement that listed “experience of mental health or addiction challenges” as a desired qualification.

Construction works

CAMH’s Queen Street site redevelopment will generate many construction jobs, and we are making sure our clients benefit.

CAMH has developed a new course, in partnership with George Brown College, to give training in construction to 25 people with mental health and addiction histories. The program—called Construction Craft Worker Extended Training—offers communication courses, job-readiness training and ongoing support, as well as the college’s basic construction curriculum. Participants are guaranteed paid employment when they graduate.

Recently, CAMH posted a job advertisement for full-time pre-apprentices to work with the brick and masonry contractor repairing the Queen Street site’s historic wall. This partnership—developed with the Brick and Allied Craft Union of Canada, Local 2, and the Labourers’ International Union of North America, Local 506—is a first for CAMH and provides a model for creating more jobs for clients.

Connecting research with everything else we do

CAMH research is directly improving the lives of thousands of people affected by mental health and addiction problems.

CAMH is a world leader in neuroscientific, clinical, social, prevention and health policy research. We are increasingly integrating our scientific findings into clinical practice, education, prevention, health promotion and policy activities. Again this year, we conducted leading-edge scientific research and applied previous discoveries to improve clients' health outcomes.

Locating a new dopamine brain target

CAMH researchers Dr. Brian O'Dowd and Dr. Susan George discovered a distinct dopamine-signalling complex in the brain that could help the understanding and treatment of schizophrenia.





\$2.2
million

Grant secured for
CAMH's PET Centre

4,924

Number of times in the
last four years that CAMH
research has been cited
in academic papers

Connecting research with care

- Clients with hard-to-treat depression are benefiting from new repetitive transcranial magnetic stimulation treatment (rTMS); people with both mental health and addiction problems are receiving specialized concurrent disorders treatment; and young people with psychosis are taking part in early intervention programs to ensure better outcomes.

Connecting research with health promotion and prevention

- High school students are getting the latest facts about mental health issues from the Talking about Mental Illness program; bar staff are learning about the links between alcohol and violence through the Safer Bars project; and people who smoke are getting access to new approaches to quitting through the STOP study.

Connecting research with policy

- Research informed a broad range of policy and practices, such as the new Canadian Mental Health Commission, Ontario's Safe Schools Policy, Local Health Integration Networks' priorities, the Toronto Drug Strategy, and the proposed drinking and driving regulations.

“Strengthening Families is an excellent example of how CAMH is qualified to translate research results into programs that can be delivered to people directly, benefiting their quality of life.”

Gail Czukar, Executive Vice-President,
Policy, Education and Health
Promotion

Strengthening Families for the Future

Research shows that for children from families where one or both parents have issues with alcohol or other drugs, there is higher risk of behavioural and mental health problems. Almost three-quarters of parents and their at-risk children (aged seven to 11) participating in CAMH's new Strengthening Families for the Future program report improved family interaction. The 14-session prevention initiative includes separate activity-based sessions for children and parents, followed by a joint family session to practise together what they have learned. The program is now being offered in communities across Ontario, facilitated by CAMH Provincial Services staff and community partners.

22

CAMH researchers listed in Essential Science Indicators “Most Cited Researchers” —the top 1% of researchers—in 2006

Connecting research discoveries with better quality of life

- **Mapping the chemical imbalance in depression.** CAMH scientist Dr. Jeffrey Meyer’s breakthrough discovery of how chemical imbalance occurs in major depression may lead to more effective and targeted treatment for this disease, which every year affects five per cent of people globally and is the fourth leading cause of death and disability.
- **Identifying vulnerability to depression relapse.** The first-ever study to link thinking styles and depression relapse showed that people who recover from depression may still be at risk if brief feelings of sadness trigger depressive thinking styles.
- **Treating ADHD in adults.** Many adults with attention-deficit/hyperactivity disorder (ADHD) also experience seasonal affective disorder, a form of depression. A new application of light therapy studied by CAMH holds promise for reducing depression in these people, raising their energy levels and improving their functioning.
- **Sharing knowledge in epigenetics.** CAMH signed a licence agreement for a large-scale profiling system with Epigenomics AG. The system has wide applications that include diagnosing cancer and identifying molecular changes in complex diseases such as schizophrenia. Epigenetics is an emerging field that looks at methods of biological inheritance that do not directly relate to the inheritance of collections of genes. At CAMH, this profiling technology is already being used in the research of epigenetic indicators in psychiatric clients.
- **Costs of mental health and addiction issues.** CAMH researchers authored two groundbreaking studies that show the costs of mental health and addiction problems:
 - 85% of the total \$34 billion annual economic cost of mental illness and addiction in Ontario is due to lost productivity.
 - Among substances, tobacco imposes the greatest cost in Ontario (42% of the total), followed by alcohol (37%) and illegal drugs (20%).
- **Prevention of alcohol-related cancer.** CAMH’s Alcohol Policy and Research Group developed a best advice paper on alcohol and cancer, a much-needed resource for government, the health system and community groups, that details current research and prevention initiatives.

CAMH research by the numbers

CAMH is the largest mental health and addiction research facility in Canada.

In 2006–2007, we had:

- 100 full-time scientists and 300 staff engaged in research
- 5 prestigious Canada Research Chairs
- 7 endowed university chairs and professorships
- a 35% increase in postdoctoral fellows
- more than 390 papers, 90 book chapters and 20 books published.



Linking research to health promotion: From the neuron to the neighbourhood

Every year, tobacco use kills 16,000 Ontarians and costs the health care system an estimated \$6.1 billion, making it our most deadly and most costly addiction. Quitting smoking—and staying quit—is an immense challenge for many Ontarians, but none more so than people with mental health problems. Eighty per cent of CAMH inpatients smoke. It's not hard to see why smoking is a priority for CAMH.

This year, we hired two internationally renowned experts in addiction, Dr. Tony George from Yale University and Dr. Bernard Le Foll from the U.S. National Institutes of Health.

“Other than the big tobacco companies, I don't know of any organization in the world that has so many people working on nicotine.”

Dr. Paul Garfinkel, President and CEO

They join the 50 CAMH staff focusing on every aspect of smoking, from genetic, social and population research to treatment, health promotion and prevention. We have developed new understandings of nicotine dependence and launched successful new province-wide stop-smoking programs.

CAMH takes an integrated, holistic approach to tobacco use—as it does to all complex addiction and mental health issues. This means using research to improve clinical care, as well as building education, health promotion and disease prevention programs in the community. Working with the Ministry of Health Promotion and the Ontario Pharmacists' Association, CAMH has distributed nicotine replacement therapy province-wide by partnering with local pharmacists and public health units.

CAMH runs smoking cessation and awareness programs through our 32 provincial sites and community-based partnerships. These programs, ranging from teen tobacco challenges in schools to programs targeting French-speaking immigrants or the lesbian and gay community, reach thousands of people annually.

CAMH's STOP Study helped 1,600 Ontarians quit smoking



Our groundbreaking STOP (Smoking Treatment for Ontario Patients) Study showed promising results for a new approach to smoking cessation.

The mass-distribution program provided free nicotine replacement therapy (NRT), such as nicotine gum or patches, to nearly 14,000 participants. At least 12% of the participants stayed off tobacco for six months. The normal quit rate is seven per cent for Ontarians under age 45, and three per cent for those over 45.

“It would take 14 years to help 14,000 smokers quit through other therapies. With this model of distributing NRT, we were able to reach a wider audience and help them in a shorter time frame,” says Dr. Peter Selby, Clinical Director of Addictions Programs at CAMH and Principal Investigator of the STOP Study.

Dr. Peter Selby at one of several official events held this year in collaboration with the Ministry of Health Promotion to launch different phases of the STOP Study.

Linking communities locally, provincially and globally

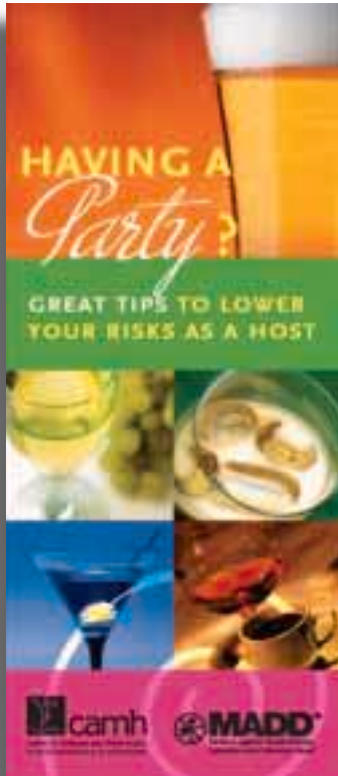
As a leader in mental health and addiction, CAMH has a responsibility to increase understanding of best practices, and to integrate them into health promotion and treatment programs locally, provincially and globally.



Helping underserved areas

This year, CAMH brought addiction services via telemedicine to clients in Sandy Lake, a Northern Ontario community lacking local services. Video consultations increased the reach of our specialized Women's Program to Peterborough, Barrie, Orillia and London. We also formalized relationships between the CAMH Mood and Anxiety Program and service providers across Ontario to provide quick consultations and treatment for complex mood disorders.

Educating local service providers throughout Ontario



CAMH partnered with MADD Canada and the LCBO this year to educate party hosts on their legal responsibilities when providing alcohol to guests: 70,000 copies of our “Having a Party” brochure were distributed through liquor stores across the province.

Our 32 classroom and online courses offer community-based service providers and other health care providers across the province access to a full range of practical professional training. We provide introductory courses on mental health, addiction and concurrent disorders for people new to the field, and specialized programs on topics such as methadone maintenance treatment for experienced professionals. This year, we added several new courses, including Appropriate Prescribing of Opioids. A new workshop, Mental Health Diagnosis and Marginalized Communities, explores the links between mental health diagnosis, treatment and a client’s ethnocultural background, class, age and sexual orientation.

CAMH also offers a large catalogue of high-quality, evidence-based resources. Our 100-plus titles include books, booklets, fact sheets, pamphlets, videos and journals. We have resources for professionals, community members, clients and families, in up to 23 languages. This year we added an important new text titled *Highs & Lows: Canadian Perspectives on Women and Substance Use*, a clinical manual on Structured Relapse Prevention, and four new comic book-style pamphlets for young people on substance use.

Expansion of our e-learning strategy has been one of the most exciting educational developments this year. CAMH is working on long-term plans for a new web-based Academy, and will soon launch our first online certificate program, in concurrent disorders.

Our 10 current online courses are extremely popular. They provide much-needed training for health care and community workers in underserved areas across Ontario and beyond. For example, Saskatchewan’s Ministry of Health is using three CAMH online courses in province-wide training for 600 staff.

Reaching francophone communities

This year we launched our new francophone professionals’ website, www.reseaufranco.com. The site offers much-needed mental health and addiction resources for primary care providers serving francophone communities across Ontario. They now have 24/7 access to the latest information about care and treatment options, research developments and online training opportunities, as well as resources to use with clients and their families.

Réseaufranco.com was made possible by a financial contribution from Health Canada through the Société Santé en français.

204,636

Number of visits to Réseaufranco.com since its launch in September 2006 (to March 31, 2007)



Building capacity in the community

“There are enormous needs in the Tamil community in Scarborough, but few services,” says Juanita Nathan. She is a community outreach worker with Youthlink, a multi-service agency for young people and their families. “Most Tamil families come from Sri Lanka and are dealing with posttraumatic stress from civil war, as well as the stress of establishing a new life here. Some young people are dropping out of school, getting involved in gang activities and abusing alcohol and drugs.”

Juanita is preparing to launch the first addiction program for Toronto’s Tamil youth, a joint project between Youthlink and the Canadian Tamil Youth Development Centre. CAMH’s Youth Outreach Services will provide the curriculum and help provide training. The program will address specific needs in the Tamil community and build local capacity in addiction prevention and counselling.

The Youthlink program is one of seven addiction projects funded by Scarborough Addiction Services Partnership (SASP), which is supported by CAMH. “Part of our focus is on building the addiction capacity of ethno-specific agencies in the community,” says CAMH’s Felix Munger, SASP Project Manager. With funding from the Ministry of Health and Long-Term Care, SASP provides small program grants plus training, resources and networking opportunities for up to three years.

CAMH’s Felix Munger (second from left) walks with Juanita Nathan, community outreach worker with Youthlink, and with Goperajah Arulananthan (left) and Kalaiventhan Kanagarajah (right), both youth outreach workers with the Canadian Tamil Youth Development Centre.

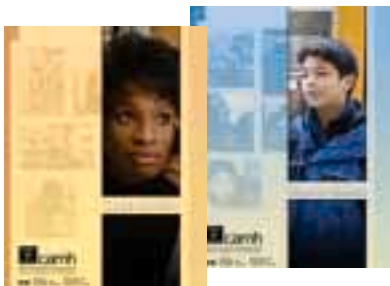
1 in 10

Ontario students who considered suicide last year

CAMH Provincial Services

CAMH has a provincial mandate for mental health and addiction services. Our Provincial Services program staff are located in 32 sites across Ontario, where they provide health promotion and prevention services and training. We help communities:

- identify their mental health and addiction needs
- develop and share knowledge and best practices
- improve local services.



Illustrated photo-novellas have been translated to provide mental health education and resources to Spanish- and Portuguese-speaking people.

CAMH's Provincial Services Health Promotion Unit is actively involved in a wide variety of initiatives, including a provincial drug strategy (as part of the Health Education and Enforcement in Partnership [HEP] network), the Toronto Drug Strategy, and the National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada.

340

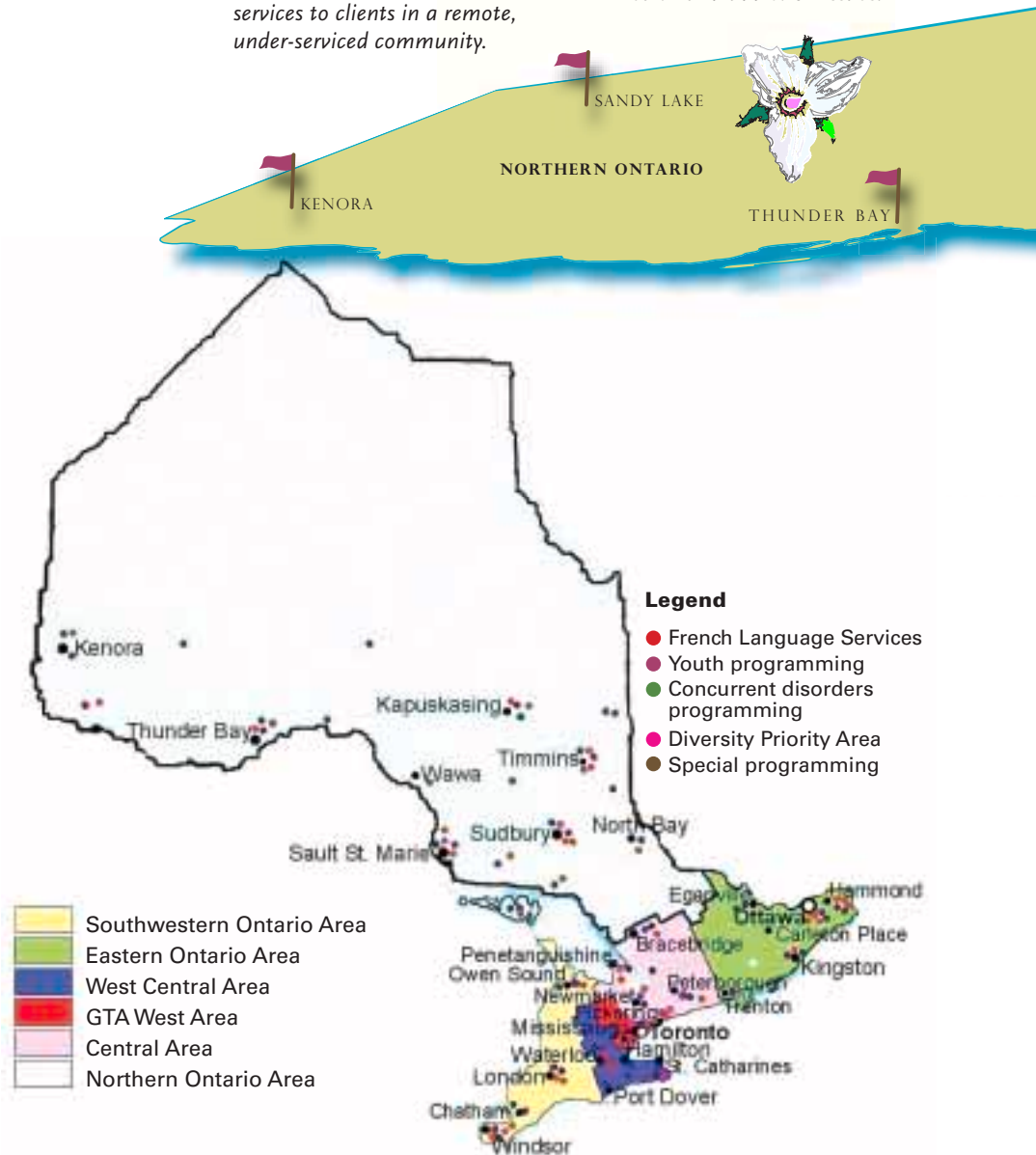
Public health professionals and community members in Sault Ste. Marie, London, Hamilton and Windsor who participated in training sessions on postpartum depression

NORTHERN ONTARIO - 120 service providers from 11 northern Ontario sites trained in postpartum depression via videoconference.

NORTHERN ONTARIO - A CAMH team delivered "Youth & Drugs and Mental Health" training to 60 Métis Nation of Ontario Health Branch staff.

SANDY LAKE - CAMH brought telemedicine addiction services to clients in a remote, under-served community.

THUNDER BAY - 275 people attended a concurrent disorders conference; the fifth annual Visions & Light Film Festival screened films and held panels to promote awareness of mental health and addiction issues.



300

Children aged six to 14 who attended the first annual Kick Butts youth anti-tobacco and active-living program at summer camps in Niagara

4,580 rack cards, **88** posters, **5** print ads, **5** hospitals

Reach achieved by the "Trouble in Paradise" awareness campaign in North Simcoe, for drinking and operating boats, ATVs and snowmobiles

TORONTO - CAMH collaborated with the Iranian Canadian Social Services Provider Network to hold a special forum addressing mental health issues for the Iranian community—225 people attended.



SUDBURY - CAMH hired a Provincial Aboriginal Training Consultant and began working with partners to address mental health and addiction issues in the Aboriginal community.



TORONTO - A web-based resource, Mental Health Promotion: Best Practice Guidelines for Children and Youth, was developed in partnership with the Toronto Centre for Health Promotion and Toronto Public Health. A new version is being developed to serve people aged 55-plus.

TORONTO - CAMH led a special task force intended to improve mental health and addiction services for African Canadians. Following a think-tank attended by a wide range of service providers, a Toronto-area group is working with the African Canadian community to address local needs.

PARRY SOUND - 800 high school students and staff attended the launch of the In the Know risky drinking campaign, in which CAMH was a partner.

PETERBOROUGH - Video consultations increased the reach of our specialized Women's Program to Peterborough, as well as Barrie, Orillia and London.

EASTERN ONTARIO - CAMH hosted the Francophone Youth and Mental Health conference for health care providers in Prescott and Russell counties, where 76% of the population is French-speaking.



ONTARIO



WINDSOR - CAMH partnered with the Windsor-Essex LGBTQ Youth Alliance in training professionals from 15 agencies on issues relating to sexual identity and sexual orientation, using our resource Asking the Right Questions 2.

WATERLOO - 300 people attended the In the Mind's Eye Film Festival, which raised awareness and understanding of mental health issues.



LONDON - CAMH's Centre for Prevention Science is based in London, Ontario, and led by Dr.

David Wolfe, RBC Chair in Children's Mental Health. This year Dr. Wolfe partnered with the Toronto District School Board and the Black Creek Community Health Centre to produce a video version of the highly successful "Fourth R"—a violence prevention and healthy relationship program—customized for urban Toronto youth audiences.



SOUTHWESTERN ONTARIO - CAMH collaborated with government, local agencies, non-profit organizations and Wilfrid Laurier University to offer an eight-week capacity building series for refugees and new Canadians.

KINGSTON - 200 people attended courses in harm reduction, posttraumatic stress disorder, self-care and wellness at CAMH's Eastern Ontario Summer Institute, held in partnership with local service providers.

HAMILTON - More than 100 participants gained valuable insight into working with women and girls from an International Women's Day event organized by CAMH; CAMH trained 250 people in concurrent disorders and integrated treatment; 200 participants attended a forum organized by CAMH in collaboration with the Hamilton Suicide Prevention Council.



Connecting CAMH expertise to needs around the globe

20

Number of countries in which CAMH is running collaborative mental health and addiction programs

Through our Office of International Health, CAMH works with partners around the world to strengthen their ability to address critical mental health and addiction challenges. This work also broadens our own knowledge base, enabling us to better serve our own clients and communities.

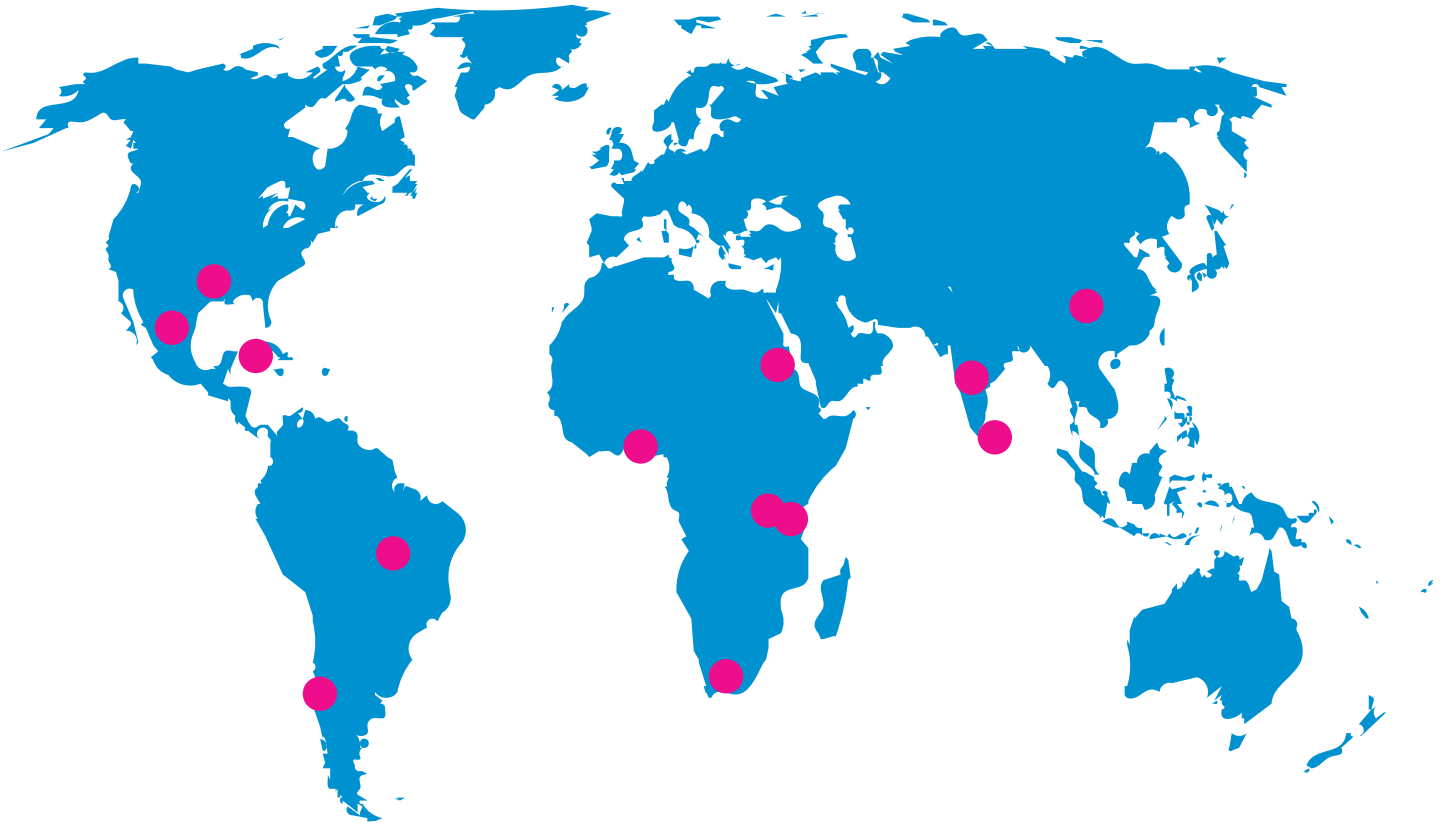
CAMH's collaborative programs include major training and health promotion projects in Sri Lanka, Brazil, Chile, Mexico and the Caribbean.

This year CAMH hosted numerous international study visits and forums, including:

- 10 academics from seven Latin American countries for intensive two-month training in drug research
- 10 municipal primary care providers from Chile and Brazil for an advanced mental health and addiction training program
- two psychiatrists, from Thailand and Trinidad and Tobago, for study visits of CAMH's Child, Youth and Family; Concurrent Disorders; Schizophrenia; and Mood and Anxiety programs
- 24 foreign-trained physicians from 10 countries for observerships
- four U.S. academics for a roundtable on best practices in Aboriginal addiction and mental health, and one from Japan for intensive training in geriatric mental health.

CAMH was selected by the United Nations Office on Drugs and Crime as a resource centre for an international network of 19 drug treatment centres. Through this project, CAMH helped build capacity in addiction treatment and rehabilitation in under-resourced countries. A best practices guide for establishing community-based addiction treatment clinics was developed for circulation by UN agencies worldwide.





CAMH PROJECT AREAS: Brazil, Chile, Mexico, eight Caribbean countries, Sri Lanka, India, Tanzania, Rwanda, Nigeria, Sudan, South Africa, China, southern U.S.

CAMH is making a difference around the world

Fortaleza, Brazil

- Week-long training on addiction and concurrent disorders for 70 primary care workers, in partnership with the ministries of health of Fortaleza and Brazil.

Santiago, Chile

- Two-week advanced training program for primary care providers. CAMH approach adopted as a national model.
- Six-month evaluation of a national child and youth addiction treatment pilot program, organized by the national drug control commission.

Hidalgo, Mexico

- Collaborative mental health and addiction training program for 40 health care providers, and leadership training program for 40 health care managers, in partnership with Mexico's national institute of psychiatry. Agreement signed for a four-year statewide train-the-trainer program.
- Week-long exchange between CAMH Aboriginal Services and Mexico's national institute of psychiatry. Ongoing mental health promotion training program for teachers and mental health promoters working with indigenous communities.

Caribbean

- Two-week addiction training program and three-day advanced program for 80 participants from eight countries, in partnership with the Caribbean Institute on Alcoholism and Other Drug Problems (CARIAD), University of the West Indies.



Dr. Pablo Diaz from CAMH's Schizophrenia Program reviews a mental health and addiction curriculum with primary health care workers in Chile.

Working with the World Health Organization

Three scientists from the CAMH Social, Prevention and Health Policy Research Department are contributing to projects of the World Health Organization (WHO), the United Nations' health agency:

- Dr. Carles Muntaner is co-chair of the Employment Conditions Network of the WHO Commission on Social Determinants of Health.
- Dr. Jürgen Rehm was appointed to the WHO Expert Panel on Drug Dependence and Alcohol Problems.
- Dr. Louis Gliksman is CAMH's co-ordinator at the WHO. He fosters connections that help build research capacity and that generate policies and strategies to improve health conditions in developing countries. He is also Principal Investigator on the Global Alcohol Database.



A multidisciplinary team from CAMH held consultations at New Horizons for Integral Peace in Sri Lanka, a rehabilitation centre for people with alcohol and other drug addictions that is supported by CIDA.

Building capacity in Sri Lanka

Batticaloa was once a peaceful east-coast city in Sri Lanka, where fishing was the focus of people's lives. But two decades of civil war and the devastating 2004 tsunami have left deep social scars and widespread personal trauma.

"With the army on every corner and the regular sound of artillery, people can't escape the war," says Nalini Pandalangat, manager of a CAMH project team participating in a three-year mental health initiative in Sri Lanka. CAMH is working with government officials, mental health providers, community workers, teachers and academics to help build a mental health strategy and psychosocial programs to address the population's massive needs.

CAMH received a \$1.75 million grant from the Canadian International Development Agency's (CIDA) tsunami reconstruction fund, following a fact-finding mission in 2004 led by CAMH President and CEO Dr. Paul Garfinkel.


The CAMH team includes staff from the Community Support and Research Unit, led by Dr. John Trainor; the Office of International Health under Akwatu Khenti; and the Mood and Anxiety Program under Dr. Arun Ravindran. The team has travelled twice to Sri Lanka.

"Many of the children are suffering from trauma—from the war, personal losses, the threat of conscription as child soldiers, and abuse at home, which is soaring as families struggle to survive," says CAMH's Akwatu Khenti, who will be returning to Sri Lanka to work on a Healthy Schools Project. "Teachers need training to identify and deal with mental health issues. Lots of the kids are having trouble learning. The schools can play a positive role."

Other CAMH team members will work with health teams, government officials and community partners to build local expertise and resources that are critical to address the country's widespread mental health needs, as well as to inform our provision of culturally competent care at home in Ontario.

Building on excellence

Exceptional quality in care, research, education, health promotion and policy development has won CAMH national and international recognition. We are proud to have earned Canada's highest level of hospital accreditation, and recognition as a World Health Organization Collaborating Centre in mental health and addiction.



CAMH is home to more than 335 physicians, 2,737 staff, 750 volunteers and 400 students. This year, two outstanding CAMH professionals received the Order of Canada: Dr. Mary Seeman, of the Schizophrenia Program, and Dr. Donald Meeks, a former educator at the Addiction Research Foundation, were honoured for lifetime achievement and service to the country. We proudly acknowledge our people as our most valued resource and the reason for our success.

750

Volunteers donating their time to serve CAMH clients

176,000

Estimated hours donated by CAMH volunteers in 2006-2007

43 years

Term of CAMH's longest-serving volunteer

more than \$11 million

Record amount of donations received by the CAMH Foundation in 2006-2007



A wide range of stakeholders attended the groundbreaking for Phase 1A of the historic redevelopment of our Queen Street site into a mixed-use “urban village.” (From left) Andy Summers, VP Region 3, Ontario Nurses Association; Hon. George Smitherman, Minister of Health and Long-Term Care; Joan Piscopo, Chair of CAMH’s Client and Family Reference Group; Alfred Apps, Chair of CAMH Foundation Board; Hon. David Caplan, Minister of Public Infrastructure Renewal; Dr. Paul Garfinkel, CAMH President and CEO; Jamie Anderson, Transforming Lives Campaign Chair; Ann Pottinger, Advanced Practice Nurse at CAMH; Dan Burns, Vice-Chair of CAMH’s Board of Trustees; Joe Pantalone, Toronto City Councillor; Danielle Larmand, ONA President; and Ann Orr, Family Council Chair. (In front) Stephen Crawford, former CAMH client.



Finally we are building our long-awaited new facility, which will bring healing and dignity to people with mental illness, addiction or both. Phase 1A (left) of CAMH’s Queen Street redevelopment will be complete by January 2008.

Building a world-class hospital

What began in the 1850s as a “lunatic asylum” is now being replaced with a health centre that will set new standards for best practices in care. Clients will benefit from a healthy and healing care environment, and integration into the neighbourhood—as well as better connections between CAMH programs and services and supports in the community.

The redevelopment will transform the isolated Queen Street campus from a stigmatized mental health facility into a vibrant neighbourhood. With streets, shops, parks and businesses alongside innovative new health care facilities, the award-winning project will integrate client care into the fabric of a revitalized community.

On the west side of the site, four new buildings that will house clients in a home-like setting are now taking shape. Early in 2008, when the first clients move in, a new era for people with mental health and addiction issues will begin.

Through this multi-year, multi-phase redevelopment project, CAMH is fully integrating our programs and bringing research together with health care, education, health promotion and policy, to improve treatment and quality of life for people with mental health and addiction concerns.

“Our redevelopment marks a huge step forward, taking mental health and addiction care into the 21st century.”

Dr. Paul Garfinkel, President and CEO

Hundreds gathered at CAMH's Queen Street site in October 2006 to celebrate the groundbreaking for the first phase of CAMH's ambitious redevelopment project. Dr. Paul Garfinkel, President and CEO, digs in with David Caplan, Minister of Public Infrastructure Renewal, and George Smitherman, Minister of Health and Long-Term Care.



Financial snapshot

Year ended March 31, 2007

SOURCES OF REVENUE

\$

Ministry of Health and Long-Term Care	225,054,070
Patient revenue	668,124
Grants and donations	26,623,096
Ancillary	12,587,287
Amortization of deferred capital contributions	3,337,007
Interest	3,448,443
Total	271,718,027

ALLOCATION OF EXPENSES

Salaries, wages and employee benefits	198,321,887
Supplies and other expenses	53,234,748
Depreciation	5,609,818
Rent	2,258,117
Drugs and medical supplies	4,198,539
Medical and surgical	2,900,475
Total	266,523,584
Excess of revenue over expenses for the year*	5,194,443

*\$3,187,851 was used for capital acquisition (net of contributions) with the rest contributing to an increase in working capital.

For a copy of CAMH's audited financial statements, call 416 535-8501 ext.4250

CAMH by the numbers

Based on the fiscal year April 1, 2006 – March 31, 2007

CLIENTS

Unique* clients	21,309
Inpatient admissions	3,621
Outpatient visits	422,756
Visits to Emergency Services	4,216
Average length of stay in days	49.2
Top two substances reported by addiction clients	Alcohol, crack/cocaine
Top two diagnoses among mental health clients	Schizophrenic disorders, mood and affective disorders
Top four languages indicated by clients at time of admission, other than English and French	Romanian, Spanish, Italian and Serbian

STAFF AND RESEARCH

CAMH staff	2,737
CAMH physicians	335
Research grants/contracts	265
Amount of research grants/contracts	\$39,146,000

VOLUNTEERS AND DONORS

Volunteers (approx. per quarter)	748
Hours contributed by volunteers	175,904
Donors	3,152
Amount of donations	\$11,309,849

INFORMATION/EDUCATION

Calls to CAMH's R. Samuel McLaughlin Information Centre	48,402
E-mail requests	1,023
People who participated in professional education, training or development courses	20,381
Visits to the CAMH website	3,397,408

MULTI-FAITH INFORMATION

Regular worship services in the multi-faith Spiritual and Religious Care Services serving diverse needs of CAMH's clients and staff	478
Special holiday services	26
People attending services	5,903
Faith groups	12

Most of the statistics from this page came from CAMH's Balanced Scorecard, which measures and monitors CAMH's performance.

Hard copies of the scorecard are available at CAMH libraries.

*Unique: individual people who received care, regardless of number of visits.

Board of Trustees as of March 31, 2007

OFFICERS OF THE BOARD

Paul Beeston

Chair

Dan Burns, Jan Stewart

Vice-Chairs

Dr. Paul E. Garfinkel

President and CEO, and Corporate Secretary

TRUSTEES

Raj Anand

Gordon Bell

Helen Burstyn

Raymond Cheng

Theresa Claxton

Pat Commins

Pamela Fralick

Steve Lurie

Andrew Murie

Brian Parris

Bud Purves

Greg Rogers

Marnie Shepherd

Herb Solway

EX-OFFICIO TRUSTEES

Dr. Paul E. Garfinkel

President and CEO

Alfred Apps

Chair, CAMH Foundation Board of Directors

Dr. Jorge Soni

President, Medical Staff Association

Dr. Donald Wasylenki

*Chair, Department of Psychiatry,
University of Toronto*

Dr. Benoit H. Mulsant

*Physician-in-Chief, and Clinical Director,
Geriatric Mental Health Program*

Senior Management Group

Dr. Paul E. Garfinkel

President and CEO

Joanne Campbell

*Vice-President, Communications
and Community Relations*

Peter Catford

*Vice-President, Information Management,
Chief Information Officer and Chief Privacy
Officer*

Dev Chopra

*Executive Vice-President, Corporate Services
and Redevelopment*

Gail Czukur

*Executive Vice-President, Policy, Education
and Health Promotion; General Counsel*

Mary Deacon

President and CEO, CAMH Foundation

Dr. Shitij Kapur

Chief of Research

Dean Martin

*Vice-President, Finance/Support Services
and Chief Financial Officer*

Dr. Benoit H. Mulsant

*Physician-in-Chief, and Clinical Director,
Geriatric Mental Health Program*

Eric Preston

*Vice-President, Human Resources
and Organizational Development*

Dr. Stephen Sokolov

Vice-President, Medical Affairs

Judith Tompkins

*Chief of Nursing Practice and Professional
Services, and Executive Vice-President,
Programs*



IN MEMORY

Dr. Raymond Johnson

CAMH marked the loss of a dedicated supporter with the passing of Trustee Dr. Ray Johnson in October 2006. A well-known Hamilton community leader, Ray was a health and kinesiology professor at McMaster University, a former Canadian Football League player and coach, and a volunteer for over 40 years with more than 20 community groups. He had selflessly shared his talents and experience in addiction services with CAMH on the Board of Trustees since 2001 and he will be sorely missed.

Public Sector Salary Disclosure Act

As a publicly funded hospital, CAMH is bound by the Public Sector Salary Disclosure Act to publish the names, positions and salaries of employees receiving annual salaries of \$100,000 or more. This information is available online at www.fin.gov.on.ca/english/publications/salarydisclosure/2007/

PAHO/WHO Collaborating Centre in Mental Health and Addiction

This year CAMH renewed its appointment as a Pan American Health Organization / World Health Organization Collaborating Centre in Mental Health and Addiction, for a second four-year term. This recognition of excellence is a great honour, recognized worldwide.

How to reach CAMH

Executive Office

Queen Street site
1001 Queen St. West
Toronto, Ontario
M6J 1H4
416 535-8501 ext. 6076

CAMH main switchboard
416 535-8501
E-mail:
public_affairs@camh.net
Website: www.camh.net

Sites

Brentcliffe Road site
175 Brentcliffe Rd.
Toronto, Ontario
M4G 3Z1
416 535-8501

Assessment Service
416 535-8501 ext. 7064

College Street site
250 College St.
Toronto, Ontario
M5T 1R8
416 535-8501

Emergency
416 535-8501 ext. 6885

Centralized Assessment,
Triage and Support (CATS)
Ambulatory Service
416 979-6878

Russell Street site
33 Russell St.
Toronto, Ontario
M5S 2S1
416 535-8501

Assessment Service
416 535-8501 ext. 6128

Queen Street site
1001 Queen St. West
Toronto, Ontario
M6J 1H4
416 535-8501

Community Offices

Hamilton
905 525-1250

London
519 858-5110

Sault Ste. Marie
705 256-2226

Timmins
705 267-6419

Kenora
807 468-6372

North Bay
705 472-3850

Sudbury
705 675-1195

Toronto
416 535-8501 ext. 6028

Kingston
613 546-4266

Ottawa
613 569-6024

Thunder Bay
807 626-8111

Windsor
519 251-0500

Clinical Satellite Offices

CAMH Aboriginal Services
393 King St. East
Toronto, Ontario
416 535-8501 ext. 7657

First Assessment Clinical Team (FACT)—Peel
30 Eglinton Ave. West
Suite 801
Mississauga, Ontario
416 535-8501 ext. 7700

Psychogeriatric Assessment Consultation and Education (PACE) Central/East
1001 Queen St. West
Room 1046
Toronto, Ontario
416 535-8501 ext. 3448

Problem Gambling Service
175 College St.
Toronto, Ontario
416 599-1322

Archway
1451 Queen St. West
Second Floor
Toronto, Ontario
416 535-8501 ext. 7500

Centralized Assessment Triage & Support (CATS) Lakeshore Clinic
3170 Lakeshore Blvd. West
Suite 201
Etobicoke, Ontario
416 535-8501 ext. 7233

PACE Peel
30 Eglinton Ave. West
Suite 801
Mississauga, Ontario
416 535-8501 ext. 7716

Psychological Trauma Program
455 Spadina Ave.
Suite 200
Toronto, Ontario
416 260-4147

Central Link
393 King St. East
Toronto, Ontario
416 535-8501 ext. 7670

Learning Employment Advocacy Recreation Network (LEARN)
1709 St. Clair Ave. West
Toronto, Ontario
416 535-8501 ext. 7300

PACE West
3170 Lakeshore Blvd. West
Suite 202
Toronto, Ontario
416 535-8501 ext. 7206

Spectrum
658 Danforth Ave.
Suite 402
Toronto, Ontario
416 535-8501 ext. 7450

Dual Diagnosis Resource Service
501 Queen St. West
Toronto, Ontario
416 535-8501 ext. 7800

Metro Addiction Assessment And Referral Service (MAARS)
175 College St.
Toronto, Ontario
416 599-1448

Prevention through Risk Identification Management and Education (PRIME) Clinic
252 College St.
Toronto, Ontario
416 260-4188

Dual Diagnosis Service—Peel
30 Eglinton Ave. West
Suite 801
Mississauga, Ontario
416 535-8501 ext. 7801

No part of this work may be reproduced or transmitted in any form or by any means electronic or mechanical, including photocopying and recording, or by any information storage and retrieval system without written permission from the publisher—except for a brief quotation (not to exceed 200 words) in a review or professional work.



For information about CAMH,
please contact:
Public Affairs
Tel.: 416 535-8501 ext. 4250
Fax: 416 595-6881
E-mail: public_affairs@camh.net

For information on other CAMH publications
or to place an order, please contact:
Publication Services
Tel.: 1 800 661-1111 or 416 595-6059 in Toronto
E-mail: publications@camh.net

To make a donation, please contact the CAMH
Foundation:
Tel.: 416 979-6909
E-mail: foundation@camh.net

If you have questions,
compliments or concerns
about services at CAMH, please call our
Client Relations Co-ordinator at: Tel.: 416 535-8501 ext. 2028.

For information on addiction and mental health issues or
other resources, please contact CAMH's R. Samuel McLaughlin
Information Centre:
Ontario toll-free: 1 800 463-6273
Toronto: 416 595-6111

www.camh.net

Disponible en français.



A Pan American Health Organization /
World Health Organization Collaborating Centre
Affiliated with the University of Toronto



BACK COVER (NOT IN ORDER):

Stephen Crawford, Chris Whittaker, Harriet Ekperigin, Adonis Huggins, Michael Torres, Andrew Arifuzzaman, Judith Tompkins, Dev Chopra, Paul Beeston, Dr. Paul Garfinkel, Jason Lim, Hannah Amdemichael, Vani Jain, Dr. Shaheen Darani, Gabriella Golea, Bramilee Dhayanandhan, Carin McLean, Rani Srivastava, Ann Orr, Dr. Benoit Mulsant, Sajedeh Zahraei and Salvatore, Joan Lewis, Dwayne Lees, Loretta Sinclair, Eva Katz, Nina and Levana, Bharati Singh, Hing Tse, Christopher Uranis, Bridget Guenther

PHOTOGRAPHS (WHERE NOT STATED OTHERWISE) BY RICK CHARD, rickchard@bmts.com

OUR SINCERE THANKS TO ALL THOSE WHO VOLUNTEERED THEIR TIME AND HANDS

