

FOUNDATION Progress Report

Fall 2000

Powerful CAMH campaign seeks to eradicate stigma of mental illness and addictions

Adrienne Grant couldn't believe her ears when a human resources executive referred to depressed employees as "low-functioning nut-bars."

"I wanted to say, 'I'm one of them!'" says Adrienne, who was being treated for depression at the time. "But I felt if I said that I would lose my job or not get promoted."

For someone suffering from mental illness or addiction, the stigma can be almost as damaging as the illness itself. That's why the Centre is launching a major campaign to give the public a better understanding of mental health and addiction problems.

The campaign will run two to three years, with its focus alternating between mental health and addiction issues. The first wave, starting in October, focuses

on depression.

Dr. Paul Garfinkel, CAMH President and CEO, calls stigma "isolating and dehumanizing."

"It makes the illness more painful, the recovery more difficult. Perhaps the greatest tragedy of stigma is that it often discourages individuals from seeking the help they need."

That's the reason Adrienne Grant has decided to talk openly about her experiences with depression. (See story on page 4.) "I'll tell the world if it helps someone else get help."

Unlike traditional anti-stigma programs, which have tried to elicit compassion from strangers, the Centre's program is targeted closer to home.

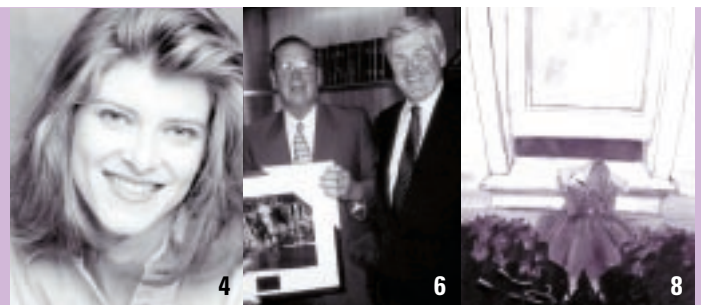
"The Centre's program is designed to

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ONE OF THE MANY POWERFUL MESSAGES THAT WILL SOON APPEAR AS PART OF THE CAMH'S ANTI-STIGMA CAMPAIGN.

Inside It is enormously gratifying to see mental illness receiving so much attention and garnering so much public interest and support over recent months. But let's not overlook the Centre for Addiction and Mental Health's groundbreaking work in the understanding and prevention of addictions, and care for those who struggle with them. We are proud to spotlight just a few of the Centre's initiatives in this area in this issue. I'd also like to salute Adrienne Grant for her courage in speaking about her personal struggle with depression. One person can make a difference in the fight against stigma. Thank you! You, our donors, are making a very real difference in the lives of our clients who each day find the courage to face difficult challenges. **Thank you for your support.** – *Mary Deacon, President*



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Gift of Fellowship in Addictions will live on

Troubled youth who might otherwise have floundered in a system set up for children and adults now have an ally at the Centre.

The Laurie Goldhar Fellowship, made possible through the generosity of the Ira Gluskin and Maxine Granovsky Gluskin Charitable Foundation, has enabled the Centre to establish supports for young people, ages 16-24, whose needs have not been well met in the existing system.

Although the two-year clinical and research fellowship ended in June, Dr. Bruce Ballon is now continuing the work he began under the fellowship as the new Clinical Head of Youth Addiction Services.

“The fellowship allowed me to get a strong grounding in addiction issues in the context of a youth population, with or without concurrent mental health problems,” says Dr. Ballon.

“This has really been an underserved population. The supports have been set up for adults. For example, there is no residential or in-patient unit for youth with addictions. Another major difficulty is how the system often will refer a youth to get help for an addiction problem before they can receive psychiatric care, when often the mental health issue is a sustaining factor for why the addiction problem continues, or even came about in the first place.”

Young people have some unique issues. “They’re at a specific developmental stage, dealing with issues of identity, loss, and autonomy” he says. “They may be living at home, with their parents, or on the street. They may be indulging in high-risk activities that put their health in jeopardy, be it needle sharing or unprotected sexual activities.”

“You have to connect with where they’re at. They’re trying to figure out their own identity. Especially around the age of 18, that’s when they can really get into trouble. They go from the youth system to the adult system. It’s quite a shock. Or they may get lost in the system.”

Much of the work during the fellowship was spent creating a program for helping youth to cope with the transition — “getting from one system to another.”

There may be concurrent problems, involving addiction and mental health. “We have been trying to take on difficult cases, not only of concurrent depression and anxiety, but schizophrenia and bipolar disorder as well.”

Young people living on the street have special needs. “They may be trying to figure out where to eat. It is hard to do any mental health or addiction treatment without providing basic needs and shelter for an individual. Homeless youth have been



DR. BRUCE BALLON

shown to have higher rates of addiction and suicidal behavior than the general population.”

The fellowship, created by Mrs. Granovsky Gluskin’s philanthropic initiative, allowed the Centre to improve the way young people are served. Mrs. Gluskin states that “it was surprising to me that there were no addiction psychiatrists in Canada, and my husband and I wanted to establish a fellowship to fill that void. We hope that more psychiatrists will follow Dr. Ballon’s lead to serve our youth – our future.”

“Since the fellowship began, a more concurrent disorder treatment approach for youth has been established,” says Dr. Ballon. “We have formed alliances with other agencies to create a continuum of care for the population. We have a day treatment program with a school component. We’re hoping next year to add a day program without a school component for those who are not ready for a structured environment.”

The Ira Gluskin and Maxine Granovsky Gluskin Charitable Foundation has enabled the creation of a very important legacy: the value of the fellowship will live on.

“This has laid the groundwork,” Ballon says. “Now we’re building up a program and we expect to keep on expanding.” ■

CAMH Drug Education Curriculum means prevention can begin early!

Drug education can start early in Ontario schools: A new curriculum resource developed by the Centre for Addiction and Mental Health means it can be part of the curriculum from Grade 1.

"It is estimated that four out of every 10 people in Ontario have or have had a family member or friend who has experienced a problem related to substance abuse," says the introduction to the resource. "Research shows that prevention needs to start early."

For teachers, who may not have much expertise in that area, it can be challenging and even intimidating. But the CAMH curriculum, which covers grades 1-8, gives them information from leading experts in the field.

"Our goal is to provide teachers with easy-to-use, ready-to-use lesson plans that they can have for their drug education in the classroom," says Sharon Labonte-Jaques, Program Consultant with the CAMH. "We want to encourage as many teachers as we can to use it so that there's consistent information given across the province."

The lesson plans, in both English and French, meet the expectations of the substance use and abuse component of the Ontario Health and Physical Education Curriculum and have been approved for school use. They were developed by the Centre in collaboration with more than thirty partners from the education and public health systems, as well as other interested organizations.

Teachers across the province can access the free lesson plans at <http://sano.camh.net/curriculum.htm> and then download them for use in the classroom.

"Teachers like the fact that it's internet-based and they can get it from home," Labonte-Jaques says. "They can print off the information for the grade they're interested in at their convenience. They also like the fact that it's continually updated on the internet."

Although evaluation is ongoing, feedback from educators has been positive so far.

"This website provides an outstanding resource for classroom teachers," says Al Greyson, Superintendent with the Halton Board of Education. "Since it is based on the Ontario Curriculum Expectations, teachers have a classroom-ready package. The learning activities and assessment devices provide teachers with the tools to reinforce instruction and to accurately assess student learning."

The CAMH is pleased to be a partner in the planning, development and learning of student drug education. For more information on this project, please visit our website or contact Sharon Labonte-Jaques, Project Leader at (519) 583-1089. ■



Is My Teen Doing Drugs?

Although there are no hard and fast rules, here are some warning signs that could indicate your teen may be using drugs or that the drug use could be getting worse. Be careful not to jump to conclusions since some of these changes can also be signs of normal adolescence:

Drugs and Equipment Used to Take Drugs

- cigarette papers
- roach clips
- hash pipes
- glass water pipes
- syringes
- small scales
- pills, powder or other substances you can't identify

Products Used to Cover Up Drugs

- eyedrops
- mouthwash
- incense

Changes in Mood

Your teen may be:

- less caring and less involved at home
- cranky or more difficult to get along with
- moody
- secretive and unco-operative
- withdrawn, depressed

Physical Changes

Your teen may:

- lose weight
- get red eyes
- have trouble talking or walking
- have difficulty sleeping

Changes in Behaviour

Your teen may:

- skip classes at school
- get lower grades than in the past
- need more money (you may notice money is missing)
- lose his or her job
- have trouble concentrating and paying attention
- spend more time in his or her room or away from home
- change interests and hobbies

(From *Help! There's a Teenager in My Home*, Addiction Research Foundation)

<http://sano.camh.net/curriculum.htm>

IF YOU THINK YOUR TEENAGER MAY HAVE A PROBLEM, CALL 595-6111

Privilege, fulfillment and success don't provide immunity to depression.

Adrienne Grant comes from a nice family. The daughter of successful parents, Adrienne grew up in a loving home with lots of advantages. At school she was outgoing and popular, earning straight A's, excelling in tennis and starring in musicals. She went on to complete a Masters degree, marry a man who is devoted to her, and give birth to a beautiful baby girl. In short, hardly someone you'd expect to be depressed.

But clinical depression doesn't work that way. That's why Adrienne is speaking out about her struggle with the illness.

"I want to dispel the myth that depression only happens to people living on the streets or who have very obvious reasons for feeling negative and sad," she says. "I want to encourage people to share their pain and get help – people who are privately struggling with the painful and helpless symptoms of depression."

"I think a lot of capable people are suffering unnecessarily." They may be reluctant to get help or even admit they have a problem because they see it as a character flaw. Her message to them: "It's not your fault. You don't need to be ashamed. Clinical depression is a biological illness that can't be overcome by hard work and a positive attitude."

Adrienne's plight led her parents to make a major contribution to the Centred on Hope campaign to create the Grant Family Fellowship in Depression Studies. It was then that she decided to come forward with her story, since she knew how powerful the stigma surrounding depression can be.

She recalls going to the doctor with symptoms so severe, "I couldn't get up in the morning. I felt anxious all the time." She was stunned by the diagnosis — depression.

"I remember saying to the doctor, 'No way! I've got a masters degree. I'm

high-functioning... There's no way that I could have depression.'"

Although she started taking anti-depressants, she kept her illness a secret. "I didn't want anybody to know. My parents knew, but I wouldn't even tell (the rest of) my family."

After the birth of her daughter, she fell into an even deeper depression. "I had an absolute lack of energy. I was convinced that I was unlikable. I began to question my ability as a mother, wife, friend and worker. In spite of all the evidence to the contrary. I didn't want to see anybody or go out or talk to anybody. At the height of it, I was feeling suicidal."

That's when Adrienne consulted with a psychiatrist who prescribed a course of anti-depressants. Adrienne continued to keep her illness under wraps, passing it off as (temporary) post-partum depression. "I thought people would be more forgiving and less judgmental with this explanation."

"I was nervous to tell people that I was suffering from clinical depression. I was afraid people would be scared to be around me, wouldn't know what to say, wouldn't want to hang out with me because they would think I'd just be some emotional burden on them."

After a few months on a new medication, Adrienne started to improve dramatically. Thinking she was "cured," she tried



ADRIENNE GRANT

taking herself off the medication, only to have the symptoms return. It was something she'd try several times, clinging to the notion that depression is a weakness that can be conquered by determination. It was only the counselling of her therapist that convinced her otherwise.

"One of the things she said to me that was so helpful was, 'If you aren't depressed and you take one of these medications, there will be no difference. If you take the medication and you see that things are returning to normal, then clearly you had depression.'"

Adrienne finally feels comfortable enough to talk about her experiences. She's hoping other sufferers will get the help they need "to live a life they should be living."

"People should not view me or anyone else differently because we've suffered from depression."

"You aren't weak if you have to take medication and you shouldn't have to hide. If you had diabetes, would you stop taking your medication because you think you should be able to fight it on your own?"

In July, she gave birth to a baby boy. Describing her life now, she says: "I've never been calmer or happier." ■

Grant Family Fellowship in Depression Studies will enable new research and attract top candidates

A major donation to the Centred on Hope Campaign will enable researchers to take a closer look at the origins, impact and effectiveness of treatment of depression.

The Grant Family Fellowship in Depression Studies, funded by a \$500,000 contribution from Douglas and Ruth Grant and their family, will provide an opportunity to zero in on specific aspects of depression.

"Depression studies are the core of psychiatric research and treatment," says Dr. Sid Kennedy, Cameron Wilson Chair in Depression Studies, and Clinical Director of the Mood and Anxiety Program. "Despite the advances in pharmacological and other treatments, only 50 per cent of patients who are treated have a full and complete response. There are still many challenges in tailoring the best treatment for each patient."

The Grants decided to make the contribution after witnessing their daughter Adrienne's struggle with the illness. They were also challenged by reading newspaper coverage surrounding the suicide of Michael Wilson's son Cameron. The Wilson family have been friends of the Grants for over 40 years.

"The articles and literature from the Centre claimed that one out of four would be affected by addiction or mental illness," Grant says. "I thought that might be an exaggerated claim. Then I sat down with my wife and we actually did list 24 people we know who had been affected, either themselves or through a close relative. I'd like to offer some hope to those who think they may be suffer-

ing from depression. It's not a sort of weakness. It's not a character flaw. And it's not something you can deal with on your own through will power. You have to get help."

Dr. Kennedy is enthusiastic about the value of the fellowship to research at the Centre and the University of Toronto. It means not having to rely on external grants, which may or may not be approved. This will allow the Depression Studies Program to attract high-calibre candidates wanting to undertake research projects.

"It's only by having endowed fellowships that people have the confidence to commit to say, 'Next year, I'm going to be a fellow here.' If we can tell them in advance that we have the funding, then they're prepared to make their career plans based on that."

"The Grant donation is a very significant amount in that it has allowed an endowed fellowship to become a reality."

"It's only through fellowship training that we really build our next generation of academic psychiatrists, academic scientists in depression and other mental health-related areas."

Several areas of research have been targeted. The interests and qualifications of the candidates will determine which project will proceed first. One of the first priorities is to look at depression in the workplace.

"We've targeted over recent years the economic impact of depression, the measurement of functional impairment in depression and the impact beyond the symptomatic level as an area of study that we want to build

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DR. SID KENNEDY

"It's only through fellowship training that we really build our next generation of academic psychiatrists, academic scientists in depression and other mental health-related areas."

— Dr. Sid Kennedy

Centred on Hope Leaders Honoured

On September 12, the Foundation celebrated two groups of extraordinary people.

Those who led philanthropically and by example with donations of \$100,000 or more were honoured, along with the campaign cabinet members who led the Centred on Hope volunteers to meet and exceed their ambitious goals. The total now stands at \$11.1 million.

The Honourable Michael Wilson, Campaign Chair, presented honorees with a photographic print of a waterfall entitled "Secret Place". The artist, Marko Polakiwsky, has overcome addictions and traumatic brain injury and

lives with mental illness. He delights in exploring landscapes, and is currently pursuing a personal quest to photograph all 14 sites in Canada designated as World Heritage Sites by UNESCO. Marko is driven by a desire to share some of the healing power that he finds in these beautiful places, which he calls "God's natural cathedral".

Dr. Paul Garfinkel, Chairman and CEO of the Centre for Addiction and Mental Health, Michael Wilson and Gayle Olsson, Chair of the Board for the Foundation, all expressed great satisfaction with the campaign and what has resulted from it. The financial success will bring to life many wonderful initiatives in the care and research of mental illness and addictions. Over 70 new volunteers have been attracted to the Foundation, which bodes very well for the future. And real progress has been made in eradicating the stigma attached to mental illness and addictions.



L-R, HONORARY PATRON DR. VIVIAN RAKOFF, ELIZABETH FLAVELLE, DAVID WINDEYER FROM THE R. SAMUEL MCLAUGHLIN FOUNDATION, AND DIANA TREMAIN.



L-R DOUG GRANT, GAYLE OLSSON, RUTH GRANT, AND MICHAEL WILSON. THE GRANTS ARE PROFILED ON PAGE 4-5.



CHRIS WANSBOROUGH (CENTRE), REPRESENTING THE R. SAMUEL MCLAUGHLIN FOUNDATION, RECEIVES HIS GIFT FROM GAYLE OLSSON (LEFT) AND MICHAEL WILSON.



MARY DEACON (LEFT) FOUNDATION PRESIDENT, GALEN WESTON JR. REPRESENTING GEORGE WESTON LIMITED, AND DAPHNE PAYNE, DAUGHTER OF LEADERSHIP DONOR MARGARET BOTTERELL.



TERRY MCCOOL (LEFT), REPRESENTING LEAD DONOR ELI LILLY CANADA, AND REAY MACKAY.



L-R, PAMELA FRALICK, CHAIR OF THE BOARD OF TRUSTEES FOR THE CENTRE FOR ADDICTION AND MENTAL HEALTH; GORD FEENEY, DEPUTY CHAIRMAN OF ROYAL BANK, REPRESENTING THE ROYAL BANK FOUNDATION; DONNA FEENEY, AND FOUNDATION BOARD MEMBER LINDA MACKAY.



PAUL GARFINKEL (LEFT) AND JOHN MACNAUGHTON, LEADERSHIP DONOR TOGETHER WITH HIS WIFE GAIL.

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and develop. In partnership with a number of people in the Health Systems Program, the fellowship would allow us to examine some cost-related aspects of depression.”

A second priority is to build on the expertise of the CAMH/University of Toronto PET Centre. PET or Positron Emission Tomography is a type of functional brain imaging which allows researchers to study actual changes in the “brain at work” during sadness, fear or during more chronic states of depression, schizophrenia, etc. Using brain imaging, researchers can study and compare the brains of healthy volunteers and those suffering mental illness.

“In healthy patients, when a state of sadness is induced, you can see changes in brain imaging.

“We look at how do the brains of people with depression compare to healthy volunteers. Then, if you treat people with depression, what changes are evident over time?”

The picture is complicated if medication is present. “What is the effect of the drug in the brain (versus) what is the effect of not being depressed?”

“In a new study, we are looking at some of the non-medication treatments – therapies like cognitive-behaviour therapy, before

treatment/ after treatment. It would look at the regions of the brain that appear to be part of the depression circuitry and how do they change?”

One way to measure changes in brain function is with ligands, chemical substances that bind to particular receptors that may be linked with depression.

“Ultimately, brain imaging may help to predict who are at risk of depression even though they are symptom-free at the time of assessment.”

Dr. Kennedy is hoping to have recruited the first Fellow by January, 2001. ■

CAMH campaign

continued from front page

create greater public understanding and acceptance of both the condition and its treatment,” says Rena Scheffer, the Centre’s Director of Public Affairs. “Our goal is to help people to recognize and acknowledge the issues, and seek help. Once we come closer to realizing that mental health and addiction problems are treatable and affect us all, it will help to create a much more accepting environment in which seeking help is the norm.”

Adrienne’s parents, Douglas and Ruth Grant, can attest to that. After witnessing their daughter’s painful struggle with depression, they made a major donation to the Centred on Hope campaign to establish a fellowship in depression studies. (See story page 5.) As a further statement against stigma, they welcomed the offer to have the Grant family name attached to it.

“Adrienne suffered unnecessarily for too long trying to deal with this by herself because of the stigma attached and the notion that it is psychology and not biology,” the Grants say.

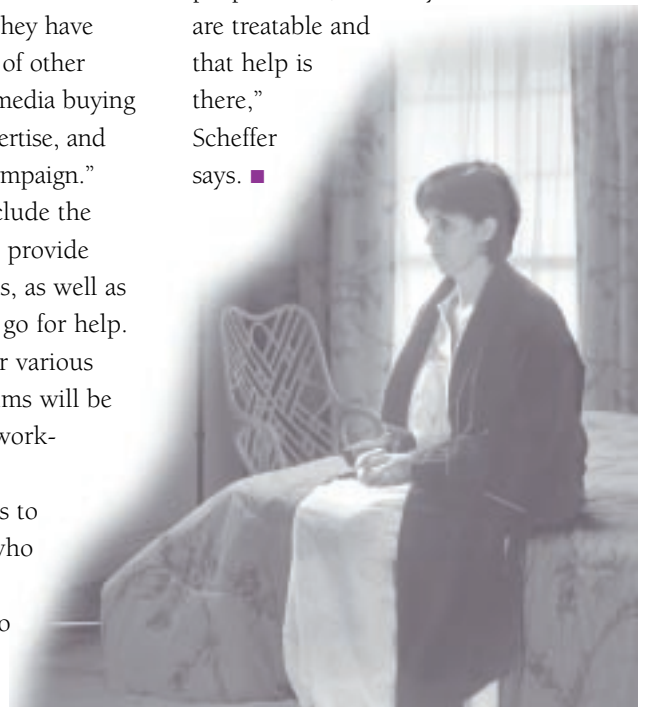
One aspect of the Centre’s awareness

project will be an advertising campaign, for which all resources have been donated. “In the fall, when Michael Wilson was discussing his experiences surrounding his son (Cameron, who suffered from depression and committed suicide), it caught the eye of an ad agency who offered to donate a series of ads on depression,” says Scheffer. “They have been followed up by a series of other agencies who have donated media buying services, public relations expertise, and web design services to the campaign.”

The project will also include the launch of a website that will provide warning signs and symptoms, as well as advice on where people can go for help. Speakers will be available for various events, and educational forums will be set up in communities and workplaces.

“One of our objectives is to recruit high-profile people who will speak about their own suffering, and what it took to overcome their difficulties,” Scheffer says.

Two thirds of people who need help for mental health and addiction problems don’t seek it because of the stigma associated with the illness and its treatment. “The Centre is committed to getting out the message that these conditions are far more widespread than most people think, that they are treatable and that help is there,” Scheffer says. ■



Workman Theatre Project presents JOY: a new musical about depression

Among the many unique programs at the Centre for Addiction and Mental Health is the Workman Theatre Project. Located at 1001 Queen Street, it seeks to integrate people who have received mental health services with the arts community.

Their newest project, *Joy*, is a musical that focuses on depression — a woman discovers that even though she has everything, she is a frightened little girl and a stranger to herself. It features a cast made up of both people who struggle with mental illness, and theatre professionals.

Joy was written by prominent Toronto actor and playwright Maja Ardal, and directed by actor/director Patricia Vanstone.

Composer Joey Miller, who has been involved with *Joy* since its inception, says that depression is a difficult subject to deal with but well worth the effort.

Joy runs from October 5-15.

Other events include the eighth annual edition of the *Rendezvous with Madness* film festival that presents features and shorts touching on the facts and mythology surrounding mental illness. It takes place November 15-19.

Images 2000, an art exhibit featuring works by artists who have received services from the Centre for Addiction and Mental Health, continues until June, 2001.

For more information on Workman Theatre events, please call (416) 583-4339.

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We appreciate each and every gift we have received from our many generous donors. If you would like to make a gift, or know someone who would like to, we have provided this coupon for your convenience.

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The **Foundation Progress Report** is the quarterly newsletter of the Centre for Addiction and Mental Health Foundation. Our mission: to be a dynamic and effective fundraiser, helping to enable the Centre for Addiction and Mental Health to provide the highest possible level of Understanding, Prevention and Care, creating a better world for the one in four Canadians whose lives are affected by mental illness or addiction. We work to promote public awareness of addiction and mental health and reduce the stigma associated with them.

We welcome your comments:

Jean Geary (416)535-8501, extension 4395,
or e-mail to: Jean_Geary@camh.net

We are very grateful for volunteer assistance and expertise from Stephen Nicholls.

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