

Social, Prevention and Health Policy

RESEARCH DEPARTMENT

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THE SOCIAL, PREVENTION AND HEALTH POLICY Research Department conducts innovative research, using state-of-the-art methodological and statistical techniques in areas that are relevant and topical. Our research helps CAMH be among world leaders in conceptual knowledge.

CAMH has treatment, training, development, dissemination and community service functions in one organization. This allows researchers to interact directly with colleagues in other groups, providing a synergy lacking in more specialized organizations. It allows us to develop programs and services that are knowledge-based, and bring these programs and services to the community. It also allows researchers to set an agenda that responds to needs identified by the research community and by communities in Ontario.

In addition to our local research activities, many researchers in the department are engaged in international projects through the World Health Organization and other groups. The majority of our research is done with funding from external grants and contracts.

The Department contains six units: Culture, Community and Health Studies; Health Systems Research and Consulting; Population and Life Course Studies; Regulatory Policies and Legal Controls; Social Factors and Prevention Initiatives; and Women's Mental Health and Addictions. The Department houses the Ontario Tobacco Research Unit (OTRU). In addition, we have a small core of people who conduct limited, community-based evaluations and provide evaluation consultation to community groups and agencies involved in addiction and mental health programming.





Fundamental to our mandate is that the research holds the promise of reducing the burden of harm from mental health problems and the use of alcohol, tobacco and other drugs in Ontario. Specifically, the information we produce informs the research community, the public, policy makers and program developers, through reports, conference presentations, peer-reviewed publications, position papers and media releases.

Our researchers are also often directly involved in product development, ensuring that their research is translated into effective resources. Ultimately, our work results in more effective, timely, evaluated programs and policies for mental health and addiction issues, leading to an improved health delivery system.



DR. MORTON BEISER, HEAD

Culture, Community and Health Studies

SOCIAL, PREVENTION AND HEALTH POLICY RESEARCH DEPARTMENT

Culture, Community and Health Studies (CCHS) is an integrated research, training, and consultation program. It focuses on resettlement and health of immigrants and refugees; health of First Nations peoples; cultural influences on the expression and course of illness and on the response to care; and developing models of care that are sensitive and responsive to the needs of Canada's multicultural society.

Our team includes scholars from the academic disciplines of psychiatry, sociology, clinical and developmental psychology, social epidemiology, anthropology, demography, medicine, nursing and public health. CCHS underwent its second external review in 2001. External reviewers were Dr. Lawrence Kirmayer (McGill University), Dr. William Sack (Oregon Health Sciences University), and Dr. Evelyn Bromet (State University of New York). As in our first review in 1997/1998, the reviewers in 2001 were unanimously enthusiastic about our accomplishments, and recommended the further expansion of CCHS.

Research

Over the past five years, CCHS has attracted over \$17 million in external research funding, mainly from peer-reviewed sources. Ongoing projects include studies of the health and development of immigrant and refugee children; resettlement impact and quality of life of immigrants and refugees; the role of resettlement stress in the risk of tuberculosis among immigrants and refugees; mental health in Toronto's Ethiopian and Tamil communities; the long-term effects of exposure to warfare; the mental health effects of poverty among immigrant and non-immigrant children; youth acquisition of ethnocultural identity; the mental health effects of discrimination; the role of social support in immigrant and refugee resettlement; and cultural influences on the experience and consequences of life-threatening illnesses.

Funding sources include the Canadian Institutes of Health Research, the Social Sciences and Humanities Research Council, Citizenship and Immigration Canada, Health Canada, Human Resources and Development Canada, Centre of Excellence for Research on Immigration and Settlement, and Canadian Heritage. Detailed project and staff information may be found at <http://www.utpsychiatry.com/noframes/cchs.html>.

Recent research highlights include:

- The paradoxical finding that, although immigrant families are three times more likely to be poor than non-immigrant families, immigrant children have fewer mental health and behavioural problems than their non-immigrant counterparts.
- The prevalence of depression among Ethiopians in Toronto roughly equals that found among the general population of Ontario, but is three times higher than the rates in Ethiopia.
- Social adversity and low education are strongly associated with depression among women in rural Pakistan.

- About one-quarter of visible minority immigrants experience discrimination and those experiences jeopardize mental health.
- Although female immigrants are less likely than males to receive language training in Canada, they benefit more from such training.

Education and Training

CCHS is dedicated to educating and training future generations of health researchers and health care providers who will contribute to the scholarly underpinnings for effective policy and practice. Each year, we train residents in psychiatry.

During the last academic year, Dr. Lisa Anderman was a post-doctoral fellow jointly sponsored by CCHS and the Psychological Trauma Clinic at Mt. Sinai Hospital. Under Dr. Morton Beiser's supervision, she continued her study of cross-cultural perceptions of mental health. Dr. Anderman and Dr. Tat Lo presented a well-received course in cultural competence for residents. Rani Srivastava, Director of Clinical Resources in the Faculty of Nursing at the University of Toronto, is completing a PhD at the Institute of Medical Science (IMS) under the supervision of Dr. Beiser. Dr. Kenneth Fung continued his work with Dr. Beiser on a study of alexithymia among Chinese people, in fulfilment of the requirements for a masters degree from IMS. Dr. Gerald Devins continues to supervise graduate students through IMS, including Monica Bettazonni (enhancing quality of life in schizophrenia through day-hospital programs), Sonia Sarkissian (illness intrusiveness, self-concept, and quality of life in epilepsy) and Kirsten Woodend (gender differences in illness intrusiveness and quality of life after the first myocardial infarction). Kenneth Mah continues his CIHR post-doctoral fellowship for his research on cognitive-behavioural intervention in hematologic cancer patients treated by blood and marrow transplantation.

Consultation

The CCHS unit provides community, policy and scientific consultations at national and international levels. As part of a Statistics Canada initiative, Dr. Anneke Rummens consulted on how to ask questions about ethnicity. Dr. Violet Kaspar served as a member of a National Research Council panel, Race, Ethnicity, and Health (Washington, D.C., 2001), and also served as a consultant in a Health Canada workshop for curriculum development on Health Issues, Immigration and Cultural Diversity (Ottawa, ON, 2001). Dr. Owens Wiwa participated in a speaker's platform held in Belgium (2001) to advise Greenpeace and other environmental movement and human rights organizations.



In the aftermath of the tragedy of September 11, 2001, the Canadian government distributed *Strangers Becoming Us* to the schools once again, as a tool to help children and school personnel deal with the repercussions of that singular event.

Alone in Canada, our self-help information guide developed by Dr. Laura Simich for new immigrants, is now available in English, French, Chinese, Tamil, Somali, Arabic, Spanish, Urdu, and Farsi.

Visiting Scholars

Dr. K.A.S. Wickrama, associate professor with the Department of Human Development and Family Studies and the Institute for Social and Behavioral Research at Iowa State University (Ames, IA) visited the CCHS unit for research collaboration and consultation on latent growth curve analysis for longitudinal data.

International Initiatives

The CCHS unit has been working toward developing a memo of understanding involving the University of Port Harcourt, the University of Toronto, and the Centre for Addiction and Mental Health. In the past year, this initiative, which resulted in the establishment of a Centre for Stress and Health in the Niger Delta region of Nigeria, received funding from IDRC. Another research initiative involves collaboration between the University of Toronto and the American University of Beirut for a comparative study of adolescent mental health.

CCHS as a Resource for the Wider Community

Dr. Beiser, in collaboration with the Toronto Centre of Excellence for Research on Immigration and Citizenship and Classroom Connections, developed two resource kits under the collective title *Strangers Becoming Us*. These curricula educate elementary and high-school students about the social, cultural and economic impacts of immigration on Canada, and about the mental health and other effects of resettlement on immigrants and refugees. In 2000/2001, these were distributed to all publicly funded schools across Canada.



DR. PAULA GOERING, HEAD

Health Systems Research and Consulting SOCIAL, PREVENTION AND HEALTH POLICY RESEARCH DEPARTMENT

Informing and improving systems of mental health and addiction service delivery — this is the goal of the Health System Research and Consulting Unit, the base of the University of Toronto Department of Psychiatry's Health Systems Program (formerly the Mental Health Systems Research and Development Program). An interdisciplinary team draws on the expertise of other jurisdictions, reviews current literature, interviews and consults with local stakeholders, analyses data in existing administrative databases, and gathers information through epidemiological and program evaluation studies.

To maximize the possibility of these findings being disseminated and translated into policy and practice, investigators in the unit regularly assume roles as administrators, planners, consultants and advocates to influence decision-making in the education, health care and government arenas. The unit has assumed a leadership role in this area after receiving a grant from the Ontario Ministry of Health and Long-Term Care to develop the Research Transfer Training Program. This program offered a course on knowledge transfer for the Department of Psychiatry at the University of Toronto and for CAMH researchers. The unit's consultation service is busy transferring knowledge and keeping research staff in touch with front-line service delivery issues and problems.

Members of the unit work in close collaboration with the Ontario Substance Abuse Bureau on system-related issues, such as performance measures and planning information. We have developed partnerships with provincial and federal mental health policy groups, are affiliated with the Department of Health Policy, Management and Evaluation at the University of Toronto and have developed a collaborative relationship with the Institute for Clinical Evaluative Studies. Unit staff have cross-appointments with other departments at the University of Toronto, including the Faculty of Nursing, Department of Public Health Science and the Institute for Medical Science.

Hospital Report 2001 — Mental Health Feasibility Study

As part of the Hospital Report 2001 project conducted through the University of Toronto's Department of Health Policy, Management and Evaluation, we conducted a feasibility study concerning the use of the Balanced Scorecard for hospital-based mental health care. We used literature, data and site reviews and consultation with content experts and stakeholders.

The project's final report, released this spring, evaluated the Scorecard's usefulness and feasibility for mental health care. Two modifications were recommended to improve the Scorecard's applicability. First, the indicators chosen should reflect not only the four Scorecard quadrants (system integration & change, clinical utilization & outcomes, client satisfaction and financial performance & condition) but also domains pivotal to Ontario's mental health reform: accessibility, appropriateness, outcomes,

consumer participation, and system management. Second, the scope of the Scorecard should be expanded to include provincial and regional governance levels in addition to the individual hospital or mental health/addictions unit or program.

Using these recommendations, we developed a modified framework along with example indicators, and proposed future directions for development and implementation.

Community Mental Health Evaluation Initiative

Availability of evidence on the effectiveness of different forms of community mental health support varies. A lack of common client data usually prevents researchers from comparing interventions. The Health Systems Research and Consulting Unit is the co-ordinating centre for a multi-site evaluation research project to advance understanding of the roles played by case management, assertive community treatment, crisis services and consumer and family initiatives. A cohort of over 900 individuals enrolled in 18 different programs is being assessed at three different points over an 18-month period. Most of the baseline data have now been collected and analyses are ongoing. Communications are being conducted in partnership with CMHA-Ontario. This past spring, we conducted a knowledge transfer workshop that produced "main messages" for policy-makers and the public.

Explaining Outcomes: Critical Characteristics of Community Support

Explaining Outcomes is a five-year project in the Community Mental Health Evaluation Initiative. The goal is to develop an instrument, or package of instruments, to measure the critical aspects of community support programs for people with a severe mental illness. Now in our third year of the project, the research team has developed and field tested four versions of the instrument: one for consumers, one for family members, one for service providers and one for program administrators. The next step in the project will be to pilot test the instruments, including a test-re-test of a subset of programs, to establish reliability and validity.

Comprehensive Assessment Projects

This series of needs-based planning projects originated in Ontario's psychiatric hospitals and expanded into the community system. We are using a consistent and sound methodology to assess current and recommended levels of care for people who use mental health services, and to determine how well current care matches need. Representative samples are weighted to provide data for service and system planning. To date, eight hospital and five community projects have been completed, and four are under way. We have presented our results to Mental Health Implementation Task Forces across the province.

While results vary across settings, there are some consistent findings. Most people currently using mental health services are receiving very low (about monthly) contact and a small group are receiving very high levels of support (i.e., inpatient care). Yet about half of current psychiatric hospital inpatients could be living independently in the community if intensive support were available. Additionally, about 60 to 70 per cent of people who use community-based services require more support than they are receiving. During the past few years, assertive community treatment teams have been implemented throughout Ontario, but these planning projects suggest that considerably more system capacity is needed for delivery of intensive, community-based mental health care.

Depression in the Workplace

Rising rates of disability due to depression are of concern to multiple stakeholders. In response to a request from the Ontario Roundtable on Appropriate Prescribing, we designed a study called Depression in the Workplace: Examining Antidepressant Use and Worker Characteristics and Their Associations with Disability. Three Canadian companies with national employee bases were recruited as project participants. Together, they represent over 65,000 workers.

The first findings from the Depression in the Workplace study were published in the *Journal of Occupational and Environmental Medicine*. This paper reported that as many as two per cent of the labour force will take a depression-related short-term disability leave. Depression-related leave accounts for 75 per cent of all leaves due to nervous and mental disorders. In the study sample that represented 12 per cent of the financial/insurance sector in Canada, this represented \$20.5 million in lost productivity.

A larger proportion of employees who go on short-term disability are in their mid-careers. They are people with work experience who are vital to the operation of their companies. However, the majority of people who go on depression-related short-term disability return to work rather than go on to long-term disability. People on short-term disability are not a homogenous group; for example, the severity of their symptoms varies. Effective disability management programs take these differences into account.

Best Practice for Concurrent Disorders

This project, funded by Health Canada, synthesized research literature, expert opinion and consumer focus group input to recommend improvements for community systems and services (screening, assessment and treatment/support) for people with concurrent mental health and substance use disorders.

Recommendations called for a more integrated approach at both the individual program level as well as the system level. The advice concerning specific research-based interventions differed within different clusters of concurrent disorders (e.g., mood and anxiety versus severe and persistent mental illness). The report has been completed and released by Health Canada.

Drug and Alcohol Treatment Information System

Drug and Alcohol Treatment Information System (DATIS) is a provincial information system that collects, summarizes and reports information on the volume and characteristics of people being treated for alcohol, drug and gambling problems in Ontario. Staff of the unit help select performance measures within DATIS and analyse and interpret trends that are useful for planning, accountability and research. Unit staff use the resulting databases to address research questions and report the findings in the research literature. This year, we completed the first provincial report on client characteristics and service utilization.

Systems Integration

In this project, we reviewed and synthesized findings on mental health system integration to examine strategies for creating more integrated mental health service systems, and to evaluate the effectiveness of these strategies in enhancing client accessibility, continuity and quality of care. We reviewed published and unpublished literature, looking at key studies and descriptive work. We analysed Ontario and other integration projects to identify strengths, challenges and lessons learned. We sought expert opinion by interviewing key informants and consulting with an advisory panel formed for this project.

In collaboration with the Mental Health Rehabilitation Reform Branch, the unit organized a provincial policy forum on systems integration for the Mental Health Implementation Task Forces, provincial organizations, consumers and families on October 17, 2001, in Toronto. This forum generated considerable discussion and provided advice to the Ministry on this issue.





DR. ROBERTA FERRENCE, HEAD

Ontario Tobacco Research Unit SOCIAL, PREVENTION AND HEALTH POLICY RESEARCH DEPARTMENT

Since its inception in 1993 as the research component of the Ontario Tobacco Strategy, the Ontario Tobacco Research Unit (OTRU) has been a focal point for an active tobacco control, research network in Ontario. Our principal sponsor is the Centre for Health Promotion at the University of Toronto. The Centre for Addiction and Mental Health is one of three co-sponsors of the unit, providing in-kind contributions of investigator and staff time, facilities, and administrative support. The central office of OTRU is located at the 33 Russell Street site of CAMH.

The Ontario Tobacco Research Unit is led by a multi-disciplinary team of six university-based principal investigators who spend at least 20 per cent of their time on OTRU activities. Our network also includes 35 co-investigators, 27 collaborating investigators and numerous affiliates, consultants and Ontario Tobacco Strategy partners.

Funding comes from the Ontario Ministry of Health and Long-Term Care, in-kind contributions from sponsoring institutions, and various external grants and contracts. For the purposes of this report, we have highlighted activities of the Toronto site.

OTRU's activities fall into five functional areas based on our mandates:

Program and Policy Research and Development

OTRU successfully completed its first external program review in January of 2002. According to data compiled in preparation for the review, our six principal investigators were involved in 105 unique projects under 104 research grants, 42 of which were new in 2000/2001, and produced 53 articles for peer reviewed journals. In addition to funding of \$1.4 million from the Ministry of Health and Long-Term Care, our principal investigators were awarded approximately \$1.1 million in research grants and contracts in 2000/2001.

Monitoring and Evaluation

Each year, our Monitoring and Evaluation Group produces an annual monitoring report. This report assesses areas such as smoking patterns among adults and youth, public attitudes to tobacco policies, and broad strategic issues in tobacco control. This report is central to OTRU's mandate to monitor progress of the Ontario Tobacco Strategy. Two principal sources of data for the report are the annual *CAMH Monitor* and the biennial *Ontario Student Drug Use Survey*.

Teaching and Training

We have undertaken initiatives to develop a future cadre of researchers and practitioners with particular interest in and skills relevant to tobacco control. In 2001/2002, OTRU investigators supervised individual thesis research and field practica. Drs. Roberta Ferrence and Joanna Cohen developed the

University of Toronto graduate course, Tobacco and Health: From Cells to Society. This course was also video-conferenced to the University of Waterloo via the Eli Lilly Learning Centre. This year also marked the beginning of the OTRU Studentships for Research in Tobacco Control program. We awarded 10 studentships to students across the province who committed to undertake tobacco control research projects.



Information Analysis and Dissemination

OTRU provides timely access to research materials relevant to our target audiences, principally other researchers, public health professionals and policy makers in Ontario, through the monthly mailings of our current abstracts series, literature reviews, working papers, special reports and research updates.

Networking and Communications

Since OTRU's launch in 1993, our main goal in communications and networking has been to provide a provincial focus for tobacco-related research and community health system networking. This year, we collaborated with our Ontario Tobacco Strategy partners to organize a provincial tobacco control conference for researchers, practitioners and policy makers held in Toronto in March 2002. Our website and listserv continue to provide key information on funding and research events, as well as discussion on research issues for 130 investigators and practitioners, across the province and beyond.



DR. EDWARD ADLAF, HEAD

Population and Life Course Studies
SOCIAL, PREVENTION AND HEALTH POLICY RESEARCH DEPARTMENT

The overall goal of the Population and Life Course Studies Unit is to describe the extent of addiction and mental health indicators in the population and to monitor trends. This includes: providing and disseminating accurate and timely data regarding alcohol use, other drug use and mental health indicators among general and special populations; and monitoring and identifying risk and protective factors for alcohol, other drug use and mental health indicators.

By measuring addiction and mental health indicators, we provide the knowledge base for health professionals, program planners and municipal, provincial and national government bodies. This information can also help us target prevention and other programs and evaluate existing programs, policies and health objectives. The result is an information base that helps ensure needed programs are established in a timely and cost-effective manner.

Our investigators are a multidisciplinary group comprising epidemiologists, sociologists, psychologists, criminologists and historians. Investigators also serve as experts for international agencies such as the World Health Organization and the United Nations Drug Control Programme. Unit staff hold appointments with University of Toronto departments, including Public Health Sciences, Psychology, Psychiatry, Sociology and History.

Our accomplishments during the 2001/2002 period include the following.

Student Surveys

The 13th cycle of the *Ontario Student Drug Use Survey (OSDUS)*, the longest ongoing school survey in Canada, was completed and released to the public. The *Ontario Student Drug Use Survey Drug Report* was released in November 2001, and the first *Ontario Student Drug Use Survey Mental Health Report* was released in spring 2001.

The 2001 *OSDUS Drug Report* found that, over the past decade, the smoking rate among youth has decreased. Increases in drug use stalled toward the end of this period, with the exception of ecstasy use. Still, a significant percentage of young Ontarians are engaging in risky behaviours such as binge drinking, driving after using cannabis, and being a passenger in a vehicle driven by someone who had been drinking.

The 2001 *OSDUS Mental Health Report* found that the majority of young Ontarians do not report an emotional problem, nor do they report delinquent activity. In fact, violence has decreased over the past decade.

However, the survey revealed that a significant number of youth do experience problems. For instance, just under one-third report psychological distress, one-quarter are bullied at school, and one in ten report serious thoughts about suicide and seeing a mental health professional in the past year.

Internet Resources

We completed and released our first electronic monitoring report: *CAMH Monitor eReport: Addiction and Mental Health Indicators among Ontario Adults, 1977-2000*.

The report, based on telephone surveys of adults aged 18 and older throughout the province of Ontario, describes the extent of alcohol use, drug use, mental health indicators and gambling problems, and provides a knowledge base for health professionals. The report is available at <http://www.camh.net/research/pdfs/cm2000-epirpt.pdf>.

We expanded our unit Web page, http://www.camh.net/research/population_life_course.html, to more efficiently disseminate epidemiological and other research findings. Visitors to the Web page will find our ongoing bimonthly *eBulletin*, which provides highlights of our survey research.

Self-Help Treatment of Alcohol Problems

We successfully completed an innovative NIAAA-funded study (Cunningham), which investigated the treatment of alcohol problems with self-help materials among a non-clinical sample.

The study found that those who received both self-help material and personalized feedback regarding their drinking reported significantly improved drinking outcomes after six months as compared to those who received the self-help book only, the personalized feedback only or received no intervention.



Youth, Drugs and Violence

A NIDA-funded cross national study of Youth, Drugs and Violence (Erickson), which partners with a research team at the University of Delaware, was further expanded by adding two collaborating teams from the University of Amsterdam and the University of Montreal.

This study will compare the association between violence and drug use across the four sites and among three samples of youth: students, non-students and those in detention.

Gin Use in 18th Century London

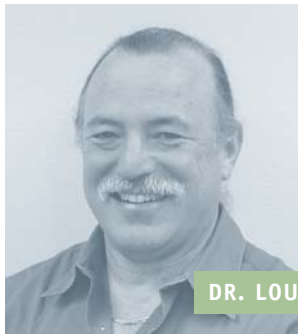
Jessica Warner completed a major scholarly publication, *Craze: Gin and Debauchery in an Age of Reason* (2002, New York: Four Walls Eight Windows).

Based on archival research funded by the American National Institute on Alcohol Abuse and Alcoholism, this book looks at gin use in 18th Century London. The ensuing “gin craze,” Warner argues, was the first modern drug scare, with parallels to more recent drug scares, including, most notably, the so-called “crack cocaine epidemic” of the late 1980s.

Gender, Alcohol and Aggression

We are collaborating with the Department of Sociology, the Centre of Criminology (University of Toronto), Department of Anthropology and Sociology (Concordia University), the Swiss Institute for the Prevention of Alcohol and Drug Problems (Lausanne) and the Addiction Research Institute (Zurich), to investigate the links between gender, alcohol and aggression. In particular, the study seeks to identify the circumstances in which women are most like men in how they express aggression.





Regulatory Policies and Legal Controls

SOCIAL, PREVENTION AND HEALTH POLICY RESEARCH DEPARTMENT

DR. LOUIS GLIKSMAN, HEAD

The Regulatory Policies and Legal Controls Section assesses the impact of policy and legal control initiatives and conducts research on potential policy options for various levels of government. We have implemented or completed a number of significant projects this year. These projects are largely funded from external sources, totalling about \$15 million dollars, and will continue for the next few years.

Antisocial Behaviour, Alcohol and the Automobile

Dr. Reg Smart and Dr. Bob Mann received funding from the Networks of Centres of Excellence program to support their work on drunk driving and road rage. One aspect of this work is a comprehensive analysis of several impaired-driving policy initiatives in Canadian provinces. They have recently assessed the impact of Ontario's Administrative Drivers License Suspension law. They found that, since this law was introduced, there has been a 17 per cent reduction in the proportion of fatally injured drivers with a blood alcohol content over the legal limit.

As well, in a comprehensive review of the literature on road rage, they found that, although scientific literature does not yet support claims of an epidemic of road rage in modern society, some findings suggest that road rage may be an important cause of injuries and deaths on our highways.

Lowering Blood Alcohol Content Limits for Driving

Dr. Mann, Dr. Scott Macdonald and Gina Stoduto have found that every jurisdiction that has introduced or lowered a legal blood alcohol content limit for driving saw a reduction in collisions, injuries and fatalities. Recent studies consistently indicate that a lowered legal limit can be associated with a lasting reduction in collision fatalities. Variations in the impact of reduced legal limits may be due to such factors as levels of awareness and enforcement of the law.

Collaborative World Health Organization Study on Alcohol and Injuries

Drs. Macdonald and Norman Giesbrecht are the Canadian investigators of a world-wide, multi-site comparison study, co-ordinated by the World Health Organization, looking into the relationship between alcohol and injuries in hospital emergency-room departments. The intent of the study is to use a common methodology and to draw comparisons of the relationship across countries.



Driving Records of Clients in Treatment for Alcohol, Cocaine or Cannabis Use

Dr. Macdonald has received funding from the Canadian Institute of Health Research for this study. Using data from client records and traffic violations, the study is looking at the relationship between traffic violations and people in treatment for alcohol, cocaine or cannabis use to determine if this group is more prone to traffic problems. The data collection phase has been completed.

Interdisciplinary Health Research Teams Illicit Opioid Addiction Study

Drs. Benedikt Fischer and Jürgen Rehm and their colleagues have begun three of four of the project components of this national multi-site site study that is funded by the Canadian Institute of Health Research. These include a multi-site cohort study with untreated opioid users, meta-analysis on opioid pharmacotherapy treatments, and an animal studies program. The study is being conducted in a number of cities in Canada, and will use multiple, interrelated disciplines to investigate the appropriateness of a variety of opioid treatment options.

North American Opioid Medications Initiative

The purpose of this study is to determine the extent to which non-conventional forms of opioid-assisted therapy may be more successful than conventional oral methadone therapy in recruiting, retaining, and benefiting chronic, opioid-dependent people who use injection drugs. Drs. Fischer and Rehm are part of a national team that have recently received funds from the CIHR to begin this first study its kind in North America. The study is scheduled to begin this year and to take place in three Canadian cities.

Drug Treatment Courts in Toronto

Dr. Louis Gliksman and Brenda Newton-Taylor have received funding for 4.5 years from the Department of Justice (National Crime Prevention Centre) to evaluate the impact of drug courts in Toronto. The Drug Treatment Court (DTC) offers a new approach to repeat offenders based on the notion of restorative justice. This approach also allows for a unique opportunity for the criminal justice system and treatment agencies to collaborate, and to actively engage in partnerships with community agencies, services and organizations. The study has resulted in a number of sub-projects within the framework of the overall evaluation:

- Using both qualitative and quantitative data, we are investigating the unique needs and issues of female DTC clients, involving women from expelled, graduate and comparison groups, as well as key court members (judge, Crown, duty council, court liaison, therapists).
- We are conducting a summary of drug court related literature, focusing on international comparisons, and research/evaluation issues.
- With DTC judicial collaboration, we will be conducting a qualitative examination of drug related sentencing alternatives distributed to a national sample of justices involved with addicted felons.

Municipal Alcohol Policy and Aboriginal Communities

Dr. Gliksman, Ron Douglas, Margaret Rylett and Claire Narbonne-Fortin have been adapting the Municipal Alcohol Policy approach to be culturally appropriate for First Nations Communities. This adaptation covers three potential environments where alcohol is used and it has been implemented, in part, in a number of communities as a demonstration project. We will use the findings from the demonstration project to develop a research proposal for expanding Community Alcohol Harm Reduction Policy development to other First Nation communities in Ontario and Canada.

Alcohol Policy Developments in the U.S.

Drs. Thomas Greenfield and Norman Giesbrecht have been working on a project, funded by the Robert Wood Johnson Foundation, that focuses on American policy developments with regard to alcohol advertising, pricing and institutional change and the roles of alcohol industry, public opinion, research and political change in their outcome. This study will inform the general public and policy-makers about the factors that contribute to effective, sustainable alcohol policies in the American context.

Canadian Alcohol Policy Project

In this project, funded by the National Health Research and Development Program, Health Canada, Dr. Giesbrecht has examined several Canadian federal and provincial developments in alcohol policy, including privatization trends in alcohol retailing at the provincial level. At the national level, we investigated the effects of changes in trade, smuggling, proposed warning labels on alcohol bottles, intoxication as an excuse for violence and deregulation of alcohol advertising controls as factors that may have aided or hindered the development of these policies.

Canadian-Nordic Alcohol Policy Project

In this ongoing project, funded by a number of Scandinavian agencies, Drs. Giesbrecht and Thor Norstrom are conducting a study that focuses on trends and patterns in access to alcohol and alcohol policy in Canada and the provinces since 1950. By studying changes in access, per capita consumption and drinking-related damage using time series analysis and other methods, they hope to draw out implications for alcohol policies in the Nordic countries.



Social Factors and Prevention Interventions

SOCIAL, PREVENTION AND HEALTH POLICY RESEARCH DEPARTMENT

DR. KATHRYN GRAHAM, HEAD

Research in the Social Factors and Prevention Interventions Section is directed toward identifying environmental (e.g., social, physical, cultural) and individual (e.g., personality, predisposition, risks and protection) factors that are associated with mental health and substance use problems. We then use this knowledge to develop and evaluate research-driven interventions to reduce the occurrence and severity of such problems.

At present, work in the section focuses on: social factors associated with aggression and violence, including alcohol-related aggression; alcohol, gender and aggression; theoretical constructs linking different forms of aggression; school-based and workplace-based prevention programs; research on the relationship between healthy psychosocial development and childhood social factors including poverty, parenting and school culture and environment; the evaluation of early intervention programs for at-risk youth; and research and evaluation on the factors associated with preventing and treating problem gambling.

The following are highlights of current initiatives.



Reducing Aggression and Injury in Bars

Drinking in licensed premises is often associated with aggressive behaviour and injury. Our investigators are leading an international project funded by the U.S. National Institute on Alcohol Abuse and Alcoholism (NIAAA) to evaluate the impact of the *Safer Bars* program on reducing aggression and injury related to drinking in licensed premises. During Phase 1 of the project, conducted during 2000/2001, we completed 800 nights of observations in large-capacity bars in Toronto. This allowed us to develop a baseline measure of the frequency and severity of aggressive incidents.

Phase 2, completed in 2001/2002, involved implementing the *Safer Bars* program in up to 26 randomly selected bars and clubs in Toronto and five bars selected for early participation. A total of 522 bar staff and managers in 23 bars and clubs in Toronto participated in the training program.

The overall response to the program was extremely positive: 98 per cent of respondents who completed the feedback questionnaire indicated that they would recommend the training to others. Significant positive changes were evident on 31 of 32 pre-post training knowledge/attitude questions. Participants also gave high ratings on different aspects of the training and of the trainers. The majority of participants said they would change how they work as a result of the program.

Strengthening Families

Children whose parents have substance use problems are at high risk for a number of problems. In partnership with the University of Buffalo and funded by the NIAAA, our investigators continue to evaluate the Strengthening Families program. The primary objective of the program is to prevent the onset and progression of alcohol and other drug use problems among children whose parents have alcohol problems. This five-year project, now entering its third year, will involve approximately 720 families in which at least one parent was previously in treatment for an alcohol problem.

Currently, five alcohol/drug treatment facilities in Ontario are collaborating on the project: Addiction Services for York Region, Simcoe Outreach Services, the Jean Tweed Centre, St. Mary's Counselling Services, and Alcohol and Drug Services of Thames Valley. Over 150 Ontario families have participated in the program, and retention rates have been very high (in excess of 95 per cent), an indication that families are enjoying the activities.

Preliminary findings from the study were presented in at a meeting of the Society for Prevention Research in June 2002.

Fairness and the Human Spirit at Work

CAMH has been a leading partner with Health Canada over the last 16 years in a research, development and evaluation program devoted to promoting mental health and preventing substance use problems in the workplace. Our ongoing projects focus on the role of interpersonal fairness in the employment relationship and how this affects mental health.

Fairness has been isolated as a powerful influence on mental health and a key mediator of how stress affects health in general. CAMH is the virtual hub of a network that involves hundreds of workplace partners, including the National Quality Institute, the Canadian Business and Labour Centre, the Conference Board of Canada and a consortium of largely university-based Centres for Health Promotion.

To address the issue of stress and fairness in the workplace, researchers from CAMH and the consortium have successfully advanced an instrument called the ssos (the Stress Satisfaction Offset Score) as a means of assessing the extent to which workplace environments are health- or harm-promoting. In addition, we are developing several promising interventions that attempt to redress the balance between satisfaction and stress in troubled workplaces. The ability to balance stress and satisfaction is being used as a criterion for managerial performance in at least one major public utility with which we have been working.

Understanding and Preventing Problem Gambling

As gambling opportunities increase, so does the incidence of problem gambling. To better understand how gambling problems develop, our investigators have completed a study of people who win at gambling and how winning affects the development of problem gambling. Our findings indicate that early wins, along with impulsivity and stressful life experiences, play a role in the development of problem gambling. In addition, people who became problem gamblers tended to have a poorer understanding of random events than those who were not problem gamblers and were more likely than non-problem gamblers to rely on escape or avoidance as a method of coping with problems.

Ongoing work in the gambling area also includes evaluating a curriculum (eight lesson plans and a CD-ROM) developed for Ontario schools for preventing gambling problems. The program addresses two main sources of vulnerability: a lack of knowledge about the nature of random events (e.g., the erroneous belief that you can beat the odds); and the inability to cope with stress. The evaluation involves classes randomly selected to receive the curriculum.



DR. BRENDA TONER, HEAD

Women's Mental Health and Addiction
SOCIAL, PREVENTION AND HEALTH POLICY RESEARCH DEPARTMENT

The Women's Mental Health and Addiction Research Section is dedicated to developing health care that is more responsive to the needs of women. We focus on social, psychological and biological factors to further our understanding of the origin, expression, prevention and treatment of mental health problems and addictions in women. We seek partnerships with a diversity of women to conduct research that will be helpful to all women with mental health and addiction issues.

The section continues to focus on multidisciplinary research collaboration at international and local levels. This year, we strengthened our links to the Clinical Division at CAMH by formally integrating into our section Drs. Nili Benazon and Noreen Stuckless, who are research scientists in the Society, Women and Health Program. The following highlights represent selections of our ongoing and new initiatives.

FUNCTIONAL GASTROINTESTINAL DISORDERS IN WOMEN

Multicentre Trial of Functional Bowel Disorders

The Women's Mental Health and Addiction Research Section has completed recruitment for a study by the United States National Institute of Health for a multicentre trial of functional bowel disorders. We are now in the data analysis phase of the study.

This ongoing study is a unique collaboration between mental health professionals and gastroenterologists from the University of Toronto and the University of North Carolina. We hope to improve understanding and treatment of these chronic and debilitating illnesses that are mainly diagnosed in women.

This study is the first to take a holistic view of these disorders, assessing both the biological and psychosocial impact of cognitive-behavioural therapy versus antidepressant medication. Several papers, abstracts and presentations have been produced from this rich database over the past four years. We anticipate several more papers to be submitted for publication over the next several months.

GENDER ROLE SOCIALIZATION

Development of Gender Role Scale for Women

Gender role socialization refers to the internalization of prescribed gender role messages for women as depicted by multiple sources in society. Theoretical literature suggests that many mental health problems experienced by women are influenced by socialization into the female gender role. We do not yet have a validated tool that measures gender role socialization.

Our group continues working to develop such a tool — a scale to reflect the diversity of women's experience in this area. This scale will serve as a predictive and outcome measure in feminist-informed treatment interventions for women.

We have recently received funding from the Social Sciences and Humanities Research Council of Canada to support this ongoing work for the next three years.

Gender Role Messages for Women: An Intervention

Feminist researchers and clinicians agree on the need to develop interventions that expose and challenge gender role messages for women. However, no existing interventions provide a systematic and detailed account of possible themes and sessions for group or individual therapy with women. As well, very little work has been devoted to empirically testing the efficacy of feminist-informed therapies.



Our group developed an intervention that brings women together across diagnostic categories and encourages women, in a supportive and normalizing shared environment, to openly explore how gender role messages may have affected their sense of well-being. Our group continues to test the efficacy of this approach against more traditional forms of therapy. This project is a collaboration between feminist therapists and researchers in the Society, Women and Health Program and our section.

We have recently written a prospectus for this work, called *Exposing and Challenging Gender Role Messages for Women: Theoretical, Empirical and Clinical Perspectives*. We are currently looking for a publisher for this work.

Complex Post-traumatic Stress Disorder

Dr. Linda McLean received an Eli Lilly Canada Fellowship in Women's Mental Health Research. This fellowship will help facilitate a program of research called "The development of a complex post-traumatic stress disorder, dissociation, somatization, childhood trauma, and alexithymia in an outpatient sample of women."

The objective of this research will be to examine the strength of the relationship between the diagnosis of complex post-traumatic stress disorder, “early” (i.e., 12 years of age or less) childhood trauma variables, dissociation, somatization and alexithymia. We hope the findings will advance the understanding of the course, expression, prevention and clinical implications of such childhood experience(s), and inform treatment.

Trichotillomania

Using qualitative methodologies, Josee Casati has played a leadership role in identifying themes involving women's experiences with trichotillomania or compulsive hair pulling. Specifically, the purpose of this study was to better understand how women with trichotillomania conceptualized their condition, what their worries and concerns were and what feelings were associated with their hair pulling.

The study identified ten major themes prominent for women with trichotillomania, including embarrassment/shame, isolation, fear/guilt, anger/frustration, humiliation/pain, body image, lack of control, self-disclosure, lack of information from the medical community and precipitating triggers.

Findings from this study point to the importance of acknowledging and addressing psychosocial concerns for women with trichotillomania. Increasing our understanding of psychosocial issues underlying compulsive hair-pulling will contribute to improved treatment strategies for women.

Immigrant Women and Women of Colour

Dr. Alisha Ali, who has worked at CAMH as a research scientist, has accepted a position as Assistant Professor in the Department of Applied Psychology at New York University. We are also pleased to state that Alisha will continue to collaborate with our important work focusing on immigrant women and women of colour and with our ongoing research on gender role socialization.

Life Role Changes that Contribute to Well-Being among Immigrant Chinese Women

Taryn Tang leads this program of research, now in its second year, that examines Chinese immigrant women's negotiation of change in their lives and the types of mechanisms and processes that contribute to adjustment in Canada.

Anticipating and meeting the needs of a healthy population in a given society is a preventative measure that is a more cost-effective long-term solution than retrospectively maintaining the health demands of an ill population. This research can inform the investment practice of governments: we will compare different models of coping and support to develop an understanding of factors that guard against mental illness and promote mental health.

Training and Education

The Women's Mental Health and Addiction Research Section is also active in professional training, media presentations and public forums with a view of influencing the provision of care to women locally and internationally. In particular, we have been active in teaching undergraduate, graduate and post-graduate levels in psychiatry and psychology. We encourage electives, fellowships and post-doctoral positions in Women's Mental Health and Addiction, and are particularly interested in helping to develop academic careers in women's health. To increase communication among all staff and students interested in women's health issues, we developed and maintain the city-wide Women's Mental Health Interest Group in Toronto, a group that arranges monthly presentations on issues across the spectrum of women's health.