What we will cover

- Brief overview of structure and programs at CAMH
- Services for individuals with intellectual disabilities and mental health problems--
  - Adult Neurodevelopmental Service
  - Complex Mental Illness Program, including Forensic Mental Health Program
- Case examples
- Group discussion

Overview of CAMH

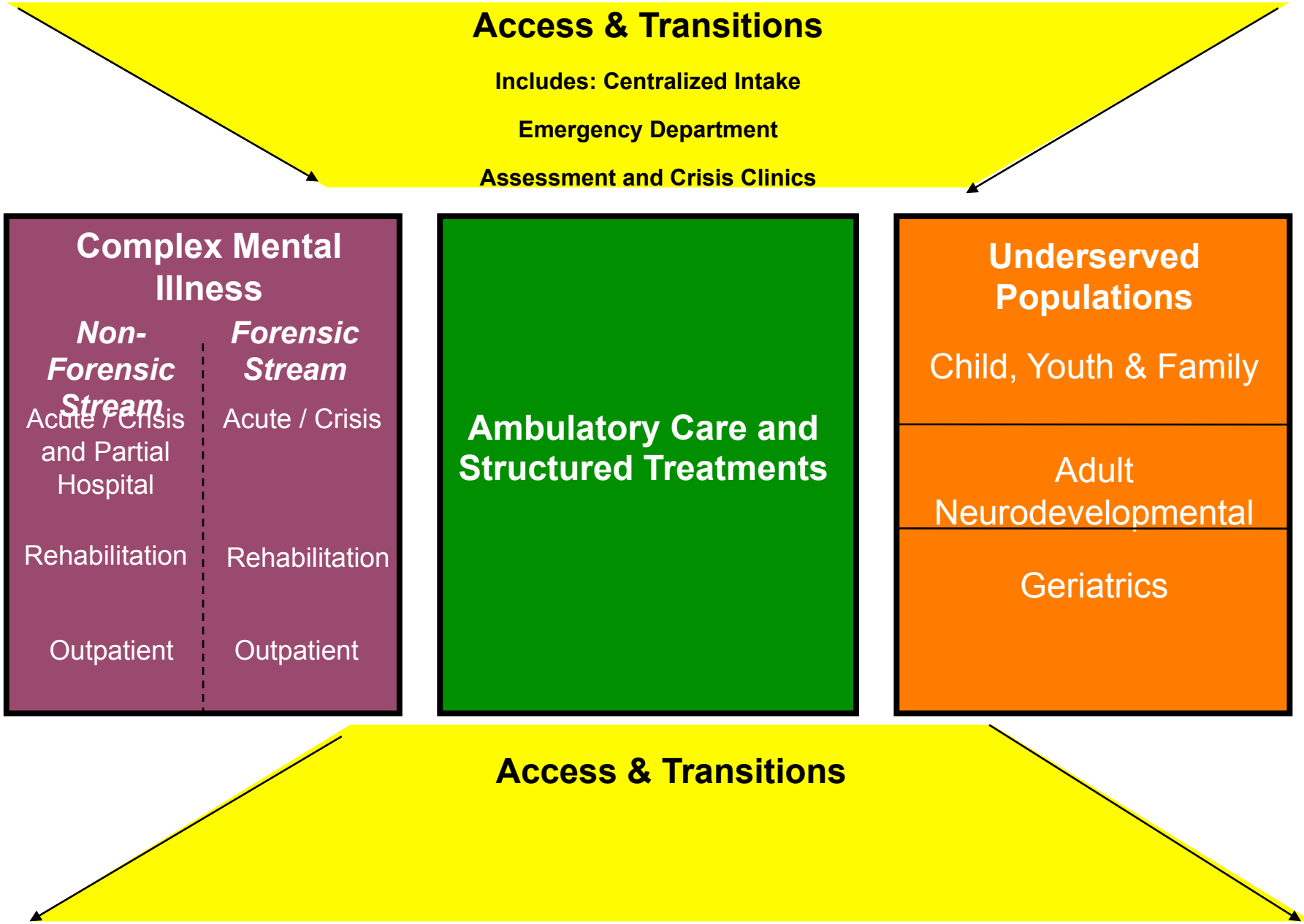
- Canada's largest mental health and addictions teaching hospital

- 3 sites:
  - Queen Street Site
  - College Street Site
  - Russell Street Site
- + Community offices in Toronto

Information about CAMH

- Statistics for 2014/2015
- Over 3,000 staff and 390 physicians
- Over 31,000 patients seen
- Over 4,000 inpatient admissions
- Over 8,000 visits to emergency services

CAMH Program Structure



Before we get started: Background on dual diagnosis

Definition of Dual Diagnosis

"Dual diagnosis" refers to the co-existence of intellectual disability and mental health problems (psychiatric disorders, mental and emotional distress and behavior problems)

Prevalence estimates of dual diagnosis

Ontario

- Total population = 13.7 million people (2014)
- Prevalence of ID (1.7%) = 232,900 people
- Prevalence of mental health problems (33%) = approx. 76,800 people

GTA

- Total population = 6.0 million people (2014)
- Prevalence of ID (1.7%) = 102,000 people
- Prevalence of mental health problems (33%) = approx. 33,600 people

Similarities and differences between ID and MI*

(Fletcher, 2012)

ID: refers to sub-average (IQ)

MI: has nothing to do with IQ

ID: incidence: 1-2% of general population

MI: incidence: 16-20% of general population

ID: present at birth or occurs before age 18

MI: may have its onset at any age (usually late adolescence)

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Similarities and differences between ID and MI* (Fletcher, 2012)

ID: intellectual impairment is permanent

MI: often temporary and may be reversible and is often cyclic

ID: a person can usually be expected to behave rationally at his or her developmental level

MI: a person may vacillate between normal and irrational behavior, displaying degrees of each

ID: adjustment difficulties are secondary to ID

MI: adjustment difficulties are secondary to psychopathology

Intellectual Disability and Mental Health by the Numbers

MENTAL HEALTH PROBLEMS occur in up to **40%** of adults with ID[1]

As many as **40%** of **BEHAVIORAL ISSUES** that come to the attention of primary care physicians have a **medical basis**[3]

People with ID have **MORE FREQUENT VISITS** to the **EMERGENCY DEPARTMENT** than people without ID[3]

Up to **50%** of adults with ID who experience a psychiatric crisis have been prescribed **PSYCHOTROPIC MEDICATION**[2]

Up to **1 in 5** **ADULTS WITH ID** have been prescribed **ANTIPSYCHOTIC MEDICATION**[3]

Up to **75%** of **ADULTS WITH ID** have experienced a **TRAUMATIC EVENT** in their lives[4]

Reason for admission
- Aggressive Behavior
- Other

AGGRESSIVE BEHAVIOUR is the most common **reason for admission** for adults with autism spectrum disorder to a mental health facility[5]

People with ID have a **4-5 times greater risk** of experiencing **DEMENTIA** and a **3 times greater risk** of **DEPRESSION** than people without ID[6]

Of the group of individuals who were prescribed psychotropic medication, **20%** were taking **2 OR MORE ANTIPSYCHOTIC MEDICATIONS** at the same time[3]

References

(1) Cooper, S.A., Smiley, L., Morrison, J. et al. (2007). Mental ill-health in adults with intellectual disabilities: prevalence and associated features. British Journal of Psychiatry, 190, 27-35.

(2) Lunsky, Y., & Elserafi, J. (2012). Antipsychotic medication prescription patterns in adults with developmental disabilities who have experienced psychiatric crisis. Research in Developmental Disabilities, 33, 32-38.

(3) Lunsky, Y., Klein-Geltink, J.E., Yates, E.A., (Eds.) (2013). Atlas on the Primary Care of Adults with Developmental Disabilities in Ontario. Toronto, ON: Institute for Clinical Evaluative Sciences and Centre for Addiction and Mental Health.

(4) Martorell, A., Tsakanikos, E., Pereda, A., et al. (2009). Mental health in adults with mild and moderate intellectual disabilities. The role of recent life events and traumatic experiences across the lifespan. Journal of Nervous and Mental Disease, 197, 182-186.

(5) Palucka, A., & Lunsky, Y. (2007). Review of inpatient admissions of individuals with autism spectrum disorders to a specialized dual diagnosis program. Journal on Developmental Disabilities, 13, 205-209.

(6) Shooshtari, S., Martens, P., Burchill, C. et al. (2011). Prevalence and depression and dementia among Adults with Developmental Disabilities in Manitoba, Canada. International Journal of Family Medicine, Article ID 319574, 9 pages, doi:10.1155/2011/319574.

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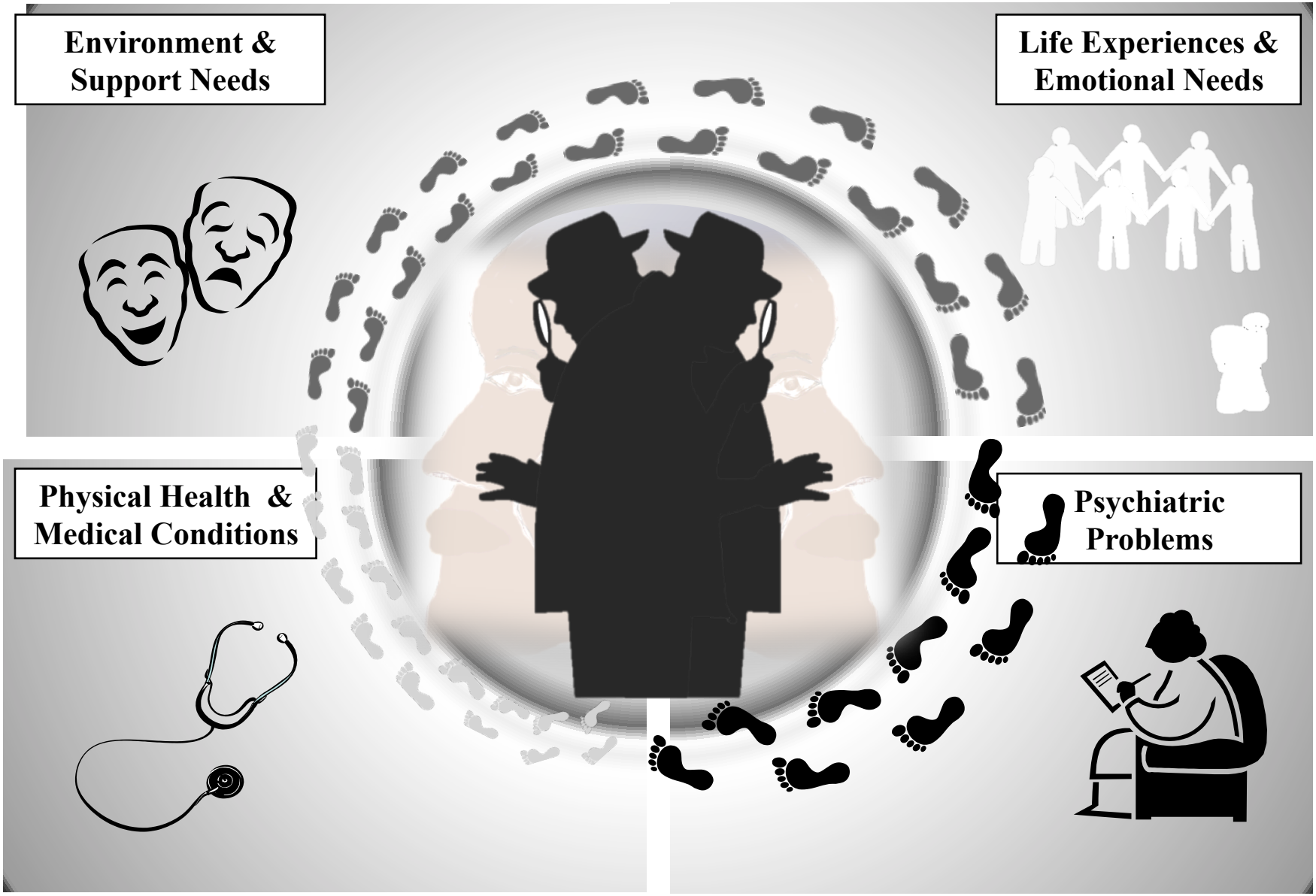
Assessment Approach



Medical issues to consider

- Constipation
- Reflux
- Respiratory problems
- Cardiovascular related problems
- Headache, earache
- Vision and hearing problems
- Dental problems
- Allergies
- Side effects from medication
- Seizures
- Cerebral palsy (orthopedic, spasticity, urinary) related problems

Environmental issues to consider

- Level of lighting
- Noise levels
- Activity and stimulation levels
- Temperature
- Odors and scents
- Presence of visual and auditory distractions
- Physical layout
- Adaptations to support those with visual, hearing or ambulatory disabilities

Support issues to consider

- What do caregivers understand about the individual's disability?
- Are caregivers' expectations in line with the individual's abilities, goals and preferences?
- What supports are available at home, school, work and recreational/leisure settings?
- What supports are available for caregivers e.g., training, mentoring, reporting

Life events/traumatic events to consider

- **Life events**

- Moving to a different home
- Transitions e.g., school, work
- Becoming seriously ill
- Coping with the death, serious illness or loss of a close friend, relative, paid care providers

- **Traumatic events**

- Exposure to physical, sexual and verbal/emotional abuse
- Witnessing violence
- Teasing/bullying/harassment
- Abandonment
- Experience of discrimination

Treatment Approaches

Treat underlying physical and medical conditions that contribute to behavior and mental health problems
Treat psychiatric disorders using medication and non-medication approaches according to evidence based practice for specific disorder
Modify the environment and provide needed supports to meet daily life and emotional needs
Decrease stress
Increase coping and skills
Develop a coordinated system of supports

Adult Neurodevelopmental Service

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Underserved Populations Program

- **Adult Neurodevelopmental Service**
- Child, Youth and Family
- Geriatric Mental Health
- Health Equity

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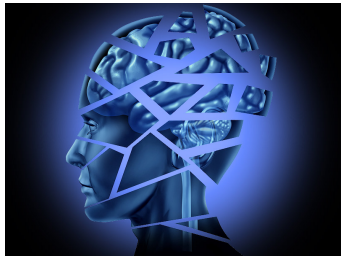
Underserved Population Program (continued)

- 220 Full-time staff
- 40 physicians
- 65 inpatient beds
- 3 inpatient units
- 4 day treatment programs
- Range of outpatient clinics

Adult Neurodevelopmental Service

(formerly Dual Diagnosis Service)



Adult Neurodevelopmental Service

- Intellectual Disability and/or Autism Spectrum Disorder

- + Mental health problem or severe challenging behaviour

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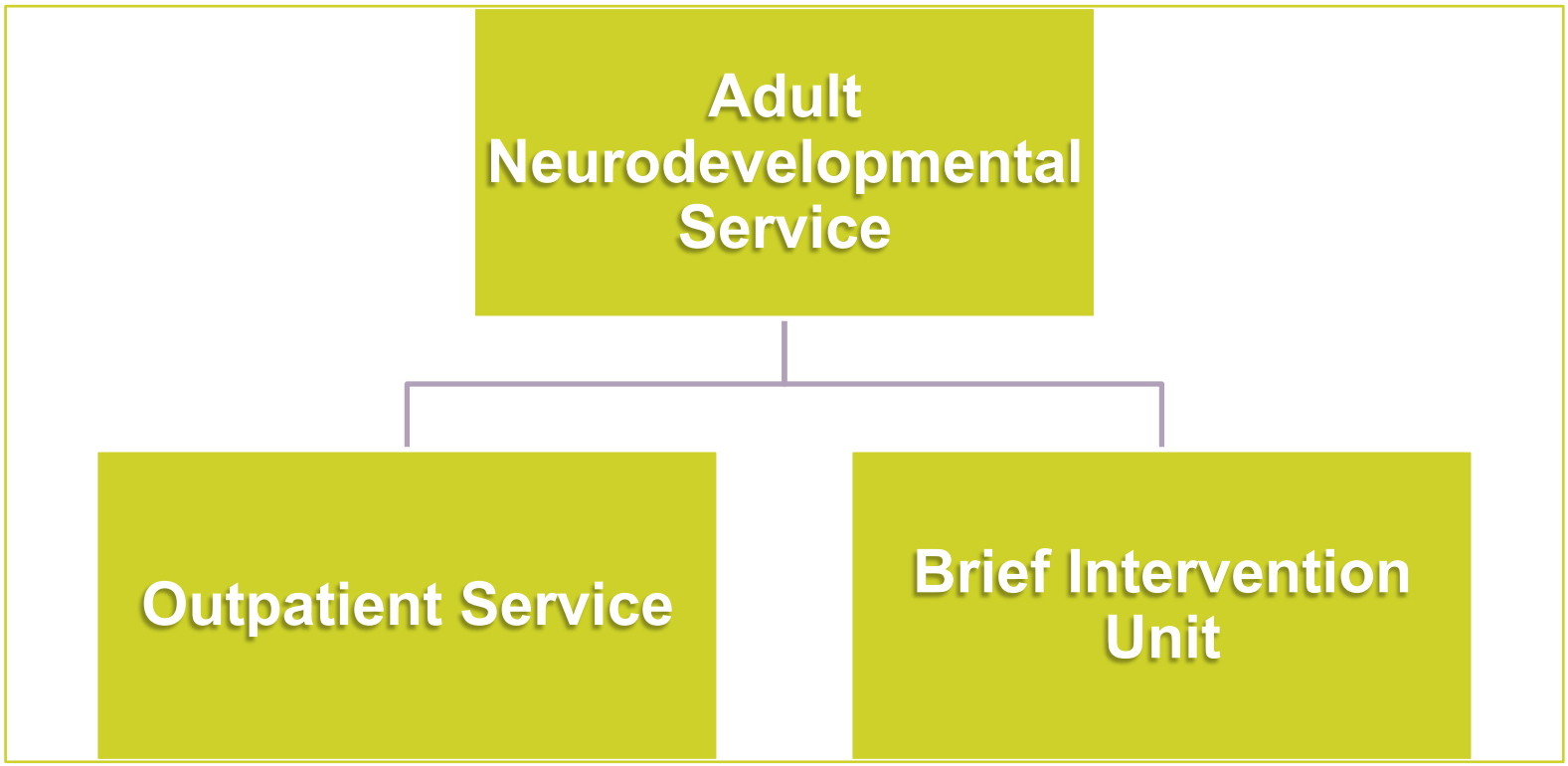
Structure of Services



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Aim of the outpatient service

In collaboration with other community-based service providers, the Adult Neurodevelopmental Outpatient Service will:

- Provide assessment and evidence-based treatment in the community
- Support admission and discharge from the Inpatient unit
- Support discharges from emergency departments and prevent avoidable hospital admissions as much as possible.

Outpatient Service - Referral Sources

Referrals

- Referrals for assessment to the Adult Neurodevelopmental Outpatient Service can be initiated by anyone

- Referrals must be accompanied by a *physician referral*

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Outpatient Service – Suitability Criteria

- Age 16 and above
- Diagnosed with Intellectual Disability (ID) and/or Autism Spectrum Disorder (ASD)
- Presenting with a mental health problem or severe challenging behaviour such as severe aggression or self-injurious behaviour (SIB)

Outpatient Service – Treatment Suitability Criteria

Treatment:

- For clients with a diagnosis of ID, the individual must be *actively engaged* with a relevant DSO-related agency and have a Community Physician (necessary for shared care)

- For clients with a diagnosis of ASD alone (no ID), the individual must have a Community Physician

Outpatient Service – Mental Health Care Pathways

- Psychiatric Consultation – Medication/Second opinions
- Interprofessional Assessment and Treatment Service
- Intensive Outpatient Service – Home based Treatment

- "High Functioning" (non-ID) ASD Clinic – Assessment + Group based Treatment at CAMH

Team Composition

Behaviour Therapist

Developmental Service Worker

Nurse

Nurse Practitioner

Occupational Therapist

Psychological Associate

Psychiatrist

Social Worker

Brief Intervention Unit (BIU)

- The aim is to provide brief inpatient interprofessional assessment and intervention
- The duration of the service is up to 4-8 weeks in length

BIU - Referrals

- Pathway for inpatient admission is through the outpatient service for clients that require hospital -based brief intensive assessment and or intervention (e.g., medication initiation or review, brief observation of symptoms)

BIU – Suitability for Admission

- Age 16 and above
- Diagnosed with Intellectual Disability (ID) and/or Autism Spectrum Disorder (ASD)
- Presenting with **clear treatable psychiatric symptoms** (e.g., primarily mood disorders, OCD, anxiety disorders etc.)
- Clients presenting with personality disorders or addictions will be referred to relevant services
- Predetermined discharge date and destination

BIU – Inpatient Services

- An individualized interprofessional assessment will be carried out and an intervention plan will be implemented
- This plan may include evidence-based behavioural, medical, psychiatric, psychological, social work, systemic, occupational therapy assessment and intervention

BIU - Discharge

- A BIU discharge will be made to the community destination on the predetermined date
- A discharge plan from BIU will be developed and coordinated with the outpatient service and/or the community provider

Justin's Story

Justin has an autism spectrum disorder. He is non verbal.

He lives with his parents and 2 younger siblings.

He attends classes at the local high school.

Justin can become very upset and aggressive at times.

Over the years, Justin's parents have taken him to different professionals to get help.

Justin still gets upset and aggressive. His family members are afraid for their safety. They don't know what else to do.

One night, Justin's parents take him to the an Emergency Department.

They told staff they don't feel safe taking Justin home.

Previous Model: Admission to Inpatient Unit

Justin is admitted to the unit.

Justin receives assessment and treatment from the interprofessional team.

Justin's behaviour settles on the unit and there are no problems with aggression.

Justin's parents don't feel they can manage him at home.

Justin in unable to leave hospital.

After 6 months, he is still in hospital.

New Model: Outpatient Program

At times Justin becomes very upset and aggressive.

Parents meet with staff from the outpatient program to discuss available supports.

Justin stays at home.

Justin receives timely assessment and treatment from the interprofessional team. The team works with other agencies.

Justin and his parents are taught new skills.

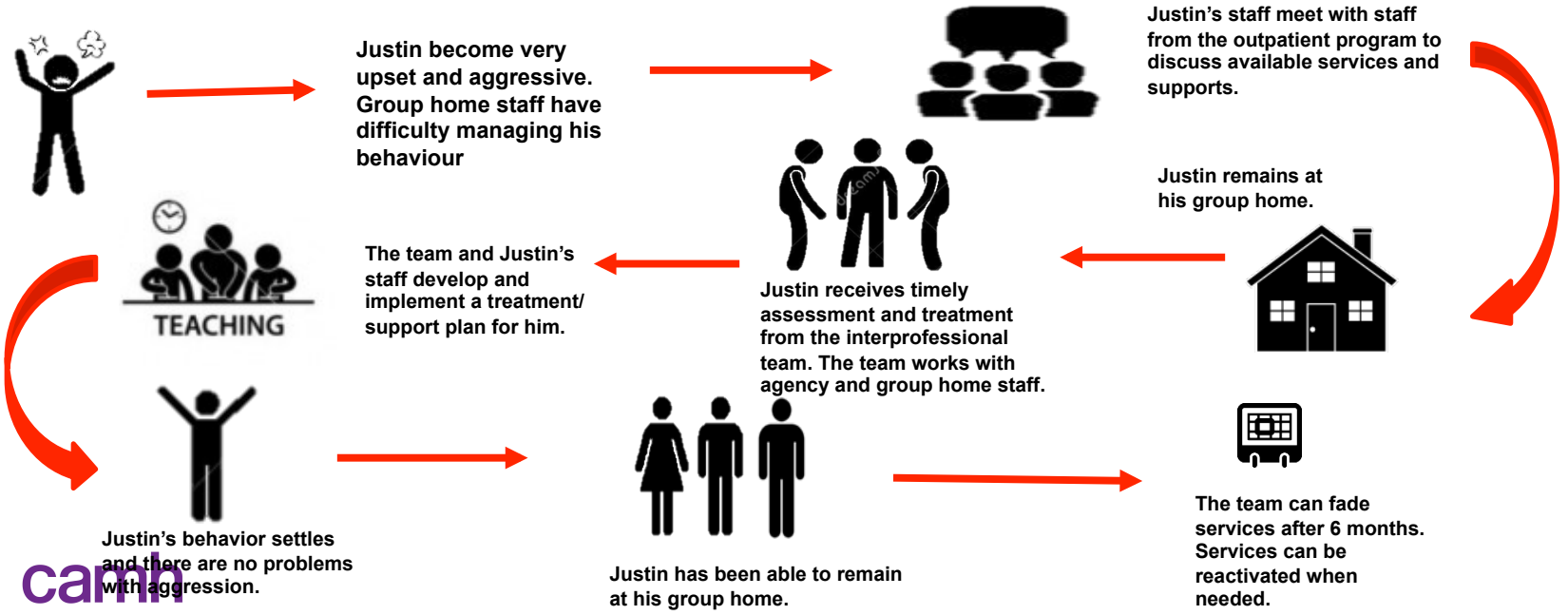
Justin's behavior settles and there are no problems with aggression.

Justin has been able to remain at home with his family.

The team can fade services after 6 months. Services can be reactivated when needed.

Justin's Story

New Model: Outpatient Program



Complex Mental Illness Program

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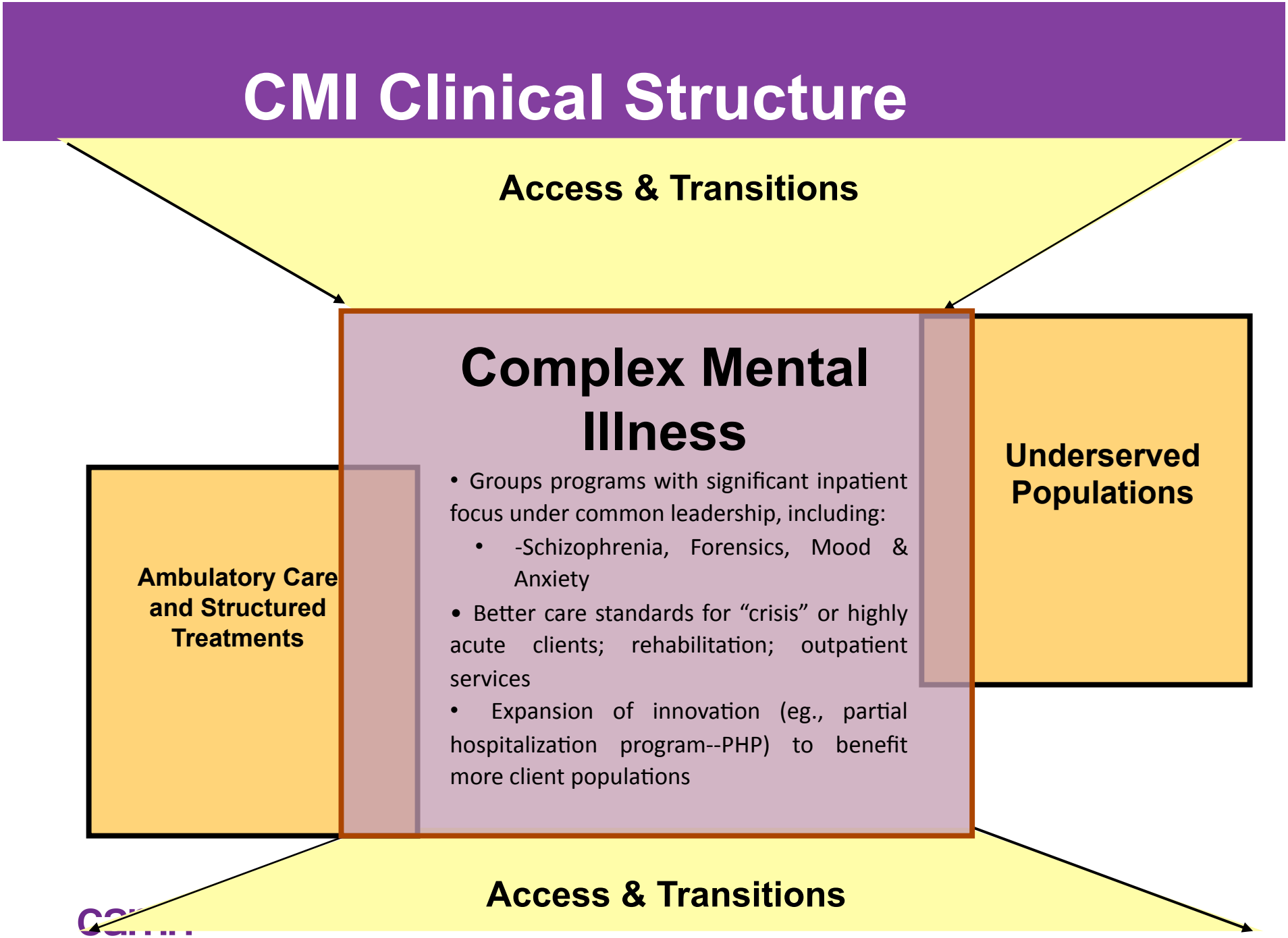
Objectives

- Describe the Complex Mental Illness Program's pathway
- Provide an overview of the Forensic Mental Health Program (FMH)
- How we serve individuals with a dual diagnosis

CMI Clinical Structure



Inpatient Services

- 16 Inpatient Units across 2 sites
  - Early Assessment and treatment
  - Acute care & Rehabilitation

  Alternatives
  - Partial hospitalization
  - Brief Assessment Unit
  - Out of Custody Treatment Order Service

Outpatient Services

- 24 Outpatient Services over 7 sites
  - Early Assessment and Treatment
  - Severe and Persistent Mental Illness
  - Forensic-legal involvement
  - Sexual Behaviours Clinic

Outpatient Transformation

- Extended hours
- 2 models of intensity
  - ACT
  - Intensive Case Management
- Forensic Early Intervention Service (FEIS)

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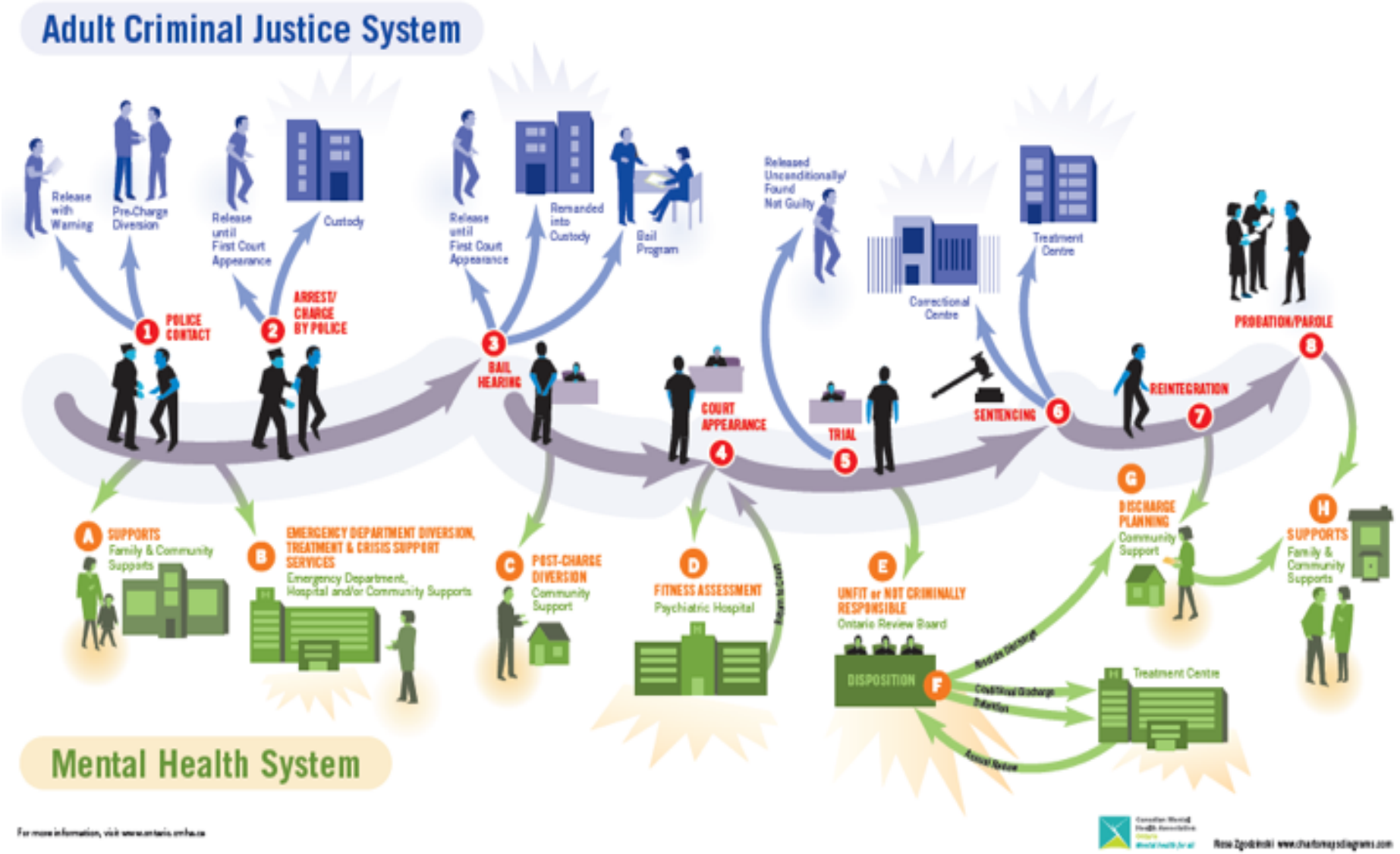
CMI Resources and Impact

- Physicians: 80
- Residents: 20
- Medical Students: 10
- Staff: 627 full-time; 92 part-time
- Peer Support Workers: 13 (full-time and part-time)
- Professional Practice Staff: 17
- Legal Counsel: 3
- Inpatient Beds: 351
- Outpatient Services: 24
- Unique Clients – Inpatients: **2107** (13/14)
- Inpatient Admissions and Transfers: **7596** (13/14)
- Outpatient visits**: 226,449** (13/14)
- Publications: 250+ publications
- 2 Research Chairs

Navigating the Adult Criminal Justice & Mental Health Systems



For more information, visit www.ontario.cmha.ca

Rosa Zgodzinski www.chatterspicdiagrams.com

Forensic Mental Health Clients & Care Setting

- Clients we serve
  - Individuals living with Mental Illness
  - Have come into contact with the law
  - Found NCR or require fitness testing (to stand trial)
- Clinical Settings we deliver care in
  - Inpatient Units
    - Acute, Secure (medium), General (minimum)
  - Outpatient
    - FEIS, FOPS
- Broad Range of Service
  - Crisis (ER), stabilization, assessment, rehabilitation, community inclusion & public safety.
  - Interprofessional and Recovery oriented

Forensic Rehabilitation

- Ontario Review Board
  - Makes a disposition
    - Contains orders to be followed and reviewed within 12 months.
      - Detention order
      - Discharge order (absolute or conditional)
  - Status reviewed annually during hearings
  - Privileges
    - Supervision
    - Hospital Grounds
    - Community Access

Dual Diagnosis Services

- Structured Treatment (groups)
  - Sensibility
    - Sensory and Movement experience designed to facilitate physical engagement
  - PALS
    - Practicing and Learning Social Skills
    - Manualized
- Capacity Building
  - Expanded access to Behaviour Therapy
  - Behavioural Skills training for direct care staff

Dual Diagnosis Services (continued)

- Collaborative Services with the Adult Neurodevelopmental Service
  - CAIR & ALC Behaviour Therapy
- Ontario Review Board Recommendations
  - Supportive dispositions

Clinical Challenge

- Completing Mental Status Exam
- Completing Risk Assessment
- Learning Together
- Identifying and supporting rehabilitation and community reintegration

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Assessment Challenge

- Diagnostic Oversimplification
- Diagnostic overshadowing
- Behaviour overshadowing
- Baseline exaggeration
- Intellectual distortion
- Psychosocial masking
- Cognitive disintegration
- Cloak of competence
- Splinter skills
- Medication issues (over, under, wrong, toxicity, interactions, poly-pharm)

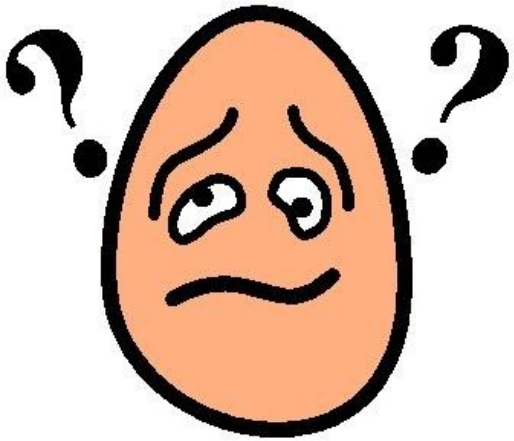
Tx, Rx, recommendations, values, mandate

Mental Illness

Disability Intellectual, Physical

Medical, health

Social, learning Hx, Context, Environment, Systems



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Support Needs and Challenges

Assessment->Formulation->

Selecting Treatment>Implementation

Navigating the Developmental Sector

- Lack of knowledge about the dual diagnosis sector
- Limited resources
- Long wait lists for residential and day programming vacancies

- Consultation and collaboration with community supports and resources
- Advocating around the “forensic” stigma

Discussion

- How can we work together more closely?
- How can we identify individuals who need mental health services more easily?
- Examples of innovative approaches and ideas