



CONCURRENT DISORDERS

— CAPACITY BUILDING TEAM —

August 2023 Newsletter



Statement on the Release of the Senate Committee Report on the Federal Framework for Suicide Prevention

As of June 8th 2023 the Senate Standing Committee on Social Affairs, Science and Technology released a report of recommendations titled "Doing What Work." A federal framework regarding suicide prevention and its evaluation.

The Senate report urges the Canadian government to update the Framework and give increased national attention to data collecting and analysis related to suicide and suicide prevention. Priority populations such as Native Americans, people of colour, boys and men, and those suffering from mental diseases must also receive special attention.

The Canadian Mental Health Association and the Centre for Suicide Prevention thank the Senate for keeping suicide prevention in the spotlight by examining the Federal Framework for Suicide Prevention's implementation progress during their study and for which they provided witness testimony to the Senate.

Suicide is both a mental health and a public health emergency. To reduce suicide, we

must take both an individual-focused approach to mental health and a population-focused approach to public health.

The Senate inquiry was released just a few months before the Canadian government established *Talk Suicide*, the country's official suicide crisis helpline, (at 988) in November 2023. Our public mental healthcare system is not complete without crisis lines, which are designed to assist people in deescalating from a crisis, psychological discomfort, or risk of suicide. Most Canadian communities lack both adequate treatment that can help people avoid catastrophe altogether and support after a crisis.

To satisfy people's needs, our community mental healthcare system needs to be strengthened. At the start of the committee hearings, Dr. Carolyn Bennett, the federal minister for mental health and addictions, acknowledged the Framework's shortcomings and promised to release an action plan for preventing suicide this coming autumn.

[Click here for access to the full article](#)

[Click here for access to the Prevention Report](#)

[Click here to watch the Prevention Testimony](#)

#END OVERDOSE

Young Adult Segment

Social support and performance pressure in the relationship between substance use and mental health

According to existing data, substance use and mental health issues typically co-occur and reinforce one another. However, there are discrepancies: not everyone who uses drugs or alcohol has mental health issues, and not everyone who has a mental health illness starts using drugs or alcohol. There is a knowledge gap on the mechanisms behind these variations. In the case of Dutch youth, literature assumes that social support and performance pressure are likely to have an impact.

In order to better understand how substance use (such as alcohol, cannabis, and hard drugs) affects mental health, the current study examined the moderating effects of social support and performance pressure. Information from the 2021 Young Adult Health Monitor was used. Youth between the ages of 16 and 25 were recruited for this study within the municipality of Utrecht (N = 1913). Based on these findings, regression analyses were carried out, with the interaction factors of social support and performance pressure being separately included. The findings demonstrate that the association between social support levels and substance use and mental health is unaffected.

However, contrary to expectations, the amount of performance pressure does matter: individuals who combine the use of alcohol or hard drugs with high performance pressure have better mental health than those who only experience high performance pressure without using alcohol or hard drugs. Additional data suggests that utilizing these drugs may, at least temporarily, buffer the adverse association between performance pressure and mental health.

Future longitudinal study is need to corroborate and further explain this theory, though. According to the current study's findings, targeting social support and performance pressure may be good for mental health but may not always lead to decreased substance use among highly educated students.

[Click here for access to the full article](#)

[Click here for YA-SUP Loved Ones education Flyer](#)

“

Don't miss out on something that could be great just because it could also be difficult ” – Unknown

Cannabis Column — The Impact of Cannabis legalization and decriminalization on Acute Poisoning: A Systemic Review

It is estimated that one in forty-four children aged eight and older have an Autism Spectrum Disorder (ASD). Significant disabilities, such as reliance on family members throughout adulthood, use of social services, and unemployment, are linked to ASD. It is common for people with ASD to struggle with both emotion control and social communication. To create a treatment plan for comorbid ASD and SUD, a multidisciplinary team of board-certified licensed clinicians with years of expertise investigating and treating individuals with autism, substance use, or both came together over the course of a year.

The following treatment approaches were determined to be the best to incorporate into a protocol addressing the comorbidity of ASD and SUD in youth based on established literature and the team's experience: Dialectical behavioural therapy (DBT), Social Skills Training (SST), Adolescent Community Reinforcement Approach (A-CRA), Cognitive behavioural therapy (CBT), and Community Reinforcement

and Family Training (CRAFT; specifically for the parent protocol). While all of these methods have shown evidence to support their treatment of SUD and/or ASD, none have been tested in cases of co-occurring SUD and ASD.

30 papers out of the 1065 that were found (including 10 conference abstracts) met the inclusion criteria. Data from the United States, Canada, and Thailand were used in studies. These studies looked at decriminalizing or legalizing cannabis use for recreational purposes (n = 21) and legalizing cannabis use for medical purposes (n = 14). Records from poison control centres (n = 18) and hospital admissions/presentations (n = 15) were frequent sources of data. Individual studies could list various types of interventions and data sources. The majority of studies (n = 19) looked at pediatric poisoning. The majority (n = 24) reported an increase in poisonings, however the severity ranged widely.

[Click here for access for the full article](#)

Clinical Corner — Co-Constructing a Community-Based Telemedicine Program for People With Opioid Use Disorder During the COVID-19 Pandemic: Lessons Learned and Implications for Future Service Delivery

The COVID-19 pandemic has triggered an unprecedented expansion of telemedicine, including the delivery of opioid agonist therapy (OAT) to people with opioid use disorder (OUD). However, many people with OUD lack the technological resources for remote care, have complex and underserved needs, and have precarious access to traditional services. To meet the needs of these individuals, a unique program was designed to deliver OAT via telemedicine with the support of community workers in Montreal (Quebec, Canada).

The program was co-developed by the University Hospital Center of Montreal (CHUM-SMT) drug service, the hospital's drug service, and CACTUS Montreal, an accredited community harm reduction organization. All procedures have been co-developed to allow

flexible and fast appointment booking. CACTUS employees in Montreal promoted the program, facilitated on-site private telemedicine connections at CHUM-SMT, which brought patients to on-demand online appointments, and at the same time, provide ongoing comprehensive support and follow-up. CHUM-SMT provides personalized OAT programs and other medical services as needed.

Overall, our experience as clinicians and community workers intimately involved in the establishment and management of this initiative suggests that participants find it practical, not judgmental and tailored to their needs, at the same time CACTUS Montreal's participation is very popular and an integral part of patients' lives.

Beyond the context of the COVID-19 pandemic, similar programs could offer a flexible and accessible way to provide alternative treatment options for people with OUD who 1. Do not want traditional care, 2. Bridge the gap between communities & health providers and, 3. Improve access to care in rural or remote areas.

[Click here for full access to the full article](#)

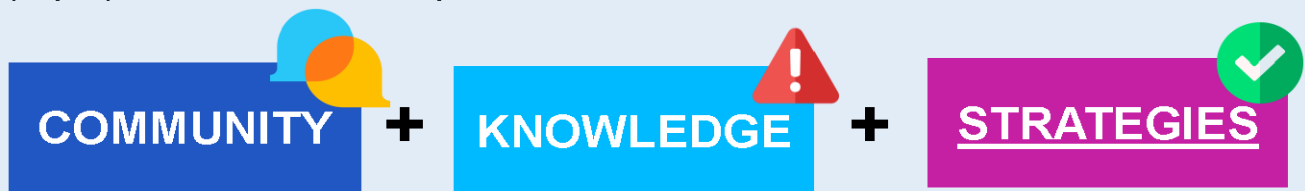
The Young Adult Substance Use Program (YA-SUP)

LOVED ONES EDUCATION GROUP

Community Reinforcement Approach Family Training

The YA-SUP Loved Ones Education Group is a group for the parents and other supporters of young adults (17-25) with substance use problems. This may include immediate, extended, or chosen parents and family members or close friends and partners.

This group is based on **Community Reinforcement Approach to Family Training – Support and Prevention (CRAFT)**. CRAFT is an evidence-based approach to change the way you interact with your child or loved one to promote positive relationships and recovery. Substance use can be difficult to understand and challenging to cope with. CRAFT talks about how **behaviour makes sense** and how the environment, community, and social support can play a powerful role in recovery.



This group includes 8 sessions:

- Group Overview, Safety, and Self Care
- Understanding Substance Use
- Understanding Co-occurring Mental Health Concerns
- Positive Communication
- Past Patterns & New Strategies
- Rewards & Coping with Intoxication
- Allowing Negative Consequences
- Review, & Next Steps



Sign up today to participate in one of our future group sessions.

If you are interested in participating in a Loved Ones Education Group, please register here: <https://rsjh.ca/redcap/surveys/?s=EAMLYJ3DD7>

St. Joseph's
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Loved Ones Group

[Click here](#) for information on The Loved Ones Education Group



CONCURRENT DISORDERS FAMILY NIGHT LAST WEDNESDAY OF EVERY MONTH: 6:30- 8:30PM

The Concurrent Disorders Family Night series is a 4-session group (Does Not have to be attended in order) that focuses on supporting families and loved ones of individuals with co-occurring substance use and mental health disorders. Family Night is largely based upon the therapeutic interventions of CRAFT (Community Reinforcement and Family Training) and ACT (Acceptance and Commitment Therapy).

**No Referral Required* Do not need to attend in order!*

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**All loved ones, friends
and family members
welcome!**

**Week 1: Values, Recovery
and Acceptance**

**Week 2: Effective
Communication and
Support**

**Week 3: Boundaries,
Limits, and De-Escalation**

**Week 4: Doing For,
Motivation, and Self-Care**

**MORE INFORMATION AND
ZOOM LINK AT**

<https://www.cdcapacitybuilding.com/online-group-link>

Tobacco Addiction Recovery Program

New Cycle Starting in November 2023 - Now Taking Referrals!

The Tobacco Addiction Recovery Program (TARP) is an 8-week group program for clients living with mental illness and/or addiction who are motivated to quit smoking.

Participants are able receive a up to a total of 26 weeks of Nicotine Replacement Therapy (NRT) at no cost!

Self-referral or referral by a health care professional is required.



For More Information Go To:

<https://www.cdcapacitybuilding.com/smoking-cessation>



VIRTUAL PEER SUPPORT GROUP

FRIDAYS | 11:00 AM – 12:00 PM

[Online Group Links | CDCBT \(cdcbt.cdcapacitybuilding.com\)](https://cdcbt.cdcapacitybuilding.com)

Meeting ID: 651 4695 9053

Password: 664071

- A weekly drop-in group for mutual support
- Discuss recovery goals, challenges, and healthy coping strategies
- Open to clients of CPC and ERMHS
- Facilitated by a Peer Support Worker with lived experience of mental health issues

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Health Promotion Days & Celebrations This Month

- [Spinal Muscular Atrophy Awareness Month](#)
- [World PVNH Disorder Awareness Day — August 7th](#)
- [International Youth Day — August 12th](#)
- [World Humanitarian Day — August 19th](#)
- [International Overdose Awareness Day — August 31st](#)

* If you would like more information on the days we are celebrating this month, please feel free to click on the available links.

Your CD Capacity Building Contacts

CDCBT Located at CPC West 5th Campus, Level 0 Outpatient	Fax: (905-521-6059)
Melissa Bond, CDCBT Admin Support (Monday—Thursday)	Ext. 39343
Catherine McCarron, RSW, MSW, Manager	Ext. 34388
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Tracie Groff, Addiction Attendant	Ext. 36287
Michelle Sanderson, Community Support Counselor—Addiction Specialist & Transitional Specialist	Ext. 36868
Jonathan Paul, Community Support Counselor—Addiction Specialist	Ext. 35324
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Jasmine Barahona, Concurrent Disorders Intern	Ext. 39124
The Young Adult Substance Use Program (YASUP) Located at CPC West 5th Campus, Level 0 Outpatient	Fax: (905-521-6059)
Meghan Barati, RSW, Mental Health Worker	Ext. 35513
Mike Patterson, Community Support Counselor—Addiction Specialist	Ext. 33662
Opioid Replacement Therapy consultations available through Addiction Medicine Service Team	Contact Paging