



CONCURRENT DISORDERS

— CAPACITY BUILDING TEAM —

May 2023 Newsletter

Nearly all workers with mental health, substance use disorder face stigma

According to a report from the Mental Health Commission of Canada, stigma still follows people who have mental health or substance use disorders. Almost all (95%) of those who reported having a mental health or drug use illness said stigma had an effect on them in the previous five years. Dr. Heather Stuart, the Bell Canada Chair in Mental Health & Anti-Stigma Research and one of the researchers heading this effort, emphasized the need to shed light to persons living with a mental illness or drug use problem. "You are not alone in these experiences," says dr. Stuart — "Stigma continues to be a significant and a common issue. Despite the enormous progress our society has achieved, there is still work to be done, including creative

ways to reduce self-stigma."

People with mental health illnesses experience stigma at work, because they believe that speaking up might "compromise" their job chances, according to Paula Allen, global leader and senior vice president at LifeWorks. According to the Canadian Centre for Occupational Health and Safety (CCOHS), employers should examine some components of the job and the workplace to make sure they are not leading to mental health problems or stigma. Other suggestions include: making sure safety precautions are in place, creating a procedure that supports safe self-identification or self-disclosure, examining internal statistics such as complaint reports, and turnover rates (to evaluate the current workplace and workplace culture); among many more.

[Click here for the full article](#)



Young Adult Segment

A Literature Review on The Assessment of Co-Occurring Disabilities in Young Children Who are Deaf and Hard of Hearing

This literature reviews the assessment of common concurrent disabilities in young children who are deaf and hard of hearing (DHH); this includes youth with present signs of intellectual disability, specific learning disability, autism spectrum disorder, attention deficit hyperactivity disorder, and even emotional or behavioral disorders. As special education laws have evolved, increased recognition and value have been placed on early childhood education and early intervention services. This is especially true for preschools housed in a public-school setting and continues into elementary school with appropriate identification of educational needs. Early interventions and services meant to help children with disabilities are said to help them achieve long-term success and achievement outcomes. The article goes on to explain 5 major ways concurrent disability assessments in early childhood years are significant for young children with disabilities

1. Cognitive abilities can be accurately measured during the pre-school years and remain stable throughout the lifespan. DHH children are at greater risk for a comorbid intellectual disability, which may be accounted for by shared congenital or prenatal risk factors. School psychologists have a dilemma when assessing for a comorbid intellectual disability because items on verbal subtests historically function differently within the DHH population, and standardization of many intelligence tests has not been completed with ASL translation.
2. School psychologists often have to compare data from DHH student assessments to the normative data of the hearing population when determining SLD. However, popular academic achievement tests lack normative representation of the DHH population, and are therefore limited in their ability to help school psychologists differentiate between students who are DHH with a learning disability and those who are DHH without a learning disability.
3. Autism spectrum disorder is a heterogeneous, neurodevelopmental disorder characterized by deficits in social communication and restricted or stereotyped behaviors. Diagnosis can be complicated by the lack of experienced professionals who work with the deaf population.
4. ADHD has a substantial presentation during childhood and may present with symptoms of inattention, hyperactivity, or impulsivity. It is typically diagnosed in the elementary school years, but parents may first note increased motor activity during the toddler period. Researchers argue that many children who are deaf-hard of hearing display symptoms similar to the diagnostic criteria for ADHD solely due to the extra cognitive demands required to evaluate additional sensory stimulation.
5. Assessment of co-occurring emotional disorders requires understanding the impact of communication on the social-emotional well-being of DHH children. Children with hearing loss experience impaired communication among the systems that support their development, thus creating greater emotional turmoil.

Deafness combined with other disabilities poses significant challenges for the individual and those responsible for meeting the educational needs of DHH students. More research is needed to better understand the needs of DHH children as they relate to assessments.

[Click here for the full article](#)

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

Cannabis Column — \$1.75 Million in Grants Awarded to Hamilton Cannabis Researchers

The Canadian Institutes of Health Research (CIHR) has awarded more than \$1.75 million in Autumn project awards to researchers at McMaster University and St Joseph's Healthcare Hamilton to support their studies on cannabis. Iris Balodis, Jeremy Hirota, and James MacKillop, the three scientists in charge of these initiatives, are all employees of the Michael G. DeGroot Centre for Medicinal Cannabis Research.

A collaboration between McMaster University, St. Joseph's Healthcare Hamilton, the Peter Boris Centre for Addictions Research, and the Michael G. DeGroot School of Medicine has resulted in the Michael G. DeGroot Centre for Medicinal Cannabis Research. The centre supports an evidence-based strategy for comprehending the advantages and hazards of cannabis usage in all of its forms.

The three research projects receiving grant money are:

1. *The Neuroeconomics of Cannabis Use Disorder* (\$799,425). The research will examine how individuals who are considered to be clinically addicted to cannabis perceive and overvalue the drug.
2. *The Impact of Cannabis Smoke on Respiratory Tract Viral Infections* (\$855,000). This study will assess how smoking cannabis affects the body's immune response
3. *Leveraging an Existing Longitudinal Observational Cohort to Understand the Impacts of Cannabis Legalization and the COVID-19 Pandemic on Alcohol and Cannabis Use in Young Adults* (\$100,000 Bridge Funding).

[Click here for full article](#)

Clinical Corner — Health Canada Announces \$372,000 for Perinatal Mental Health Project Co-led by St. Joe's and Women's College Hospital

The Canadian government has approved more than \$850,000 in funding for three maternal mental health-related projects. On May 3, 2023, World Maternal Mental Health Day, during Mental Health Week in Canada, the Honourable Carolyn Bennett, Minister of Mental Health and Addictions and Associate Minister of Health, made the announcement.

Dr. Benicio Frey (McMaster University & St. Joseph's Healthcare Hamilton) and Dr. Simone Vigod (Women's College Hospital & University of Toronto), who are leading the initiative to create clinical guidelines for prenatal mood disorders, received a grant for \$372,000 for it. The recommendations will aid individuals, families, and caregivers in better understanding what to request from their

care; help medical professionals have a better understanding of the types of perinatal care that should be provided; and support healthcare organizations in measuring, evaluating, and improving their performance.

Minister Bennett took part in the second Flora's Walk for Perinatal Mental Health, and announced that this year was to commemorate Flora Babakhani, a Canadian mother who passed away from undiagnosed and untreated postpartum psychosis. Minister Bennett ended the announcement with the following words, "To all the new parents who may be struggling, please do not carry this burden alone or in silence. Getting help is the most important thing you can do for yourself - you are not alone."

[Click here for the full article](#)

[Click here for the statement from Health Canada](#)

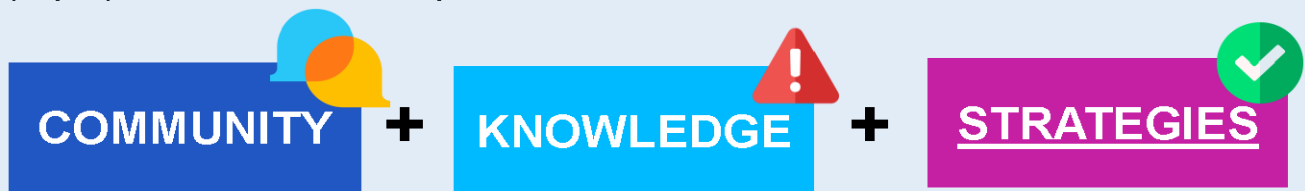
The Young Adult Substance Use Program (YA-SUP)

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>

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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 September 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 to receive 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>

Multicultural Considerations for Psychotherapy

WEDNESDAY, MAY 31ST, 2023

12:00PM - 1:00PM

Presented by:

Sandra Osazuwa, M.A., Psychology Practicum Student from
the Young Adult Substance Use Program and the University
of Toronto - OISE

Please join us on May 31st

In recognition of BIPOC care this presentation will :

1. Critically explore the use of multicultural concepts and frameworks in within the context of psychotherapy.
2. Emphasize the importance of reflexive self-awareness and humility as foundations for competency building.
3. Provide a brief introduction for clinicians and researchers to a client-centered approach that can be applied to a wide range of populations.

[Register through Eventbrite HERE](#)

Contact: jbarahon@stjosham.on.ca

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Health Promotion Days & Celebrations This Month

- [Mental Health Week](#) — May 1st to 7th
- [National Child and Youth Mental Health Day](#) — May 7th
- [International Awareness Day for Chronic Immunological and Neurological Diseases](#) — May 12th
- [Paramedic Services Week](#) — May 21st to 27th
- [World Schizophrenia and Psychosis Day](#) — May 24th
- [World No Tobacco Day](#) — May 31st

* If you would like more information on the days and weeks 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
Victoria Stead, Psychologist for CDCBT, CDOP and YASUP	Ext. 39765
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
Bill Baker, RP Mental Health Worker—Nights	Ext. 32801
Patrick Geuba, Registered Nurse	Ext. 35324
Cora Perrin, Community Support Counsellor—Addiction Specialist (PT)	Ext. 36287
BreAnne Dorion, RSW, Mental Health Worker CPT	Ext. 32744
Paige Hastings, RSW, Community Support Counsellor—Addiction Specialist CPT	Ext. 34901
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. 33213
Meaghan Lardie, Community Support Counsellor—Addiction Specialist	Ext. 33662
Opioid Replacement Therapy consultations available through Addiction Medicine Service Team	Contact Paging