



Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

Dual Diagnosis Program

Response from the

National Coalition on Dual Diagnosis

Regarding:

**Toward Recovery & Wellbeing: A framework for a
mental health strategy for Canada**

March 2009



Developmental Disabilities Section of the
Canadian Psychiatric Association



NADD Ontario

A profile of the Coalition's sponsoring organizations is contained in
Appendix 1

Presently, the Coalition has 400 individual members.

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Dual diagnosis refers to people living with lifelong developmental disabilities and mental health needs.

In 2008, the Coalition achieved a broad consensus on the needs of people with dual diagnosis. For the purposes of this response, the lens that we utilize is that of ***complexity***.

The Coalition developed its response to *Toward recovery & wellbeing* based on advice from its national Expert Panel and its original Position Statement published in November 2008 and available at: <http://care-id.com/index.php/publisher/articleview/?PHXSESSIONID=e3ac04e3a9a2cdc0f926605e5acea7fe&/1/frmArticleID/22/staticId/37/>

Key messages and recommendations

The following summary of the Coalition's recommendations includes three new areas which we feel were missed in the framework document. These recommendations are 11, 12 & 19 and they are highlighted below.

Recommendation 1: *The framework should begin by defining the population (s) that are the subject of its transformative goals. We ask that people with dual diagnosis and other kinds of complex problems be included in that definition and their needs be taken into account throughout the document.*

Recommendation 2: *The document should include a section on complex problems (co-morbidities) in relation to the concept of recovery and discuss the differences and the complications that arise in these instances.*

Recommendation 3: *Targeted approaches to mental health promotion and illness prevention must include developmental and other disability groups, including people with a dual diagnosis and other complex problems. The developmental services sector must be included in integrated plans to include mental health promotion and illness prevention in policy, mental health literacy programming and structural changes to address housing, income, education and employment.*

Recommendation 4: *Mental health promotion materials and mental health literacy programs should be available in plain language so that they are accessible to all.*

Recommendation 5: *The definition of diversity needs to include "differently abled." The key principles and aspects of a transformed system apply equally well to the cultures of the differently abled as they do to sexual orientation, gender and ethnic and racial groups.*

Recommendation 6: *The Coalition calls for stronger wording around families' own mental health and support needs across the lifespan. Programs especially for families are rare, yet the majority of people with mental illness and especially dual diagnosis are supported emotionally and financially by their families.*

Recommendation 7: *Special attention must be paid to the needs of aging parents and caregivers, as well as to the difficult transitions that face the disabled adult child when parents/caregivers die.*

Recommendation 8: *Given the complexity faced by people with dual diagnosis and their families/caregivers, the Coalition strongly supports the introduction of system navigators into the mental health system – but this role must be much better defined. System navigators, as we define this specialty role, do not presently exist.*

Recommendation 9: *Given the extremes of regional disparity in Canada, the Coalition recommends that "access" be more closely defined as access to*

widely available and consistent services, including primary, secondary and tertiary care, collaborative care models and inter-disciplinary teams.

Recommendation 10: *The Coalition asks that “effective” be defined as demonstrating positive outcomes and satisfied ratings from the people receiving services and their families.*

Recommendation 11: *The Coalition recommends an additional goal that speaks to education for professional and para-professional caregivers. Professional and para-professional education (and ongoing training) is a critical component in providing effective and accessible programs, supports and services - from the perspective of effectiveness and accessibility but also from the perspective of stigma and discrimination as identified in the Commission’s anti-stigma campaign.*

Recommendation 12: *The Coalition recommends a second additional goal that speaks to health human resources – how to attract and retain qualified and skilled staff to the mental health system and to sub-specialties such as those that involve people with complex needs.*

Recommendation 13: *The Coalition supports the need for more evidence and the measurement of outcomes, adding that cross-sectoral evidence and outcomes are important to individuals with a dual diagnosis and people with mental illness in combination with one or more other problems.*

Recommendation 14: *The Coalition calls for existing resources such as Public Health Agency of Canada to collect basic surveillance data nationally that is inclusive of diverse populations and those with complex needs. We also recommend the development of system monitoring models for people with complex needs and the collection of data provincially/territorially, regionally and locally – utilizing resources such as ICES and CIHI. This information allows for the appropriate planning of inter-sectoral services, monitoring of outcomes and the wise allocation of government investment in models that foster collaboration.*

Recommendation 15: *There are many areas of innovation throughout the mental health and other health systems. Innovation is, in fact, a necessity for those who care for people with complex needs such as dual diagnosis. The Coalition calls for the Mental Health Commission, in the development of the National Mental Health Strategy, to acknowledge innovation where it exists and build a connection between best and promising practices and its planned Knowledge Exchange Centre.*

Recommendation 16: *Include people with dual diagnosis and their needs in the National Mental Health Strategy (as mentioned briefly in Recommendation 1)*

Recommendation 17: *The Coalition shares the goal of eliminating discrimination and stigma for all who suffer from mental illness and will support the Mental Health Commission of Canada in its anti-stigma and anti-discrimination programs.*

Recommendation 18: *The Coalition supports the inclusion of people with dual diagnosis and their families in building a world where mental health issues are kept out of the shadows forever. We recommend that people with dual diagnosis and their families and caregivers be acknowledged as important contributors.*

Recommendation 19: *The Coalition recommends a third additional goal that speaks to the need for inclusive communities that welcome diversity and support the differently abled as full citizens.*

Preliminary comments

People with developmental disabilities and mental health issues struggle with complicated problems that interact with one another. Many receive supports and services from numerous social and health services – often from cradle to grave. These supports and services can be inadequate, inappropriate, inaccessible, inconsistent or incoherent.

The Coalition uses the term “**complexity**” to describe two or more problems existing together and interacting with one another. The medical term for this sort of complexity is “co-morbidity.”

Our systems are not well designed to provide accessible, adequate or appropriate supports and services for those with complex needs.

A conservative estimate of the percentage of people with a developmental disability who also have a mental health problem is 38%.

People with developmental disabilities are a heterogeneous group and it is not generally well understood how the various levels of cognitive impairment affect them at an individual level – let alone the complications that arise from a mental illness. When additional problems arise, the picture becomes extremely complex.

Further complicating factors:

- People with developmental disabilities experience primary health issues (as well as mental health problems) at higher rates than the general population. For example, the people with developmental disabilities also have:
 - Physical disability 30%
 - Hearing impairment 20%
 - Epilepsy 20%
 - Communication disorders 30%
 - High blood pressure 43.3%
- Children and adults with fetal alcohol spectrum disorders (FASD) and alcohol-related neuro-developmental disorders (ARND) have increased incidences of school failure, mental health problems, drug and alcohol abuse and trouble with the law.
- People with complex problems such as dual diagnosis find themselves entangled in multiple systems of assessment, treatment and management, often disconnected from one another.
- They have inadequate access to education, housing, nutrition, economic security, work, safe communities and social inclusion – the important determinants of positive health outcomes. Estimates of people with dual diagnosis among the homeless or inadequately housed range from 10 – 15% up to 40 – 50%.
- They are more likely than their non-disabled peers to have behaviours that others find challenging such as aggression, self-injury, and destructive, disruptive or non-compliant behaviours. The origins of these behaviours are

complex, involving many factors. However, the result is that they are further marginalized and isolated.

- Finally, people with dual diagnosis experience a common system response, which is to prescribe psychiatric medications to “treat” behaviour problems. These behaviours may, in fact, be the result of unrecognized medical or psychiatric problems. Half of adults with developmental disabilities living in the community are on psychotropic medication. These medications can be ineffective or even harmful when they are prescribed without an in-depth assessment of the basis for the client’s challenging behaviours.

These factors combine to create extreme health inequity.

Response to Toward recovery & wellbeing: A framework for a mental health strategy for Canada.

“Mental health issues are everyone’s concern” (pg 4) is an important statement for people with developmental disabilities because support for their mental health is so often overshadowed by their many other needs. In addition, when they experience mental illness, they are often misunderstood and misdiagnosed.

Support for the mental health of people with developmental disabilities depends on:

- **Health promotion:** Equal access to the positive determinants of health, including active physical and mental health promotion, starting at birth.
- **Disease prevention:** Appropriate, adequate and effective education, health, community and developmental services that prevent disease – whether physical or mental.
- **Primary care:** Equitable access to primary care providers who have adequate training to respond to their complex problems and meet their needs. Also, recognition among primary care practitioners of the need among this group of patients for individualized attention and appropriate social supports.
- **Specialized care:** Timely referral and access to specialized services where professionals are knowledgeable and skilled in treating people with dual diagnosis.

Goal 1

The hope of recovery is available to all.

We would like to point out that people with developmental - and other types of disabilities - do not think in terms of “recovery” at all. Instead, they aspire to live their lives to the fullest as active, participating members of their chosen communities.

The Coalition supports the assertion that “there is no health without mental health.” We also agree that good mental health is protective, helping all people weather the ups and downs of life (p. 5).

The extreme marginalization of people with developmental disabilities (with or without mental illness) means that their mental health is constantly compromised through experiences of abuse, numerous losses, inferior living conditions, poverty, ostracization (in service sectors as well as the community), limited ability to communicate complicated issues (sometimes even simple ones), and the presence of challenging behaviours (often ill-understood by caregivers and not at all by society). Further devastation occurs – for the individual and the family – when there are frequent changes in professional caregivers (a common experience). Each change means not only the loss of someone who has become close, but also the potential loss of many of the useful contacts and/or services that have been painstakingly developed over the life of the relationship.

These life experiences significantly complicate the picture of recovery for those with a dual diagnosis.

People with dual diagnosis can recover from mental health problems but the barriers they face are many.

While supporting the centrality of recovery in the framework document, it is the view of the Coalition that mental illness in combination with other serious problems/disabilities (such as substance abuse, chronic physical illness, acquired brain injury – as only a few examples), necessitates a more nuanced discussion than has been offered. There is a general neglect of the needs of people with complex problems throughout the framework.

As only one differentiating point, people with *severe* developmental disabilities are not able to choose among various treatments and most cannot participate in the planning and design of services and support – part of the principles of recovery as outlined on pg. 13.

Recommendation 1: The framework should begin by defining the population(s) that are the subject of its transformative goals. We ask that people with dual diagnosis and other kinds of complex problems be included in that definition and their needs be taken into account throughout the document.

Recommendation 2: The document should include a section on complex problems (co-morbidities) in relation to the concept of recovery and discuss the differences and the complications that arise in these instances.

Goal 2

Action is taken to promote mental health and well-being and to prevent mental health problems and illnesses.

Continuing with the theme of complexity, there are special challenges in regard to mental health promotion and illness prevention for people with developmental disabilities, given their experience of health inequity – as described above.

Mental health promotion demands that the caregivers of people with developmental disabilities (professional, para-professional and family) place a value on emotional development and mental health. In many cases, this occurs but in many others it does not. Some developmental services may focus on physical well-being exclusively. Staff are trained in behavioural interventions and support for activities of daily life – but not always in mental and emotional well-being.

Children with developmental disabilities – like all children – benefit from early attention to their health and wellbeing, including mental health – so that they can build resilience and self-esteem to assist them in coping with not only the common problems in growing up and adulthood – but the additional problems they face due to their disability.

Recognizing the signs of mental illness in people with developmental disabilities is problematic due to inadequate and inconsistent understanding among caregivers of behavioural symptoms. For example, some may believe that all symptoms and behaviours relate exclusively to their developmental disability, others may believe that all symptoms and behaviours relate exclusively to a mental illness. Even if

there is a suspicion that a mental illness might be present, access to knowledgeable specialized care is uneven across the country, limited (in urban areas) and virtually non-existence in rural and remote parts of the country.

Recommendation 3: Targeted approaches to mental health promotion and illness prevention must include developmental and other disability groups, including people with a dual diagnosis and other complex problems. The developmental services sector must be included in integrated plans to include mental health promotion and illness prevention in policy, mental health literacy programming and structural changes to address housing, income, education and employment.

Recommendation 4: Mental health promotion materials and mental health literacy programs should be available in plain language so that they are accessible to all.

Goal 3

The mental health system is culturally safe and responds to the diverse needs of Canadians.

While not often recognized as such, people with disabilities (of all sorts) live within cultures that have their own histories, norms and practices. The deaf culture is a prime example – as are the developmental disability and physical disability cultures.

One barrier to an integrated response from the mental health and developmental disability service sectors is a profound misunderstanding of one another's cultures. Similarly, when people with developmental disabilities and their families try to access services from the mental health sector, they are often mis-understood.

The model of cultural safety, which is typically advanced as valued by aboriginal peoples, may not be applicable across the nation but the idea of "culture" is a relevant lens to apply to people with disabilities.

Recommendation 5: The definition of diversity needs to include "differently abled." The key principles and aspects of a transformed system apply equally well to the cultures of the differently abled as they do to sexual orientation, gender and ethnic and racial groups.

Goal 4

The importance of families in promoting recovery and well-being is recognized and their needs supported.

The Coalition strongly supports the involvement of families in their loved one's care but also in system design and in the planning of local services. They also support the involvement of their loved one in these activities

Two specific areas of great concern for the families of people with dual diagnosis are as follows:

- Families, friends, and caregivers, themselves, need support and help across the lifespan as their active caring for their child continues on into his or her adulthood. This involves access to their own physical and mental health care through education, support groups and respite care. It is important that these services are aligned with what families need and are flexible in their delivery. They also need a choice of meaningful day supports/programs for their loved ones, as well as inclusive communities that include appropriate social and economic supports.
- Families, friends, and caregivers need to know that services for people with dual diagnosis are available and accessible close to home. It is unacceptable that families have had to relocate to find services or that their loved ones are sent away because necessary care does not exist in their own community. Families need better guarantees that services for people with a dual diagnosis are widely available, consistent and more accessible.

An additional concern is for aging parents who are fearful of what life will be like for their disabled adult child when they die. Presently, service planning for alternative housing and additional supports often occurs only at the point when the last surviving parent dies – leading to very real problems in making this most difficult of transitions. Because this has been an intense lifelong relationship of caring, the grief that accompanies its ending can be extreme, leading to a variety of symptoms that may be mis-attributed to the disability – and not to the loss.

The idea of a system navigator is not a simple one as definitions can range from roles such as service brokers (who recommend services and make phone calls for people), to case managers (who, in addition to other support activities, connect people to services), to intensive case management (where support is comprehensive and capable of responding to complex needs), to navigational teams made up from representatives of existing programs that come together to ensure that the individual's needs are met across the system.

Currently, for people with dual diagnosis, various professionals tend to fill the role of system navigator. They may be social workers or agency professionals who provide home visits, practical nurses, nurse practitioners, family physicians, professionals in tertiary care settings (especially in children's or psychiatric hospitals), specialty clinic personnel who support individuals and families overtime, or any community worker, health professional, spiritual advisor, or neighbor who cares enough to assume the role. There are also individuals and families who are left entirely on their own and have no navigational assistance at all.

However, a *true* "system navigator" is not just any professional who cares enough to take on the role, but a unique practice activity that involves highly specialized professionals who can work across multiple service sectors and manage providers who report to different jurisdictional cultures. They have a clinical understanding of both cognitive impairment and mental illness (as well as the health problems particular to this group), and a depth of knowledge about available and appropriate services. They are actively involved in assessment, referral and allocation of resources on behalf of the individual. They may conduct specialist mental health assessments. They liaise with families and caregivers (some of whom have the legal designation of "guardian") and develop individualized program plans across the service spectrum.

It is worthwhile noting that some people with dual diagnosis are unsupported by any family at all and can be among the most vulnerable of our citizens. Here, the role of a system navigator (as defined above) is crucial as are other supports such as case managers that have the capacity to provide more intensive supports for those with complex needs.

Recommendation 6: The Coalition calls for stronger wording around families' own mental health and support needs across the lifespan. Programs especially for families are rare, yet the majority of people with mental illness and especially dual diagnosis are supported emotionally and financially by their families.

Recommendation 7: Special attention must be paid to the needs of aging parents and caregivers, as well as to the difficult transitions that face the disabled adult child when parents/caregivers die.

Recommendation 8: Given the complexity faced by people with dual diagnosis and their families/caregivers, the Coalition strongly supports the introduction of system navigators into the mental health system – but this role must be much better defined, particularly in relation to addressing those with more complex needs.

Goal 5:

People of all ages have equitable access to a system of appropriate and effective programs, services, supports that are seamlessly integrated around their needs.

It is not just “people of all ages” that require access to *widely available and consistent* programs but also people with different problems/disabilities in combination with mental illness. There is a brief reference to those with multiple needs and we applaud this recognition although “dual diagnosis” could be added as an additional example.

Physical and mental health affect one another and this intricate relationship is even more complicated for people with dual diagnosis. Seamless integration among the multiple systems with which people with complex needs interact is even more of a challenge given the sheer numbers of professionals and the number and variety of service sectors involved in their care.

The full range of services, as listed under key principles, misses the need for access to primary care – important for all but especially so for individuals with a dual diagnosis. While primary care is mentioned in the expanded version of this goal, it is not emphasized nearly enough.

A major goal of the Coalition, one we ask be shared by the Mental health Commission, is to foster the creation of a system of services and supports that include primary, secondary and tertiary care, collaborative care models and interdisciplinary teams – across Canada - for people with dual diagnosis and their families. This system should be based on the best evidence available and best practice guidelines. It should also be reasonably consistent, coherent, adequate, appropriate and equitably accessible. It should include the participation of the people

it serves and recognize their individuality and heterogeneity. These services should also be flexible, cover all age groups, respond to cultural differences, and respect the rights of all.

The framework does not recognize important transitions – from the child to the adult system or from the adult to the seniors system. Resources vary dramatically from one system to another and transitions can be mis-managed. The child system may allocate resources through one model (entitlement) and the adult under another model (the individual waits for an opening and then has to fit in with what service is offered). There can also be gaps. For example, the child system may end involvement at 16 and the adult system not allow supports and services for those under 18 (noting that age ranges can differ from province to province). Finally, some people with developmental disabilities age prematurely and can have the needs of a senior well before they reach the standard qualifying age of 65.

There is no mention of the need for inter-professional education and an increased focus on inter-professional care teams that have the capacity to address complexity. Collaborative care is especially important for people with dual diagnosis but numerous barriers prevent its wide implementation – barriers such as physician and other health professional models of compensation.

Health professionals are not the only ones involved in the support and care for people with mental illness or dual diagnosis. Emergency responders have a critical role to play and their education does not involve learning about dual diagnosis.

Further, the developmental disability sector's workforce depends largely on para-professionals and their education (and ongoing training) is crucial in meeting the goal of providing effective programs, services and supports for their client group - which includes people with dual diagnosis. The framework does not mention the need to attract and retain qualified staff – at all. This is a particularly daunting problem for the dual diagnosis sector that competes for its staff among many other less stigmatized health and mental health specialties.

"Effective" needs further development. The Coalition defines "effective" as demonstrating positive outcomes and satisfied ratings from the people receiving services and their families.

Recommendation 9: Given the extremes of regional disparity in Canada, the Coalition recommends that "access" be more closely defined as access to widely available and consistent services, including primary, secondary and tertiary care, collaborative care models and inter-disciplinary teams.

Recommendation 10: The Coalition asks that "effective" be defined as demonstrating positive outcomes and satisfied ratings from the people receiving services and their families.

Recommendation 11: The Coalition recommends an additional goal that speaks to education for professional and para-professional caregivers. Professional and para-professional education (and ongoing training) is a critical component in providing effective and accessible programs, supports and services - from the perspective of effectiveness and accessibility but also from the perspective of stigma and discrimination as identified in the Commission's anti-stigma campaign.

Recommendation 12: *The Coalition recommends a second additional goal that speaks to health human resources – how to attract and retain qualified and skilled staff to the mental health system and to sub-specialties such as those that involve people with complex needs.*

Goal 6

Actions are based on appropriate evidence, outcomes are measured and research is advanced.

There is a need for evidence-based interventions throughout health care as a whole and mental health in particular. An additional challenge is the measurement of outcomes and the development of best practice guidelines in cross-sectoral care and in systems that are trying to integrate.

In Canada, there is also a need to better support the accurate collection of comprehensive population data. There are limited attempts to ascertain levels of specific disabilities and few studies on the impact of a dual diagnosis. This information is required to alert national, provincial, territorial and regional governments to the level of need among this vulnerable group. The Public Health Agency of Canada (PHAC), the Institute for Clinical Evaluative Studies (ICES), the Canadian Institutes of Health Research (CIHR) and the Canadian Institute for Health Information (CIHI) must address this oversight. It is one of the important foundations for research, policy planning and fund allocation.

The framework does not address wait times either. Wait time targets are as crucial to the mental health system as they are to the acute care sector – but this fact has not yet been acknowledged in government-prescribed plans.

Finally, the complexity of the care for people with dual diagnosis has led to pockets of real innovation that could be built upon in the mental health system. For example, there is a move to a common intake form and policies that support a “no wrong door” approach to access. These models could be replicated throughout other groups and regions. The document does not speak to the identification and collection of existing better and best practice guidelines for dissemination throughout the country.

Recommendation 13: *The Coalition supports the need for more evidence and the measurement of outcomes, adding that cross-sectoral evidence and outcomes are important to individuals with a dual diagnosis and people with mental illness in combination with one or more other problems.*

Recommendation 14: *The Coalition calls for existing resources such as PHAC to collect basic surveillance data nationally that is inclusive of diverse populations and those with complex needs. We also recommend the development of system monitoring models for people with complex needs and the collection of data provincially/territorially, regionally and locally – utilizing resources such as ICES and CIHI. This information allows for the appropriate planning of inter-sectoral services, monitoring of outcomes and the wise allocation of government investment in models that foster collaboration.*

Recommendation 15: *There are many areas of innovation throughout the mental health and other health systems. Innovation is, in fact, a necessity for those who care for people with complex needs such as dual diagnosis. The Coalition calls for the Mental Health Commission, in the development of the National Mental Health Strategy, to acknowledge innovation where it exists and build a connection between best and promising practices and its planned Knowledge Exchange Centre.*

Goal 7

Discrimination against people living with mental health problems and illnesses is eliminated, and stigma is not tolerated.

People with dual diagnosis experience the “double jeopardy” effect of stigma which occurs when two disabilities (developmental and mental health needs in this case) are present in the same person, further marginalizing and disadvantaging them. The result is often “diagnostic overshadowing,” meaning that mental health problems are ignored and untreated because the symptoms are judged to be “just” part of the developmental disability. Conversely, the developmental disability can be ignored because the symptoms are seen to be ‘just’ part of a mental illness or as ‘just’ a difficult personality.

People with a dual diagnosis have something to say and can, with support, become self-advocates. Their opinions are valuable and need to be taken into consideration in all that pertains to their lives. This has been recognized in the United Nations Convention on the Rights of Persons with Disabilities, of which Canada is a signatory.

One aspect of stigma is not to see yourself or your needs included in documents such as the Commission’s draft framework. Through this response, the Coalition requests that people with dual diagnosis and their needs be reflected in the National Mental Health Strategy for many reasons, one of which is as an anti-stigma strategy for this group and their families. They, also, want to come out of the shadows.

Recommendation 16: *Include people with dual diagnosis and their needs in the National Mental Health Strategy (as mentioned briefly in Recommendation 1)*

Recommendation 17: *The Coalition shares the goal of eliminating discrimination and stigma for all who suffer from mental illness and will support the Mental Health Commission of Canada in its anti-stigma and anti-discrimination programs.*

Goal 8

A broadly-based social movement keeps mental health issues out of the shadow - forever.

It is not clear how a social movement can be created through a national Commission as social movements arise out of grassroots activism. The Coalition applauds the goal of keeping mental health issues out of the shadows.

There is no mention here or elsewhere in the framework of the need for communities that are inclusive in every aspect – education, employment, social and leisure pursuits and housing.

In bringing together the “entire mental health community” to support this movement, the Nation Mental Health Strategy has to, itself, be inclusive. The framework has to acknowledge people with complex needs and the special circumstances of theirs and their families’ lives.

Of note: The Coalition is very pleased by the responsiveness and outreach of the Systems and Child and Youth Advisory Committees. Both have accessed the Coalition as a source of information. These MHCC advisory groups have made positive efforts to link with representatives from the dual diagnosis field who offer a spectrum of expertise from clinicians, families, advocates and policy makers.

Recommendation 18: The Coalition supports the inclusion of people with dual diagnosis and their families in building a world where mental health issues are kept out of the shadows forever. We recommend that people with dual diagnosis and their families and caregivers be acknowledged as important contributors.

Recommendation 19: The Coalition recommends a third additional goal that speaks to the need for inclusive communities that welcome diversity and support the differently abled as full citizens.

The Coalition congratulates the Mental Health Commission of Canada on this work.

We ask that the Commission initiate a specific dialogue on the needs of those who have complex problems – dual diagnosis being one important example.

The members of the Coalition look forward to being part of such a dialogue in the very near future.

Appendix 1

Canadian Association for Research and Education in Intellectual Disabilities (CARE – ID)/ Association canadienne pour la recherche et l'enseignement en déficience intellectuelle (ACREDI): represents researchers, educators, clinicians, care providers, and other persons with an interest in intellectual disabilities. Provides a national voice and resource, promoting research and education in intellectual disabilities. See: <http://www.care-id.com/>

National Association for the Dually Diagnosed – Ontario Chapter (NADD - Ontario): A voluntary provincial association representing families and service providers who work in the health and developmental service sectors and is concerned about the mental health of individuals with developmental disabilities. NADD Ontario's advocacy activities focus on service excellence through initiatives that support education and training directed to staff and families. See: <http://www.naddontario.org/>

Developmental Disabilities section of the Canadian Psychiatric Association (CPA): This sub-section of the CPA was established in 2007. It aims to raise the profile of developmental disability (DD) within Canadian psychiatry and to establish a network of psychiatrists working in this field in Canada. Its goals for 2008 are to liaise with the Mental Health Commission of Canada; put together a theme journal on Developmental Disabilities in the Canadian Journal of Psychiatry; and to present a symposium at the Annual CPA Conference on DD.

Dual Diagnosis Program, Centre for Addiction and Mental Health: A specialized program serving people with dual diagnosis and their families through community based inter-professional teams, a day treatment service and an inpatient unit serving Toronto and Peel regions. See: http://www.camh.net/Care_Treatment/Program_Descriptions/Mental_Health_Programs/Dual_Diagnosis/index.html