



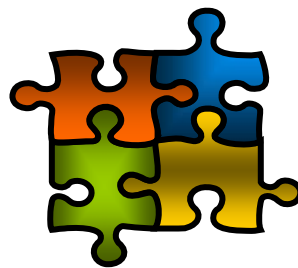
### ***Eighth Exchange session***

*Offered as part of the cross-training program aiming to improve the continuity of services and programs for youths, youths at risk for, and youths having concurrent mental health and substance use disorders.*

## **Depression and substance use for youths (15-30 years old): Better comprehension for better action**

**March 23<sup>rd</sup>, 2012  
Douglas Institute**

### **Participant Guide**



**W**elcome to the eighth training session offered as part of the “*Cross-training program aiming to improve the continuity of services for youths, youths at risk for, and youths having concurrent mental health and substance use disorders*”.

### ***History of cross-training in the South-West of Montreal***

Initiated by the Committee of Mental Health Partners of the South-West (COPASM) in 2002, the cross-training program consists of joint training activities and personnel exchanges between mental health, substance abuse and prevention resources, particularly those serving the clientele of South-West Montreal. This project also involves members of the neighbourhood police. Up until this point, exchange sessions have reached over 1,142 professionals, while 147 internships have taken place within the framework of personnel exchanges.

**Cross-training** is an approach that is being used more frequently to improve the functioning of services within a network. It aims to generate a better understanding of the role of each partner involved to ensure optimal service continuity.

Cross-training programs involve **personnel exchanges** among different teams working with the same, or a similar clientele to allow professionals to acquire knowledge about other organizations, other means of intervention, and new areas of expertise. Cross-training aims to allow knowledge acquisition and the improvement of skills for people who provide services to the same clientele.

*The goal is not to make service providers capable of doing the work of other professionals, but to promote an environment of improved collaboration in order to fulfill a continuum of client needs.*

- Simmonds, 2003

The cross-training session in which you are participating today consists of short presentations, workshops, and a synthesis of the day. This format is one that was proposed during a consultation of key informants from each network. You are one of more than 200 professionals coming from mental health, substance abuse, prevention, public health, public security, and universities such as McGill University and Université du Québec à Montréal.

On behalf of all of the partners involved in the implementation of this projet, we welcome you to this cross-training exchange session!



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Michel Perreault , Ph.D.

**Eighth exchange session offered as part of the cross-training program  
March 23<sup>rd</sup>, 2012 from 8:30 a.m. to 3:45 p.m. at the Douglas Institute**

**Depression and substance use for youths (15-30 years old):  
Better comprehension for better action**

### **Organization of the activity**

In 2009, a research team headed by Michel Perreault, researcher at the Douglas Institute, received funding from the Drug Strategy Community Initiatives Fund (DSCIF) of Health Canada to pursue a consultation on the training needs for professionals working with a clientele consisting of youths (15-30 years old) at risk for or having concurrent mental health and substance use problems. The results of this consultation identified the primary themes on which the exchange sessions would subsequently be based on, with the current session focusing on depression and substance use among young people. The format, based on discussions centered on clinical cases within small groups of professionals from different networks, is the one which emerged during the consultation process. Following previous exchange sessions, a compilation and analysis of comments issued by participants via their evaluation forms has initiated certain adjustments to the procedures of these sessions in order to correspond more adequately to the needs of participants. Among these, suggestions from participants have provided the opportunity to allocate more time to the exchanges and group discussions based on clinical cases.

### **The Objectives of the Exchange Sessions**

The current exchange session (March 23<sup>rd</sup>, 2012) will enable:

1. an improved capacity to distinguish the symptoms brought about by substance use from those which are related to depression;
2. familiarization with the guidelines related to the evaluation and treatment of concurrent substance abuse and depression.

The synthesis of the day will be based on the exchanges taking place within the discussion groups, where two clinical case studies will be explored.

## **Participants**

Over two hundred professional staff members, program managers, and members of the police force are taking part in this event. They originate from the principal Montreal centres in psychiatry and substance abuse involved with the South-West region of Montreal, namely the Douglas Mental Health University Institute, Centre Dollard Cormier – Institut universitaire sur les dépendances, la Direction de santé publique of Montreal, and the Service de police de la ville de Montréal (SPVM). Among the other participants involved in the organization of the day are professionals from health network establishments and alternative community resources in the South-West of Montreal (Clinique communautaire Pointe St-Charles, CSSS Sud-Ouest-Verdun, Centre de référence du grand Montréal, Portage, and the Centre de crise L'Autre Maison), as well as many other resources, such as the Association des centres de réadaptation en dépendance, Agence Ometz, CSSS de la Montagne, Commission scolaire des Grandes Seigneuries, Domrémy Mauricie / Centre-du-Québec, Groupe d'intervention alternative par les pairs and RÉZO Santé.

## **Contact Persons**

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## **Acknowledgments**

This activity is offered to you free of charge due to funding obtained from the Douglas Institute, Health Canada, and the contribution of partner resources that support the continued participation of their professional staff members. A special thank you goes out to everyone who, once again, has generously accepted to participate in the organization of the day in the role of presenter, discussion group moderator and reporters, who have joined our research team in order to help support the event.

Thank you!

# **Depression and substance use for youths (15-30 years old): Better comprehension for better action**

## **Clinical case studies**

## Adolescent Case Study: Alexandre, 17 years old

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Alexandre has lived with his father in the region of Montreal for 2 years. His parents have been separated for 6 years and his mother stayed behind in Outaouais, where their family used to live. Alexandre has a brother and a sister, who both live with their mother. He also had a half-brother, Gabriel, from his father's side who committed suicide 8 years ago.

Gabriel had conduct problems and committed suicide at 24 years of age. His 22-year-old brother, Maxime was diagnosed with bipolar disorder, conduct disorder, and substance abuse. Since beginning high school, Alexandre has been followed in psychoeducation at his school for behavioural problems.

When he was 12 years old, Alexandre, a friend named Étienne, and his half-brother Gabriel took part in a pact of silence concerning Gabriel's plans to commit suicide. Gabriel was Alexandre's hero. He had been a member of a street gang and acted as a drug dealer. During the two years preceding his death, Gabriel was on the run and in hiding because he had kept the money from a drug deal. He would rather kill himself than face the consequences of his action.

Two years ago, Alexandre was considered a popular youth at his school in Outaouais, despite his behavioural problems. His brother Maxime and their friend Étienne sold drugs. The three youths were in the habit of using substances when together. Maxime got caught during one of his drug sales, which is what prompted Alexandre's move to the region of Montreal with his father. No other details are available regarding this event.

The move to Montreal seemed to be difficult for Alexandre. Not only did he lose his social network, but he is now on an individualized path. He describes himself as having his "head in the clouds" and has difficulty concentrating. He acknowledges that he consumes speed, cannabis and ecstasy, though the frequency of his consumption as reported is not reliable. Since 2010, he writes about the suicide of his brother on an Internet site. As soon as he arrives at home, Alexandre locks himself in his room and makes various searches on suicide. His mission is to do prevention work so that history will not repeat itself, but his father finds that he is obsessed with the subject. Alexandre lives with a lot of guilt for having kept his pact of silence. He says that he does not feel well, and that he feels mixed up in his head and loses his train of thought. He perceives himself as anxious and tense if demands placed on him are too great for his actual ability. He has a hard time to integrate himself in a group.

On March 15<sup>th</sup>, he asks his father for help saying that he feels that he has lost control over his drug use. He even reports having heard voices in his head. He has felt low for a month. On the 18<sup>th</sup> of March, his father invites him to a family party at a sugar shack. During the event, Alexandre hides away in the undergrowth, and with a blank gaze tells his father that he is afraid of being abandoned in this area. The next day, his father decided to take him to the emergency room of the hospital.

## Discussion questions

1. Is the case of Alexandre representative of the clientele with whom you work, according to the following steps in his evolution throughout the past few years?
  - a. Alexandre, a friend, Étienne, and his brother Gabriel participated in a pact of silence in the suicide project of Gabriel. Gabriel was the hero of Alexandre, aged 12 years old at the time.
  - b. Since beginning high school, he is followed in psychoeducation at school due to his behavioural problems.
  - c. The move to Montreal seems to have been difficult for Alexandre. Not only did he lose his social network, but he is now on an individualized path.
  - d. Alexandre reports that he feels less well since his arrival in Montreal. He describes himself as having “his head in the clouds” and having trouble concentrating. He acknowledges that he consumes speed, cannabis and ecstasy, though the frequency reported is not reliable.
  - e. He loses his train of thought and perceives himself as anxious and tense if demands that are too great are placed on him. He has a hard time integrating himself in a group.
  - f. On March 15<sup>th</sup>, he calls on his father for help having apparently lost control of his drug consumption. He reports having heard voices in his head.
  - g. The crisis situation: On March 18<sup>th</sup>, his father invites him to join him at a family party at a sugar shack. During the party, Alexandre runs off and hides in the undergrowth, and with a blank stare, tells his father that he is afraid of being abandoned at this place.
2.
  - a. According to you, do you think that this crisis situation could have been avoided?
  - b. At what step could an intervention have taken place to avoid the escalation of the situation throughout the course of the years?
3. What preventative measures could have been set in place:
  - a. At the moment when Alexandre took part in the pact of silence with his half-brother Gabriel?
  - b. At the moment of his move to Montreal?
  - c. For his drug use?
4. What is the main finding that you would like to see emerge from your workshop for this case?
5. Among the questions that have emerged from your discussion, is there one which you would like to bring up for discussion with the audience? Which question?

## Young Adult Case Study: Isabelle, 26 years old

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Isabelle, a young 26-year-old woman, was driven to the emergency room of a hospital by one of her friends because she was having strong suicidal ideas and a precise goal of carrying out her plans. Only her son, she said, was keeping her alive. Her ex-spouse has legal custody of their 7-year-old son. Isabelle can see him once every two weeks on the condition that another adult is present. This condition was set in place by a judge, due to the fact that Isabelle had been violent and had threatened to kill her ex while she was intoxicated with alcohol.

Isabelle reports having been hospitalized for two weeks at the age of 17, during her last year of high school. She had been fired from her part-time job because she had been caught smoking cannabis at work. Her diagnosis is as of yet unknown. She had been prescribed an antidepressant and once she was released from the hospital, she was left in the care of her family doctor. She says that she stopped taking her medication a month later because she felt better.

Her father died at the age of 35, following a self-inflicted gunshot wound. She reports that she loved her father, but that he “mistreated” her. Isabelle does not want to elaborate on the subject. Her mother remarried and lives in New York. Her younger sister (18 years old) is travelling in Europe with a friend. It is unknown when she will return. Isabelle lives alone in an apartment.

Isabelle reports having a very close relationship with her mother, and explains that they talk on the phone every week. She also says that she has a close relationship with her younger sister, Marilou. She misses her very much and looks forward to her return from Europe. Up until recently, Isabelle was dating a man 15 years her senior, but the relationship ended two weeks ago. She said that he was only using her.

Isabelle works as a computer technician in the same place for 4 years. It was her first full-time job. She states having difficulty getting up in the morning to go to work. She has a difficult time concentrating on her tasks and has been warned about various major errors that she has made in the past months. Isabelle was given an evaluation from her boss at work a month ago, during which he told her that she would have to make an effort to get along with her work colleagues.

Isabelle says that she frequently has headaches. Alcohol, Tylenol and cannabis seem to calm her. As a result, she consumes a litre of red wine three- to four- times per week, and takes a few “puffs” of cannabis every night before going to sleep.

Isabelle has experienced some great losses during the last two years. With time, her ex has become more resistant in terms of letting her see her son. He has refused to let her exercise her right to visit their son, because he fears that she will kidnap or harm the child. He is anxious, because Isabelle is consuming more alcohol than before. In fact, the last times that she came to visit her son, she seemed tired, had red eyes and her breath smelled lightly of alcohol. Isabelle has now not seen her son for 6 weeks. She harbours an intense anger toward her ex and an intense guilt toward herself. Isabelle absolutely wants to see her son, “it’s vital” she claims. She affirms that she may soon explode, and make some rash decisions. However, she collaborates very well with the medical team and wants to be stopped from doing anything crazy.



## Discussion Questions

1. Is Isabelle's case representative of the clientele with whom you work, according to the following steps in her evolution throughout the years?
  - a. Isabelle reports having been hospitalized for two weeks at the age of 17, in her last year of high school. She was fired from her part-time job for having been caught smoking cannabis at work.
  - b. Her father died at the age of 35, following a self-inflicted gunshot wound. She says that she loved her father, but that he "mistreated" her. She does not want to elaborate on the subject.
  - c. Isabelle's ex-partner has legal custody over their 7-year-old son. She is able to see him once every two weeks on the condition that another adult is present. This condition was set in place following an episode where Isabelle was intoxicated with alcohol and acted violently and threatened to kill her ex.
  - d. She reports having difficulty to wake up to go to work. She has a hard time to concentrate on her tasks and has been spoken to concerning major mistakes that she has made in the past few months.
  - e. Isabelle says that she frequently has headaches. Alcohol, Tylenol and cannabis seem to relieve her. She consumes a litre of red wine 3-4 times per week and takes a few "puffs" of cannabis every night before going to bed.
  - f. With time, her ex has become more resistant to allowing her to visit their son. He refuses to let her exercise her right to visit because he fears that she will try to kidnap or hurt their son. The last few times that she has visited, she seemed tired, her eyes were red, and her breath smelled of alcohol.
  - g. The crisis situation: Isabelle, a young woman of 26 years of age, was driven to Emergency by a friend because she had strong suicidal thoughts and a precise plan to carry them out. Only her son, she said, was keeping her alive.
2.
  - a. According to you, do you think that this crisis situation could have been avoided?
  - b. At what step could an intervention have taken place to avoid the escalation of the situation throughout the course of the years?
3. What preventative measures could have been set in place :
  - a. At the moment of her father's death?
  - b. At the moment of her threats against her ex-spouse?
  - c. For her use of drugs and alcohol?
4. What is the main finding that you would like to see emerge from your workshop for this case?
5. Among the questions that have emerged from your discussion, is there one which you would like to bring up for discussion with the audience? Which question?