

In collaboration with the *Institut universitaire sur les dépendances* and  
The *Association des intervenants en dépendance du Québec*,  
the Douglas Mental Health University Institute presents the 17<sup>th</sup> exchange session of the  
Cross-training program on mental health and substance use disorders

# CANNABIS AND MENTAL HEALTH: Better understanding for improved intervention

## Participant guide

Thursday, June 7<sup>th</sup>, 2018



**This exchange session is made possible with the help of the following organizations:**

CISSS de l'Outaouais, CIUSSS de la Mauricie-et-du-Centre-du-Québec, CIUSSS du Centre-Sud-de-l'île-de-Montréal, CIUSSS du Centre-Ouest-de-l'île-de-Montréal, CISSS de la Montérégie-Ouest, Commission scolaire de Montréal, Service de Police de la Ville de Montréal, Centre de crise L'Autre Maison, Association des intervenants en dépendance du Québec.

## What is “cross-training”?

**Cross-training** is an approach that is becoming increasingly used to improve the functioning of services within a network. The aim is to create a better understanding of the role of each partner to ensure an optimal continuity of services. Cross-training programs generally involve observational **personnel rotations** among different teams working with a same or similar clientele in order to allow professionals to learn more about other resources and different methods of intervention. This technique helps to enhance professional collaboration and also improves the continuum of services. Since 2007, **exchange sessions** have been added to the program, such as the one that you are attending today.

## What does this 17<sup>th</sup> exchange session consist of?

The general objective is to:

- Define the basic concepts related to cannabis use;
- Address cannabis use, prevention and intervention;
- Discuss clinical challenges;
- Present resources for referrals.

The exchange session that you are participating in today is composed of the following activities:

- Conferences and presentations;
- Group discussions based on case studies;
- A review of the day.

On behalf of all of the partners involved in the organization of this activity, I wish you an excellent exchange session!



---

Michel Perreault, Ph.D.

## Who are the participants?

This exchange session brings together, via videoconference, participants from more than 50 distinct sites in the regions of Abitibi-Témiscamingue, Mauricie-et-du-Centre-du-Québec, Gaspésie-Îles-de-la-Madeleine, Nord-du-Québec, Laurentides, Bas-Saint-Laurent, Montérégie, Saguenay-Lac-Saint-Jean, Montréal, Outaouais, Capitale-Nationale, Chaudière-Appalaches, Laval and from Brazil. In total, we estimate that around 1000 professionals will be taking part in this day. These individuals come from the fields of psychiatry, addiction treatment, public health, school boards, youth protection as well as public security. Also among us, and involved in the organization of the day, are professionals from establishments within the health network as well as alternative resources, community organizations, and universities.

## Am I a model participant?

- The model participant responds to his or her primary needs (drinks, snacks, meals, washroom) within the time allotted for breaks and respects the schedule;
- The model participant makes sure to turn off his or her cellphone, pager, tablet, gramophone, or telegraph before the beginning of the presentations;
- The model participant is happy to know that if he/she has mentioned having a food allergy in the registration form, there will be a lunch box with their name on it reserved for them at the registration table at the front of the Douglas Hall. If in doubt, please speak to Louise Bénard.

## Acknowledgements

This activity is offered courtesy of funding received by the *Association des intervenants en dépendance du Québec*, the *Institut universitaire sur les dépendances*, the *Montreal West Island Integrated University Health and Social Service Centre* and from the contribution of all resources that support the continued participation of their personnel. A special thank you to our collaborators from the CIUSSS de la Mauricie-et-du-Centre-du-Québec and from Outaouais, as well as to everyone who, once again, has generously accepted to participate in the organization of the day in the role of presenter, discussion group moderator or reporter, as well as those who have joined our research team in order to help support the event. Thank you!

## Please address any questions or comments to our (superb and fabulous!) team members:

Registration	Chantal	514-761-6131, ext. 2829 <a href="mailto:Chantal.Caron@douglas.mcgill.ca">Chantal.Caron@douglas.mcgill.ca</a>
Coordination of the cross-training program	Léonie	514-761-6131, ext. 2835 <a href="mailto:Leonie.Archambault@douglas.mcgill.ca">Leonie.Archambault@douglas.mcgill.ca</a>
Program in general	Michel	514-761-6131, ext. 2823 <a href="mailto:michel.perreault@douglas.mcgill.ca">michel.perreault@douglas.mcgill.ca</a>

## Case study # 1 (Adolescent): Laura, 15 years old

Laura was always an anxious young girl, worried about the future. An average student, she feared failing and disappointing her parents. Lately, her behaviour changed: she is proving to be somewhat apathetic, passive and sometimes sad. Her teachers have pointed out a lack of ambition, as well as a loss of interest in her curricular and extracurricular activities.

When questioned by her math teacher because her grades were dropping, Laura reacted in an irritable and hostile manner, a behaviour she had never displayed until then. Laura and her parents were convened to meet with the school director in her office. After Laura broke down in tears during the meeting, arrangements were made for her to sit down with one of the school's specialists. Under these circumstances, she ended up admitting that she had begun smoking cannabis a year ago. At first, it was only at noon with a small group of students, but she admitted having later developed the habit of smoking 2 or 3 times a day. Laura went on to acknowledge for the first time that for the past few months she has felt exhausted, discouraged and sad to have to satisfy her parents' demands. The pressure seemed increasingly difficult to bear. The cannabis, originally intended to be a means of managing her anxiety, has become the source of her current problems.

The student goes on to mention that lately her anxiety has increased to the point where she now finds it very difficult to fall asleep. The only activity she still shows interest in is the consumption of cannabis. Her parents feel ill equipped to handle the situation and have no idea of how to help her.

Discouraged, Laura admits having spent all the money she had been saving for a trip to Europe after high school. She no longer seems to have short and long-term goals. With tears in her eyes, Laura asks for help. She wants to give up the habit but just can't manage to do so.

### Discussion questions

1. Is the case of Laura representative of the clientele that you work with? (How many people agree?)  
<sub>1</sub> All    <sub>2</sub> The majority    <sub>3</sub> The minority    <sub>4</sub> None
2. In your practice, in which way could you handle Laura's situation? Which actions could be taken, from a clinical standpoint?
3. What existing services or programs could be involved to help Laura and/or her entourage?
4. In your opinion, what could have been done to prevent the situation that Laura finds herself in?
5. If you were in Laura's situation, what services would you like to be offered?
6. In an ideal world, if you had the ability to improve the current offer of services for concurrent mental health, substance use and incapacity, what would you suggest?

## Case study # 2 (Adolescent): James, 17 years old

James lives with his father and 14-year-old brother. His mother died of cancer five years ago. Ever since childhood, James and his brother have consistently had trouble following the rules, both at school and home. They are regularly involved in fights at school and in the neighbourhood. James displays an impulsive and unpredictable behaviour. Their father suffers from a condition linked to the consumption of alcohol, and when severely intoxicated, he can become physically and verbally aggressive with his children. Violence and consumption have been a part of everyday life in James' family since he was born. In response to complaints from the neighbours, the police show up at their home several times a year.

James began smoking cigarettes and drinking alcohol at the age of 12. He has been consuming a variety of psychoactive substances since the age of 13. James is now 17 and his substance of choice remains cannabis.

In order to subsidize his habit, he has been selling cannabis since the age of 15. Last week, his behavioural problems and frequent absenteeism finally caused him to be expelled from his high school. His father informed him that he would now have to help pay for the family's expenses since he was no longer attending school. James and his father quarrel violently, causing James to go off somewhere and smoke a joint in order to calm down.

One evening, just after smoking another joint, James was asked to make a delivery at the other end of town. He waited until his father was asleep, then stole the keys to the car in which he left but forgot to turn on the headlights. He was arrested by the police just a few kilometers away, without a driver's license and under the influence of cannabis.

### Discussion questions

1. Is the case of James representative of the clientele that you work with? (How many people agree?)  
<sub>1</sub> All    <sub>2</sub> The majority    <sub>3</sub> The minority    <sub>4</sub> None
2. In your practice, in which way could you handle James' situation? Which actions could be taken, from a clinical standpoint?
3. What existing services or programs could be involved to help James?
4. In your opinion, what could have been done to prevent the situation that James finds himself in?
5. If you were in James' situation, what services would you like to be offered?
6. In an ideal world, if you had the ability to improve the current offer of services for concurrent mental health, substance use and incapacity, what would you suggest?

## Case study # 1 (Young Adult): Marie, 30 years old

Marie is a 30-year-old bachelor working as a carpenter in a reusable-goods ecocentre. She began smoking cannabis and drinking alcohol during her adolescence. Initially, her cannabis consumption was limited to weekends, but over the past few years now, her consumption has become a steadily increasing daily habit. Lately, she has been smoking two packs of cigarettes and 6 to 8 joints of cannabis a day.

Marie is currently on disability leave because of an injury to her right hand. Over the past few months, she has suffered several injuries using her work tools, but this latest injury turned out to be more serious and required surgery. According to her supervisor, Marie is coming to work late increasingly often. She appears to be distracted, with her "head in the clouds".

Marie is aware of the fact that since she began smoking cannabis during her break time, she is finding it increasingly difficult to concentrate and handle her tools with her recognized skill, which explains her multiple injuries. For fear of losing her job and in response to the guilt that her cannabis consumption triggers inside her, she has tried to reduce her consumption in an effort to regain control over her life, but her efforts have failed. Following her surgery, Marie also took pain-killing drugs. After exceeding the dose recommended by her doctor, she told her pharmacist that she had dropped the contents of her prescription in the bathroom sink, in order to renew her prescription.

Today, Marie's sister (Geneviève) went to see her, with a plate of lasagna, because she knows that Marie is unable to cook with her injury. She found that she had a neglected appearance and a slow pace. Marie then struggled to tell her an absurd story involving the neighbours' dog who seemingly burst into her bedroom in the middle of the night. Geneviève could see that something was wrong and offered to take her sister to the Emergency room. Marie categorically refused, screamed, and said that her sister wanted to make her appear insane. In tears, Geneviève dialed 911, uncertain as to what would happen next.

### Discussion questions

1. Is the case of Marie representative of the clientele that you work with? (How many people agree?)  
<sub>1</sub> All    <sub>2</sub> The majority    <sub>3</sub> The minority    <sub>4</sub> None
2. In your practice, in which way could you handle Marie's situation? Which actions could be taken, from a clinical standpoint?
3. What existing services or programs could be involved to help Marie and/or her entourage?
4. In your opinion, what could have been done to prevent the situation that Marie finds herself in?
5. If you were in Marie's situation, what services would you like to be offered?
6. In an ideal world, if you had the ability to improve the current offer of services for concurrent mental health, substance use and incapacity, what would you suggest?

## Case study # 2 (Young Adult): Marco, 25 years old

Marco is a 25-year-old second-generation immigrant bachelor. He lives in an apartment shared with other tenants with whom he has little contact. He has always been discrete and reserved. He spends time with his parents and two sisters regularly, but their relations are superficial. He describes himself as a solitary person. He has played the piano since the age of 10 and this activity occupies a great deal of his free time.

Marco began smoking cigarettes at the age of 13, and moved on to cannabis at the age of 15, under the influence of a 17-year-old neighbour. At first, he smoked for the mere pleasure of it, but he quickly realized that it helped him manage the stress caused by his social relations. His consumption of cannabis progressively melded into his daily routine, to the point where his days always begin and end with a joint. Marco earned a DEP in interior decoration and visual presentation, but found it difficult. After graduating, he avoided looking for employment. Thanks to a friend of his father's, he was finally hired by a major department store as a window dresser. However, social interactions with clients and fellow employees arouse in him a growing anxiety that leads him to consume more cannabis during his daytime breaks. Six months after being hired, he was let go for consuming cannabis in his work place.

Today, Marco is seeing a CLSC community worker, because he feels like he is losing control over his life. He is no longer able to play the piano like he used to. He also admits having difficulty sleeping. Looking for a new job causes him to suffer paralyzing anxiety, and his employment insurance benefits have almost expired. He has tried to reduce his consumption of cannabis on his own, but has been unsuccessful so far.

### Discussion questions

1. Is the case of Marco representative of the clientele that you work with? (How many people agree?)  
<sub>1</sub> All    <sub>2</sub> The majority    <sub>3</sub> The minority    <sub>4</sub> None
2. In your practice, in which way could you handle Marco's situation? Which actions could be taken, from a clinical standpoint?
3. What existing services or programs could be involved to help Marco?
4. In your opinion, what could have been done to prevent the situation that Marco finds himself in?
5. If you were in Marco's situation, what services would you like to be offered?
6. In an ideal world, if you had the ability to improve the current offer of services for concurrent mental health, substance use and incapacity, what would you suggest?

## Where to find your discussion group

- **Group # 1 : Room Gaston-Harnois room, 2<sup>nd</sup> floor of the Douglas Hall**
- **Group # 2 : Room Maurice-Forget room, 2<sup>nd</sup> floor of the Douglas Hall**
- **Group # 3 : Room DACTE K-3126.2, 3<sup>rd</sup> floor of the Porteous pavilion**
- **Group # 4 : Room K-3223, 3<sup>rd</sup> floor of the Porteous pavilion**
- **Group # 5 : Room K-3225, 3<sup>rd</sup> floor of the Porteous pavilion**
- **Group # 6 and 7 : Room K-3325, 3<sup>rd</sup> floor of the Porteous pavilion**
- **Group # 8 and 9 : Room K-0147-2, Basement of the Porteous pavilion**
- **Group # 10 : Room E-3517, 3<sup>rd</sup> floor of the Perry pavilion**
- **Groups # 11 to 16 : Basement of Douglas Hall**
- **Group # 17 : Room E-3208, 3<sup>rd</sup> floor of the Perry pavilion**

## How to get to the Porteous pavilion?

From inside: Descend to the basement of the Douglas Hall and follow the arrows. The permanent directions and signs may also be useful for you to follow. **Room K-01472-2** is in the basement hallway, passed the elevator. On the 3<sup>rd</sup> floor, **room K-3223** and **room K-3225** is in the **B wing**. **Room K-3126.2** is located in the **A wing**. **Room K-3325** is in the **C wing**.

From the outside: Exit the Douglas Hall through the main doorway. Follow the pathway on your right and then turn right. The Porteous Pavilion can be found on your left, after the Emergency Pavilion. When you enter the Porteous Pavilion, you must wait for the first set of glass doors inside the building to close completely before you will be able to open the second set of glass doors to take the elevator. You can also use the stairs through the door on your right. **Room K-01472-2** is in the basement hallway. On the 3<sup>rd</sup> floor, **room K-3223** and **room K-3225** is in the **B wing**. **Room K-3126.2** is located in the **A wing**. **Room K-3325** is in the **C wing**.



## How to get to the Perry pavilion?

From the inside: Go down to the Douglas Hall basement and follow the arrows. The permanent indications may also be useful. The rooms are located on the 3<sup>rd</sup> floor. **Room E-3517** is situated on the right hand side of the cafeteria, at the end of the hallway. **Room E-3208** is on your left in section B, behind the elevator.

From the outside: Exit Douglas Hall through the main door. Take the sidewalk to your right and continue straight ahead. The Perry Pavilion is located on your right, after the Burges Pavilion. On the third floor, **Room E-3208** is located in section B to your left. To reach **Room E-3517** take the hallway on your right leading to the cafeteria. At the end of the hallway, turn right.

**Return to the auditorium of the Douglas Hall at 2:00 pm.**  
**Please be on time!**