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**STAR EXCLUSIVE**

# What could prevent suicide? For CAMH and mental health advocates, it's advances in research and treatment

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Fri., Sept. 10, 2021 |  9 min. read

 Article was updated 2 hrs ago

For decades, suicide and mental health were taboo topics in most social circles. Opening up about personal struggles was often met with prejudice, leaving many afraid to reach out for help to avoid feeling the burn of stigma.

The needle has since moved dramatically, at least to a place where mental health is openly discussed. But for Dr. Aristotle Voineskos, vice-president of research at Centre for Addiction and Mental Health, some things are still in progress, namely the broad acceptance that mental health is as important as physical health, or that significant investments and involvement in research could mean drastic improvements in treatments of common mental illnesses, ultimately saving lives.

"I don't really think that's sunk in yet," Voineskos said.

It's why this year, CAMH's [second campaign](#) for World Suicide Prevention Day on Sept. 10 focuses on the research being done at the hospital, where treatments in development include supplements to prevent postpartum depression, and molecules to reverse memory loss. These innovations in care, Voineskos said, could lead to significant and long-awaited improvements in the quality of life for people with mental illness.

"There are many people for whom the current options that we have don't work so well, and we want to do better for them and for their families."

The hospital employs 145 scientists, supported by 350 research trainees and 470 other research staff, all of whom are working on several hundred clinical trials in various stages of development, Voineskos said. These trials are also supported by former patients at CAMH and advocates with lived experience, who are either lending their expertise to the hospital or participating in trials themselves.

To highlight the research being done, the Star spoke with some of those advocates about their own battle with mental illness, and how perseverance, hope, and engaging in recently developed life-saving treatments has helped their recovery.

## The quest to end PTSD in first responders

It was a brisk November day in 2018 when Rob Leathen realized something was wrong. The Ajax-based firefighter received a memo at work that disturbed him. "I responded passionately, let's just put it politely, but the problem was I just couldn't let go of it," Leathen said.

December rolled around, then By January. Leathen was still having numerous emotional outbursts, waves of anger and tears that he couldn't understand. In February 2019, Leathen finally sat down with his wife and said, "I think I need help."

It was the start of treating his post-traumatic stress disorder — a mental illness that disproportionately affects first responders

like Leathen. Research shows around eight per cent of firefighters struggle with PTSD.

Leathen said he's responded to thousands of calls, but a handful early in his career stuck with him, leading to chronic stress and nightmares. "Twenty-nine years ago, the culture was 'Suck it up, buttercup. If you can't handle it, you shouldn't be a firefighter,' so we really didn't talk about it back then."

For the last three years, Leathen has been engaged in consistent therapy that he said saved his life. "I was in a very dark place, and without therapy I think that dark place would've consumed me."

He's since become an advocate of first-responder mental health, amplifying the voices of people with PTSD and other mental illnesses to raise awareness in the field. Leathen said he's also kept up to speed with some research being done by Dr. Fang Liu at CAMH to develop a [peptide that could prevent PTSD](#). The peptide targets a protein complex in the brain prominent among people who have developed the illness. Early tests revealed the peptide prevents the encoding of memories related to fear in early tests, which suggests it could both treat and prevent PTSD symptoms.

Had this peptide been available early in his career, Leathen said it would have been life-changing. It gives him hope for the future of other struggling first responders.

"I think about my life, and how PTSD has affected it," Leathen said. "If we, as a society, can do things to help prevent that, then why wouldn't we pursue that?"



### **Healing from depression after motherhood**

Carole Dagher grew up in Beirut, Lebanon, her childhood disturbed by the chaos and fog of civil war. She immigrated to Canada at age 12, working her way to becoming a successful lawyer in Toronto.

But it wasn't until she had her first child that Dagher realized the true impact of her tumultuous upbringing. "Five days after I gave birth, I was at home, and I just woke up one morning and felt this overwhelming sadness, fear and isolation," Dagher recalled, adding the wounds from her past had reopened.

"I just wanted to stay in bed with the door closed, the lights off, and kind of shut off the world," she said. "Part of me wanted to hold my daughter and protect her from the world."

Dagher spent the next few months in tears, lonely and scared, not realizing she'd developed postpartum depression. It wasn't

until six months had passed since her daughter's birth that Dagher saw a family doctor, who urged her to see a psychiatrist for antidepressants, which she resisted taking at first. Once she did, her mood had stabilized and she was able to return to work.

"I wouldn't say I was cured from my postpartum," Dagher said, adding it had since developed into treatment-resistant depression. But she'd since become more open about her struggle and has participated in clinical trials for innovative treatments in depression, namely Ketamine-assisted therapy through a private clinic in Toronto.

She has also been following the development of a supplement that may prevent postpartum depression, using research done by Dr. Jeffrey Meyer, a scientist at CAMH and head of the Neurochemical Imaging Program in Mood and Anxiety Disorders. Meyer began studying depression's impact on the brain 14 years ago, and has since developed a dietary supplement that curbs what's dubbed the "baby blues," which are mild depressive symptoms experienced around five days after birth in up to three-quarters of new mothers.

Meyer said the supplement is undergoing a double-blind placebo trial, and could go to market within a few years. "The risk of postpartum is 13 per cent," Meyer said. "Even if we could reduce that rate in half, that would be an amazing impact."

Dagher said these developments in research and treatment, as well as being open about her recovery journey, have kept her resilient. "Hopefully, by the time my daughters grow up and if they decide to be mothers, the supplement can come into play for them and they don't have to experience what I've experienced."

### **The life-saving impact of traditional Indigenous healing practices**

For most of his life, Eddie Gough was not aware of his identity as a member of the Wikwemikoong First Nation on Manitoulin Island. He was born in North York and grew up in Mississauga, where he was adopted by a white family, under the policies known as the Sixties Scoop.

"I didn't know my culture or my biological family, or any aspect of the Indigenous culture," Gough said. The disconnect from his identity affected him as early as he could remember. He recalled feeling confusion and anger at age four, and as he got older, he said he began self-harming and using substances to numb the pain.

"I was seeking love and affection, but also at the same time believing I wasn't worthy or deserving of it because I was different, I looked and felt different from my family, from my classmates."

Gough's struggle with addiction escalated after he was prescribed Percocets for wisdom teeth extraction, which turned into a dependence on opioids and fentanyl in his early 30s. Gough found himself at the front steps of CAMH. "I basically lost everything through addiction," he said. "... at that point of my life, suicide became a real thought because I felt like I didn't have an alternative."

It wasn't his first time seeking help for his struggles, but Gough said a key piece was always missing. That piece was found, he said, after engaging with the hospital's Indigenous Services, where he met an Indigenous social worker that became his first mentor.

"He sat with me and started teaching me who I was, where my hurt came from and that I'm not the only one that was out there feeling like this," Gough said through tears. He then began participating in ceremonies and traditional Indigenous healing practices. "This was what I was looking for, without even knowing that I was looking for it."

Diane Longboat, the resident elder at CAMH, said Gough's story is that of many patients seen at the hospital's Indigenous Services, which began 21 years ago. Since then, the services offered have grown, Longboat said, with the creation of Ceremony Grounds that include Sacred Fire and Medicine Gardens, as well as Ontario's first fully operational sweat lodge based inside a hospital.

"Something happens to you when you walk into a building that looks like something that was created by your ancestors," Longboat said. "They come in with you."

Longboat added Indigenous Services is developing a new treatment program that combines western medicine with traditional Indigenous healing practices, harmonizing the best of the two to offer treatment tailored to Indigenous patients.

"We know that culture heals," Longboat said.

### **There's no cure yet for dementia, but science may be getting closer**

Ten years ago, Paul Lea suffered from a massive stroke that affected a quarter of his brain and drastically altered his life. "My daughter had to teach me how to live again," Lea said, from relearning how to make an egg salad sandwich, to how to play

Solitaire.

The stroke harmed his memory, Lea said, leading to symptoms of dementia. "I can remember things years ago, decades ago," but his short-term memory suffered. He also began experiencing stigma: when looking for directions, he was once ridiculed by a stranger for asking twice, as he'd immediately forgotten which way to go.

What followed was a significant period of loneliness, but a growing desire to get better. Lea then met Ron Beleno, a Toronto-based advocate for people with dementia, who helped put him in touch with resources and networks where Lea was able to meet others with similar struggles. He became an advocate himself, and has lent his expertise and experience to patient advisory committees at CAMH, as well as Baycrest Hospital and Age Well, a Canadian network dedicated to advancing research on the health effects of aging.

There is no cure for dementia, and the treatment options available only slow down the deterioration of the brain. But research led by Dr. Etienne Sibille at CAMH has [identified a pathway in the brain that contributes to the impairments of cell receptors](#) responsible for memory loss. Following this discovery, Sibille's team developed molecules that target the pathway to reverse this cognitive deficit, resulting in an improvement of symptoms.

"It's a great hope, but it's a long haul," Sibille said, as it took a series of studies over the course of more than a decade to get to this stage in treatment development, with Phase 1 of clinical trials planned in the next two years.

Sibille said the treatment is revolutionary and could affect a great number of Canadians, as memory loss does not only affect the aging population, but also those struggling with depression.

For Lea, studies like Sibille's are a source of hope for a better tomorrow. "Any research is good research," Lea said, adding that while finding a cure has been a painstaking process, "scientists are getting closer."

*If you are thinking of suicide or know someone who is, there is help. Resources are available online at [crisiservicescanada.ca](https://crisiservicescanada.ca) or you can connect to the national suicide prevention helpline at 1-833-456-4566, or the Kids Help Phone at 1-800-668-6868.*



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