



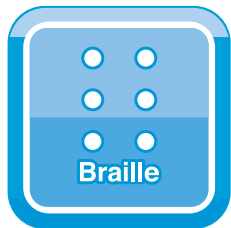
EQUITY INCLUSION RESPECT &

A staff guide to ensuring
accessibility for people
with disabilities

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



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ABOUT THIS GUIDE

For people with disabilities, exclusion is frequently the norm—both in the workplace and when accessing health services. Too often, people who are not disabled see the wheelchair, the white cane, the hearing aid or the diagnosis first—as if the disability defines the person.

For CAMH, treating *all* people with respect is a key guiding principle. We are committed to eliminating differences in health status between groups, and to creating a diverse and inclusive workplace. This guide and our related policies are intended to ensure that all members of the CAMH community understand the benefits of achieving accessibility for people with disabilities, and know the rights and responsibilities of employees, volunteers, physicians, students, clients and visitors with regard to accessibility and client service.*

This guide explains the new standards for accessibility in Ontario, provides practical instructions on how to provide accessible client service, and suggests resources to further enhance the inclusiveness of CAMH.

** While Ontario's new accessibility legislation uses the term "customer service," in this guide we refer to "client service" to better reflect the CAMH context. In addition, the contents of this guide apply equally to employees with disabilities.*

Provincial accessibility standards

CAMH recognizes that people with disabilities have a right to expect the same access to health services, and the same accessibility within their workplaces, as everyone else. Under the *Accessibility for Ontarians with Disabilities Act* (2005), all service providers must remove barriers faced by people with disabilities. The long-term goal of the legislation is a barrier-free Ontario for people with disabilities by 2025, through the development and implementation of accessibility standards for the private and public sectors.

In the coming years we will see specific regulations covering customer service, transportation, information and communications, employment, and buildings.

The new customer service standard is the first regulation in the Act to take effect, and is the focus of this guide. **Hospitals must comply with the standard by January 1, 2010.**



Did you know?



- **One in 10 Canadians** has a disability that restricts his or her daily activities.
- **Mental illness** affects all Canadians, either directly or through a family member, friend or colleague.
- Disability rates increase with age—**40%** of people aged 65 or more have some form of disability.
- **Seven out of 10** people with disabilities need support with daily activities.
- **More than half a million Canadian adults** have some form of vision loss that is not corrected by glasses, and more than a million live with some form of hearing loss that is not corrected by a hearing aid.
- **Almost six out of 10 adults** with disabilities need some type of aid or assistive device.

Sources: 2005 survey by the Canadian Council in Social Development;
The Report on Mental Illness in Canada, October 2002. EBIC 1998 (Health Canada 2002).

WHAT IS A **DISABILITY**?

A disability, as defined by the *Accessibility for Ontarians with Disabilities Act*, includes physical, mental health, developmental and learning disabilities. Disabilities come in many different forms, sometimes obvious and sometimes not. Disabilities may be visible or invisible, they may differ in severity, and the effects of a disability may be continuous or intermittent.

For example:

- A person with a brain injury has a disability that is invisible.
- A person with arthritis has a disability that over time may become more severe.
- A person with multiple sclerosis has a disability that may sometimes affect daily routine and other times not.

The impact of a disability depends on the person's ability to access services, assistive devices, transportation, education and employment.

Information about a person's disability is personal and private and must be treated confidentially.

WHAT IS ACCESSIBLE CLIENT SERVICE?

Accessible client service depends on the understanding that each individual may need a slightly different type of accommodation to access CAMH's services or our workplace environment.

For example:

- A client who is blind may need to have information read aloud.
- A person with a learning disability may need to have instructions written down.
- Someone who uses a wheelchair may need help in finding an accessible route.

CAMH is committed to providing services to people with disabilities in a manner that:

- respects their dignity and independence
- is integrated as fully as possible into service delivery, and allows people with disabilities to benefit from the same services as other people, delivered in a similar way
- ensures that reasonable efforts are made to provide everyone with an equal opportunity to obtain and use our services
- is sensitive to individual clients' needs.

HOW SHOULD I **INTERACT AND COMMUNICATE** WITH PEOPLE WHO HAVE A DISABILITY?

General guidelines

- Remember that no one is an expert on all disabilities. One of the most important things is to **ask if, and how, you can help**. A person may ask you, for example, to speak clearly or to take his or her arm, or may not need help at all.
- Treat a person with a disability the same as a person without a disability—with dignity and respect.
- Don't raise your voice unless asked to.
- Don't be afraid to ask someone to repeat something you didn't understand.
- Speak directly to the person with a disability, rather than to an interpreter, attendant or companion.
- Use “people first” language rather than “labelling” language (for example, refer to “a person with a disability” rather than “a disabled person”). This is in keeping with an approach of addressing each person's service needs, rather than focusing on his or her disability.

People who are **blind or have low vision**

Visual impairments reduce a person's ability to see clearly. There is wide variation in how much people with a visual impairment see. Relatively few people are totally blind. Some have tunnel vision and can only see straight ahead. Others have no central vision but can see around the edges. People with cataracts often have unclear vision and see things through a "foggy window."

A person with a visual impairment may (but may not) wear dark glasses, use a white cane, have a guide dog and/or be accompanied by a guide. The early stages of some eye conditions may not be apparent to others.



Tips

- Identify yourself and your role; do not assume that a person will recognize your voice.
- Speak directly to the person in a normal tone of voice.
- Never interfere with a guide dog by petting or distracting it.
- Ask how much the person can see, if you are unsure.
- Don't leave the person in the middle of a room. Show the person to a chair, or guide him or her to stand by a wall, door or other point of reference.
- Tell the person if you are leaving the area.
- Orient the person to the surroundings: the location of the furniture, closets, washroom and windows; the shape of the room; and who else is in the room.
- Identify any potential hazards (such as furniture, equipment or changes in terrain) in the person's path.
- Inform and reassure the person about any procedures such as the administration of medication, physical examinations or tests.
- Tell the person when food is delivered and where it is placed. Use the "clock method" to describe the location of food on a plate.
- Tell the person when you give him or her material or return documents across a counter or table.

People who have **communication disabilities**

Depending on the cause and severity of a communication disability, a person may have difficulty in speaking, understanding what you say, reading and/or writing. A communication disability does not imply a lack of understanding or limited intelligence.

Some conditions, such as cerebral palsy, can make it difficult for the person to pronounce words, resulting in slurred speech or no speech. Other conditions, such as aphasia (which can be caused by a stroke), can make it difficult to understand others, to speak, to read and/or to write. People with communication disabilities often use communication displays (which allow them to point to pictures or letters) or other assistive devices. Some people may have a communication assistant to interpret what they are saying.



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Tips

- Speak in your regular tone of voice, not louder or more slowly.
- Speak directly to the person, not to an assistant, and obtain permission before discussing confidential matters in front of the assistant.
- If you are able, ask questions that can be answered with “yes” or “no.”
- Be patient. Give the person time to answer or make a request, communicating with whatever technique or device works best.
- If the person points to pictures, symbols or letters on a communication display, say the word or letter out loud as he or she points to them. It may help to write down words as the person selects them.
- If a person has difficulty understanding what you are saying, write down key words as you speak, use gestures, point to objects and pictures, and/or use drawings, diagrams and written resources.

People who are **deaf or have hearing loss**

There are several different types of hearing loss: a person may be hard-of-hearing, deafened or oral deaf. These terms are explained on the next page.

In addition, some people are culturally Deaf, a term that describes people who identify with and participate in the language, culture and community of Deaf people (this community is commonly identified with a capital “D”). Culturally Deaf people typically use American Sign Language (ASL) as their primary means of communication.

Like other disabilities, hearing loss has a wide variety of causes and degrees. People with hearing loss may communicate by means of sign language, speech, lip or speech reading, reading or a print transcriber. Some people may need assistive devices when communicating, or an ASL interpreter when communicating with individuals who do not sign.



Types of hearing loss

Hard-of-hearing: Generally describes people with mild to profound hearing loss who use spoken language to communicate. Most people who are hard-of-hearing can understand some speech, either with or without a hearing aid or other assistive device. They often also read lips to aid communication.

Deafened: Describes people who grew up hearing or hard-of-hearing and who have suddenly or gradually lost their hearing to a significant degree. People who lose their hearing later in life usually cannot understand speech without visual clues such as captioning, lip or speech reading, or sign language.

Oral deaf: Describes people with severe to profound hearing loss and little or no residual hearing, whose preferred mode of communication is speech. Some may use hearing aids or other devices, gesture, and/or lip or speech reading.



Tips

- Attract a person's attention before speaking. The best way is a gentle touch on the shoulder or gently waving your hand.
- Determine the form of communication the person would like and what personalized accommodations he or she needs.
- Look at and speak directly to the person, slowly and clearly. Do not shout. Come closer to the person if necessary.
- Keep your face visible—don't cover it with your hands or look away when speaking. If you are wearing a mask and it is possible to remove it, do so before giving instructions.
- For sign language, secure the services of a professional ASL interpreter through CAMH's Cultural Interpretation Service. For spoken language, make available print transcription and/or assistive listening devices.
- If the person uses a hearing aid, try to speak in an area that has few competing sounds. Keep the person's hearing aid handy if it needs to be removed.



People who are **deaf-blind**

People who are deaf-blind do not have hearing or sight. This often results in greater difficulties in accessing information. Most people who are deaf-blind will be accompanied by an intervenor, a professional who facilitates communication. Intervenors are trained in special sign language that involves touching the person's hands, and may also use other auditory, visual and/or tactile communication methods. The intervenor may also guide and interpret for the client.



Tips

- Don't assume what a person can or cannot do. Some deaf-blind people have some sight or hearing, while others have neither.
- A person who is deaf-blind is likely to explain to you how to communicate, either verbally or by means of an assistance card or note.
- Speak directly to the person, not to the intervenor.
- Identify yourself to the intervenor when approaching the person who is deaf-blind.
- Don't shout or gesture wildly.
- Be clear and precise when giving directions, and repeat or rephrase if necessary.
- Never interfere with a person's service dog.
- Never suddenly touch a person who is deaf-blind, except in an emergency.

People who have **developmental disabilities**

People with developmental (or intellectual) disabilities may have difficulty in expressing themselves, understanding others, moving their bodies and/or controlling their behaviour. A developmental disability should not be confused with a mental illness. Developmental disabilities can range from mild to severe, and the type and degree of help a person may need can vary widely.



Tips

- Clearly identify yourself, your role and that you are trying to help.
- Listen carefully.
- Use plain language. Avoid complex terminology or jargon.
- Don't assume what the person can or cannot do.
- Provide information one piece at a time, in step-by-step instructions.

People who have **mental health disabilities**

Mental illness includes many different disorders, including:

- mood disorders, such as depression and bipolar disorder
- anxiety disorders
- psychotic disorders, such as schizophrenia, in which a person has trouble telling the difference between what is real and what is not
- personality disorders, in which a person experiences the world and behaves quite differently from how society expects
- eating disorders, such as anorexia and bulimia, which affect how a person feels about food and her or his body image
- substance abuse and dependence.

The most visible aspect of a person's mental illness may often be side-effects of medication, such as difficulties in speaking clearly due to a dry mouth or swollen tongue, difficulties in focusing, physical tics or a shuffling gait.

People living with mental illness may have long periods of health and recovery in which they need no special assistance. At times though, whatever your role at CAMH, you may find yourself interacting with someone who is experiencing mental health symptoms.

Tips

Note: These are general strategies for providing good access to our services—not a complete reference for providing clinical care.

- Be respectful and adopt an anti-stigma attitude.
- Tell the person who you are and what your role is.
- Listen carefully to the person's request and do your best to respond.
- If the person is in crisis, ask how you can help, or seek assistance.

People who have **physical or mobility disabilities**

There are many types and degrees of physical disabilities, ranging from arthritis to paralysis. Not all people who have physical disabilities need help. Physical disabilities occur widely and may be visible or invisible, and temporary, occasional or permanent.

For each person a physical disability will have different causes, symptoms and management strategies. Do not assume that a person with a physical disability has other disabilities as well, such as hearing loss or a developmental disability.



Tips

- Respect personal space. Do not lean on or move a person's wheelchair, cane or any other device without permission.
- Speak clearly and directly to the person.
- Notice potential barriers for people with mobility issues.
- If a client is accompanied by an attendant or family member, create an opportunity for the client to indicate whether he or she wants the other person present for the appointment. Obtain consent from the client if confidential information is going to be shared when another person is present.
- Ask what time a client needs to meet his or her ride, and be sure to allow enough time. People who use Wheel-Trans are penalized if they are late for their scheduled rides.
- Tell the person about accessible features of the immediate environment (such as automatic doors or accessible washrooms).

People who use a **service animal, an assistive device** **or a support person**

Service animals

A service animal is an animal—most often a dog—trained specially to help a person with a disability. Service animals may accompany people with physical (sight, hearing), cognitive or seizure-related disabilities, among others.

Usually it will be obvious that an animal is being used for reasons relating to a person's disability. If it is not apparent, the person will usually have a letter from a physician or nurse confirming that the animal is needed for reasons relating to a disability, or a certificate confirming that the animal has been trained by a professional service animal institution.

Service animals should not be confused with “pet therapy” animals, which are used to provide comfort and motivation.

Tips

- Allow service animals anywhere that clients normally have access.
- Allow a client to keep a service animal with him or her, unless the animal is excluded by law (for example, in areas where food is prepared). Service animals *are* permitted in dining or food ordering areas.
- Leave the care and supervision of the service animal to the client.
- Never interfere with a service animal by petting or distracting it.



Assistive devices

Assistive devices are used by some people with disabilities to aid mobility, communication and other activities. They include wheelchairs, walkers, white canes, personal oxygen tanks, note-taking devices, recording machines and assistive listening devices.



Tips

- Ensure that a person is permitted to enter CAMH with an assistive device and to use the device.
- Remove potential barriers to the use of assistive devices whenever possible.
- Do not move or take away a person's assistive device.
- Ensure that clients with disabilities know that CAMH can provide access to certain assistive devices or services (such as a wheelchair or telephone relay service).
- Offer clients the use of assistive devices in a manner that respects their dignity and independence.
- Do not lean on or reach over a person or device.

Support people

A support person is someone who accompanies a person with a disability to help with communication, mobility, personal care, medical needs, or access to goods or services.



Tips

- Allow a client's support person anywhere the client would normally have access.
- Create an opportunity for the client to indicate whether he or she wants the support person present for an appointment. Obtain consent from the client if confidential information is going to be shared when the support person is present.
- Speak directly to the client, not to the support person.
- Do not charge a support person an admission fee when he or she accompanies a client to a CAMH-related event such as a conference. (A separate fee may be charged for the support person's food or lodging.)

WHAT SHOULD I DO IF THERE IS A SERVICE DISRUPTION OR OTHER ACCESS ISSUE?

Occasionally there may be disruptions that reduce access to CAMH services (for example, elevators under repair, renovations that limit access to an area, or technology that is temporarily unavailable). Clients with disabilities may go to a lot of trouble to arrange services such as specialized transit or a support person. If a disruption is planned or expected, give as much notice as possible to save clients an unnecessary trip.

Give notice directly to clients by telephone or e-mail (depending upon the person's disability) and through posted announcements. Planned service interruptions for elevators, driveways and parking areas are posted at the relevant locations and on CAMH Insite, including information on the duration of the interruption and any alternative facilities that may be available.

If there is an unexpected disruption, notify clients as soon as possible and if appropriate inform Facilities Planning.

CAMH RESOURCES TO HELP YOU SERVE PEOPLE WITH DISABILITIES

There are many ways to learn how to better serve people with disabilities at CAMH: Review the CAMH Accessibility and Customer Service for People with Disabilities Policy (on CAMH Insite) and the CAMH Accessibility Plan (on camh.net).

- Speak to your team leader, supervisor or manager.
- Take the online training on accessibility and customer service available for all CAMH staff (see CAMH Insite).
- Review resources on the CAMH shared network drive T:\Community Resources\Accessibility Resources.
- Review the services and accommodations that follow to ensure accessibility for people with disabilities at CAMH. (This list was accurate as of November 2009; please check CAMH Insite for upgrades.)

All CAMH sites

American Sign Language (ASL) interpretation: CAMH Cultural Interpretation Services can provide ASL interpretation for clients. See CAMH Insite for information and a service request form.

Telephone relay service: Bell Relay Service (BRS) can help people use a TTY device to make or receive calls. There is no charge for local calls. To place a call through BRS, call 1 800 855-0511.

Queen Street site

Site plan: Available in printed form at the information desk, and as a PDF on CAMH Insite.

Accessible entrances: All entrances are accessible at ground level, and are equipped with automatic doors. Curb cuts are located in the sidewalks by each entrance.

Accessible parking: Located in the parking areas between Units 2 and 4, between Units 1 and 3 and in the Shaw Street parking lot.

Accessible washrooms:

- Unit 1, B5 and B12 (basement): female and male
- Unit 2, B5 and B11 (basement): male and female
- Unit 4, B17a and B17b (basement): male and female
- Unit 4, 121 and 122 (floor 1): gender-neutral
- Unit 4, 138 and 148 (floor 1): male and female
- Community Centre, 122 and 124 (floor 1): female and male

60 White Squirrel Way:

- 105 (floor 1): gender-neutral
- 205 (floor 2): gender-neutral
- 305 (floor 3): gender-neutral
- 405 (floor 4): gender-neutral

Elevators: All elevators are equipped with Braille.

College Street and Russell Street sites

Site plan: Available in printed form at the College Street and Russell Street information desks, and as a PDF on CAMH Insite.

Accessible entrances—College Street:

- Main College Street entrance.
- West entrance: Off the Spadina Avenue driveway. This is also the Wheel-Trans entrance.

Accessible entrances—Russell Street:

- Huron Street entrance: At the southeast corner of floor 1, off Huron Street.
- Spadina Avenue entrance: Adjacent to floor 1 of the Tower. Accessed from the pathway next to the Spadina Avenue driveway.
- Parking entrance: On parking level 3, adjacent to the accessible parking spaces. Vertical clearance is 170 cm.

All accessible entrances are equipped with automatic doors.

Accessible parking—Russell Street: Located on parking level 3. Vertical clearance is 170 cm.

Accessible washrooms:

- CS G24 and G51 (ground floor): male and female
- CS 755 (floor 7): gender-neutral, scooter and wheelchair accessible
- RS 1073 (floor 1): gender-neutral, scooter and wheelchair accessible
- RS 2038 and 2040 (floor 2, in the hallway between the cafeteria and the Eli Lilly training centre): male and female
- RS 304 (floor 3): gender-neutral, wheelchair accessible
- RS T219 (floor 2, near the Library, in the Tower): gender-neutral, wheelchair accessible

Elevators:

- Russell Street elevators are equipped with Braille, though College Street elevators currently are not.
- The elevator to the Auditorium (CS G58) is accessed via the security desk by the west entrance.

Wheelchairs: Available in the Emergency Department, College Street site.

SOURCES AND EXTERNAL RESOURCES

Accessibility for Ontarians with Disabilities Act, S.O. 2005, c. 11. Available: www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_05a11_e.htm. Accessed November 3, 2009.

Accessibility Standards for Customer Service, Ont. Reg. 429/07. Available: www.e-laws.gov.on.ca/html/source/regs/english/2007/elaws_src_regs_r07429_e.htm. Accessed November 3, 2009.

Blind Persons' Rights Act, R.S.O. 1990, c. B.7. Available: www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90b07_e.htm. Accessed November 3, 2009.

Ministry of Community and Social Services, Ontario. (2009). *Accessibility for Ontarians with Disabilities* [website]. Toronto: Author. Available: www.mcscs.gov.on.ca/mcscs/english/pillars/accessibilityOntario. Accessed October 30, 2009.

We thank the members of the inter-hospital collaborative group for sharing strategies and information on the provincial accessibility guidelines, and in particular the following for allowing us to adapt their materials:

Mount Sinai Hospital. (2009). *Eliminating Barriers, Providing Support: A Helpful Staff Guide to Disability and Interacting with People with Disabilities*. Toronto: Author.

Region of Peel. (2009). *Making Way: Guidelines for Delivering Accessible Customer Service at the Region of Peel*. Brampton, ON: Author.

Thunder Bay Regional Health Sciences Centre. (2008). *People First: A Helpful Guide to Disability and Assisting Those with Disabilities*. Thunder Bay, ON: Author.

NOTES

