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

CAMH STRATEGIC PLAN RENEWAL CONSULTATIONS
SUMMARY OF FEEDBACK

BACKGROUND:

As part of the Strategic Plan renewal process, CAMH consulted with clients, families, staff and other stakeholders to get feedback on what we are doing well, and what we might do better or differently in the future. We hosted focus groups with key stakeholders and provided an on-line survey option for staff and stakeholders so that we could benefit from the views of as many people as possible in shaping our strategic priorities.

The consultation sessions consisted of a presentation of highlights of an Environmental Scan, followed by a discussion of key questions relating to various aspects of CAMH's mandates - clinical care, research, public policy, education and health promotion. The on-line survey included both multiple choice and open-ended questions. The staff survey included questions about the work environment and the financial stewardship of the organization in addition to those about the mandates.

Approximately 200 stakeholders from across the province and 355 staff participated in the various consultation sessions. In addition, there were approximately 500 responses to the on-line survey, including 440 responses from CAMH staff.

Participants in the consultations welcomed the opportunity to be involved in discussions about the renewal of CAMH's Strategic Plan. The high number of staff participants and the volume of narrative feedback in the survey reflected considerable energy about the issues as well as a willingness to contribute to the future of the organization.

The following report provides a high level summary of responses received from staff and other stakeholders related to the key mandates of the organization, specific questions about our role in the system, and the work environment at CAMH.

FEEDBACK ON OUR KEY MANDATES:

Overall, the majority of the feedback was complimentary. People value our clinical services, respect and rely on the research and best advice work that we do, and depend on our staff in communities across the province for a range of supports – resource development and dissemination, community capacity building, and system planning. They appreciate our efforts to influence public policy and to champion mental health and addictions in the emerging LHIN environment. Most reactions to our public education and anti-stigma efforts (e.g., recent *Transforming Lives* Campaign) were very positive.

In the Clinical area:

Those consulted recognized CAMH as a leading clinical resource. They talked about CAMH as a tertiary or specialty hospital, providing clinical services in the Toronto area. Quality of care, client-centred care, and patient safety were ranked as "good" or "excellent" by most staff and external stakeholders we heard from.

> *"Tell us how we can access your services so we're sure we're in the right line."*

Concerns expressed most often were about accessing our services, whether from outside CAMH or from one program to another. These concerns reflect a well-known reality in our sector – the need for services is greater than the available supply, but also an expectation that CAMH will maintain a focus on improving access. Quality of care and client-centred care were similarly identified as areas that should continue to be priorities for Clinical Services. Few staff and external respondents identified patient safety as a priority.

Some staff noted that their caseloads were too high and that increased paper work was affecting client care. They supported an accelerated implementation of electronic tools – the Electronic Health Record and the electronic Interdisciplinary Plan of Client Care were identified as tools that staff would like to see in place. Some staff noted the need for improved computer literacy among clinicians so they could benefit from electronic tools. Staff expressed concern about the extent of integration and collaboration between divisions, sites and programs. They want more information about other programs within CAMH.

Some participants were particularly concerned about the future of addiction services, which they see as lagging behind even mental health services. They want to be sure that CAMH – given its dual mandate - will continue to provide leadership for addiction issues, as well as for concurrent disorders. Other participants reflected similar concerns about quality of life issues (housing, employment, income support) as a critical element of care. They fear that the LHINs will not value these services and will not be prepared to fund them. They want CAMH to take strong positions with respect to the importance of these services, and to continue to work with clients to address them.

In the Research area:

There was considerable support for CAMH's research activities and the quality of research conducted. Participants felt that CAMH's unique contribution in research includes its combined mandate on addiction and mental health, its emphasis on factors ranging from social to genetic factors, and its development, dissemination and evaluation of research-based programs and resources designed to improve the capacity of service providers in the addictions and mental health sector. The message was for CAMH to continue and even expand its work in research.

There were concerns about how the research agenda is developed and how people can recommend research ideas, how people find out about research activities at CAMH, and how research findings are translated into practice – i.e., how research becomes relevant to the experiences of consumers of mental health and addiction services, family members and service providers. Many staff felt we could improve the dissemination of research findings within CAMH, as well as the integration of research with clinical practice, health promotion and policy. They felt there should be an increased emphasis on applied clinical practice and research that can be used by community-based clinical programs.

"Clinical research and the ability to translate research into resources and training continues to be an area of need."

Participants noted our current capacity to do research in the community through the joint efforts of our research staff and our community consultants. There was positive feedback on the Community Research Capacity Enhancement Program and multi-year prevention research projects that have tremendous application in the community (e.g., Strengthening Families, Safer Bars). There was interest in doing more of this kind of work and more fully engaging community stakeholders in the research agenda by working with practitioners from diverse communities, families and clients to define the research questions, conduct the research, and design effective dissemination strategies to transfer research findings into practice.

Participants suggested that research papers need to be "unpacked" so they are more easily understood by community practitioners and CAMH staff. A number of specific mechanisms to improve communication about research were suggested: a centralized repository or digest on all current studies, research "tutorials" and mentoring for those wishing to learn more about research, research rounds to

share new research findings, a research resource guide, updates on research advancements using plain language, etc.

It should be noted, that in addition to receiving feedback from staff and stakeholders via this process, the Research Program also conducted an extensive review finalized by an External Advisory Panel. This process also endorsed the quality of research and its external impact, but pointed out the need for a clearer vision guiding research, a focus on areas of critical mass, an effort to integrate and enhance clinical research, and more attention to connecting and communicating with lay audiences.

In Education, Health Promotion and Policy areas:

Participants felt that CAMH has been effective at increasing access to public and professional education and resources, and at disseminating best practices related to prevention, health promotion and clinical intervention. Specific reference was made to the best practice manuals for clinicians, booklets for families, community forums, on-line school curriculum resources, training opportunities for clinical staff in the use of health promotion principles and strategies, etc. Many of CAMH's anti-stigma, public policy and advocacy initiatives were also noted as examples of CAMH's positive contributions. These included the *Transforming Lives* campaign, work on the Toronto Drug Strategy, the province-wide *Talking About Mental Illness* and *Beyond the Label* initiatives, film and arts festivals, and advocacy for the mental health and addictions system through the partnership with CMHA Ontario and the Ontario Federation.

A number of participants suggested that CAMH's unique contribution derives from its dual mandate for addiction and mental health, its provincial reach, its access to research evidence and resources, and its comprehensive approach to the continuum of health (including health promotion, treatment and recovery). They encouraged CAMH to maintain its focus on capacity building work – through the development of tools, resources and training – to assist service providers across the province to prevent or reduce problems associated with substance use and mental health issues and to promote healthy lifestyles. In short, they felt that CAMH should be doing more of what it is already doing.

> *"We bring a level of credibility that is informed by a series of critical perspectives: consumer, research-based, comprehensive, province –wide and internationally relevant."*

Participants also noted that: we should improve our communication with external partners and internally with staff; there should be more multi-lingual materials; and important policy initiatives like the Smoke Free Ontario Act should be monitored for implementation.

Participants expressed support for CAMH's local presence, its role in advocating for the sector in the transforming environment, its public policy work, and its mental health, addiction and health promotion materials that are disseminated across the province. Their concern was that CAMH might de-emphasize this work as we move into a LHIN environment.

Summary Comments About our Key Mandates:

Those consulted had a lot of positive comments about our key mandates. Many staff expressed a sense of pride about particular programs and initiatives. External stakeholders positioned their feedback within a framework of growing trust for the organization and recognition of our leadership role in the mental health and addictions sector.

Although participants are highly supportive of CAMH's emphasis on client-centred care, empowerment and diversity, they suggested that there is more work to be done in these areas to ensure that these values drive all of our work. CAMH needs to be a safe and comfortable place for all, and our programs and services must reflect and address the needs of the diverse clients, families, staff and other

stakeholders we work with. They also suggested we need to work more effectively with organizations that serve marginalized populations.

Our stakeholders are looking for clearer information about CAMH's programs and services, access criteria, contact information, and so forth. Some external participants also suggested that if staff across CAMH were better informed about the services that are offered within the organization, they would be in a better position to help clients and other stakeholders to navigate the system.

Accountability measures and indicators are recognized as important. Participants encouraged a focus on measuring outcomes of our work, drawing on the experiences of clients and families, and using qualitative as well as quantitative approaches. There was recognition of the difficulty in measuring the impact of some of our work, but also the importance of demonstrating its value.

FEEDBACK ON SPECIFIC ISSUES:

CAMH's Role in the Continuum of Care:

In response to questions about an appropriate role for CAMH in a continuum of care for clients - what services should CAMH provide and what services should community-based organizations provide – participants provided a range of responses.

Some participants argued that the issue isn't "who provides what services", but "who serves what clients". It was suggested that the role of the hospital should be to serve those who have severe and complex needs. However, it was also argued that some services don't always need to be provided in a hospital setting but could be provided by organizations like CAMH in the community. There was agreement that certain services require the special expertise of hospital staff – e.g., acute care services, lab services, and medication management. But there were differing points of view about assessment, crisis support, case management, outpatient counselling services, employment support, and supportive housing.

Some participants argued that CAMH should be focusing on more "medical" activities and that community service providers should be providing the on-going case management, employment supports, and supportive housing. They argued that these services are about reintegrating and living in the community, and that community organizations are better equipped than hospitals to assist clients in these areas. Others argued that CAMH should continue to provide all these services, in no small measure because "there are not enough services out there".

Service providers in the Toronto area talked about a "shared care" model – where people from different disciplines/backgrounds work together in support of clients. They suggested that CAMH offer psychiatric consultation services to community mental health and addiction practitioners to help them deal with the more complex problems they encounter. This could be done by telephone or through "office hours" in community agencies, where CAMH clinicians work side by side with community agency staff.

"CAMH staff should share their expertise, not come as experts."

In all the discussions about this issue, people emphasized the importance of ensuring that community-based services are in place before any hospital services are cut. There was also considerable emphasis on the importance of avoiding the creation of new silos when making any system changes.

Forensic Services:

Only a small number of participants provided feedback on forensic services. Those who did viewed CAMH as having a unique role in the interface between mental health and justice issues given its expertise in the area of forensic psychiatry.

Staff expressed concern about forensic clients in terms of inadequate services to meet the demand, the need to improve efforts to reduce the stigma directed towards this population, and the need to provide forensic services in proper settings. They also noted the importance of ongoing follow-up with forensic clients who move into the community. Building on CAMH's evidence about the importance of addressing concurrent disorders, staff recommended that CAMH advocate in the broader criminal justice system regarding the need for concurrent disorders and drug treatment in the jails.

External participants suggested that CAMH does not always value their attempts to maintain linkages with clients while they are in the hospital, and CAMH could take better advantage of community agencies to support the reintegration of forensic clients into the community. They noted that community agencies would benefit from CAMH training and support to improve their capacity to deal with people who are at risk in the community. They also pointed out the need for improvements in how youth are treated in the forensic system and suggested that CAMH may have a research and advocacy role to play. They also recommended that CAMH advocate for better access to upgrading, educational and employment opportunities for forensic clients.

The Scope of CAMH's Role in Professional Education:

CAMH is the place where health professionals learn about mental illness and addictions. Through affiliation agreements with the University of Toronto and other educational institutions, CAMH provides placements for physicians, social workers, nurses, occupational therapists and so forth. Participants were asked whether it made sense for CAMH to consider expanding or changing the scope of its work in this area to anticipate changes in the health care system – i.e., a new focus on primary care and more service provision in community-based organizations.

"CAMH should endeavour to not duplicate current community services but rather consider how it can support those services from an education and training perspective, and a broader implementation of shifting of resources and cultivating capacity within communities."

There was considerable support for CAMH providing mental health and addiction training to primary care physicians and multidisciplinary staff in community health centres and emerging family health teams. There was also support for similar training for staff in unregulated disciplines working in mental health and addiction community agencies – peer support workers, community outreach workers - who are often the first point of contact with the health system for people who need mental health and addiction services. Some cautioned against embarking on this kind of activity without a clear signal that the government and/or the LHINs are prepared to fund this kind of activity on the part of CAMH.

CAMH Activities Across the Province and Beyond:

CAMH's work across the province, on the national scene, and internationally is highly regarded and there was a lot of support for maintaining and strengthening this role.

"CAMH is more than a hospital"

Participants supported strong provincial leadership from CAMH to advocate for a fair share for mental health and addictions in a regionalized system. They supported our efforts to collaborate with provincial partners and recommended that we include other provincial organizations in our partnership, particularly Addictions Ontario. They also suggested continued research regarding the impact of regionalization, and advocacy to ensure that the appropriate mechanisms are put in place to ensure that mental health and addiction services are appropriately resourced in the new LHIN environment. They also recommended continued active participation at LHIN planning tables across the province.

Some participants from outside the GTA recommended that CAMH's work across the province draw more from the clinical expertise of the organization than is currently the case. They suggested a role for CAMH in such things as training emergency room physicians to deal with those presenting with mental illness or

addiction, working with regional hospitals to improve their mental health and addiction capacity, offering training for clinicians related to emerging best practices – early intervention, working with families, recovery orientation, harm reduction, working with a forensic population, structured relapse prevention, cultural competence, and so forth.

Diversity and Access:

Participants were asked for advice about the best way to improve access to our programs and services in light of the diversity of the environment within which we work. They commented very positively on CAMH's diversity work, but also suggested that our diversity efforts need to be taken to a higher level.

> *"All programs and clinics need to be Rainbow departments."*

External stakeholders talked about working with community partners to improve access, rather than establishing stand-alone CAMH satellites. In this context, they also talked about the importance of levelling the power imbalance between CAMH and smaller community partners, respecting and valuing the work of community agencies, providing more multilingual materials, and hiring more from diverse communities. Their message was "interaction not silos". Staff feedback reflected more support for establishing satellites, and including a variety of services in them.

Participants emphasized the importance of embracing a broad view of diversity – the diverse needs of seniors and youth, mental health and addiction consumers, people with disabilities, low-income people – and recognizing diversity within communities – e.g., diversity within the "African" and "South Asian" communities.

Participants also encouraged CAMH's continued advocacy for the recognition of foreign-trained professionals, noting that this could help many people to access culturally competent services that may not be available to them now. Some participants also noted that some professions do not exist in other parts of the world, which means that recognizing foreign credentials is not enough.

COMMENTS ABOUT INTERNAL MATTERS:

CAMH as an Employer:

Staff identified a number of examples of what CAMH has been doing well to promote a healthy workplace: staff service awards, exploring methods for rewarding good performance, our smoke-free policy, staff development courses and staff bursary fund, access to the Employee Assistance Program, targets for increasing nursing ratios, recruiting from diverse communities, and a safe and clean work environment.

Staff feedback also reflected the impact of continuous change, budget cuts, and uncertainty about the future on morale and energy in the organization. Staff identified a number of areas of concern:

- *Management*: While there were positive comments, many staff felt that there is room for improvement in team building, staff recognition, timely communication of management decisions, management feedback on performance, and well-defined accountabilities for managerial positions. Staff also remarked on the need for additional diversity in the management cadres.
- *Front line staff:* Some felt that the work of front line staff is not adequately recognized, and that there needs to be a clearer connection between CAMH's strategic directions and the day to day work of front line staff.
- *Training and development:* Staff comments reflected the need for better communication of internal career development opportunities, including mentoring programs; and more resources for staff training and professional education (e.g., CAMH Internal Learning and Sharing Network).

- *Health and wellness:* There were positive comments about the Wellness Committee and some of the initiatives sponsored by this committee. However, other comments reflected a concern about the degree of commitment to workplace health and wellness (e.g., work-life balance, increasing workloads, wellness support for staff outside of the GTA, self-care, on-site child care, etc.).
- *Communication:* Staff referred to the need for improved communication between all levels of the organization – between departments, with the regions/satellite clinics, between management and staff, and between staff and Board. Many staff want to see effective forums for open and transparent communication, and believe that email is overused as a communication tool.
- *Technology*: Staff comments included the need for more computers and better computer support and training. They also included an interest in investing in and promoting the electronic assessment tools and the electronic health record.
- *Human Resources:* Feedback included the need for more support to managers in handling problem employees; and supporting the recruitment and retention of people who have had a personal experience with mental illness.

CAMH and its Fiscal Responsibility:

Staff were asked to give their opinion on whether CAMH has managed its financial resources appropriately (given the multiple priorities), whether the allocation of resources is well understood, and to offer suggestions for reducing costs. Many staff indicated that they did not know enough to comment. However, nearly one quarter of all survey respondents took the time to offer specific suggestions to support the organization to be more fiscally responsible.

Some staff felt that everything that could be done was being done. Others suggested a flatter management structure, smaller budgets for management travel and hospitality. Many staff felt that the recent advertising campaign and site redevelopment were major expenditures that could draw already scarce resources away from addressing the direct needs of clients. (Perhaps this points to the need for clearer communication to staff about the different funding sources for these initiatives.) Some staff expressed concern about over use of outside consultants and contract staff. Some staff also expressed concern about lack of involvement of front line staff in financial allocation decisions, suggesting that it would be better to gather input from staff directly rather than through managers.

CONCLUSIONS:

The consultation process for CAMH's Strategic Plan renewal was designed to provide feedback on what CAMH might do better or differently in the future. It provided valuable input about both CAMH's strengths and areas for improvement. In most cases, there was consistency in the feedback provided by staff and external participants. Although there was a lot of positive feedback about CAMH's programs and services, and a lot of advice about what to do more of, there was also an underlying theme - CAMH cannot be all things to all people, and needs to take a more focussed approach to its services and programs.

The high degree of participation in the consultative process and the nuanced and constructive nature of so much of the feedback demonstrate strong commitment to the organization and support for corporate and system-wide improvements. They also demonstrate an awareness of the changing environment, and an interest in shaping and being part of the future.

The consultation feedback has been instrumental in developing CAMH's Strategic Plan for 2006-2009.