

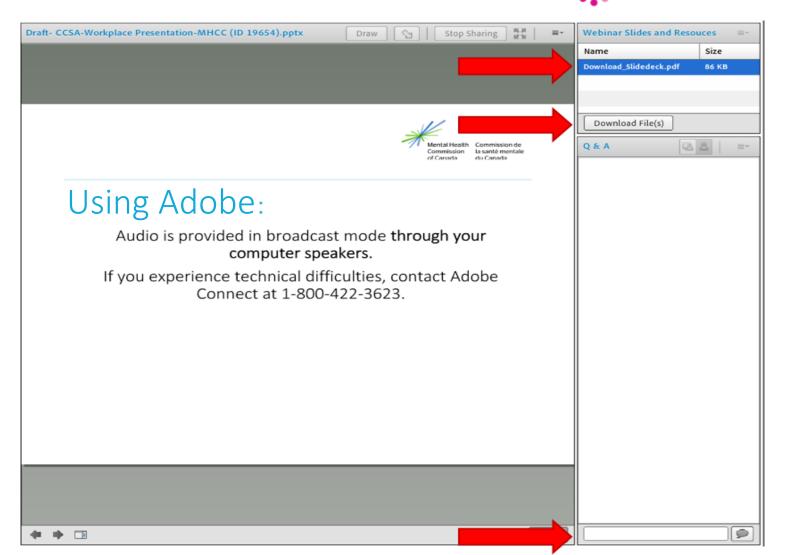
of Canada

Commission de la santé mentale du Canada

The webinar will begin shortly

Canadian Centre and Addiction

Centre canadien sur on Substance Use les dépendances et l'usage de substances





 Commission de la santé mentale du Canada



Canadian Centre Centre canadien sur on Substance Use les dépendances et and Addiction l'usage de substances

Stakeholder Engagement

Knowledge Exchange Collaborative Webinar #1

Mental Health Commission of Canada & Canadian Centre on Substance Use and Addiction

ORDER OF EXCELLENCE



MENTAL HEALTH AT WORK® RECIPIENT

December 19, 2017



 Commission de la santé mentale du Canada



Canadian Centre Centre canadien sur on Substance Use les dépendances et and Addiction l'usage de substances



Sareda Quah-Vo, Knowledge Broker Mental Health Commission of Canada



Zachary Patterson, Knowledge Broker Canadian Centre on Substance Use and Addiction



Commission de la santé mentale du Canada

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Idian Centre Centre canadien sur ubstance Use les dépendances et Addiction l'usage de substances

What is the Knowledge Exchange (KE) Collaborative?

Vision: To contribute to improved mental health and substance use systems and service delivery through knowledge exchange.

Mission: Increase KE collaboration across various individuals and organizations to help move knowledge more quickly into practice in the mental health and substance use sectors across Canada.

Goal: Build KE capacity among individuals and organizations in the mental health and substance use sectors across Canada.



Webinar Series

- Webinars will be hosted on a quarterly basis.
- The objectives of these webinars include, but are not limited to, sharing best practices as well as sharing advances in KE.
 - Specific topics will be guided by a needs assessment.



Poll #1

• Please take a few minutes to answer the poll.

Please indicate your level of agreement on the following statement: Stakeholder engagement is an important part of my work.



Poll #2

• Please take a few minutes to answer the poll.

Please indicate your level of agreement on the following statement:

I feel confident that I am (or my organization is) engaging people with lived experience, including youth, meaningfully.



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Eugenia Canas, Coordinator

Centre for Research on Health Equity and Social Inclusion



Laurence Caron, Project Manager and Knowledge Broker Association québécoise pour la réadaptation psychosociale



Liz Wigfull, Manager, Knowledge Exchange Mental Health Commission of Canada



Hello!

l'm Eugenia Canas

Five years 'on the ground". Four years reading. Still curious.

Find me at @EugeniaCanas

Our time together today:

- Youth Engagement to shape service design and care
- The work of genuine engagement
- Impacts, resources and provocations.

How do we honour a commitment to Youth Engagement?

Mental healthcare transformation: a change in culture

- Multiple disciplines in tension with dominant models of care
- Patients, carers and supporters
- Recovery movement, patients rights, MAD advocates, neurodiversity advocates
- Youth as a diverse population

A **history of exclusion** from decision-making processes in healthcare.

What is meant by engagement? Involvement, participation, voice, partnership, co-authorship, mutual growth.

-The inclusion of youth perspectives into decision-making of how the mental-health system and mental-healthcare are designed and delivered.

-The uptake of youths' knowledge to transform your context.

Gaps in our understanding of engagement

 Operational knowledge: how to make it work¹² in its context

Evaluation of impacts and outcomes at the organizational and system level ³ beyond individual impacts

 Organizational and practice barriers in the care context, within the organizations themselves ⁴ lest we responsibilize youth

Foster-Fishman et al., 2010
 Stoudt, Fox and Fine (2012)
 Snyder and Engstrom, 2016)
 Luxford et al., 2011

Advancing YE+ making it work



Youth Advisory Councils as Research Partners in ACCESS Open Minds

Eugenia Canas, Western University Chantelle Mireault, Douglas Hospital Research Centre, ACCESS Open Minds Rebecca Prince, Chatham-Kent Health Alliance, ACCESS Open Minds Srividya Iyer, Douglas Hospital Research Centre, ACCESS Open Minds, McGill University

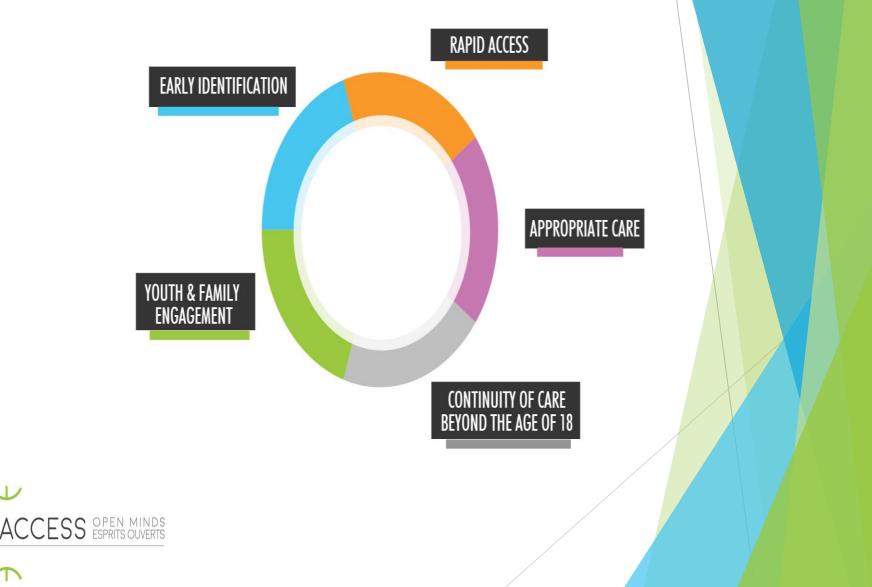
SPOR network funded by the Canadian Institutes of Health Research (CIHR) and the Graham Boeckh Foundation Strategy for Patient-Oriented Research

ACCESS OPEN MINDS ESPRITS OUVERTS



Fondation Graham Boeckh Foundation

Service Planning: Transformation Based on 5 Core Elements



ACCESS Open Minds National Youth Council





ACCESS Open Minds CKHA Youth Advisory Council





Key Dimensions of Engagement Work

- Flexibility: charting unknown territory
- Self-reflexive process. Awareness and acceptance of inherent tensions
- "The ability to normalize that uncomfortable feeling that things are taking shape organically"
- Valuing co-creation, and also improvisation, revision and "going with the flow"
- Commitment to participatory values



Strategies that support YE

- Active champions within the organization
- Mutual trust and knowledge exchange between youth and adults
- Transparency; clarity of boundaries and expectations



Evaluating YE+ looking inward



Wisdom to Action:

Mobilizing youths' lived-experience knowledge to inform mental health services.



Eugenia Canas, PhD Cand. Western University, Health Information Science Program Lisa Lachance, Wisdom2Action Network & PhD Trainee (Health), Dalhousie University

Alicia Raimundo, Wisdom2Action Network Youth Advisory Council

Key questions:

- How does the wisdom of youths' lived experience impact the design of communitybased programming?
- What can knowledge translation practices do to ensure youth voices are integrated in meaningful ways?



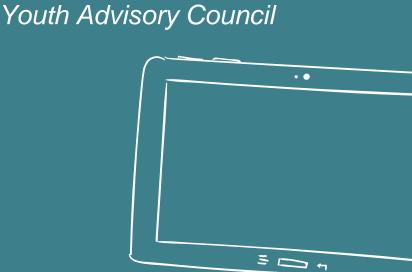
How are we doing?

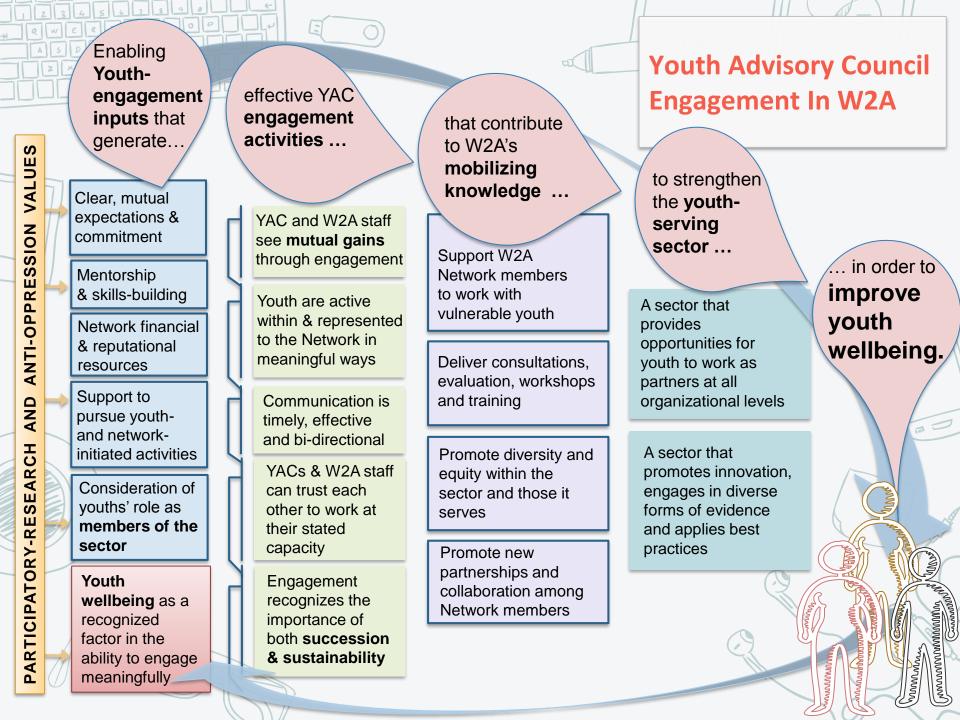
"Engagement that works best is one where everyone – including adults and professionals – feel like like they have gained from the experience."





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I. The benefits of YAC engagement are mutual.

YAC members have positive and empowering experiences as a result of their engagement with W2A. Engagement has increased partnerships, capacity-building, and sense of efficacy for YAC members.

"I feel it would be hard to map the ways that I've grown because my experiences have been connected with so many other things. But I would want to map who the Network has connected me to, and how my own network has grown."

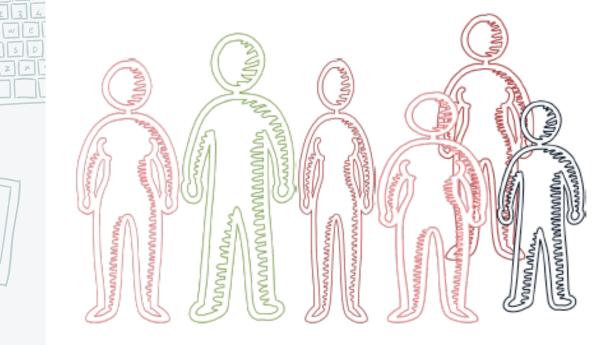
— Youth Advisory Council member

"I feel totally engaged with the Network, and quite valued ... I feel supported as a youth, and that my agenda is supported."

— Youth Advisory Council member

"The Network has been very supportive of youth leadership, for example in our ability to propose a conference that we're interested in, and have the Network support that involvement."

— Youth Advisory Council member



CONCLUSION

"There's room to learn, to strengthen the relationships, to make mistakes, and to learn from them too."

- Youth Advisory Council member

To date, W2A has created the conditions for a Youth Advisory Council with a strong identity and sense of

purpose. YACs see themselves within their various locations — social, cultural, ethnic, and professional, to name a few — as integral members of this national network. They are invested in its future. In doing so, they counter the systemic tendency to essentialize youth as a homogeneous population, and live by anti-oppression values in how they describe themselves, their purpose, and their potential for impact on the world. This accomplishment is not to be taken for granted.

As it relates W2A's vision, **YAC engagement is a core component.** The strengthening the youth-serving sector is directly connected with the strengthening of diverse youth advisors who have a sustainable impact upon Network activities.



Draw on existing lessons. Listen to youth in your context. Acknowledge power.



THANK YOU

ecanas@crhesi.ca @EugeniaCanas

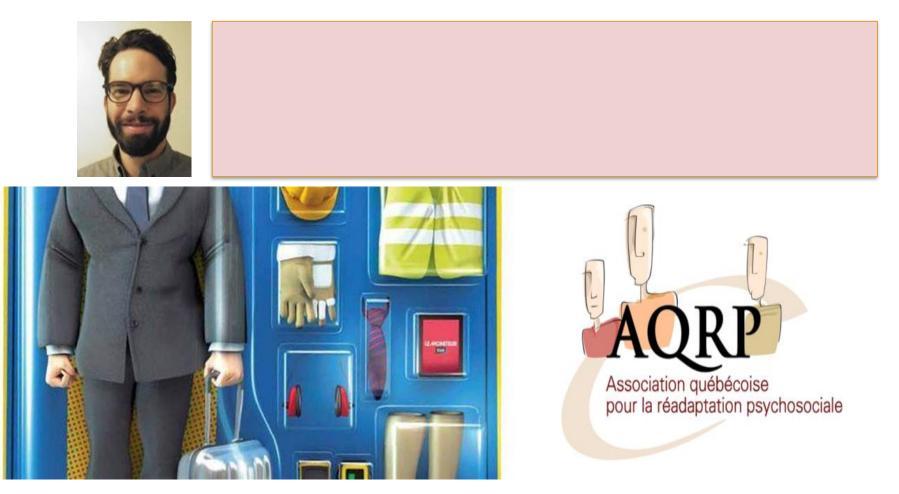


Engaging People Living or Having Lived With Mental Health Problems



NICE TO MEET YOU, I am...

Laurence Caron, Project Manager AQRP
 Laurence Caron, Hallway group member, MHCC



NICE TO MEET YOU, the org...

Association québécoise pour la réadaptation psychosociale (AQRP)



- Conferences (every two years);
- Trainings on Recovery and other linked topics;
- Pairs Aidants Réseau (Quebec's peer specialists program);
- Work integration projects;
- ✓ Groupe provincial sur la stigmatisation et la discrimination en santé mentale (GPS-SM), (our national stigma coalition);
- ✓Fil jeunesse (youth psr journal);
- Ponctual projets (many)

PRESENTATION STRUCTURE

- 1. Vocabulary (PWLE, engaging, experiential knowledge...)
- 2. Areas where experiential knowledge is used
- 3. How to foster engagement?
- 4. My path of engagement

1. VOCABULARY

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A. Who are those we call:

User,

consumer,

consumer survivor,

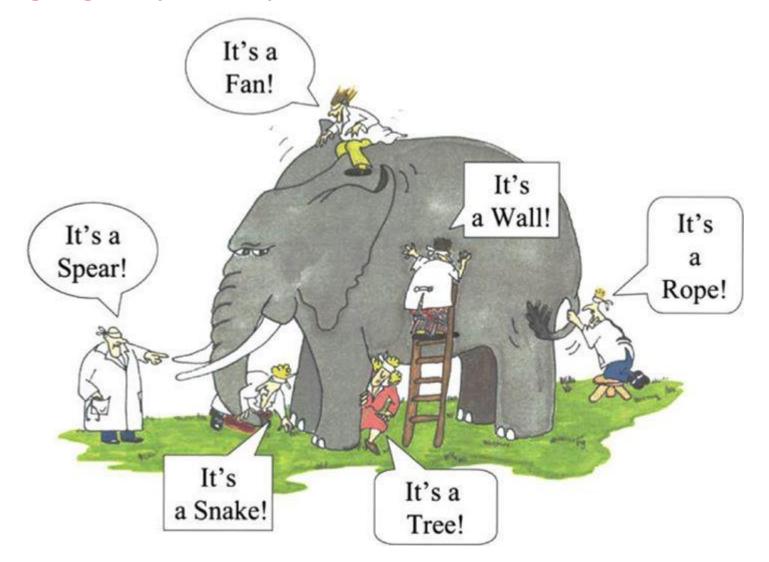
people living or who have lived with mental health problems,

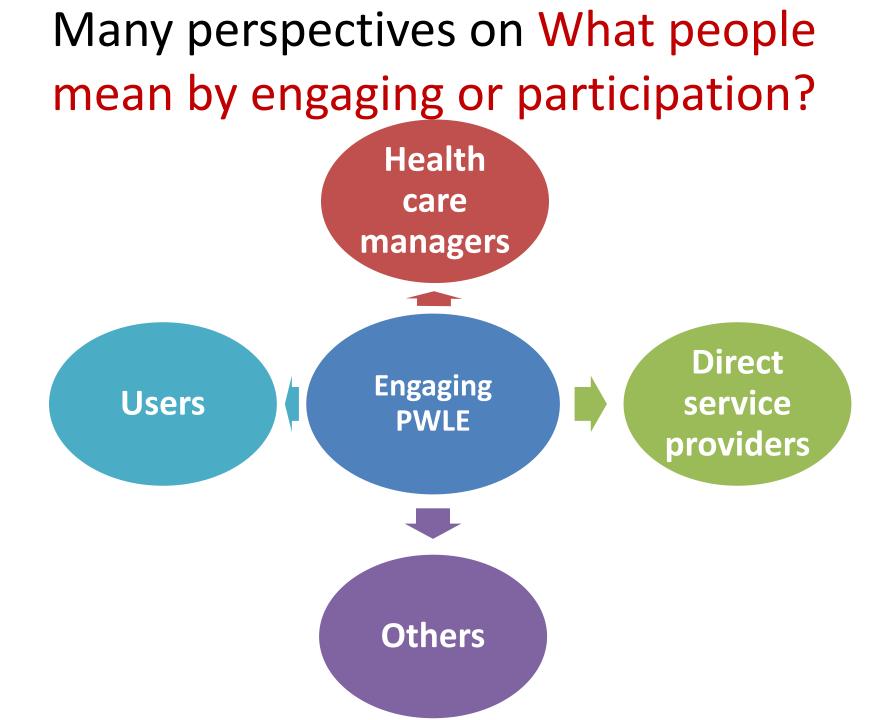
people with lived experience,

• • •

1. VOCABULARY B. What people mean by engaging or participation?

Many perspectives on What people mean by engaging or participation?





Health care managers' perspective on What people mean by engaging or participation?

- Using best practices (often imposed by the political)
- Improving services (accessibility, quality, cost...)

Based on the idea that all policy development and program delivery should start by listening to consumers Health care managers' perspective on What people mean by engaging or participation?

Example 1 from Hamilton District Health Council

"Recovery-oriented services have a goal of promoting hope, healing, empowerment and connection. Full and meaningful participation by consumers in the community and in decisions about the services they receive is essential to recovery. This requires truly collaborative relationships between consumers and service providers: the end goal is that consumers will be full partners in the planning and delivery of mental health and addiction services." Health care managers' perspective on What people mean by engaging or participation?

Example 2 from Quebec's health ministry

3.1.1 LA PRIMAUTÉ DE LA PERSONNE

Tout comme la Politique de santé mentale de 1989, le PASM 2015-2020 réitère l'importance d'assurer la primauté de la personne par le respect de sa personnalité, de sa façon de vivre, de ses différences et des liens qu'elle entretient avec son environnement. La primauté de la personne implique de tenir compte du point de vue et des capacités de la personne utilisatrice de services, tout en favorisant sa participation, celle de son entourage, la prise en compte de l'ensemble de ses besoins et de sa situation biopsychosociale. La promotion, le respect et la protection des droits en constituent des aspects fondamentaux.

Field service provider's perspective on What people mean by engaging or participation?

 Using best practices for readaptation: empowerment, full citizenship, strength based approach, social participation, holistic approaches, social determinants of health... User's perspective on What people mean by engaging or participation?

- NOTHING ABOUT US WITHOUT US
- A historical perspective...?

Lord, J. (1989) states, "paternalism, the dominance of the medical model, and the professionalization of mental health services have all contributed to maintaining consumers in their 'client' status" (p. 15). These historical and social reasons contribute to the lack of engagement. ... opinions from the Hallway group (MHCC) on What people mean by engaging or participation?

The Hallway Group is a group of individuals, all of whom are people with lived experience (PWLE) with a mental illness either personally or through a loved one.

Their role is to provide expert advice on specific initiatives, projects, and key priority areas through the much needed critical lens of PWLE.







Chris Summerville, Manitoba Schizophrenia Society

"The mental health system should make sense to those that it should make sense to THE MOST: PWLE!!!!"



Engage People with Lived Experience of Mental Health Conditions and Addictive Behaviours Workbook Debbie Sesula – CMHA-BC



"Engagement to me means starting from the beginning to have people involved, not half way or near the end for rubber stamping. Sure, it takes more time, but hey, haste makes waste."





Engage People with Lived Experience of Mental Health Conditions and Addictive Behaviours Workbook Debbie Sesula – CMHA-BC



"Oh boy, that's a huge topic!

Just recently started a Peer Advisory Committee to give advice on our mental health services via a member of senior management.

We have our first official meeting in January with senior management, after a few meetings of developing our ToR, Mission, Vision and training.

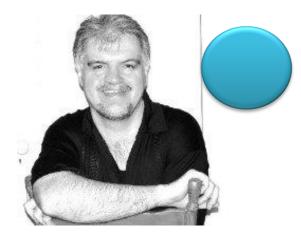
Even though our health authority says they really want PWLE to have input into program development, implementation and evaluation, it still doesn't happen as often as we would like.

We (also) do have a health authority engagement team called CEAN which is a great way for folks to get involved. We also have Patient Voices Network (check them out)!

So, we do have some good things happening."



Eugene Leblanc, Our voice / notre voix, New Brunswick



I would recommend using the term "full citizenship" and remembering the name of the newsletter of the RRASMQ : "L"autres espace" "The other space". This is what is required, a new space.



Eugene Leblanc, Our voice / notre voix, New Brunswick



"The smart way to keep people passive and obedient is to strictly limit the spectrum of acceptable opinion, but allow very lively debate within that spectrum -- even encourage the more critical and dissident views. That gives people the sense that there's free thinking going on, while all the time the presuppositions of the system are being reinforced by the limits put on the range of the debate." -Noam Chomsky, linguistics professor and political activist (b. 7 Dec 1928)

I would recommend using the term "full citizenship" and remembering the name of the newsletter of the RRASMQ : "L"autres espace" "The other space". This is what is required.





Nigel Bart, Artbeat studio inc

"Consumer involvement from the beginning" to avoid the *baked cakes* situation where people get to give their opinion on already built projects





2. WHERE AND HOW EXPERIENTIAL KNOWLEDGE CAN BE USED?

2. WHERE AND HOW EXPERIENTIAL KNOWLEDGE CAN BE USED?

- ... "to ensure that people with serious mental health problems live fulfilling lives in the community" (CMHA, 2005, p. 2)
- Individual care
- Program and service design
- System and community

I hear you, but what do they know?



Figure 3. The Spectrum of Participation

5. Empower Place the decision in the hands of the public e.g. Vote/ Ballots, Selection Panel, Citizen Juries

4. Collaborate

Partner with the public in the development of alternatives, recommendations and solutions e.g. Quality Improvement, Planning Committee, Advisory Committee, Working Group, Round Table, Consensus Call

1. Inform

Provide the public with clear and objective information e.g. Fact Sheet, Newsletter, Social Media, Info Session, Open House, Website, Newspaper, Radio, Television

2. Consult

To obtain public feedback on draft plans and recommendations e.g. Focus Group, Public Meeting, Feedback Form, Survey/Poll

The Spectrum of Participation

3. Involve

Involve the public in planning or designing phase to ensure that ideas and concerns are considered and reflected e.g. Discussion Group, Working Group, Steering Committee, Process Mapping, Task Force, Training Mentor, Workshop, Conference



Adapted from VCH, 2009, p. 8 & International Association for Public Participation

Individual care

THROUGH

- Recovery, self help, dreams, strengths...
 NEEDS
- Recognizing experiential expertise
- Believing (hope) in recovery
 - Contact strategy, living models, knowledge
- Shared risk management
 - Protocols, knowledge of approaches and tools
- Knowledge of my rights
- Possibility to make choices (alternatives)
- Right language and attitudes

Program and service design

For either planning, delivering, evaluation...

THROUGH

- A. On the Mental Health Team
- B. On advisory groups, committees, etc.
- C. Accreditation Process
- D. One-on-one Consultation
- E. Surveys and questionnaires
- F. Focus Groups
- G. Discharge Satisfaction questionnaire
- H. Board Membership (with PWLE hat exclusively?)
- I. Peer Support (or experiential knowledge)
- J. Public Education Partnerships
- K. Direct Service
- L. Others (Summerville, Meaningful Consumer Participation)
- an association or organization representing users' interests
- Co attending to staff training
- Activities in mixity with staff, fundraising, choir,
- Recruitment of staff
- •

. . .

Program and service design **NEEDS**

- Resources
- Training and information
- The right persons at the right place
- An inclusion protocol for all
- Feedback, public information on

System and community THROUGH

- Research (peer specialists, professional of research)
- Trainings (mixing types of knowledge)
- Contact strategy to fight stigma (conferences, living library)
- Association (advocacy, defense of rights and interests)
- Recovery colleges
- Helping on policy and community improvement
- Presence in all areas of society
- Association
- Others

3. HOW TO FOSTER ENGAGEMENT?

3. HOW TO FOSTER ENGAGEMENT? Chris Summerville, Manitoba Schizophrenia Society

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"Engagement is any process that involves the interests of PWLE to identify and set priorities or direction, contribute to or make decisions, influence change, assess and evaluate programs, policies and service. Engagement is **two-way**, involves the **transparent exchange of information**, seeks common understanding and common ground, and leads to **trust-based**, **sustainable relationships**.

Participation is about getting and sharing information, **making a** difference to decision-making, being treated with respect, and understanding one's rights. Service user participation within the mental health context should improve mental health services and move the experience of services users from exclusion to inclusion. Mental health service users writing and talking about their experiences emphasize that their participation in decision-making within services must be available, real and meaningful.

3. HOW TO FOSTER ENGAGEMENT?

Other questions on engagement:

- The "money" question
- The "militant and/or angry person » question
- The "slowing us down" question
- The "capacity" question
- The "purpose to ones life" question
- The "representativeness" question
- The "alternative points of view" question
- The "tokenism" question
- The "full citizenship" question
- The "I don't want to be part of it" question
- The "personal recovery vs collective utility" question
- Others?

A. MY PATH ENGAGEMENT

4. MY PATH TOWARD MEANINGFUL ENGAGEMENT IN MH, - A ONE PERSON CASE STUDY





THANKS





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Innovation to Implementation

A Practical Guide to Knowledge **Translation in Healthcare**

mentalhealthcommission.ca



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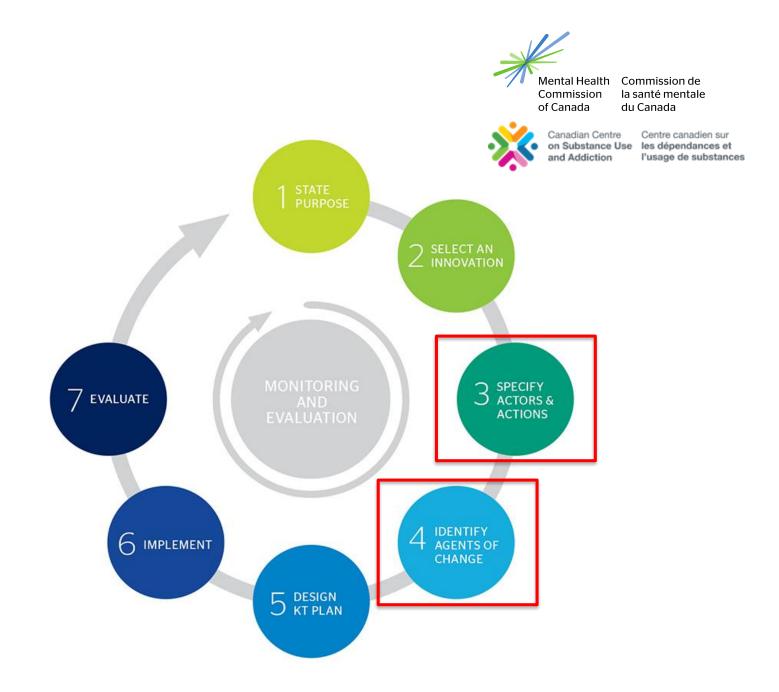
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FOUR TYPES OF KNOWLEDGE:

- » Scientific (learning through research)
- » Experiential (learning through experience)
- » Pragmatic (learning through action)
- » Cultural (learning through being)





Poll #3

• Please take a few minutes to answer the poll.

Please indicate your level of agreement on the following statement:

Now I have new knowledge to improve engagement with stakeholders with lived experience, including youth.



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Questions?





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How did we do?

Please fill out the survey that will be emailed to you.





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Thank you!

Sareda Quah-Vo, Knowledge Broker, Mental Health Commission of Canada squah-vo@mentalhealthcommission.ca

Zachary Patterson, Knowledge Broker Canadian Centre on Substance Use and Addiction ZPatterson@ccsa.ca

Financial contribution from

