



## Context

The status quo in the delivery of Children's Mental Health Services in the province is not sustainable. Agencies are being asked to do more with less and collectively resources are not being maximized. The possibility of amalgamating may be a chance to enhance and revitalize the current service delivery system so that it can be sustained for the next generation.

This is an opportunity for our community to be creative, innovative and leading-edge about creating the best children's mental health service delivery system.

To this end, Craigwood Youth Services, Vanier Children's Services, Oxford-Elgin Child and Youth Centre, and Western Area Youth Services are engaged in an emerging praxis process to explore whether a possible amalgamation between the four agencies would be a viable option and a better way to provide the best services possible for children, youth and families in our communities.

## The Discovery Sessions

As part of this process, key stakeholders (parents, staff, youth, and community partners) were asked to engage in an appreciative inquiry process through Discovery Sessions. Stakeholders were asked to:

- Share their "dream" about a regional children's mental health organization
- Share the strength of the four agencies
- Share ways in which to strengthen the current system and
- Share the challenges and opportunities of amalgamation

In order to gather as much feedback as possible, Discovery Sessions were held with these four key groups<sup>1</sup> and stakeholders were also given the option to respond to an online survey, if participating in a Discovery Session was not feasible. For the sake of consistency, the same questions were asked in the

<sup>1</sup> A focus group was organized for foster parents; however the session was canceled as a result insufficient numbers participating in the session. Only one foster parent responded to the online survey.

Discovery Sessions and the online survey. In total, 249 stakeholders participated.

Following is a breakdown by group:

- Community Partners ~ 105 Participants
- Parents ~ 19 Participants
- Staff ~ 106 Participants
- Youth ~ 16 Participants
- Foster Parent ~ 1 Participant

## Vision

*"All families know where to get help and are comfortable asking for it – stigmas are no longer attached to certain agencies"* Discovery Session Participant

Participants were asked to imagine themselves asleep for ten years and then asked how they would envision the Children's Mental Health sector when they awoke if everything they ever hoped for the sector came to fruition. When discussing their vision, respondents touched upon ten different themes: *Service Delivery, Supportive & Learning Organizational Culture, Full Integration, Family-Centered Care, Ministry Barriers & Funding, Mental Health Stigma, Positive Outcomes, Residential Options.*

### **Service Delivery**

The most common theme focused on improving service delivery within the mental health system; just over 300 ideas were linked to this theme. Many dreams focused on the importance of increasing support services for families when children/youth are experiencing mental health issues. Stakeholders also imagined a system with greater, quicker access to high quality services; a system with great information about services and information for parents during treatment. Respondents also dreamt of an increase in services and resources that would focus on mental health prevention and the elimination of all service gaps. Timely access to all resources and services was an overarching response.

### **Supportive & Learning Organization Culture**

This response was most common among staff and community partners. In the dreams, the overall wellbeing of staff was fully addressed. Staff would be adequately supported, provided with solid and ongoing training opportunities as well as treated with

respect and equality. A sense of unity and a common philosophy was clearly important as many responses included phrases such as **“all on the same page”**; **“all voices being heard”**; and **“all resources pooled together”**. As well, in the dream, it was important to have sufficient staff to serve all clients.

**Full Integration**

Many respondents dreamt of a strong continuum of care and a full integration of mental health services. Community agencies would collaborate with one another, communication about agency services and/or common clients would be made readily available and shared freely. The community as a whole would be more aware and informed about the services available to them and there would be less confusion. More interdisciplinary services would be available in schools and/or community hubs. Those experiencing mental health concerns would feel fully supported.

**Family-Centered Care**

This theme was mentioned in all four groups. Many stakeholders felt it was imperative for agencies to work with the child within the context of family; and not just treating the child in isolation. Many also expressed the importance of family members feeling well informed and in control of the treatment process. As some respondents expressed it, the parents/families would **“drive”** the care. Many dreamt of families staying together, being treated with dignity and the families treating each other with love and respect. Families would be offered more services and would feel well supported. Services would be provided close to families; in their neighbourhoods and local communities. Services would not be centralized.



**Ministry Barriers & Funding**

Flowing within their vision, several respondents envisioned a future where funding would not restrict how clients would receive services. Services would be customized to meet their needs and the ministries would not create obstacles and barriers with respect to how funding would be used to meet clients’ needs.

**Mental Health Stigma**

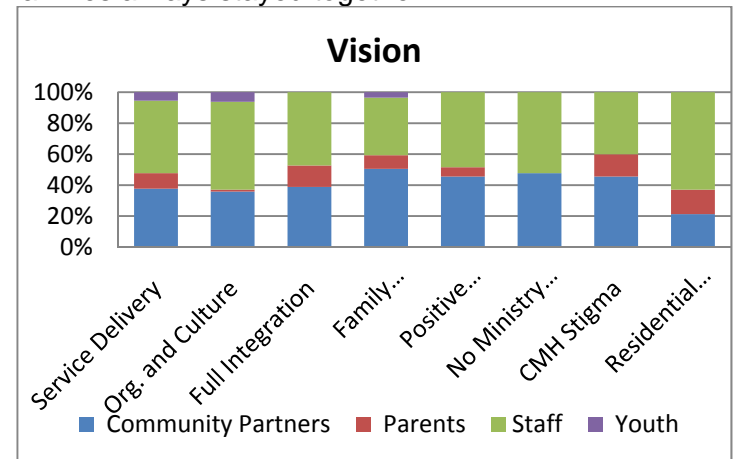
Respondents pictured a positive environment where clients and their families would feel comfortable seeking assistance with their mental health challenges and the stigma surrounding mental health would disappear.

**Positive Outcomes**

In general, respondents pictured a new more positive reality where families are happy, healthy, and stay together. The overall system would be easy to navigate and services within agencies and between agencies would be seamless. **“There are enough services for all and clients are provided the service they need in a timely manner”**.

**Residential Options**

Several respondents specifically focused on residential options in their vision. Of those who focused on this topic, responses were divided. Many dreamt of more funding and resources dedicated to residential options, others dreamt of an environment where residential options were no longer needed and families always stayed together.



**Note:** All charts provided represent the distribution of each theme by stakeholder group.

## Strengths

*“When we hoped for the best. When we preserved. When we knew our work mattered”*

*Discovery Session Participant*

Participants were asked to reflect on personal highlights and strengths of working with the children’s mental health sector. The main themes of strengths were: *Staff, Working Together, Variety of Services & Programs, Empowering Clients, and Relationships.*

### Staff

All four groups agreed that the staff is one of the greatest strengths of the children’s mental health sector in the region. This was the most frequent response across all stakeholder groups. Staff themselves particularly valued the ability to draw on other staff’s skills and strengths. Staff members also valued learning and training opportunities. In addition, stakeholders overall valued a healthy, diverse, and welcoming staff group. Youth in particular appreciated staff members who were welcoming, who made them feel safe, and who engaged them.

### Working Together

Working together was the second most common response; however, it is important to note that only community partners and staff responded in this manner. Respondents shared highlights of collaborating to streamline services on behalf of clients. Many value the opportunity to work with community partners and draw from their expertise. At an agency level, staff members also mentioned the strength of working as part of multidisciplinary teams; this approach was seen as energizing. As one respondent shared, *“this is a great way to be more creative in treatment planning.”*

### Variety of Services & Programs

Stakeholders agreed that a significant strength was the variety of services and programs currently available. Properly supporting families and customizing services to meet their needs was also seen as a strength. For many staff members, highlights of working in children’s mental health included the ability to respond creatively to meet the needs of children and families. Stakeholders discussed specific programs; in particular responding to clients in crisis and clinical supports services were mentioned.

### Empowering Clients

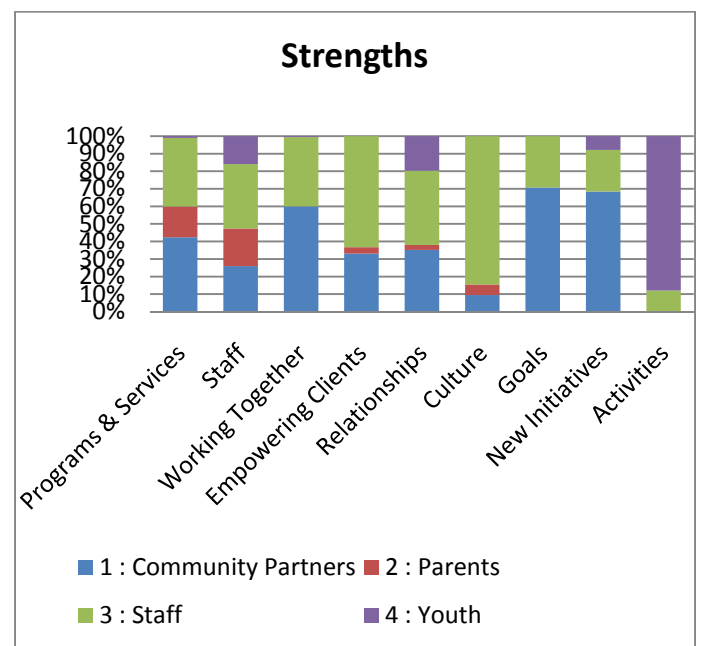
A common highlight for staff was moments when they believed their work was empowering clients. Seeing positive change in clients, seeing them become more confident, and celebrating small and large successes were mentioned often by staff. Almost equally important to empowering children and youth was working and supporting parents.

### Relationships

All four groups agreed that establishing strong relationships with staff, with those in a group or with others involved in a program was important in their experience of being involved in the children’s mental health sector. Youth appreciated making friends within the group and also being rewarded and recognized by staff members. One staff member shared the value of clients who returned to visit. Establishing personal connection and relationships surrounded by trust was valued by many respondents.

### Other themes

In addition to the above five themes, other smaller themes also emerged. This included: Youth enjoying activities with the agency, staff members valuing their work culture, community partners (along with some staff members) being motivated by new initiatives and common goals, projects and working towards common goals.



## The Current Reality

Participants were then asked to answer four questions about the current context of the children's mental health sector. These follow:

### Excellent Care

*"[Our experience was] respectful, non-judgemental, [and they] trusted that we (the parents) were experts"*

*Discovery Session Participant*

Stakeholders were asked to share insights on receiving excellent care and to describe what excellent care looked like. The main themes were: *Staff, Needs-based Services, Timeliness, Collaboration*

#### Staff

The importance of competent staff was seen as essential to excellent care and was the most common response provided. Participants spoke of personnel who were confident, personable, warm, respectful, responsive and non-judgmental.



#### Needs-based Services

Excellent care for participants included a system that was easy to navigate, made appropriate referrals, services were individualized for the client, and transitions that were seamless. For many, simply meeting the client's needs was enough to describe excellent care.

#### Timeliness

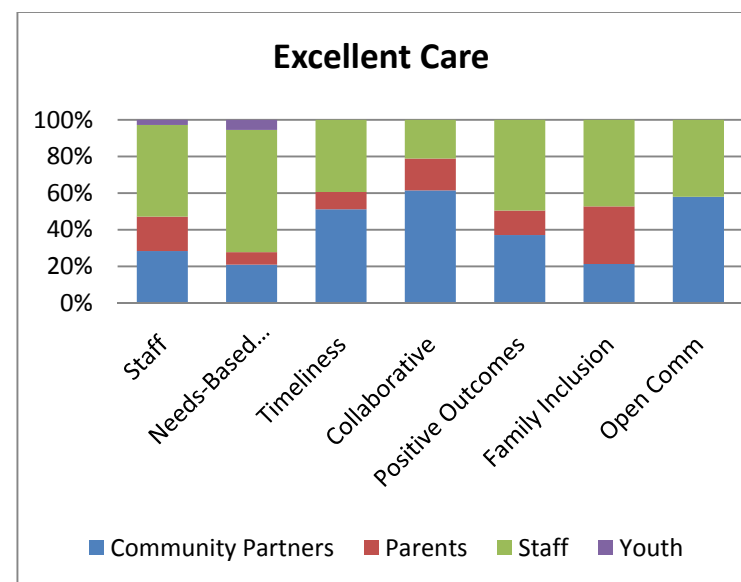
Timeliness was the most common 'specific' trait for excellent care. Essential to participants was a minimal or no wait and a quick response.

#### Collaborative

Excellent care was perceived as collaborative on two different levels. For some respondents this meant that the family was included; the family and the agency working as team. For others, this meant working with other agencies and providing more holistic care.

#### Other themes

Other smaller themes were services that included the entire family, open communication, and general positive outcomes. General positive outcomes would include a general "positive experience," and "successful results."



## Biggest Irritant in Children’s Mental Health

*“The amount of time spent demonstrating outcomes rather than time spent creating outcomes”*

*Discovery Session Participant*

Participants were asked to name what they believed was the biggest irritant in the current children’s mental health system. The biggest irritants for stakeholders were *the Ministry, the Client Experience, Agency & Staff, and Wait Lists*.

### **The Ministry**

The Ministry was overwhelmingly the biggest irritant for staff members. They were critical of the lack of funding and the expectation of the Ministry for agencies to provide the same or more services with fewer resources. As one staff member explained, **“this is like telling McDonald’s that you always want the value meal for the price of the sandwich.”** In addition to the lack of funding, others voiced concern over the Ministry implementing too many rules, implementing “roadblocks”, and creating too many rules on how funding can be used.

### **Client Experience**

All four groups stated that a significant cause for irritation is failure in the overall client experience. This would include clients getting lost in the system or **“getting the runaround,”**; constant staff changes, making it more difficult to establish relationships with the client; clients having to tell their stories multiples times; and a general lack of respect for the client.

### **Agency & Staff**

From a staff perspective this included examples of too many supervisors, general burnout, lack of professional development and lack of resources. For other stakeholders, this meant experiences with some disrespectful staff, an unwillingness to cooperate with other agencies, lack of awareness of what is offered within each agency, and general disrespect of some agencies towards others.

### **Programs & Services**

Respondents generally felt that the lack of programs and services was a major irritant. As well, stakeholders mentioned that the programs and services that do exist were often too reactionary and more focus should be placed on prevention.

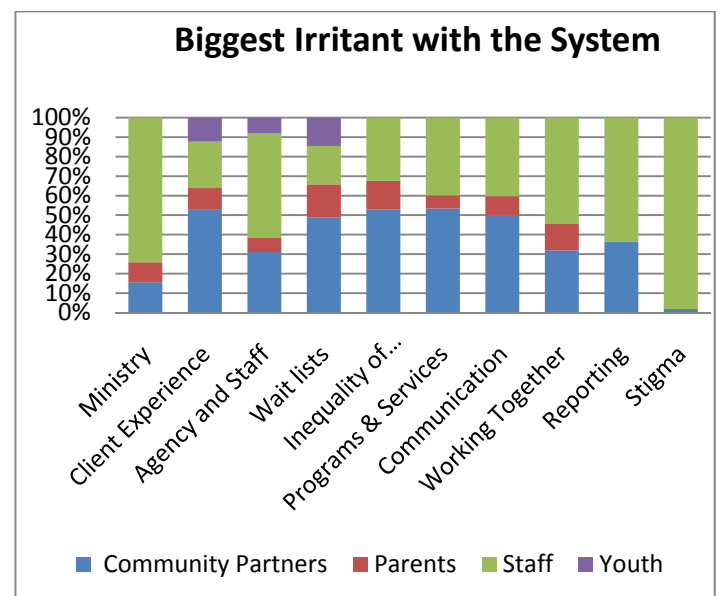


### **Wait lists**

This common response by community partners, parents, and youth describes a deep frustration. Having to wait for services that the client urgently needs is a very strong irritant for many. One respondent said that wait list really means **“no services,”** while another respondent felt that a wait list was simply **“false hope.”**

### **Other themes**

Less dominant themes also included lack of communication, inequality of resources, reporting, working together and the stigma in mental health.



## Wish List of Changes

*“To have a seamless, one stop shopping system that would direct parents to the appropriate service for all areas of the child’s needs - education - recreation - family life.”*

*Discovery Session Participant*

Participants were then asked to reflect on what they wish organizations could do differently. The main changes included *Programming, Human Resources, and Collaboration*. Three minor themes that emerged were changing the structure of their organization, increased internal communication, and more client-centred services.

### Programming

Generally, respondents wanted more programs and services offered. More specifically, some respondents suggested providing more support services to parents, more activities & groups. Other suggestions included having more programs that are proactive instead of reactive, providing services for those who are on the waitlist, and eliminating the gaps in services.

### Human Resources

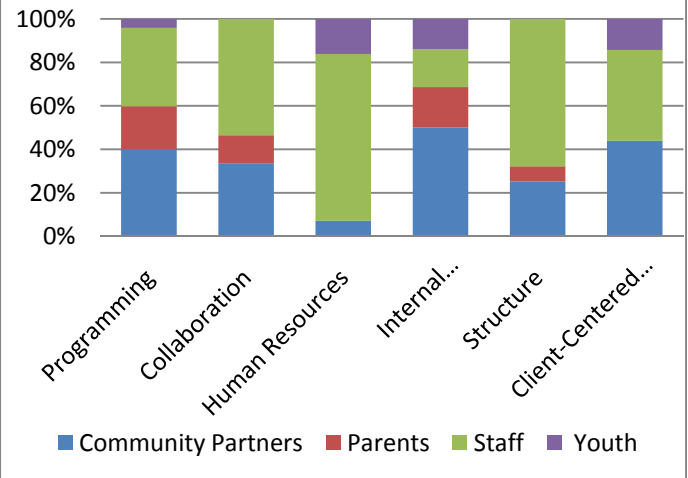
This change primarily voiced by staff members, focused on the need for increasing human resources, better staff support, increase in wages, and more training. Other suggestions included allowing staff members to have more control over their work and more team building opportunities.

### Collaboration

Staff, Community Partners, and Parents all felt that it was important to leverage each agency’s strengths and establish closer networks between agencies. This would require stronger communication and a demonstration of mutual respect between agencies. Other respondents also specified the importance of working with the schools within their community to better integrate all services.



## Changes within your Organization



## How to Make the System Better

*“Work collectively with other agencies to strengthen our services (in our communities) for our children & youth.”*

*Discovery Session Participant*

As a final question about the Current Reality, respondents were asked for concrete examples of how to improve the current system. The dominant responses were *Program & System Development, Communication & Collaboration, and Staff Development*. Other secondary themes were improving the client experience and fundraising.

### Program and System Development

Improvements relating to the enhancements of programs and the service system were the most common response in all four groups. In general, respondents suggested increasing the number of programs and services offered. In addition, many respondents felt it was essential to improve the intake process so that intake would only occur once and potentially a system coordinator who would help the client navigate the system. Naturally, decreasing the waiting list was mentioned by many. Other responses included more services for families and more therapists for children.

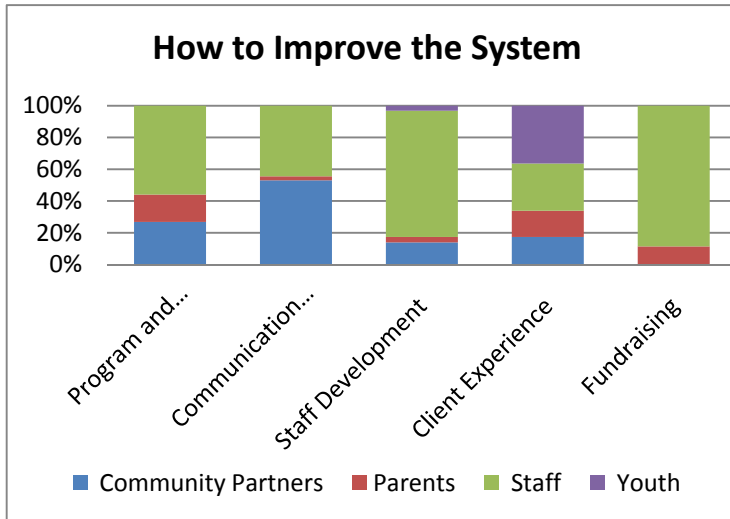
### Communication & Collaboration

As reflected in previous questions, communication between the agency and the family was deemed as a

fundamental issue that requires improvement. Equally important was increased collaboration and information sharing between community agencies.

### Staff Development

The most common response was to provide more training and professional development to staff. Other suggestions included hiring more frontline staff, making all staff (including management) accountable, reducing work load, and elevating staff morale.



## Feedback on Amalgamation

To end the Discovery Session, respondents were asked to provide specific feedback about the potential amalgamation. Stakeholder feedback follows:

### New Programs and Services

*“Comprehensive mental health assessment/interveion/parent training and support to all children and families regardless of age, severity if illness, diagnosis”* Discovery Session Participant

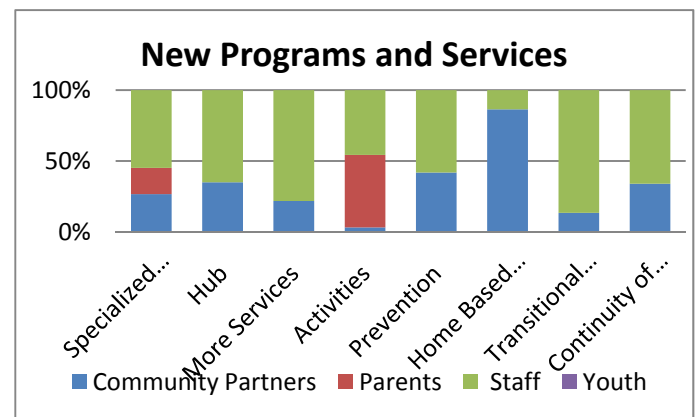
To start participants were asked to list new programs and services they wish the new organizations would offer. The list of programs and services varied significantly and only revealed one dominant theme: *implement more specialized services.*

### Specialized Services

Some respondents simply stated “specialized services”. Others were more specific naming: more therapists, more supports for parents, services that would help with addictions, more home-based services, and services for those in the French-speaking community.

Other suggestions that were mentioned multiple times but did not fully emerge as a dominant theme included the following:

- Addressing transportation issues in the county context
- Providing specialized services in local communities/county
- More services for specific demographics
- Individualized services
- More services offered in community hubs
- More programming in general
- More activities (music, art, camping with families, family activity night, etc.)
- Implementing the continuum of care more effectively
- More home-based services
- More prevention Services



### Opportunities

*“To recognized and retain the diversity that each organization brings to the amalgamation”* Discoverv Session Participant

Participants were asked to provide the challenges and opportunities they saw for the prospective amalgamation. Participants thought the main opportunities for this amalgamation were: *Service Improvement, Collaboration and New Infrastructure.*

Ironically, infrastructure was seen as a significant challenge. It is worth noting that Youth did not respond to these questions.

### Service Improvement

This was the most stated response and focused on the opportunity to streamline services and provide a “one stop shop” for children/youth experiencing mental health challenges in the context of their local community. This would also be an opportunity to comprehensively assess the gaps and services and potentially implement new services to minimize these gaps. As well, specialized services could be provided across the region.

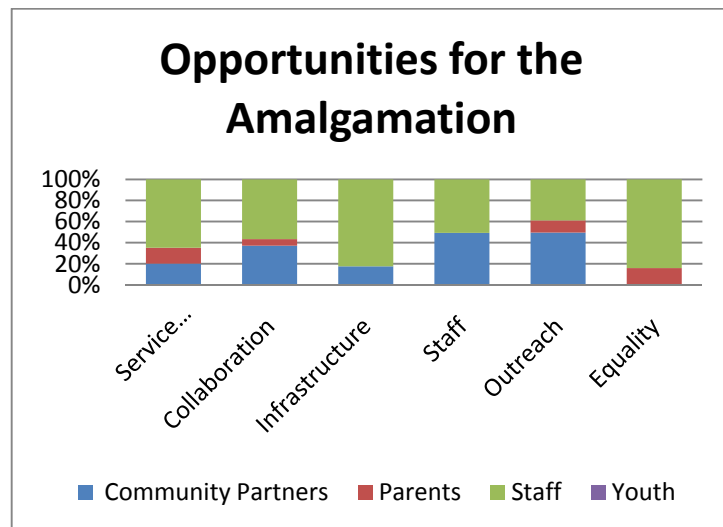
### Collaboration

Respondents believed that this would improve overall communication, sharing of resources and would help eliminate existing silos since everyone would be under one common administration.

### Infrastructure

There was a stated hope that the amalgamation would bring about increased funding as well specialized resources and stronger administrative support. Having all services under one administration could be an opportunity to evaluate the most effective ways to deliver services within the large geographical area. Restructuring of services to meet the needs of clients could occur more easily in an amalgamated organization.

Other smaller themes included more job opportunities within the organization; sharing of resources; and improved community awareness.



## Challenges

The main themes under challenges were: *Infrastructure, Maintaining Quality, Shared Values and Size*

### Infrastructure

The greatest concern related to job loss, equalizing wages and unions. Having to combine organizations with different unions was seen as a challenge by many. Other infrastructure concerns included continuing to provide services across the region and merging technology systems.

### Maintaining Quality & Understanding Local Reality

Many participants were concerned that it would be difficult to maintain the same quality of care in a much larger organization. Some feared there would be less flexibility and some programs would likely be eliminated. One respondent asked: **“how does an amalgamated organization accommodate the unique programs of each organization?”**

Community partners in the counties expressed grave concern about resources being moved away from the county and being centralized. As one participant expressed, **“how will we be guaranteed that our resources and services won’t all be moved to London?”**



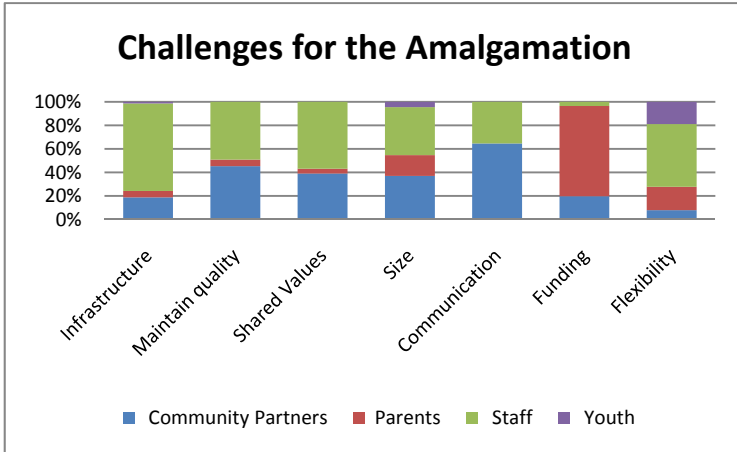
### Shared Values

Others participants thought that the organizations that are currently considering the amalgamation have different philosophies and values and it would be very challenging to either merge these values or create a new set of values within a new organizational culture.

### Size

Others feared the organization would be far too big, too difficult to navigate and become far too bureaucratic, which would be to the detriment of the client.

Other minor themes included the ability to maintain flexibility in treatment planning. Suggestions about communication both internally and externally about the amalgamation process so that all stakeholders are adequately informed. As well, there is a general concern that funding may be reduced once the agencies are amalgamated. As one respondent asked, **“will the Ministry take back the dollars saved by the amalgamation?”**



## How will we know the amalgamation is better for everyone?

*“Truly positive feedback without disclaimers”*  
*Discovery Session Participant*

The last question asked participants to name the indicators of success for amalgamation from the perspective of parents/guardians, children and youth. The three primary themes were: *Measurable Outcomes, a Positive Client Experience, and Positive Staff Experience*. Other minor themes included more children staying at home, families being heard, and public recognition.



## Measurable Outcomes

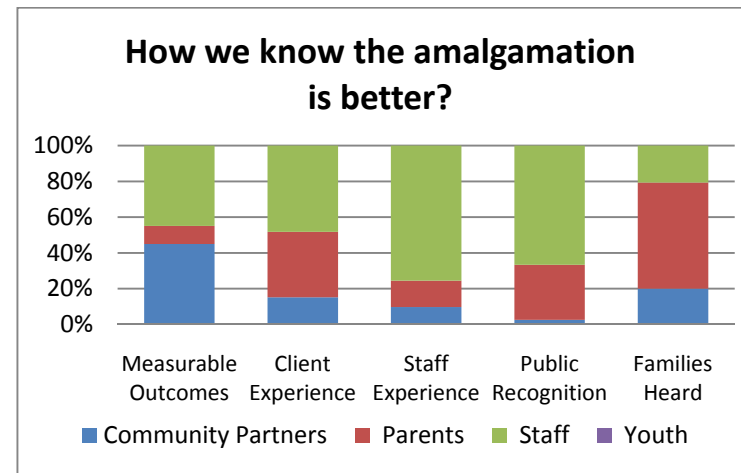
Participants would look for solid evidence such as: client satisfaction, decreased wait times, quicker services, more referrals, and overall stronger program evaluation results. Decreased wait lists and client satisfaction were the most common responses.

## Client Experience

Many respondents suggested that families would be the best indicator of success. This would include: families believing their and their children’s needs are being met, feeling supported and able to contribute to community. The long term overall outcome would be parents and children more active within the community and within each other’s lives.

## Staff Experience

From a staff perspective, indicators would include: less turnover, higher retention rates, financial improvements, and staff members’ morale would be high. In turn, this strong and motivated staff would ultimately be better able and equipped to serve clients and families.



## Next Steps

The Boards of Directors of the four agencies will take this stakeholder feedback into account as they develop the Conceptual Model for the new organization. This will assist in determining whether or not the option to amalgamate will be a better way to serve our communities. A decision to continue the process from this Phase of Exploration to Business Plan Development will occur in mid September.