

Executive Summary

Diversity is one of CAMH's core values and the organization is committed to "being a leader in delivering mental health and addiction services in ways that are effective, fair, inclusive, respectful and culturally competent."¹ CAMH's Diversity Policy addresses the need for the organization to be more aware and vigilant of the needs and realities of marginalized groups.

The goal of this strategy is to build and strengthen CAMH's relationships and partnerships with Lesbian, Gay, Bisexual, Transgender, Transsexual, Two-Spirited, Queer, Questioning, Intersex (LGBTTTQI) communities, to further build internal LGBTTTQI organizational and clinical capacity, and to promote a safe and inclusive work environment for CAMH staff and volunteers who identify as LGBTTTQI (one of CAMH's designated groups).

This strategy suggests that CAMH can re-commitment to Diversity in general, at all levels of the organization – as outlined in the Diversity Policy - with a specific focus on the LGBTTTQI population (and the diversity within it). Such commitment will help to create an organization that clearly supports and acknowledges LGBTTTQI people, provides excellent and relevant programs and services, and recognizes the role of homophobia, transphobia and heterosexism in mental health and addictions.

This strategy is in line with CAMH's values, goals and directions. Building internal capacity with regard to LGBTTTQI issues addresses points within CAMH's Client Rights. Developing strong, equitable partnerships within LGBTTTQI communities fulfills the LHIN mandate of community engagement and the expectations of CAMH's Community Relations Committee's three key statements.

Context

While CAMH is considered a leader in diversity within the health sector in the GTA, there are still many gaps in CAMH's diversity work and programming externally and internally. One of the goals of the CAMH Diversity Policy is to "provide an environment that is supportive, accessible, welcoming, safe, and free

¹ CAMH Diversity Policy, 2003 p. 1

of stigma, harassment and discrimination for all our stakeholders, particularly for those stakeholders who identify as members of a CAMH designated group.”
Still,

1. Homophobia, racism and ableism have been cited as important internal concerns²
2. Although there are Queer & Trans-specific services in the Addictions program, these have not been offered in Mental Health
3. LGBTTTTQQI priorities have not been part of the cultural competency practice framework for clinical staff

Asking the Right Questions 2 (ARQ2) training (an intake and assessment tool regarding sexual orientation and gender identity, developed by CAMH staff) is well received across the province – but has yet to be integrated across CAMH programs, particularly in mental health. Training and support on how to use the resource has also been unevenly provided.

In addition,

4. The Gender Identity Clinic (GIC) and the Gender Identity Disorder Service (GIDS) have not been well regarded by some members of LGBTTTTQQI communities due to negative experiences, underlying operational theories, approach, and treatment philosophy. The impact of these programs impact LGBTTTTQQI communities differently:
 - a. The GIC treats Transgender adults, and has therefore had a specific impact on the Trans community
 - b. The GIDS treats children and youth and has had a specific impact on the queer community (lesbian, gay, bisexual, queer, questioning) as well as Trans youth.

Stakeholder consultations were held as part of the development of this strategy. Individual interviews (external to CAMH, with LGBTTTTQQI community members and professionals) as well as focus groups were conducted. In addition, meetings were held within CAMH with the Executive Leadership Team, Diversity champions, LGBTTTTQQI Caucus members, and individuals from various departments.

Seven community-based focus groups were held between November 27th and December 11th:

Nov. 27 – Sherbourne Health Centre, re: GIC

Nov. 28 – 519 Community Centre, re: Addictions

Nov. 29 – Sherbourne Health Centre, re: Mental Health

Dec. 4 – 519 Community Centre, for Community Organizations

Dec. 4 – YMCA, re: GIDS

² Diversity Plan – Centre for Addiction and Mental Health, (KPMG) 2000. In the scope of this strategy, homophobia within CAMH came up in interviews with staff and clients. Examples include concerns about perceived differential (negative) treatment of LGBTTTTQQI clients by staff, and lack of intervention by staff to homophobic incidents between clients or between clients and other staff members.

Dec. 5 – College St. Site, re: GIC

Dec. 11 – Queen St. Site, for clients (in conjunction with the Empowerment Council)

Limitations include the short time period and reliance on email for advertising, the time the focus groups were held, community fatigue, cynicism and distrust, and limited scope (GTA).

In Focus Groups and individual interviews with LGBTTTTQQI community members, the Gender Identity Clinic and Gender Identity Disorder Service were cited as the main concerns. Some LGBTTTTQQI community members have had negative experiences due to the underlying theories, approach, and treatment at these clinics. These experiences have resulted in negative feelings and perceptions – which have impacted CAMH's reputation in broader LGBTTTTQQI communities within the GTA and beyond.

Issues raised in particular, are that the clinics have:

GIC

- Used the Medical Model (pathologized)
- A greater priority on research, relative to care
- Demonstrated a lack of willingness to engage with LGBTTTTQQI communities and engage in dialogue
- Exhibited poor therapeutic communication and engagement. Some identify dismissive, condescending and authoritarian attitudes of staff
- Used a surgery-only track
- Supported and promoted the theories of Homosexual Transsexualism and Autogynephelia
- Used guidelines that are four-times (for hormones) and double (for the real life experience) the current WPATH Standards of Care

Gender Identity Disorder Service:

- Used the Medical Model (pathologizing)
- Focused on removing cross-gender behaviour
- Demonstrated a lack of willingness to engage with LGBTTTTQQI communities and engage in dialogue
- Exhibited poor therapeutic communication and engagement. Some identify dismissive, condescending and authoritarian attitudes of staff

Most of the feedback received during the writing of this strategy has been from Trans adults. Individuals who were clients at the Gender Identity Disorder Service as children or youth were not forthcoming (with one exception). One CAMH clinician speculates that sexual minority youth subjected to the GIDS approach early in life are more likely to be disenfranchised from clinical services and the LGBTTTTQQI community, and are therefore unlikely to hear about and/or participate in such focus groups.

LGBTTTQI communities (particularly the Trans communities) have evolved over the last few decades, as have the standards of care for treatment of Gender Identity Disorder. There is a perception among some LGBTTTQI community members that the Gender Identity Clinic and the GIDS have not reflected the evolutions within LGBTTTQI communities in theory and practice.

There are many examples (locally, nationally, and internationally) of treatment and care for transgender adolescents and adults that are client-centred and rooted in an informed consent approach. Similarly, there are different clinical perspectives about children who exhibit cross-gender behaviour, as evidenced by the different term – Children with Gender Variant Behaviour (rather than children who have Gender Identity Disorder).³ Since 70%-90% of children who exhibit cross-gender behaviour later come out as Lesbian, Gay, or Bisexual, it is argued that labeling this behaviour as pathological has negative consequences to self-esteem and self-acceptance of LGBTTTQI individuals.

Embedding diversity as a value at CAMH will address the internal gaps. This strategy's specific focus will help to address the issues raised by LGBTTTQI communities. This shifts the perceptions within LGBTTTQI communities and ultimately improve CAMH's reputation and the organization's service provision to these populations.

The Strategy

The strategy has been designed with five steps in mind:

1. Acknowledge the current situation
2. Understand the issues from multiple perspectives
3. Examine and build internal capacity
4. Engage LGBTTTQI Communities
5. Work together with LGBTTTQI communities to create change

To achieve this, two phases are proposed:

Phase One: Lay the Foundation.

It includes internal capacity building (organizational culture and clinical services) as well as the *beginnings* of community engagement by increasing communication to the LGBTTTQI communities about CAMH services, and building on dialogue opened during the strategy focus groups.

³ For example: Sherbourne Health Centre & Hincks-Dellcrest Centre in Toronto, Vancouver Coastal Health, Children's National Medical Centre in Washington DC, Transgender Health Services at the University of Minnesota Medical School, The Porterbrooke Clinic in the UK, Gender Clinic at the Free University Medical Clinic, Amsterdam.

Phase Two: Strengthen Community Engagement.

Structures (such as Program Advisory Committees) will be put in place to invite and use LGBTTTTQQI community input. Existing partnerships will be strengthened and new partnerships will be developed.

There are four **Core Perspectives** that could move this strategy forward:

1. CAMH's perception of Transgender and Transsexual individuals recognizes the evolution that has occurred in these communities to support a more client-centred approach
2. Sexual Orientation and Gender Identity are recognized as separate identities
3. CAMH recognizes and integrates the impact of homophobia, transphobia, and heterosexism on the mental health and well-being of LGBTTTTQQI individuals (social determinants of health) as well as recognizing the additional impact of diversity within LGBTTTTQQI populations
4. A stronger commitment to community engagement in general and a specific community engagement approach to program and service development and delivery (i.e. the re-establishment of Program Advisory Committees)

Current Status:

There are many positive ways that an LGBTTTTQQI lens and awareness is already informing work at CAMH. Some of these initiatives are listed below.

A complete compendium can be found in Appendix F of the Strategy.

- SAPACCY is experiencing success reaching out to Black Queer youth
- The Addictions program uses the ARQ2 process during all client intake
- Rainbow Services is an Addictions program for LGBTTTTQQI clients
- The Brentcliffe site has an LGBTTTTQQI-positive environment
- The Clinical Cultural Competency training pilot sessions in General Psychiatry and General Addictions integrated sexual orientation and gender identity within the CCC framework, (however, the course does not address any culture/community in detail)
- CAMH is a supporter of the Freezone at Pride and is working in partnership with the City of Toronto on an LGBT Smoking Cessation project

Also, the changes to the Methadone Clinic provide an excellent example of CAMH's vision and ability to implement change in order to better serve a particular community.

These initiatives demonstrate CAMH's commitment to the communities served. They can also serve as models for change, and as an example of how CAMH departments can engage with LGBTTTQI communities. The vision for this strategy is that promising practices (including, but not limited to those listed here) that are currently employed will become standard across CAMH as the organization moves forward.

Recommendations and Actions:

This strategy recommends that CAMH re-commit to the Diversity Policy goals and procedures in general, and for LGBTTTQI populations specifically. With the current context in mind, the following are recommendations and specific action items to support the success of this strategy.

Recommendations:

1. Acknowledge and recognize the voices, issues, concerns, and sentiments of LGBTTTQI individuals and communities re: CAMH policies and practices
2. Re-implement, and strengthen, Program Advisory Committees - or some equivalent (beginning with Rainbow Services, The Gender Identity Clinic and the Gender Identity Disorder Service)
3. Zero tolerance for homophobia, transphobia, and heterosexism at all sites (and in all partnerships)
4. Replicate current CAMH practices that acknowledge LGBTTTQI identity as an important component in providing care (such as Rainbow Services, the Brentcliffe Site, and SAPPACY), and those practices that emulate a strong community engagement approach (such as the Methadone Clinic) within all CAMH programs and services
5. Create designated spaces within each site, where LGBTTTQI clients, volunteers, and staff can find information and support, and implement an LGBTTTQI positive-space campaign which identifies LGBTTTQI allies within the organization
6. Acknowledge homophobia, transphobia, and heterosexism as social determinants of health – and integrate this belief into practice into all areas of CAMH
7. Data collection (quantitative and qualitative):
 - a. Collect information about the sexual orientation and gender identity of clients - as one method of determining who CAMH's clients are, and assessing the strategy's progress
 - b. Include questions on staff surveys to assess the safety of the workplace for LGBTTTQI people; include questions on client surveys to determine the quality of care; and include an LGBTTTQI-specific option under discrimination on the client complaint form

8. Examine and integrate LGBTTTQI-affirming practices and informed-consent approaches for clinical care into current treatment modalities in mental health, and at the GIC and Gender Identity Disorder Service

Action Items

Short Term implementation:

- Build on dialogue created with LGBTTTQI communities
- Organize yearly CAMH-sponsored community events - at CAMH or in the community (including the Freezone at Pride)
- Continue internal conversations with CAMH leadership re: options and possibilities for the GIC and the GIDS

Medium Term implementation:

- Improve internal clinical capacity re: LGBTTTQI care - including, but not limited to:
 - Asking the Right Questions 2 (ARQ2) training
 - ASIST suicide prevention training (with an LGBTTTQI lens)
- Create designated LGBTTTQI spaces at each site for information and support & an LGBTTTQI positive space campaign
- Create an internal equivalent to Clinical Consultation Service (support line for clinicians working with LGBTTTQI clients)

Long Term implementation:

- Find innovative solutions to include an LGBQ- and trans-positive therapeutic model at the GIC and GIDS – *with community input* (moving forward with the core components in mind)
- Work with HR and Occupational Health (in the context of the People Plan Employment Equity commitment and the Healthy Workplace Framework) to advance specific strategies for a safe workplace for LBGTTTQI staff, clients, students and volunteers
- CAMH to take an active role in education & advocacy re: homophobia, transphobia and heterosexism as social determinants of health - within LGBTTTQI communities and in the broader mental health & addictions community
- Include an LGBTTTQI-focus within research and health promotion (i.e regarding homophobia, transphobia and heterosexism as social determinants of health, and the ensuing mental health ramifications for LGBTTTQI communities)

Conclusion

CAMH is in a unique position, as a teaching and research hospital with international recognition, to become a leader in providing respectful, relevant, and meaningful treatment and care to LGBTTTTQQI communities. The context within which CAMH is undertaking this commitment will lend additional weight and recognition when there is success.

Building and sustaining a positive and equitable relationship of trust and mutual respect with LGBTTTTQQI communities is a pre-requisite for the community input and partnerships that can help us to provide excellent care.

Building a positive relationship will require sensitivity and transparency, acknowledging feelings, acknowledging history and its impact, taking responsibility, examining and widening CAMH's perspectives, expanding how CAMH engages with communities, opening dialogue, and working for change *with* members of LGBTTTTQQI communities.