



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

**Strategy to
Build Relationships and Partnerships
with
LGBTTTQQI* Communities**

INTRODUCTION

* Lesbian, Gay, Bisexual, Transgender/Transsexual/Two-Spirited
Queer/Questioning &, Intersex

The Strategy

The goal of this Strategy is to build and strengthen CAMH's relationships with LGBTTTTQQI communities, to further build internal LGBTTTTQQI clinical capacity and to promote a safe and inclusive work environment for all CAMH stakeholders who identify as LGBTTTTQQI, in keeping with CAMH's Diversity Policy.

The strategy has been designed with 5 steps in mind:

1. Acknowledging the current situation
2. Understanding the issues from multiple perspectives
3. Examining and building internal capacity
4. Engaging LGBTTTTQQI Communities
5. Working together with LGBTTTTQQI communities to create change

To achieve this, there are 2 phases:

Phase One: Laying the Foundation

- a. Internal Capacity Building re: LGBTTTTQQI issues/realities
 - i. Organizational Culture
 - ii. Clinical Services
 - Specialized Clinics and Services
- b. Community Engagement (Part 1)
 - i. Communication
 - ii. Opening Dialogue specifically re: specialized clinics

Phase Two: Community Engagement (Part 2)

- a. Invite and support communities' input and participation
- b. Incorporate community information and expertise
- c. Develop Community Partnerships

The basis for this strategy is the **Goal #3 of the Diversity Policy**, which is:

Building equitable, meaningful and responsive relationships with our stakeholders.

To do so:

- CAMH will recognize and work to remove systemic barriers that limit access to its services and programs
- CAMH will use staff development, communication tools, policies, plans and organizational wellness strategies to promote an environment that supports diversity
- CAMH will make every attempt to reasonably accommodate the diverse needs of stakeholders
- Research and education at CAMH will address the mental health and addiction needs of diverse communities in ways that are culturally appropriate, respectful and inclusive
- CAMH will anticipate and respond to the changing needs of diverse communities by consistently re-examining current approaches, and when appropriate, developing alternatives

With these procedures in mind, this strategy focuses on building equitable, meaningful and responsive relationships with LGBTTTQI stakeholders.

How the Strategy fits within the Strategic Plan & Diversity Policy

CAMH has a mission to improve the lives of people with mental health issues and addictions, and a vision of strong and healthy communities where people with mental health and addiction problems can access effective and appropriate services. This vision and mission are the basis for the organization's values, goals, and directions as listed in the Strategic Plan.

CAMH Values:

As a foundation for this strategy, the organizational culture at CAMH will increasingly reflect and become grounded in the 6 organizational values. This strategy, the values inherent in it, and the initiatives that come out of it is embedded within four of these values: client-centred care, holistic view of health, partnership, and most specifically, diversity.

The operationalization of these CAMH values includes orientation, evaluation tools, performance measures and built-in consequences so that what is done at CAMH, as well as why and how things are done, are consistent with CAMH values. This strategy looks at one part of diversity (LGBTTTQI populations) with these same pieces in mind. The goal is 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.

Diversity

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 commitment to diversity is reflected in the Diversity Policy, which addresses the need for the organization to be more aware and vigilant of the needs and realities of marginalized groups. Several initiatives are already in place, helping to reach this goal.

Some examples are:

- 1-day mandatory diversity training
- The formation of community-specific staff caucuses (including an LGBTTTQI caucus)
- Cultural interpretation services
- Departmental Diversity Action Plans
- Public policy initiatives
- Extensive community based partnerships
- Diversity leadership in the planning and collaboration of Local Health Integration Networks across the province

¹ Diversity Policy, 2003, p. 1

One of the latest initiatives – an organization-wide Employment Equity Plan (EEP), soon to become policy – focuses on the 4 federally-selected groups: women, Visible Minorities, Aboriginal People’s and People with Disabilities. Discussions about the EEP have already surfaced an awareness of the importance of not neglecting other marginalized groups. *For a list of Diversity Initiatives, see Appendix A*

One of the goals of the CAMH Diversity Policy is to “provide an environment that is supportive, accessible, welcoming, safe, and free of stigma, harassment and discrimination for all our stakeholders, particularly for those stakeholders who identify as members of a CAMH designated group.” Gender identity and sexual orientation are among these designated groups. This strategy aims to build relationships with LGBTTTTQQI communities in order to create partnerships and to develop and deliver more effective programs and services. Examining and improving CAMH’s organizational culture, clinical services and the way the organization approaches and incorporates community engagement with LGBTTTTQQI communities will help CAMH to reach this goal as it relates to LGBTTTTQQI stakeholders.

In addition to the value of Diversity, as one of the marginalized groups to which the Diversity Policy refers, highlighting LGBTTTTQQI issues within CAMH’s existing commitments to diversity will help the organization to embody *all* of it’s values more fully.

Client-Centred Practice

Awareness of specific LGBTTTTQQI clinical needs, and the link between discrimination and mental health and addictions will provide a lens for examining and improving programs and services. The use of the Asking the Right Questions 2 (ARQ2) document in the initial Addictions assessment is one example where this is already occurring at CAMH.

Continuous Learning

Relationships with LGBTTTTQQI communities will help to create a flow of information that can inform the evolution of our programs and services. Program Advisory Committees (PAC) could contribute to this value. The former LesBiGay program had a PAC. Many of the recommendations in this strategy mirror suggestions that were made by this committee in 2002. *See Appendix B for more information.*

Evaluation and Accountability

Including LGBTTTQI-specific questions in CAMH surveys and complaint forms will assist in evaluating programs and services through an LGBTTTQI lens. Accountability will occur at various levels, with senior management leading the charge to ensure that each department is living up to the organization's values, specifically with LGBTTTQI communities in mind. Evaluation and accountability will not only improve care, but will help to strengthen CAMH's relationship and partnerships with LGBTTTQI communities.

Holistic View of Health

The relevance of sexual orientation and gender identity becomes clearer when we consider the impact of homophobia, transphobia and heterosexism on mental health and addictions. "Homophobia is a significant psychosocial stressor and chronic health risk,"² which makes discrimination a social determinant of health. CAMH's Communication and Community Relations Department (since renamed Communication and Community Engagement) acknowledged this in a draft definition:

"CCR recognizes a broad and inclusive consideration of social determinants of health. These determinants include but are not limited to social support, social inclusion and exclusion, income inequality, employment and job security, working conditions, early childhood care, education, food security, housing, gender, gender identity, age, race, class, sexual orientation, religion/spirituality, class, culture, language, family status, disability, physical and mental ability, country of origin, nation of origin, immigration/refugee status and overall socio-economic circumstances. "

- *DRAFT* #2 (December 7, 2005) Statement of Purpose and Guiding Principles
(for discussion) Communication and Community Relations (CCR)

Keeping this definition in mind will allow CAMH to integrate an LGBTTTQI lens when developing programs and services and providing care. The development of ARQ2 training (and its use in the Addictions Program) shows the importance of acknowledging sexual orientation and gender identity in order to provide quality care.

Partnership

Equitable partnerships can help increase CAMH's reach and effectiveness with specific communities, and assists in providing quality care for clients. CAMH's collaboration with Queer Parenting to create the *Queering the Family Tree* poster is one example of an effective and inclusive partnership initiative.

² Shaffer, D., Fisher, P., Hicks, R.H., Parides, M. Gould, M. (1995) sexual orientation in adolescents who commit suicide. *Suicide and Life-Threatening Behaviour*, 25, 64-71, as cited in Peterkin, A., & Ridson, C., *Caring for Lesbian and gay People: A Clinical Guide*. (2003) Toronto, University of Toronto Press p. 159.

Building and strengthening equitable and effective relationships and partnerships with LGBTTTQI communities, and including LGBTTTQI issues and realities as one of the lenses that inform and direct CAMH's organizational culture and all services and programs will assist the organization in fulfilling the broader commitment to diversity.

CAMH Goals:

This strategy provides an opportunity to support CAMH's goals. Strengthening an LGBTTTQI focus within organizational diversity initiatives and including an LGBTTTQI-lens into organizational culture, programs, and services will help to:

Improve care and enhance the health of LGBTTTQI clients. They will be able to talk more openly about their sexual orientation or gender identity in a safe and accepting environment with staff who are aware of, knowledgeable about, and comfortable with the issues and how they can impact mental health and addictions. This is already happening in Rainbow Services in the Addictions Program.

Discover, share, and apply new knowledge that can be learned from the relationships and partnerships built and strengthened within LGBTTTQI communities.

Becoming the Best Place to Work and Learn: As the CAMH environment becomes safer, and more open to LGBTTTQI issues, it will become a more positive place not just for LGBTTTQI people, but for all employees - since an inclusive environment impacts overall productivity and satisfaction.

Develop Innovative Facilities: Information and understanding as well as a broader perspective of LGBTTTQI issues will help CAMH to develop leading facilities and services for these communities. The inclusion of a Trans symbol on a third bathroom on each floor in the new phase of redevelopment is an example. This sends a message of inclusion and recognition to Transgender people and will help to normalize their presence and acknowledge their specific issues at CAMH.

The Strategy to Build Relationships with LGBTTTQI communities will help CAMH to move forward and reach the organization's goals in a powerful way, including and reaching more of Canada's diverse population.

CAMH Directions:

CAMH's commitment to building relationships with LGBTTTQI communities will also support the organization's new directions, specifically:

Providing specialized clinical services

Moving forward, adding an LGBTTTQI-specific program within Mental Health (as there is in Addictions) may be something to consider. Designated programs can help to increase access and safety for clients from marginalized groups.

Fostering a healthy workplace

Acknowledging LGBTTTQI issues as part of CAMH's organizational culture and clinical services will support LGBTTTQI staff, students and volunteers in policy and practice. Inclusive workplace practices will increase LGBTTTQI visibility, and make it easier/possible for more people to be out - one sign of a workplace that is healthy.

A Focused Component of CAMH's Diversity Policy

This strategy is a focused component of CAMH's organization-wide Diversity Policy. To that end, the goals of the Strategy to Build Relationships with LGBTTTQI Communities strengthen CAMH's commitment to the Diversity Policy goals and procedures, by bringing one of the organization's "designated groups" into sharper focus.

Highlighting LGBTTTQI populations within the Diversity Policy procedures specifies CAMH's existing commitments.

Diversity Policy Goal 1: Providing leadership and accountability in the area of diversity.

Opening dialogue and communication with LGBTTTQI communities creates the opportunity for CAMH to implement programs and services that really meet the needs and reflect the realities of LGBTTTQI populations. It is an opportunity to strengthen the organization's leadership in providing mental health and addiction services and care to LGBTTTQI people.

To do so, CAMH will:

- Recognize LGBTTTQI issues as an integral component of all aspects of work at CAMH
- Through performance measures, all managers and staff will be accountable for valuing, supporting and implementing the strategy to build relationships with LGBTTTQI communities
- CAMH will develop and use measurement tools, performance indicators and board and management accountability measures to fully involve LGBTTTQI communities
- CAMH will incorporate LGBTTTQI issues in its organizational decision-making, priority-setting activities, visions, strategic planning and budgeting. CAMH will actively solicit input from LGBTTTQI staff, volunteers, and clients within CAMH and in LGBTTTQI communities
- CAMH will deliver ongoing information, training and resource support to help all staff, volunteers, students and board members develop capacity in providing service to LGBTTTQI people, and to understand their rights and responsibilities
- CAMH will consistently address public policy issues that have an impact or potential impact on LGBTTTQI stakeholders

Diversity Policy Goal 2: Recognizing and supporting diversity as a critical component of client-centred care.

Given the impact of homophobia, transphobia, and heterosexism on mental health and addictions issues, Rainbow Services (Addictions) provides an example of this goal in action with regard to LGBTTTTQQI clients. The success and good reputation of this program can inspire CAMH to move forward and apply these strategies in all programs and services.

Specifically:

- CAMH will ensure that LGBTTTTQQI considerations are fully integrated and measured through professional standards, research, training and development, clinical care, health promotion activities and community partnerships
- CAMH will ensure that LGBTTTTQQI cultural competence is fully integrated as a professional obligation for clinicians

Diversity Policy Goal 3: Building equitable, meaningful and responsive relationships with our stakeholders (in this case, LGBTTTTQQI stakeholders).

To do so:

- CAMH will recognize and work to remove systemic barriers that limit LGBTTTTQQI access to its services and programs
- CAMH will use staff development, communication tools, policies, plans and organizational wellness strategies to promote an environment that supports LGBTTTTQQI people
- CAMH will make every attempt to reasonably accommodate the diverse needs of LGBTTTTQQI stakeholders
- Research and education at CAMH will address the mental health and addiction needs of LGBTTTTQQI communities in ways that are culturally appropriate, respectful and inclusive
- CAMH will anticipate and respond to the changing needs of LGBTTTTQQI communities by consistently re-examining current approaches, and when appropriate, developing alternatives

Diversity Policy Goal 4: *Ensure that diversity is reflected and considered throughout all aspects and levels of the organization. This includes Human Resources policies and practices, organizational planning, budgeting, research, ethics, training, clinical work, strategic planning, site redevelopment planning, health promotion, marketing and communication.*

Specifically:

- Every program area of CAMH must develop specific, measurable diversity plans and activities that include LGBTTTQI issues – to be reviewed annually
- Every staff member of CAMH will be held accountable through performance management expectations and benchmarks for his or her role in implementing these plans
- CAMH will develop internal and external communications, which reflect and are sensitive to LGBTTTQI issues.

Diversity Policy Goal 5: *Provide an environment that is supportive, accessible, welcoming, safe, and free of stigma, harassment and discrimination for all our stakeholders, particularly for those stakeholders who identify as members of a CAMH designated group (which includes LGBTTTQI).*

Specifically:

- Through specific changes in policies, programming, and practices, CAMH will promote an ongoing commitment to this kind of environment for LGBTTTQI people
- Through communication and education campaigns, CAMH shall support and promote this kind of environment
- CAMH will disseminate CAMH Management Philosophy. All managers will be obligated to model behaviour that is respectful, sensitive, professional and considerate of issue such as stigma, discrimination and harassment for staff, clients and other stakeholders. Managers will be held accountable for maintaining these standards through the performance management process.

These Diversity Policy procedures are the backbone of this strategy. Building equitable and effective relationships and partnerships with LGBTTTQI communities fulfills the goals and procedures of our existing Diversity Policy, helping to move the broad Diversity agenda forward while focusing on one of CAMHs designated groups.

Links to Other CAMH Policies and Commitments:

Developing strong, equitable partnerships within LGBTTTTQQI communities fulfills the LHIN mandate of community engagement and the expectations of CAMH's Community Relations Committee's three key statements.

Community Relations Committee Key Statements

Statement of Commitment to Community

The Centre for Addiction and Mental Health is committed to being an integral member of Ontario's diverse community. We will:

- **respond** to community needs, within the scope of our mission
- **collaborate with community partners to enhance services to people with mental health and addiction problems**
- **consider** the views of community members in making decisions which will affect them
- **share** our knowledge, skills and resources
- **respect, acknowledge and support** the unique contributions of each of our partners
- **advocate** with, and on behalf of the people we serve.

Statement of Principles for Community Relations

1. The Centre has a responsibility to inform its many communities about its plans and activities.
2. Input and advice from its communities will enhance the Centre's ability to achieve its mission.
3. The Centre will better meet the needs of the people it serves in partnership with other organizations.
4. The nature and quality of the Centre's relationship with its communities is shaped by every interaction of its staff and volunteers with any member of the public.
5. The Centre's commitment to its communities must be reflected in its structures, processes and public presentation.
6. The needs of the Centre's many diverse communities must be reflected in its programs and services.
7. True community collaboration requires comfort with ambiguity and openness to the ideas and direction of others.

Statement of Commitment to Partnerships.

The principles are:

- The Centre will ensure that opportunities will be available for members of the various networks, including consumers and family members, to share their expertise and perspectives and to assist in priority setting, planning, program design and evaluation activities.
- The Centre will foster a collaborative culture wherein staff will ensure stakeholder participation in its work and will be enabled to participate in network activities.
- The collaborative culture of the Centre will be reflected in excellent internal working relationships. These will be seen as the foundation for quality interaction with our communities.
- Senior management will endorse network involvement by demonstrating leadership, commitment, support and acknowledgement of the importance of staff participation in collaborative and partnering activities.
- Network involvement will extend across all levels of the organization to include governance structures, corporate functions, programs and services.
- The Centre will ensure that evaluation of the organization's results in the area of network involvement and collaboration takes place. The evaluation will involve the community at all stages.

Client Rights

Building internal capacity with regard to LGBTTTQI issues addresses points within the following Client Rights:

Right 1.2 – has the right to be treated in a respectful manner, regardless of her/his....sexual orientation...

Right 1.4 – has the right to respect of her/his needs, wishes, values, beliefs and experience

Right 2.1 – has the right to a safe environment while a client at CAMH

Right 2.2 – has the right to be free from physical, sexual, verbal, emotional, and financial abuse...

Right 2.3 – has the right to be free from discrimination, harassment, retribution, punishment and exploitation

Right 3.2 – has the right to have services provided in a manner that respects the dignity, independence and self-determination of the individual

Right 4.2 – has the right to identify their own needs, to have those needs form the basis of the development of a plan for services, and to have services provided in accordance with that plan

Right 4.3 – has the right to fair and equitable access to a range of services

Right 8.1 – has the right to visits from one or more support persons (e.g. family, friends, partner – including same sex partner, community support) or her/his choice, and assistance in contacting them

Broad Considerations

CAMH operates “in an environment with serious inequities and health disparities for the most marginalized amongst us.”³ These inequities and health disparities mean that meeting the organization’s strategic goals and honouring the organization’s values requires more awareness and vigilance for marginalized groups. LGBTTTTQQI communities fall into this category.

According to the mental health literature across professional disciplines published over the last thirty years, both gay men and women have an increased incidence of alcohol and drug abuse, depression, suicidality, low self-esteem, and eating disorders. Such findings are important to all mental health clinicians, including social workers, nurses, doctors, psychologists, family physicians psychiatrists and counselors.

- from: Caring for Lesbian & Gay People, p. 159

Knowledge and acknowledgement of a client’s sexual orientation is an important part of providing relevant and effective care for LGBTTTTQQI populations. The American Psychological Association (APA) has the following guidelines:

Attitudes toward Homosexuality and Bisexuality

Guideline 1: Psychologists understand that homosexuality and bisexuality are not indicative of mental illness.

Guidelines 2: Psychologists are encourages to recognize how their attitudes and knowledge about lesbian, gay, and bisexual issues may be relevant to assessment and treatment and seek consultation or make appropriate referrals when indicated.

Guideline 3: Psychologists strive to understand the ways in which social stigmatization (i.e., prejudice, discrimination, and violence) poses risks to the mental health and well-being of lesbian, gay, and bisexual clients.

Guideline 4: Psychologists strive to understand how inaccurate or prejudicial views of homosexuality or bisexuality may affect the client’s presentation in treatment and the therapeutic process

- from: Caring for Lesbian & Gay People, p. 179

³ Diversity Benchmarking Tools and Resources for Standing Committees of the Board, 2004, p. 5

Given the fact that Trans individuals tend to be even more marginalized within society, one can assume that it would be prudent to incorporate similar guidelines for Transgender and Transsexual clients as well.

"[T]his set of guidelines does not (but should) address the issues of Trans people, and it ignores complex questions about how to respond appropriately when sexuality and gender identity converge with other experiences of minoritization based on gender, race, class, and ability."

- Rainbow Health Network, from previously gathered feedback

Diversity within LGBTTTQI communities is also an important consideration. Gender identity and sexual orientation are just one aspect of a person's identity: race, socio-economic status, ability, religion and age can add additional stresses including discrimination. An understanding of the intersecting and overlapping dynamics of identity with respect to LGBTTTQI communities will further help in providing mental health and addictions care. Attention to the unique needs and barriers of specific segments within LGBTTTQI communities will be an important part of CAMH's service delivery.

Two Examples:

Youth

According to the Centre for Suicide Prevention, LGBTTTQI youth are at increased risk for suicide.⁴ The Canadian Association for Suicide Prevention states contributing factors include: anti-gay harassment, self-identification, and questioning their sexuality. Issues of sexual orientation may not be discussed with service providers because of client discomfort or the fear of being assumed to be gay (linked to the negative repercussions they have previously experienced).⁵ There are several ways that service providers can be effective counselors for this vulnerable population. These include: education; owning limitations; examining biases; not labeling or pathologizing; being aware of LGBTQ diversity; and not to use a heterosexual paradigm and assume it will fit⁶.

⁴ Centre for Suicide Prevention – SIEC Alert #53, December 2003: *Suicide Among Gay, Lesbian, Bisexual or Transgender Youth*.

⁵ Canadian Association for Suicide Prevention, Vol. 14, No. 2, May 2005. *Suicidality & Homosexualities: are we part of the problem or solution?*

⁶ Centre for Suicide Prevention – SIEC Alert #53, December 2003: *Suicide Among Gay, Lesbian, Bisexual or Transgender Youth*.

People of Colour

LGBTQQI people of colour are impacted by racism as well as homophobia, transphobia, and heterosexism. It is important to acknowledge and recognize the unique needs and barriers for LGBTQQI people of colour as they relate to health care access, need, and service. There is room for Rainbow Services in Addictions to increase their capacity with regard to race.

Recognizing and acknowledging diversity within LGBTQQI communities, and the differential impact of these intersecting identities on someone's experience, reality and needs, as well as the challenges and barriers they face, will be an important part of building relationships, increasing capacity, and improving CAMH's programs and services.

"CAMH is a vital source of services to many communities. However, a lot of work will be needed over time at some CAMH sites if those services are going to be tailored to the needs of LGBT. This is not a short term project, since LGBT communities are themselves continually in flux, and since the social relations and laws which affect them are currently in flux also."

- CAMH Employee, previously gathered feedback

Current Status

"I understand that certain departments at CAMH are offering good services to some Queer communities, including Trans communities. Rainbow Services Addictions program stands out in that regard for me – I have referred clients with good results"

- from previously gathered feedback

Programs

There are many positive ways that an LGBTTTQI lens and awareness is already informing work at CAMH. A few examples are highlighted below, and a compendium of LGBTTTQI efforts at CAMH can be found in Appendix F.

Addictions:

The Addictions Program commitment to the LGBTTTQI community is evident in their assessment program, Rainbow Services, and in the day residential program. There are expectations, policies, and supports in place to ensure client-centred and culturally competent services for LGBTTTQI people with addictions. These initiatives, and the understanding with which they were introduced and continue, embody the vision of this strategy. These include:

- Mandatory staff ARQ2 training
- Using the ARQ2 document in all assessments
- Language familiarity among all staff (interdisciplinary) and awareness of the importance of client self-identification regarding gender (i.e. for determining which pronoun to use)
- Trans clients within the Residential Program

As a result of their approach, Rainbow Services staff is frequently called upon by other clinicians with concerns and questions regarding LGBTTTQI issues, and their expertise helps other addictions programs. ARQ2 was developed in Rainbow Services, and has been well received across the province in external trainings. Other departments within CAMH will be able to draw upon this example for their own initiatives in implementing this strategy.

Brentcliffe Site

Brentcliffe is currently known for its LGBTTTQI-positive culture and environment:

- Posters that are visually affirming of LGBTTTQI people as well as anti-homophobia posters are displayed throughout the building
- The rainbow flag flies all year
- There are rainbow stickers on or beside office doors as well as in common spaces, and the bulletin board area for general information (for staff and clients) includes rainbow services brochures as well as services available in the LGBTTTQI community.

Some of these also exist on the 1st and 3rd floor at Russell Street.

In the mid 1990's this was not necessarily the case. When Gay support groups were initiated at Brentcliffe, signs announcing these programs were defaced over several months. The strategy Brentcliffe employed to address this included communication between staff and clients about each incident. The defacing was acknowledged, it was pointed out that this was not part of the culture at the site, and the posters were quickly replaced. After approximately 6 months of consistent messages, when the LesBiGay signs were introduced for the program, they were not tampered with.

Over time, Brentcliffe established an LGBTTTQI-positive culture. In addition to the messages by staff, mandatory staff diversity trainings occurred and specific workshops about homophobia, attitude, and the importance of intervention were introduced.

Brentcliffe is small, making widespread communication and consistency relatively easy. However, each department within CAMH can take on this same responsibility and ensure that the environment they provide for their staff and clients is equally respectful and affirming of LGBTTTQI realities.

Internal Capacity Building

The Clinical Cultural Competency training pilot sessions in General Psychiatry and General Addictions focused on building capacity to provide good service to diverse groups. It integrated sexual orientation and gender identity within the CCC framework (however the course does not address any culture/community in detail). CAMH's mandatory Diversity Training for all employees also contains an LGBTTTQI component.

Partnerships

The Freezezone is an existing partnership with Pride Toronto. The Freezezone is a designated safe space for people with addictions, in the heart of Toronto's Pride festivities. Strengthening CAMH's commitment to this partnership would show support. It would also provide an excellent opportunity to communicate the organization's new commitment to LGBTTTQI communities.

Community Engagement

SAPPACY (Substance Abuse Program for African Canadian and Caribbean Youth) has included Black queer youth in their mandate. By engaging academics, service providers, and consumers SAPPACY has begun to familiarize itself with the needs of Black queer youth. They are present at youth groups and relevant conferences and events. Providing education and information about addictions and about LGBTQ issues in these venues help to affirm their commitment and they are seeing the results of their efforts. In addition to making themselves available at community events and groups, SAPPACY provides services *in* the community, making it easier for Black youth and Black queer youth to access needed services.

For more detailed information about SAPPACY's efforts, please see Appendix C.

For more information about the ways CAMH is already reaching and working with LGBTTTQI communities, please see Appendix F: Compendium of CAMH LGBTTTQI Efforts.

Implementing Change for Improved Services

The Methadone Clinic is an example of how CAMH has examined and modified services in order to better serve their intended client-base. This process allowed the clinic to examine what they do, what makes them different, who needs the specific services they provide, and what the needs are of those who seek their services.

Working with the community, the Methadone Clinic revised their service, clarified their client criteria, and improved their communication about this criteria. As a result, they now have a telephone screener that is used to assess potential new clients. In this way, clients who are served are those who need, and can take full advantage of, the services this clinic provides. Those who do not “fit” are referred to organizations in the community that can better meet their needs. *To see a sample of the Telephone Screener, see Appendix D.*

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

Context

As CAMH moves forward, there are a few key issues that are important to keep in mind:

1. Homophobia has been cited as one of 3 major internal issues⁷
2. LGBTTTTQQI issues are not part of the cultural competency of all staff
3. Although there are Queer & Trans-specific services in the Addictions program, these are not offered in Mental Health
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:
 - i. The GIC treats Transgender adults, and has therefore had a specific impact on the Trans community
 - ii. 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.

The last point is particularly important to this strategy. The experiences with and feelings about these clinics by some members of LGBTTTTQQI communities create a barrier, and present an additional challenge to (as well as an additional reason for) the implementation and success of this initiative.

"My own take on the real problem is that the powers that be have failed to act on the identified problems with the GIC; the strictness of the protocol, their research being perceived as irrelevant and often offensive to trans folks, the perceived arrogance of some staff, the 'we can't do anything about them' attitude of management. This sends a message about the Centre's lack of concern that infects everything and everyone to some degree."

- CAMH Employee, previously gathered feedback

In Focus Groups and individual interviews with LGBTTTTQQI community members, the Gender Identity Clinic and the Gender Identity Disorder Service (that treats Transgender Adolescents and children with Gender Identity Disorder) were cited as the main issues of concern. Some LGBTTTTQQI community members have had negative experiences due to the underlying theories, approach, and treatment at these clinics. 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 adolescents were not forthcoming (with one exception). One individual's negative experience as a youth in the GIDS was shared by her partner in a focus group, however, she was

⁷ Diversity Plan – Centre for Addiction and Mental Health, (KPMG) 2000

unwilling to meet. One CAMH clinician speculates that sexual minority youth subjected to this 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. These experiences have resulted in negative feelings and perceptions – which have impacted CAMH’s reputation in broader LGBTTTTQQI communities within the GTA and beyond.

“Do no harm – I think we’ve heard about community-based harm here by the protocol of this particular service. I also think there is a harm to the organization.”

“It’s a different interpretation – there’s the clinical interpretation at the GIC of do no harm and there’s the community interpretation.”

- Trans woman, Focus Group Participant

LGBTTTTQQI 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 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).⁸ Not all children who exhibit gender variant behaviour fit the criteria for Gender Identity Disorder. There is the perception among some LGBTTTTQQI community members that the Gender Identity Clinic and the GIDS have not reflected these evolutions in theory and practice.

The issues raised regarding the Gender Identity Clinic is that it has:

- 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

⁸ 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.

"People subjected themselves to that [the GIC] to get surgery. People don't have to go through that anymore – why would we, given the new climate?"

- Trans Woman, Focus Group Participant

The theories of Homosexual Transsexualism and Autogynephelia which the GIC supports are considered offensive to many Transgender and Transsexual people. It is felt that these theories disregard Trans realities, and inform the clinic's practices and the treatment of their clients. The perceived unwillingness of the GIC to consider that these theories may not be correct or at least not indicative of all Trans people have made it impossible, in LGBTTTQQI communities' eyes, to have a dialogue.

"The experience of trans people is patently erased by the theories that are being published in medical journals by the key players at the GIC. It's very sad and unfortunate."

"The erasure of our identities by theories like autogynephelia is harmful, insulting, and painful."

"We have to listen to the patients and their families. It's what you learn as a doctor. Any provider, it's the basic thing. It's not happening and it hasn't happened traditionally."

- Trans woman, Physician, Focus Group Participant

The standards of care for Gender Identity Disorder is in their 6th version and can be found on the renamed World Professional Association for Transgender Health (WPATH) website. The standards include a 3-month waiting period before beginning hormones, and a 1-year real life experience where the individual lives as their preferred gender full time. At the Gender Identity Clinic, individuals are assessed, and if it is determined that they have Gender Identity Disorder, they are informed of the clinic's requirements. The clinic ensures that clients have an endocrinologist and support in their community. There is a 1-year waiting period before beginning hormones and the Real Life Experience is 2 years. The staff at the clinic are very adamant about these stricter standards, in order to ensure that their clients have ample time to make their decision, and that there are no regrets. They cite two examples of former clients who have called to thank them for the longer wait times.

The Gender Identity Clinic seems largely to be a self-directed program. There is a support-group once a week, and individual appointments are available on an as-needed basis for counseling and support. Clients interviewed have indicated that this is appreciated. Once clients have completed their Real Life Experience and provided the necessary documentation, there is another assessment before providing the letter required for surgery.

It is important to note that there are clients who are very happy with the service they have received at the Gender Identity Clinic. Their responses indicate the

need for careful assessment, an appreciation of the time necessary for careful reflection, and the availability of the GIC staff for support.

“The GIC is very responsible. They have an obligation morally to the person they are treating and to the community to make sure the person is legitimate.”

“The questions asked were not offensive and were questions that I should have asked myself. We do need those safeties built in.”

“I think their objectivity and their unbiased attitude about whether or not I’m transsexual really, really helped me.”

“I know without a doubt that my evaluation was handled clinically. A lot of peace of mind comes with that.”

- Former GIC client

Suggestions for improvement from this group include more support for the social ramifications of transitioning (housing, employment, etc). The sense of being “studied” was also mentioned as a concern.

The Gender Identity Disorder Service within the Child, Youth and Family Program is a concern to both Trans and LGBTQ communities. Adults, it is noted, have the option to choose their care, where children do not.

Issues raised in particular, are that the program has:

- Used the Medical Model (pathologizing)
- Focused on removing cross-gender behaviour
- Lacked openness to dialogue with the community
- Exhibited poor therapeutic communication and engagement. Some identify dismissive, condescending and authoritarian attitudes of staff

“The whole process was professional...I didn’t realize it was more about correcting the problem than helping the situation.”

- Parent (interviewed)

The Gender Identity Disorder Service seems to be quite concerned with the distress that children with Gender Identity Disorder are under. Children and their families are assessed, and various familial factors are considered with respect to the child’s behaviour. Treatment includes individual therapy with the child, with the goal of stopping the behaviour, as well as recommendations for parents. The name of the program - Gender Identity Disorder Service – points to LGBTQ communities’ main concern; that children who exhibit cross-gender

behaviour are seen as having a disorder and are treated accordingly. There are programs and services that consider the possibility of Gender Variant Behaviour outside of a medical model, and ultimately aim to help the family accept and support their child.

“The research seems quite categorical, the overwhelming majority of gender non conforming children grow up to be Gay, Lesbian or Bisexual, and a small minority of them grow up to be Trans. As a Trans person I would like to say that all of those ways are excellent ways to grow up.”

- Trans man, Psychotherapist, Focus Group Participant

The concern in LGBTTTQQI communities is that the approach and treatment used at the Gender Identity Disorder Service supports homophobia and transphobia, and instills in children a sense that there is something wrong with them. Given that cross-gender behaviour is often self-righting, and that 70%-90% of children who exhibit cross-gender behaviour are Lesbian, Gay, or Bisexual (suggesting 10%-30% are either Transgender or heterosexual)⁹, it is argued that labeling this behaviour as pathological (and therefore to be treated and stopped) has negative consequences to self-esteem and self-acceptance of LGBTTTQQI individuals.

“[What are] the implications of a clinic that validates parental concerns [about cross gender behaviour], the ramifications for kids who are considered pathological, the impact on Queer identity?”

- Trans woman, Researcher

Adolescents who arrive at the Gender Identity Disorder Service are assessed, and depending on the diagnosis, may be involved in therapy in order to determine if hormone treatment is appropriate.

Concerns raised include:

- Respect for clients' self-identification
- The assessment process
- Perceived lack of support for transitioning

The context within which CAMH is implementing this strategy and the concerns raised by LGBTTTQQI communities are crucial. Considering the context and the concerns will help to shape and inform how the organization will proceed.

⁹ Information received from a Focus Group attendee, based on notes taken at Dr. Zucker's presentation at OISE, Nov. 2007

Methodology

In creating this strategy, a qualitative methodology was operationalized utilizing long individual interviews and focus group methods. Individual interviews (external to CAMH, with LGBTTTTQQI community members and professionals) as well as focus groups were conducted. These were screened for arising themes as per qualitative methods. These themes were then organized in this report by the strategy development coordinator. In addition, individual meetings were held internal to CAMH. Internal meetings included the Executive Leadership Team, Diversity champions, LGBTTTTQQI Caucus members, and individuals from various departments. *For a complete internal list see Appendix E.*

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: Gender Identity Disorder Service

Dec. 5 – College St. Site, re: GIC (former clients contacted by the GIC)

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

Limitations:

- The short time period for advertising of the focus groups
- Reliance on email, email forwarding (access to internet a factor) and posting of flyers on organization bulletin boards (local community access), and word of mouth (assumes connection to communities)
- Community fatigue, cynicism, and distrust (given some of the perceptions and feelings in LGBTTTTQQI communities as well as the fact that forums have been held in the past)
- Only one opportunity to participate, and almost all occurred in the evening (the client and community organization focus group occurred during the day)
- Limited scope – people interviewed and who attended the Focus Groups were from the GTA only

Focus group attendance was relatively low in some instances. The GIC focus groups generated the highest number of participants, followed by the Gender Identity Disorder Service focus group. In general, most of the focus group attendees and interviewees were Trans adults concerned with both the GIC and the GIDS. The focus group for community organizations had many interested respondents.

These low numbers could be due to:

- Limited advertising (time and scope)
- Community fatigue
- The time of the year
- The time of day the focus groups were held (in the evening, except for the Client and Community Organization focus groups)
- Lack of issues to address

In addition to these focus groups, individual interviews were held with LGBTTTQQI people who wanted to provide input but were unable to attend at the specified time. Here, too, most of the respondents were Trans adults with some experience with the GIC. Very few parents of children who were clients at the GIDS came forward and notably absent (with 1 exception) were children or youth who were clients. The hypotheses for this are many, including LGBTTTQQI youth and adults who have not come out and/or who are not part of LGBTTTQQI communities where most of the focus group information was disseminated. In addition to former clients and LGBTTTQQI community members, local, national and international professionals in the field were also interviewed.

Future Considerations:

- Feedback to Focus Group attendees
- Community meetings regarding the strategy (to ensure transparency)
- Broader surveys
- Mediated Dialogue – so that CAMH and LGBTTTQQI communities have a full picture of the issues, needs, and realities

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.

**Strategy to
Build Relationships and Partnerships
with
LGBTQQI Communities**

Strategy Foundation

Based on CAMH's history, international best practices, and CAMH's current negative reputation amongst some members of LGBTTTQI communities, how CAMH moves forward is important. While the strategy phases provide a more detailed breakdown, there are 5 main steps:

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

"De-pathologizing of the condition is necessary for this. [The] next generation doesn't even see this as a disorder. [They] won't engage with CAMH as it is now."

- From previously gathered feedback

There are four **Core Perspectives** that could move the 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 LGBTTTQI individuals (social determinants of health) as well as recognizing the additional impact of diversity within LGBTTTQI 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)

Based on these Core Perspectives and within the context of a re-commitment to the Diversity Policy goals, the following are overall recommendations as part 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 GIDS

“Words the community would love to hear: we need to make change, have made mistakes in the past, [we will] work with you to make a clinic that serves the community.”

- Focus Group Participant

Action Items

Short Term implementation:

- Build on dialogue created with LGBTTTTQQI 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 GIDS

Medium Term implementation:

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

Long Term implementation:

- Find innovative solutions to include an LGBQ- and trans-positive therapeutic model at the GIC and the GIDS – *with community input* (moving forward with the Core Perspectives 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 LBGTTTQQI 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 LGBTTTTQQI communities and in the broader mental health & addictions community
- Include an LGBTTTTQQI-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 LGBTTTTQQI communities)

The strategy will require:

1. Strong leadership – to ensure accountability and commitment
2. A champion (or champions) at the Executive level
3. Commitment - to support the process and ensure #4 - #6
4. Staff Education – to raise awareness and build capacity
5. Accountability – to solidify commitment and strengthen relationships
6. Measurement – to maintain accountability and track progress
7. Support – in various forms including Creative Resources, Public Affairs

This strategy to build equitable relationships with LGBTTTQI communities involves everyone at CAMH. As a component of the Diversity Policy, it requires the same “consistent leadership from all parts of the organization.”¹⁰

As a focused way of ensuring excellent service to a specific population, this strategy touches all departments, and integrates an LGBTTTQI awareness (or lens) into every facet of the organization. This means that a LGBTTTQI lens will be included in planning, implementation and evaluation of all services and programs at CAMH. *Specific applications, initiatives, and recommendations are outlined in the Action Plan in Appendix G.*

The Strategy

The goal of this Strategy is to build and strengthen CAMH’s relationships with LGBTTTQI communities, in keeping with the organization’s Diversity Policy. To achieve this, there are 2 phases:

Phase One: Lay the Foundation

- a. Internal Capacity Building re: LGBTTTQI issues/realities
 - i. Organizational Culture
 - ii. Clinical Services
 - Specialized Clinics
- b. Community Engagement (Part 1)
 - iii. Communication
 - iv. Opening Dialogue

Examining and changing what CAMH does, and how things are done with regard to LGBTTTQI clients, staff, volunteers, and students within the organization as well as in clinical services is integral to this strategy. Reaching out to LGBTTTQI communities and strengthening relationships is crucial, especially given CAMH’s present negative reputation among some parts of these communities.

Showing CAMH’s commitment to internal examination and change, as well as talking with and listening to key LGBTTTQI community members will lay the foundation for the possibility of building strong relationships and partnerships in Phase Two.

Phase Two: Community Engagement (Part 2)

- a. Invite and support communities’ input and participation
- b. Incorporate community information and expertise
- c. Develop Community Partnerships

¹⁰ Diversity Benchmarking Tools and Resources for Standing Committees of the Board, 2004. p. 7

Community input and participation creates a feedback loop of information between CAMH and LGBTTTQI communities. Combining community and internal expertise can further support the organizational culture, facilitate partnerships, and create excellence in program development and service delivery for LGBTTTQI people.

This strategy to build relationships with LGBTTTQI communities calls on CAMH's commitment to the organization's Diversity Policy goals as well as all six of the CAMH values (with emphasis on diversity and client centred practice). The ultimate result will impact the organization's strategic goals and directions, specifically: improved client care, enhanced health, and a healthy workplace.

Strategy Implementation Plan

Phase One: **Laying the Foundation**

Phase One lays the foundation for building relationships and forming partnerships with LGBTTTTQQI communities. The goal of CAMH's internal examination and change is to create a safe environment within the organization for LGBTTTTQQI people (staff, volunteers, clients, and their families) and to provide relevant and respectful service and care to LGBTTTTQQI clients.

Phase One has two parts:

- Internal Capacity Building
- Community Engagement (Part 1)

Internal Capacity Building

Internal Capacity Building has two main components, which engage four Diversity Policy Goals:

Organizational Culture:

Goal #1

Providing leadership and accountability in the area of diversity.

Goal #4

Ensure that diversity is reflected and considered throughout all aspects and levels of the organization. This includes Human Resources policies and practices, organizational planning, budgeting, research, ethics, training, clinical work, strategic planning, site redevelopment planning, health promotion, marketing and communication.

Goal #5

Provide an environment that is supportive, accessible, welcoming, safe, and free of stigma, harassment and discrimination for all our stakeholders, particularly for those stakeholders who identify as members of a CAMH designated group.

Clinical Services

Goal #2

Recognizing and supporting diversity as a critical component of client-centred care.

Organizational Culture impacts *all* employees, students, clients and volunteers at CAMH. This is an important factor in changing the internal environment. Because clinicians work directly with clients, Clinical Services are addressed separately.

Community Engagement

Community Engagement (Part 1) also implies Goal #1 of the Diversity Policy:

Goal #1

Providing leadership and accountability in the area of diversity.

It is this leadership and accountability that draws CAMH to engage with the communities they serve in order to provide better care.

Community Engagement (Part 1) to LGBTTTTQQI communities involves:

- a. Communication
- b. Opening dialogue, specifically re: specialized clinics

Communication has begun with the Focus Groups intended to solicit feedback on the strategy. Further communication will be essential in keeping the process transparent, as well as raising awareness within communities about the LGBTTTTQQI-positive programs and services that exist, and which will continue to increase, at CAMH.

Opening dialogue with key LGBTTTTQQI community members is important for building trust and showing CAMH's commitment to providing excellent programs and services to LGBTTTTQQI people. Done well, this process will help to strengthen the relationship and enable involvement and partnerships in Phase Two.

Phase One: Laying the Foundation

a. Internal Capacity Building

i. Organizational Culture

“Heterosexism, homophobia, biphobia, genderism, and transphobia, often supported by the whole mental health system, have a profound impact on people’s lives and can have lifelong harmful effects.”

- Rainbow Health Network, from previously gathered feedback

Goal:

CAMH will develop and sustain an organizational culture that is safe for, and respectful of LGBTTTQI people. This means that LGBTTTQI people, and their issues and realities, are part of our organizational awareness and impact what is done and how things are done at CAMH, as well as influencing expectations regarding behaviour.

Diversity Policy Goals and Procedure addressed within this component of the strategy:

Goal #1:

Providing leadership and accountability in the area of diversity.

- Recognize LGBTTTQI issues as an integral component of all aspects of work at CAMH
- Through performance measures, all managers and staff will be accountable for valuing, supporting and implementing the strategy to build relationships with LGBTTTQI communities
- CAMH will develop and use measurement tools, performance indicators and board and management accountability measures to fully involve LGBTTTQI communities
- CAMH will incorporate LGBTTTQI issues in its organizational decision-making, priority-setting activities, visions, strategic planning and budgeting. CAMH will actively solicit input from LGBTTTQI staff, volunteers, and clients within CAMH and in LGBTTTQI communities
- CAMH will deliver ongoing information, training and resource support to help all staff, volunteers, students and board members develop capacity in providing service to LGBTTTQI people, and to understand their rights and responsibilities
- CAMH will consistently address public policy issues that have an impact or potential impact on LGBTTTQI stakeholders

Goal #4:

Ensure that diversity is reflected and considered throughout all aspects and levels of the organization. This includes Human Resources policies and practices, organizational planning, budgeting, research, ethics, training, clinical work, strategic planning, site redevelopment planning, health promotion, marketing and communication.

- Every program area of CAMH must develop specific, measurable diversity plans and activities that include LGBTTTTQQI issues – to be reviewed annually
- Every staff member of CAMH will be held accountable through performance management expectations and benchmarks for his or her role in implementing these plans

Goal #5

Provide an environment that is supportive, accessible, welcoming, safe, and free of stigma, harassment and discrimination for all our stakeholders, particularly for those stakeholders who identify as members of a CAMH designated group.

- Through specific changes in policies, programming, and practices, CAMH will promote an ongoing commitment to this kind of environment for LGBTTTTQQI people
- Through communication and education campaigns, CAMH shall support and promote this kind of environment
- CAMH will disseminate CAMH Management Philosophy. All managers will be obligated to model behaviour that is respectful, sensitive, professional and considerate of issue such as stigma, discrimination and harassment for staff, clients and other stakeholders. Managers will be held accountable for maintaining these standards through the performance management process.

Almost all of the procedures listed in the Diversity Policy refer to components of organizational culture. Organizational Culture at CAMH must be strengthened to reflect all 6 values. This process will strengthen CAMH's commitment to diversity in general as well as to LGBTTTTQQI communities.

Creating an organizational culture includes orientation, evaluation tools, performance measure, and accountability.

Orientation:

- CAMH commitment to creating a safe environment for LGBTTTTQQI staff, volunteers, clients and their families is part of new staff orientation
- Existing staff are reminded of this commitment in various ways including posters, training, broadcast reminders, etc.

Evaluation Tools:

- Staff commitment to this value and aspect of CAMH's organizational culture is measured within staff and client surveys. Including specific questions on existing surveys, and administering these early in the strategy's implementation will serve as a benchmark for progress

Performance Measures:

- LGBTTTTQQI awareness and support, as part of CAMH's diversity value, will become part of employee performance reviews, and personal development plans - for all employees, including management.
- Departments will include LGBTTTTQQI components in their Diversity Action Plans, to show what they are doing, collectively, to promote this value

Accountability:

- Accountability for creating and sustaining a culture rooted in valuing diversity is essential. This accountability will be present at various levels within CAMH. Orientation, evaluation and performance measures provide the support for accountability and consequences.

CAMH's current environment:

Currently, LGBTTTTQQI presence and awareness at CAMH is evident in:

- The existence of anti-homophobia posters
- The Rainbow Flag that flies at Brentcliffe
- The presence of some positive space stickers
- Rainbow Services (Addictions)
- The inclusion of LGBTTTTQQI issues in the Diversity Training and Cultural Competency Training agenda
- The presence of a growing LGBTTTTQQI employee caucus

These are important beginnings. However, anti-homophobia posters have been defaced, and client focus group participants suggested the need for a designated space for LGBTTTTQQI information and support. Not all clients know about Rainbow Services or other LGBTTTTQQI programs internally or within LGBTTTTQQI communities, and there is a lack of internal communication about the various LGBTTTTQQI-related initiatives and partnerships that are currently taking place. A strong culture of valuing diversity, of which LGBTTTTQQI people are one component, is missing.

There are many ways to create an LGBTTTTQQI-positive environment, and the benefits of a change in organizational culture are many. Once staff recognize and experience CAMH's consistent commitment to zero-tolerance for homophobia, transphobia and heterosexism:

- the workplace will become safer (and healthier) for LGBTTTTQQI staff and clients
- The presence of LGBTTTTQQI people will become more normalized at CAMH

All employees and clients have the right to feel safe and valued at CAMH. Once the organizational culture and expectations shift and are communicated and supported, homophobia, transphobia, and heterosexism will be addressed when they occur, and the frequency of these occurrences will be reduced. LGBTTTQI people will feel more comfortable and possibly be more visible at CAMH. This new environment has the potential to attract new LGBTTTQI employees, volunteers, students and clients, who will help to further strengthen the environment and the relationships being built with these communities. A healthier organizational climate impacts overall productivity, collegiality, and teamwork.

Actions:

There are **four** ways that organizational culture will be addressed:

1. Clear and consistent organization-wide communication regarding the strategy and expectations as they apply to staff, clients, volunteers, students and partnerships at CAMH
2. Support for LGBTTTQI awareness and initiatives
3. Improved communication internally about LGBTTTQI-related programs and successes
4. Include an LGBTTTQI focus into policies, procedures, and programs

Integrating an LGBTTTQI lens into *existing* practices, programs, and services includes:

Examining the environment:

- Ensuring LGBTTTQI-positive symbols, LGBTTTQI affirmative posters and messages, and anti-homophobia/transphobia posters at all sites

Support:

- Appropriate release time for employees to attend LGBTTTQI caucus meetings – as is the case with all Diversity caucuses
- Ensuring that the Employee Assistance Program is culturally competent with respect to LGBTTTQI issues
- LGBTTTQI awareness/cultural competency included in People Plan
 - Bias Free Hiring template to include questions and expectations for answers re: LGBTTTQI awareness, and the links between homophobia, transphobia and heterosexism and mental health and addictions
- LGBTTTQI awareness/cultural competency/ support for LGBTTTQI initiatives included in employee Performance Reviews

- LGBTTTTQQI awareness/initiatives part of yearly departmental Diversity Action Plans
- The addition of LGBTTTTQQI-specific questions in CAMH staff surveys
- Include LGBTTTTQQI and homophobia/transphobia awareness in the Healthy Workplace Framework
- Including an LGBTTTTQQI lens and issues on regular departmental meeting agendas

Education:

- Infusing LGBTTTTQQI issues into Staff Orientation
 - Part of the new values-based introduction, under Diversity
- Infusing LGBTTTTQQI issues into existing training programs
 - Included in Core Principles discussions for creating safe space for workshop participants
 - LGBTTTTQQI sections within relevant training programs
- Including an LGBTTTTQQI lens and issues on regular departmental meeting agendas
- Creating a designated page on Insight (within the Diversity section) – Compendium to be posted
- Regular inclusion of relevant LGBTTTTQQI information in the Daily Broadcast

In addition, **focused initiatives** will help to strengthen CAMH's commitment. These include:

Environment:

- Introducing Positive Space campaigns and stickers at each site
- Creating designated spaces at each site for LGBTTTTQQI clients to receive information and support
- Using this strategy to inform/be included in all Diversity-related strategies and initiatives organization-wide

Support:

- Developing a Community Engagement Approach/Policy

Education:

- Specific Anti-homophobia/transphobia and heterosexism awareness training (as done at the Brentcliffe site)
- LGBTTTTQQI awareness building for: Board of Directors, Volunteers, Cultural Interpreters, Employment Council, Family Council, existing partners (especially on-site partners).

Measurement:

- Data Collection: include LGBTTTQQL-specific questions regarding environment and care within CAMH client and staff surveys
- Diversity Action Plan completion and evolution
- Number of LGBTTTQQL events onsite (and response to)
- CAMH sponsorship of LGBTTTQQL community events

Accountability:

- The Executive Leadership Team (demanding accountability from management, Diversity Action Plan review)
- Human Resources (People Plan, Performance Review, hiring practices)
- Volunteer Services (volunteer “hiring”)
- Organizational Development (Training content)
- Facilities (posters, signs, and venues)
- Communications (disseminating relevant info)
- Management (meeting agendas, release time, positive space & training support, Diversity Action Plan review)
- Diversity Program Office (posters and orientation)
- LGBTTTQQL caucus (specific event planning)

Required resources:

- Release time
- Coverage for staff who are training, as appropriate
- Meeting time (additions to agendas and agenda items)
- Poster distribution and display
- Information development and distribution (Daily Broadcast, Insight, etc)
- Insight updating
- Survey development
- Training curriculum development
- Provision of Designated Spaces
- Hiring (time, money)

Phase One: Laying the Foundation

a. Internal Capacity Building

ii. Clinical Services

“Move from being a ‘gatekeeper’ to a body that can provide some support and encouragement to those in the trans community, who struggle commonly in isolation with self identity and self worth.”

- from previously gathered feedback

Goal:

CAMH will provide and continue to develop relevant and respectful services and programs for LGBTTTQI clients.

LGBTTTQI cultural competency will be a required part of how service is delivered, and sexual orientation and gender identity will be regular considerations during intake, treatment, meetings, professional development, and client care.

Diversity Policy Goals and Procedure addressed within this component of the strategy:

Goal #2:

Recognizing and supporting diversity as a critical component of client-centred care.

- CAMH will ensure that LGBTTTQI considerations are fully integrated and measured through professional standards, research, training and development, clinical care, health promotion activities and community partnerships
- CAMH will ensure that LGBTTTQI cultural competence is fully integrated as a professional obligation for clinicians

General Programs in Mental Health & Addictions:

Rainbow Services is the best example of a CAMH program developed and run with the unique needs and realities of LGBTTTQI clients in mind. Addressing LGBTTTQI diversity within this program (race, gender, gender identity) will continue to strengthen it, and make it even more relevant and effective.

The Clinical Cultural Competency (CCC) 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)

Asking the Right Questions 2 (an intake and assessment tool regarding sexual orientation and gender identity) was developed by CAMH staff. It has been well-received in external trainings, and will soon become part of the internal training program for clinicians.

Rainbow Services receives many calls from Mental Health departments, wanting to refer clients. Currently, LGBTTTTQQI-identified staff are often called upon to help deal with LGBTTTTQQI-related situations and issues. Cultural Competency Training and the ARQ2 will help to raise the level of service delivery among all clinicians. While this is important, designated groups often increase access and allow clients to feel safer during treatment.

Adding LGBTTTTQQI issues to the agenda at Rounds and regular department meetings, as well as these issues becoming part of the charting for patients will continue to deepen staff awareness of LGBTTTTQQI issues and their relevance to treatment for mental health and addictions, and further impact CAMH's service to these populations.

This new awareness and inclusion in clinical practice means clinical staff will be trained and LGBTTTTQQI issues will become part of how CAMH approaches clients and the organization's work; what is considered and how things are done. The result of this expectation is increased awareness, capacity, and comfort among staff regarding LGBTTTTQQI people and issues – which will affect LGBTTTTQQI clients *and* staff.

Consideration of the lives and realities of LGBTTTTQQI people and the impact the discrimination associated with these identities can have on mental health and addictions (a social determinant of health) will improve client care – making it more holistic and client-centred.

Clinical Services and Organizational Culture go hand-in-hand. Once CAMH's expectations are clear for the culture the organization is creating based on its values, it stands to reason that clinical practices will also reflect these expectations.

Actions:

There are **four** ways that clinical services will be addressed:

1. Clear and consistent communication regarding the strategy and expectations as they apply to staff, clients, volunteers, students and partnerships at CAMH
2. LGBTTTQI-related training for clinicians
3. Improve communication internally about LGBTTTQI -related issues and successes
4. Include an LGBTTTQI focus into policies, procedures, and programs

And specific to the Gender Identity Clinic and the Gender Identity Disorder Service:

5. Examine and address issues of:
 - Theoretical underpinnings and related research
 - Respect
 - Openness to dialogue
 - Alternative Trans and LGBQ-positive models of care
 - Support for the process of transitioning

“The trans community is getting younger. Younger ones need different services, trans identity has to be non-negotiable.”

- from previously gathered feedback

Integrating an LGBTTTQI lens into existing:

Practices:

- Team meeting agendas, Rounds, and discussions
- Yearly Grand Rounds schedule
- Medical Advisory Committee agenda
- Charting
- Appropriate release time for employees to attend LGBTTTQI caucus meetings – as is the case with all Diversity caucuses

Programs:

- Cultural Competency Training

Services:

- Include an LGBTTTQI component on the Client Complaint Form
- Program considerations that include diversity within LGBTTTQI communities (ie. timing and location of programs for LGBTTTQI youth)

In addition to **focused initiatives** such as:

Practices:

- Include LGBTTTQI awareness into yearly recertification requirements for clinicians and doctors
- Hiring Queer-identified Clinical Staff
- Examining testing for heterosexual norms
- Internal equivalent to Clinical Consultation Service (support line for clinicians working with LGBTTTQI clients).¹¹

And:

- Ongoing discussions about alternative approaches/services within the GIC and the Gender Identity Disorder Service

Programs:

- ARQ2 Training for Clinical Staff
- ASIST suicide prevention trainers certified on staff (to facilitate internal *and* external training including an LGBTTTQI lens)

Services:

- Developing a Rainbow Services equivalent in Mental Health
- Providing service and info about service *in* LGBTTTQI communities

And:

- Find innovative solutions to adopt a LGBTQ- and trans-positive therapeutic model at the GIC and Gender Identity Disorder Service – *with community input* (moving forward with the core perspectives in mind)

Measurement:

Some measures for Clinical Services are included on the surveys and measurements for Organizational Culture.

- Questions included in staff survey (qualitative) re: awareness and understanding of the relevance and inclusion of LGBTTTQI issues in mental health and addictions care.
- Questions included in Client Survey (quantitative) re: care and services received relevant to LGBTTTQI identification
- Data collected re: sexual orientation and gender identity in electronic charting (to track if numbers are increasing)
- Assessment of Client Complaint Forms for LGBTTTQI issues

¹¹ Currently there is an external Clinical Consultation Service that provides advice and support for clinicians 24/7 by telephone. Clinicians are on call on a rotation basis, and calls must be returned within 24 hours of receiving the message. This could serve as a model for an internal service to assist clinicians in serving their LGBTTTQI clients. Initially, clinicians on the roster would come from Rainbow Services and the LGBTTTQI caucus. A train the trainer component could be introduced using identified themes within calls received, which could use existing ARQ 2 Trainers and involve external LGBTTTQI community expertise.

Accountability:

- The Executive Leadership Team (demanding accountability from management, action plan review, recertification)
- Human Resources (People Plan, Performance Review, Hiring practices)
- Clinical Services (Training content)
- Organizational Development (Training content)
- Communications (disseminating relevant info)
- Management (meeting agendas, release time, training support, action plan review)

Required resources:

- Release time
- Coverage for staff who are training
- Meeting time (additions to agendas and agenda items)
- Training curriculum development (time)
- Money – for hiring

Phase One:

b. Community Engagement

iii. Communication

“What do you have to offer the queer communities, how can you contribute, how has CAMH evolved?”

- from previously gathered feedback

Goal: *Transparency in CAMH’s commitment to building relationships, and increasing awareness within LGBTTTTQQI Communities about the LGBTTTTQQI programs and services that currently exist at CAMH.*

Communication with LGBTTTTQQI communities about the strategy began with flyers inviting input through Focus Group attendance or individual interview. This provided the opportunity for LGBTTTTQQI people (most with experiences with CAMH) to voice ideas, concerns, feelings, and suggestions for and about the strategy. For those present, the emotion suggested that this was a welcome and meaningful opportunity for those with strong feelings (negative and positive) about CAMH and their experiences. CAMH has held community forums in the past, which have been instrumental in moving this agenda forward.

Attendance at these Focus Groups was very low. This may be a symptom of many things including community fatigue, timing, distrust, lack of connection to the LGBTTTTQQI communities, or the lack of issues to be addressed. The negative feelings and perceptions of some members of LGBTTTTQQI communities present a significant barrier to Phase Two of this strategy, and underscores the need for Community Engagement in Phase One.

Having asked for input, continuing this communication and proceeding in a transparent way will help CAMH to build trust and relationships with LGBTTTTQQI communities. Focus Group attendees will particularly appreciate the opportunity to see how their input has helped to shape the strategy and what comes next.

Larger community meetings will help to maintain CAMH’s integrity and show commitment to building relationships. CAMH may also consider creating further opportunities for people to share their stories and opinions, either in person or via a survey. Although time consuming, such an initiative could provide further information to help move the process forward, as well as engage (and inspire) a wider audience in the process of change.

Improved communication about CAMH's LGBTTTQI programs and services may raise the organization's profile in LGBTTTQI communities, and raise awareness about options for those needing care and organizations looking for partnerships.

Actions

There are **three** ways Communication will be addressed:

1. Follow-up Communication to those who provided input
2. Regular communication with LGBTTTQI communities
3. Website additions

Integrating an LGBTTTQI lens into *existing*:

Practices:

- Introduce LGBTTTQI pages onto the CAMH website. These pages could present the strategy as well as relevant and useful information about LGBTTTQI identity and the impact of homophobia, transphobia and heterosexism as social determinants of health re: addictions and mental health. It could also be another place to list CAMH's LGBTTTQI programs and services
- Include LGBTTTQI specific and relevant info into mainstream CAMH advertising and awareness campaigns

In addition to **focused initiatives** such as:

- Communication with Focus Group Attendees and interviewees
- Community Meetings to share the strategy's progress and listen to the communities with CAMH leadership present
- Information about the impact of discrimination on mental health and addictions in mainstream media
- Community Information & Outreach sessions about departmental initiatives and changes re: LGBTTTQI clients¹²
- LGBTTTQI-focused advertising in these communities about:
 - Rainbow Services
 - The Strategy

¹² The goal of these Information Sessions by various CAMH departments would be to outline LGBTTTQI services within those departments, as part of what CAMH is doing. *Care must be taken to separate these initiatives from Rainbow Services, who have spent considerable time building relationships and grounding their reputation in LGBTTTQI communities.*

- Recognizing the impact of homophobia, transphobia and heterosexism, as well as intersecting identities such as race, on mental health and addictions
- Freezone sponsorship at Pride
- Other LGBTTTQQI-positive initiatives in various departments at CAMH

Measurement

- Data Collection:
 - o Number of community meetings & number of attendees
 - o Number of hits to the web pages
 - o Number of calls to/enrolment in Rainbow Services
 - o Attendance at the Freezone
- Feedback received (qualitative)

Accountability

- The Executive Leadership Team (demanding accountability from management, attending community meetings)
- Public Affairs (creating and disseminating info and advertisements)
- Communications (web pages)
- Management (organizing staff re: community meetings and information sessions)
- Diversity Program Office (source of/collecting info for web pages)

Required resources:

- Time & Budget – for planning and delivery of community meetings and information sessions
- Designated time for advertisement, web page and communication development
- Payment for ad placement

Phase One:

b. Community Engagement

iv. Opening Dialogue (specifically re: specialized clinics)

“Reaching to the Trans community for input to address what is wrong is a positive step in the right direction. Using dialogue with the Trans community will hopefully provide direction to facilitate change for a better service.”

- from previously gathered feedback

Goal: *To have key members of the LGBTTTQI communities at the table with CAMH leadership, discussing the relevant issues/stumbling blocks and how to move forward.*

The history around the Gender Identity Clinic and attempts at dialogue in the past have left a legacy of silence and pain on both sides. Community concerns about the GIC as well as the Gender Identity Disorder Service have not been acknowledged. The result is continued polarization and a negativity that has grown (on both sides) with very little opportunity to share perspectives.

This part of the strategy attempts to bridge the gap and promote understanding through dialogue. CAMH’s commitment to change is a key component in creating an opportunity for this dialogue. There are LGBTTTQI community members willing to engage with CAMH with the goal of creating positive change.

The aim of this dialogue between CAMH and LGBTTTQI communities is to acknowledge the past, hear the concerns and perspectives, and examine the possibilities for moving forward together.

This will be a delicate process, and a necessary foundation for building a relationship with LGBTTTQI communities. The benefits include building trust, understanding, and creating relationships, which ultimately could lead to the creation of excellent programs and services for LGBTTTQI people at CAMH *and* in the community.

Actions

Opening Dialogue will be addressed by:

1. Inviting key LGBTTTQI community members to the table to discuss issues, perspectives, and needs around the Gender Identity Clinic and the Child, Youth and Family Clinic and how to move forward
2. Having systems in place to support this process

There are many ways that we can support and strengthen this dialogue:

- Create committee-specific terms of reference using the Community Relations Committee Terms of Reference as a guide
- Strengthen and communicate our Community Engagement Policy to those involved
- Transparency
- Awareness of international Best Practices re: LGBTTTQI (specifically Trans) care¹³
- Awareness of LGBTQ and especially TTI issues and evolution
- The presence of a mediator, if required

Measurement

- Presence of Key LGBTTTQI community members at the table
- Presence of CAMH leadership at the table
- Constructive meetings
- Movement in the agenda to create positive change in relationships and practice
- Positive results

Accountability

- The Executive Leadership Team (requiring meeting minutes and progress reports)
- Diversity Program Office (sending out invitations to key LGBTTTQI community members)
- ELT & DPO (clear expectations communicated to all involved)
- PEHP (terms of reference guidelines/development, community engagement policy completion)
- Community Relations Committee (support and guidance)

Required resources:

- Time – meetings, TOR development, invitations, and meeting organization
- Budget for:
 - Mediator
 - Venue (recommended offsite)

¹³ Contact has been established with professionals locally, nationally and internationally who are using more client-centred approaches to care.

Phase Two

Community Input and Partnerships

The relationship-building and the organizational culture shifts in Phase One are the foundation for Phase Two of the Strategy.

Phase Two consists of:

- a. Inviting community input
- b. Incorporating Community Feedback and combining internal and external expertise
- c. Developing community partnerships

Diversity Policy Goals and Procedure addressed within this component of the strategy:

Goal #3:

Building equitable, meaningful and responsive relationships with our stakeholders (in this case, LGBTTTQI stakeholders).

- CAMH will make every attempt to reasonably accommodate the diverse needs of LGBTTTQI stakeholders
- Research and education at CAMH will address the mental health and addiction needs of LGBTTTQI communities in ways that are culturally appropriate, respectful and inclusive
- CAMH will anticipate and respond to the changing needs of LGBTTTQI communities by consistently re-examining current approaches, and when appropriate, developing alternatives

"I have had a number of different experiences of partnership and/or working with the communities with respect to CAMH. My partnership experiences have been very positive."

"I've also worked on a 2-day partnership course with CAMH as a faculty member and had an amazing experience working over 2 years. We developed it and then ran it twice over 2 years. Since it was a partnership course, the best principles of partnership were being thought about very sensitively."

- Sherbourne Health Centre

Phase Two:

a. Inviting Community Input

"[Other organizations working in the queer community] have all agreed to respect the self-identification of their oppressed minorities. In my opinion this is the fundamental barrier to CAMH participation."

- from previously gathered feedback

Goal:

CAMH will have structures in place that encourage LGBTTTQQL communities' input and feedback re: programs and services.

This goal is reflective of the LHIN mandate for communities to be involved in their own care, and supports CAMH's value of client-centred practice. Community involvement is an important part of the process for determining the best ways for inviting and receiving community input. One suggestion might be the reinstatement of Program Advisory Committees (PACs).

In the past, CAMH had a PAC for the LesBiGay program and a short-lived committee set up about the Gender Identity Clinic. Client complaint forms are also a way of providing input, and the Empowerment Council handles systemic issues on clients' behalf. CAMH has had at least one Community Forum in LGBTTTQQL communities, and a review of the GIC was undertaken a few years ago. The feedback at the forum and in the Focus Groups have helped to shape this strategy, and at least one recommendation from the GIC review has already been implemented.

Program Advisory Committees are meant to be part of the culture at CAMH. Reinstating them, beginning with Rainbow Services and the two clinics will be one possible way to receive input, and will also be an additional signal of CAMH's commitment to building relationships with LGBTTTQQL communities. PACs can provide an important structure for community input and feedback about programs and services. Organizing and supporting PACs require time, but the opportunity that they provide for community members to voice concerns and praise, especially at this critical phase, would be invaluable to CAMH's desire to build and strengthen relationships - as well as improving programs and services for LGBTTTQQL people.

Actions:

There are **two** suggestions for addressing that community input, keeping in mind that involving LGBTTTQQI communities in this process will provide significant benefits:

1. Formation of Program Advisory Committees – or equivalent
2. Obtaining Regular Client Feedback

The following existing practices will help to lay the foundation for community input:

- Finalizing the Community Engagement Policy
- Include obtaining input as an agenda item on the Phase One committee dialoguing about the GIC and the GIDS

In addition, there are many ways that CAMH can support community input, such as:

- Developing structures for the creation and implementation of Program Advisory Committee, or equivalent (including Terms of Reference, etc).
 - Program Advisory Committee re-instatement/development (for Rainbow Services, GIC, and GIDS)
 - Program Advisory Committee development and organization (people, time, resources)

Indicators:

- Functional Program Advisory Committees that meet regularly (at least for the three main areas related to this strategy – the Gender Identity Clinic, Rainbow Services, and the Gender Identity Disorder Service)
- Regular collection and review of Client Satisfaction Surveys in all Departments

Accountability:

- C&CE and PEHP (PAC structures)
- PEHP (PAC structures and complaint form amendment)
- The Executive Leadership Team (demanding accountability from applicable management re: PAC overview and client surveys)
- Public Affairs (communication about PACs)
- Management (release time for PAC organization and meetings, client survey dissemination and collection)

Required resources:

- Time
- Resources for community announcements
- Venue (and staffing?) for PAC meetings

Phase Two:

b. Incorporating Community Feedback and Combining Internal and External Expertise

“More community consultation re: delivery of all services; more entry points into the system for clients and advocates.”

- Rainbow Health Network, from previously gathered feedback

Goal:

CAMH recognizes the value and importance of community input and uses this information, along with external and internal expertise to continuously improve program development and service delivery and inform partnerships.

Soliciting community input is the first step. Using this information and insight to inform what CAMH does and how things are done is invaluable in strengthening relationships with LGBTTTQQI communities as well as the organization’s commitment to excellence in programs and services. Using community input further strengthens CAMH’s adherence to the LHIN mandate of community engagement, creates clarity re: service delivery options, and opens the doors for partnerships with community organizations.

Actions:

There are **three** ways that incorporation of community input can be supported:

1. Strong Community Engagement embedded into the culture of the organization
2. Reinforcement of the values of client-centred practice, continuous learning, and partnerships
3. The creation of structures to support input and its integration

However it is determined that input will be received, there are a few ways that CAMH can integrate community input & combine expertise:

- Including community input into regular departmental and executive meeting agendas (ie. Research Executive Committee, Health Promotion)
- Integrate community input into the decision-making processes at departmental levels
- Including receipt of community input into departmental Diversity Action Plans
- Making relevant minutes and reports available on Insight
- Supporting Community-based programs in offering excellent mental health and addiction service
- Bringing in Community Organizations to provide in-service for staff re: LGBTTTTQI issues and service
- Community-Based research
- Regular connection with the Empowerment Council re: issues arising

Indicators

- Inclusion of PAC info and survey results in meetings and decision-making
- Representation of LGBTTTTQI community members on the Board of Directors
- Increased representation of, and input from, LGBTTTTQI people among staff at all levels

These indicators also suggest (and impact) a shift in Organizational Culture.

Accountability

- Executive Leadership Team (accountability re: regular inclusion of information)
- Management (regular inclusion of information, LGBTTTTQI voices heard at meetings as applicable)
- PACs (sharing minutes and reports in a timely manner)
- Communications – insight updates

- Diversity Program Office (creating a list of possible Professional Development Resources)
- Communication & Community Engagement (liaising with community organizations)

Required Resources:

- Time
- Budget for Professional Development

Phase Two:

c. Development of Community Partnerships

“My sense of the perception of CAMH in the LGBTQ community is that we are inaccessible and have failed to work in a collaborative way with community-based organizations.”

- CAMH employee, from previously gathered feedback

Goal:

CAMH will develop strong and positive connections and partnerships with LGBTTTQI Community Organizations.

Presently, CAMH has some connections with community organizations and individuals working in LGBTTTQI communities - both formally and informally. These include Pride Toronto, Queer Parenting Network, and Sherbourne Health Centre. These connections provide some insight into LGBTTTQI community needs and issues, as well as the opportunity to collaborate on projects in these communities. Currently, LGBTTTQI willingness to partner with CAMH is impacted by their perception of CAMH. On one occasion CAMH was asked to be a silent partner and on another occasion was refused as a project participant.

As trust and relationships are built, it will become possible to form links with respected community organizations and develop partnerships in program and service delivery and research, which will lead to improved and increased services for LGBTTTQI people with mental health and addictions issues.

Actions

There are **four** ways that CAMH can develop community partnerships and links:

1. Clear terms of reference and expectations for partnerships
2. Communication to the community that partnerships are sought
3. Participation in Community-based research
4. Supporting community organizations

These will be supported by:

- Including the creation of links to community organizations in departmental Diversity Action Plans
- Providing a list of relevant community organizations providing similar services
- Postings on Insight with regard to relevant community initiatives
- Staff training re: creating and maintaining healthy partnerships
- Evaluation tools created for partnerships
- Disseminating information about the granting process
- Departmental links with relevant community organizations
- Creating an LGBTTTQI speaker's bureau

Indicators

- Strong and healthy partnerships with community organizations
- Connections between community organizations and CAMH departments
- CAMH support for community-based initiatives
- CAMH involved in the Rainbow Health Network and other LGBTTTQI community health networks
- CAMH invited to participate in LGBTTTQI mental health and addictions discussions, panels, conferences

Accountability

- Executive Leadership Team (management accountability re: Diversity Action Plans and creating links)
- Management (accountability re: Diversity Action Plans and creating links)
- Communications (insight updates)
- Public Affairs (call outs for partnerships)
- Diversity Program Office (creating a list of relevant Community Organizations)
- C & CE /PEHP (creation and dissemination of terms of reference and expectations re: partnerships, partnership training)

Required Resources:

- Time (training, developing relationships with organizations)
- Money (staff coverage while training, communications)

Appendices

Appendix A: Excerpt from CAMH Employment Systems Review (part of Employment Equity plan development) September 2007.

3.0 CAMH Diversity Accomplishments

Around 1999, serious diversity efforts began: CAMH retained KPMG to undertake an extensive review of the newly merged hospital's diversity situation. KPMG concluded that there were pockets of excellence and serious shortcomings, and provided a measurement of diversity competence both in terms of client service and as a workforce this included leadership and community relations as well. This resulted in 2000 in a diversity action plan focussing on the following priority areas: Leadership; Service delivery; Stakeholder engagement; Policy; Human Resources

Since that time, CAMH has made a number of diversity advances, for example:

- Formed a Director-level Diversity Programs Office. This office has been effective in providing diversity planning, training, organizational change and community capacity building expertise.
- Developed a comprehensive diversity policy, which included a broad, inclusive definition of diversity including anti-oppression, social justice, and power differentials.
- A review of the diversity initiatives was undertaken in 2006
- Developed and implemented a mandatory 1-day diversity training for all managers, board and staff and monitored attendance.
- Each department developed a diversity action plan, including Human Resources.
- Implemented a broad communications strategy to let employees know the diversity vision and definition, to embed diversity into the organizational values and corporate image. There is a high awareness of organizational commitment to inclusionary practices.
- In a partnership with Human Resources and the two unions (ONA and OPSEU), developed an anti-harassment and anti-discrimination policy and conducted training on the policy and protocols
- Developed a mandatory Diversity indicators category in the performance review systems for all management and non-unionized employees
- Communicated to search firms' senior management's commitment to diversity. For example, the CEO now asks search firms to provide a diversity of candidates for leadership positions.
- Diversity considerations and implications are embedded in the various corporate planning processes including the Centre's strategic plan.
- Developed issue-specific staff caucuses, Committees and Working Groups.
- Have held a series of community-based Diversity initiatives.
- There is a unit specializing in employment placement for people in recovery from addictions or mental illness and a particular initiative to encourage CAMH to hire employees from this candidate pool.
- CAMH is in compliance with the Accessibility Audit and has had consultations

about the physical site redevelopment and accessibility issues in terms of lighting, washrooms, way finding, prayer rooms, wheelchair accessibility to nursing stations, and so forth

- A 3 x ½ day Clinical Cultural Competency training was piloted in General Psychiatry and General Addictions
- The Cultural Interpretation Service was extended serving clinical programs 24/7 (with advance notice)
- Delivery of Disability Awareness Series for CAMH clinicians.
- Some population specific programs predate the diversity initiative, and remain in service: Women's Program, Substance Abuse Program for African Canadian and Caribbean Youth (SAPACCY), Portuguese Outreach Program
- An Aboriginal Services Program was developed to address some of the specific needs of these communities
- The Spiritual and Religious Care program provides diverse multi-faith services to clients and families
- Nursing has developed "late career development" module – which includes sharing of skills.
- An 'Organizational Development' program works with teams and programs on a range of issues, including diversity, equity and work environment challenges.

Ongoing diversity efforts include the following current initiatives:

- Development of a comprehensive Non-Biased Recruitment And Selection Policy and Guidelines including casual and contract staff. Training for management around this Guide is in the pilot stage.
- Revision of human resources and CAMH policies, forms and procedures through the diversity and bias-free filter
- Development of a 1-day core module on clinical cultural competence.
- Appointment of a client employment co-ordinator within HR who works with former CAMH clients to help get them placements within CAMH.
- Sectoral leadership with many examples of major initiatives
 - International work
 - Public policy work
 - Systems planning work
 - External training and expert consultations across province on diversity
 - And others...

Appendix B: LesBiGay Program Advisory Committee notes

Lesbigay Service PAC
Policy Input
May 13, 2002

1. Housing Needs of People with Drug Use/Addictions Issues
 - Most of the focus of supportive housing is for people with mental health issues, seniors, etc – need to look at needs and issues of people with substance use problems
 - No housing (or inadequate) for people who are attempting to enter and/or being discharged from programs
 - Also real issues with housing/emergency shelter for people who are using drugs – often barred from locations because they are users
 - For people in programs, worry re: lack of housing when program is complete interferes with recovery
 - Issues for people waiting to get into programs – often no suitable housing during the wait
 - For people who choose abstinence, need new “clean” place to live in order to recover.....often relapse when return to old neighbourhood, friends, etc
 - Harm reduction strategies need to be applied to housing/shelter settings to accommodate folks who continue to use drugs
 - Group would like to see a document assessing and describing housing needs of people with addictions and CAMH position/advocacy is support of the development of such housing

2. Impact of Discrimination on Mental Health and Substance Use
 - Discrimination impairs people and likely contributes to mental health and substance use problems
 - Need to study this issue to understand the specific effects of discrimination and whether/how addressing discrimination can be a good strategy for preventing or minimizing mental health and substance use problems

3. Impact of Sexual Orientation and Gender Identity on Mental Health (this could be considered a separate issue or as a more in-depth treatment of Issue #2)
 - Need to understand the role of sexual orientation and gender identity in addictions and mental illness (eg gender issues and youth suicide..)
 - As a baseline, would be a good idea to track sexual orientation in all data collection to see if there were differences between groups and why

- Could include questions in surveys re: sexual orientation; these could be asking people to self-identify and/or if they have ever felt harassed as “sissy boys”, “tom boys”, etc

4. Best Practices in Providing Services to Les/bi/gay/trans/trans Populations

- Currently CAMH services for LBGTT populations are uneven and differ depending on the service
- Some services are more clinically/theoretically based and other are more community health oriented and peer based
- Also, sometimes difficult to navigate between the various services; as a result, diversity of client needs are not always addressed
- Need to work towards the development of seamless services that provide a positive, inclusive and welcoming experience to LBGTT clients
- Need to ensure that services are better integrated and all include peer support and more use of peers as professionals
- As a public policy initiative, CAMH should look at establishing and implementing best practices for services to LBGTT clients, (??? Is this a good way to frame these ideas????)
- Client/community input to all the services a must!

5. Re-instatement of Sex Reassignment Surgery

- No longer funded by OHIP
- CAMH should advocate for the reinstatement of this surgery

6. Harm Reduction

- CAMH should maintain and strengthen efforts to promote harm reduction
- Shooting galleries and drug testing kits, for example, are used elsewhere and have been proven effective in reducing harms
- In many settings, people are afraid to promote these issues because they fear “condoning” things that are illegal....some are even reluctant to display posters from other jurisdictions.....
- CAMH should be more vocal on these issues; profile the evidence; etc

Diversity Training

The group also noted that diversity training at CAMH is not substantive enough with respect to sexual orientation and gender identity and recommended that:

- A more substantive piece be developed re: sexual orientation and gender identity
- This training be mandatory for all new hires
- CAMH make this more substantive training more widely available in the community

Appendix C: SAPACCY LGBTQ SERVICE

In order to facilitate a respectful and organized process of connecting with the Black Queer Community and Black Queer Youth, we identified and consulted with several individuals and groups across the City. Our intention was to develop services that were responsive, respected and relevant to the needs of Queer Black Youth.

We met with Academics whose work centred on Black Queer Issues, Service providers who serve said constituents and Consumers of said services. We wanted to better understand what the needs are, what services were already available and what services they felt could benefit the Black Queer Community in Toronto. Specific service consumers/providers included the Queer Black Youth group at Supporting Our Youth; the Not Pink Youth Group has been a positive experience; and BLACK CAP. Our presences in these programs were very well received, and are ongoing in some cases. As the youth become more accustomed to having someone around that they can discuss personal issues with they seem to open up and approach with various questions.

We currently provide one half-time staff that provides counselling, referrals, prevention through psycho education regarding substance misuse in addition to mental health support. Services are delivered to a location of the clients' choosing. We also avail ourselves by attending drop-in and other services.

We also attended the Unity Conference (was put on by the Gay Straight Alliance) and the Black Queer Resistance Forum this year. Both appearances further affirmed SAPACCY's commitment to understanding and supporting the Black Queer Community. We presented our services, conducted focused discussions and responded to the issues with a view to identify and address accessibility issues in terms of SAPACCY's mandate.

In addition, SAPACCY has connected with the TDSB's Triangle Program to make our services known to both the teachers and the students this school.

The Toronto Police Services organized a committee to address LGBT issues. The LGBT Liaison committee helps to make further connections with individuals in the LGBT community while providing SAPACCY with opportunities to become informed on issues in the larger LGBT community, especially to provide a voice for the Black LGBT community.

Our interest now involves exploring ways to establish contact with other representatives and users outside of the City of Toronto's downtown core. We are seeking to understand and connect with Queer Black Youth living in suburban areas.

Appendix D: Telephone Screen: Opioid Dependence Clinic

Form completed by: _____ Date: _____

Confidentiality: This brief phone screen should take us 20 to 30 minutes to complete. Clinic staff may use the answers you provide to describe basic group characteristics of the people calling about the clinic. All information you provide will be strictly confidential within the limits of the law, which specifies that confidentiality must be breached if there is danger to your life or the life of another person or if there is any indication that a child might be in danger of abuse or neglect.

Do I have your consent to continue with the phone interview?

- Yes
- No

Name	
D.O.B	
Gender	
Phone	

1. What kind of housing are you currently in?

(check one)

Housed: rent/own	
Marginalized (staying with friends, etc)	
High risk (crack house, squatting)	
In shelter system	
Homeless	

_____ **1 point for marginalized, high risk, shelter or homeless**

2. Opioid drug of choice:

Opioid drug of choice	Amount	Frequency	Length of Use	Route of Administration

3. Other current drugs used:

Substance	Amount	Frequency	Length of Use	Route of Administration
<input type="checkbox"/> Cocaine <input type="checkbox"/> Crack <input type="checkbox"/> Alcohol <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Marijuana <input type="checkbox"/> Hallucinogens <input type="checkbox"/> Other psychoactive <input type="checkbox"/> other				

_____ **1 point for *current* dependence on another substance**

4. Have you been in treatment for opioid dependence before? How did it go?
(Failed treatment is defined as continued use of drugs despite treatment or immediate relapse upon ending treatment)

_____ **1 point for failed previous treatment**

5. a. Do you have any medical conditions? Describe:

- HIV
- Hep C
- Any problems with your heart?
- Any problems with your liver?
- Do you have chronic pain problems linked to your drug use?
- Any other problems? _____

_____ **2 points**

- Are you pregnant? *(if yes, refer to St. Joe's)*

5. b. Probe question -optional: Are you taking any medications on a regular basis?

6 a. Do you, or have you in the past, experienced emotional or psychiatric problems?

- Yes (If yes, please check appropriate boxes below):
- No (Skip to question 6 b.)

- Depression
- Anxiety
- Bi-polar
- Anger/aggression
- Psychosis
- Eating Disorder
- Other _____

Have you ever thought of hurting yourself/engaging in self-harm behaviors? If yes, conduct a risk assessment

6 b. *Probe question - optional:* Have you ever been told by a health care professional that you have a psychiatric or emotional problem?

- Yes
- No

_____ **1 point for mental health difficulties**

6 c. Do these problems affect your ability to function in daily life?

- Yes
- No

_____ **1 point for affect on daily functioning**

7. Total Score: _____ (Scores of 2 or higher should be booked for AMC assessment. Booking for assessment does not automatically ensure acceptance into treatment)

8. Additional Areas of Concern (Other than those listed above):

Outcome Tracking

May we contact you in 3 months time to check in on the progress you've made toward your goals?

- Yes
- No

If Yes, the date we will attempt to contact you is: _____ (One month after today's date)

Referral (check all that apply):

- Meets criteria for AMC MMT assessment
- Referred to Opioid Therapist for Assessment
- Does not meet AMC's MMT admission criteria
- Referral for Clonidine
- Referred to CPSO for MMT provider
- Referred to Opioid Therapist for General Assessment to pursue other treatment options or services
- Referred to AMC for One Time Consult (referral from physician)
- Other (specify)_____

Assessment Appointments for AMC:

Assessment with Opioid Therapist	Date/time:	<input type="checkbox"/> Attended If yes, referred to: <input type="checkbox"/> AMC <input type="checkbox"/> Other: _____ <input type="checkbox"/> No Show
Medical Assessment with AMC	Date/time:	<input type="checkbox"/> Attended If yes, referred to: <input type="checkbox"/> MMT <input type="checkbox"/> Buprenorphine <input type="checkbox"/> Naltrexone <input type="checkbox"/> Clonidine <input type="checkbox"/> Other: _____ <input type="checkbox"/> No Show
Additional Referrals:	Specify:	

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Screening summary:

Telephone Tracking

Date of Call: _____

Have you accessed the treatment that you wanted?

- Yes
- No

If yes, type of treatment accessed:

- MMT clinic
- Family Doctor
- General Addiction Service
- Other _____

Please describe the treatment:

If not, why:

- Waitlist
- Dropped out
- Not eligible
- Couldn't find provider
- No longer interested at this time
- Other _____

If a place were available in our clinic, would you still be interested?

- Yes
- No

If so, I will forward this information to our clinic staff and then we will get back to you

Appendix E:
List of Internal and External Interviews and Consultations
(excluding present or past clients and focus group participants)

Internal Meetings

Regular meetings with:

Susan Pigott

Kwasi Kafele

Working Group: Janet Mawhinney, Dale Kuehl, Jim Cullen, Diana Capponi

ELT:

Judith Thompson

Dev Chopra

Dr. Benoit Mulsant

Dr. Paul Garfinkel

Diversity Champions:

Dennis James

Lorrie Simunovic

Ann Pottinger

Julia Greenbaum

Felix Munger

Robin Rowe

Cindy DeSousa

Rhonda Mauricette

Lori Ross

Scott Andersen

Terry McPhee

Lew Golding

Amanda M

Nevin Coston

Ishwar Persad

Other CAMH Staff:

Dr. Zucker

Dr. Blanchard

Maxine Petersen

Dr. Kwame Mackenzie

Peter Voore

Linda Mohri

Debbie Thompson

Christine Burych

Michael Taylor

Anne Hertz

Barbara Russell

Tim Guimond

LGBTQ Caucus

External Consultations

Re: Transgender Adults

Walter Bockting, PhD
Coordinator, Transgender Health Services
Program in Human Sexuality
Department of Family Medicine and Community
Health, University of Minnesota Medical School

JoAnne G. Keatley, MSW
Minority Programs Manager
Pacific AIDS Education and Training Center, UCSF

Peggy Cohen-Kettenis
Gender Clinic at the Free University Medical Clinic, Amsterdam

Re: Children with Gender Variant Behaviour

Solomon Shapiro, M.D., FRCPC
Head, Gender and Sexual Orientation Service
Hincks-Dellcrest Centre, Toronto

Dr. Edgardo Menvielle
Children's National Medical Center, Washington DC

Re: children with GID and Trans Youth

Michele Angello, Ph.D.
Wayne, PA

Arlene Istar Lev LCSW, CASAC
Choices Counselling and Consulting
Albany NY

Melady Preece, Ph.D., R. Psych.
Gastown Vocational Services, Vancouver

Re: LGBTQ&T mental health & health care

Greta R. Bauer, PhD, MPH
Assistant Professor
Epidemiology and Biostatistics
Schulich School of Medicine & Dentistry
The University of Western Ontario

Devon MacFarlane,
Community Developer,
Prism Alcohol & Drug Services
Vancouver Coastal Health

Andrea Daley, MSW, PhD
Sessional Lecturer
Acting Field Education Director
School of Social Work, York University

Anna Travers
Sherbourne Health Centre

Rupert Raj
Sherbourne Health Centre

Hershel Russell
Psychotherapist, Toronto

Other:
Jameson Green - WPATH