



THE EMPOWERMENT COUNCIL

A Voice for the Clients of the Centre For Addiction And Mental Health

Empowerment Council Activities: 2014/2015

ADVOCACY

Advocacy by and for people with disabilities is “a way to help people “own” their own lives.”¹

To be truly representative, “An advocate must be independent, free from any real or perceived conflict, an advocate must be trusted to represent the interests of the vulnerable person and only the interests of the vulnerable person.”²

Advocating for CAMH Clients at CAMH:

Pages 1 and 2 highlight major advocacy issues at CAMH in 2014/2015

ADVOCACY FOR THE CAMH BILL OF CLIENT RIGHTS:

The CAMH Bill of Client Rights is a foundation to guide our systemic advocacy and an empowering basis for us to support clients’ self-advocacy.

1. “Every client has the **right not to be coerced or detained** except where permitted by law.”
2(4) The implementation of this right is also related to 4(12) “**The right to daily access to the outdoors**”. Many people are not getting daily access to the outdoors. Ironically, people at higher security levels can have more access, because of the secure yard attached to unit 3, though even this does not guarantee access to the outside. (EC has, in the past, encouraged CAMH to explore with clients whether more yards are desirable.) Clients who voluntarily admit themselves and are subsequently told that they are not permitted to leave the unit can feel deceived upon learning they did have the right to leave. The EC encourages the use of voluntary contracts in which people are informed of their rights but also make agreements with CAMH about any absences from the unit.
2. “Every client has **the right to be free from locked seclusion, environmental, chemical and mechanical restraint except where permitted by law** (i.e. when a client is a danger to self or others). Only the minimum necessary amount of restraint or locked seclusion is allowed and only after alternative methods of resolution have been unsuccessful. Clients have the right to be informed of how they can be released from restraints or seclusion.” 2 (5) These rights also exist in the CAMH policy on restraint use.

Clients rights related to seclusion are being violated through the use of rooms in which people are being secluded that are not designated as seclusion rooms. It is for this reason that the EC has pushed hard, but unsuccessfully, whenever the restraint policy is discussed, for the rights pertaining to seclusion to apply to rooms USED as seclusion rooms, not just designated as

seclusion rooms. The most obvious violations in this regard are the rooms in unit 3 called “south pod”. CAMH legal counsel has supported the EC position that these rooms are being used in manner that violates clients’ legal rights regarding seclusion. They are not being used as emergency restraint, and they do not have the consent that would be required to label them “protective devices”.

The EC is also concerned about “restraint creep”, through the application of the policy and practice involving what are called “protective devices”, which can essentially be restraints that are used long term. (Though it can also be less intrusive measures such as bed rails to prevent falls.) Although consent is required it is often substitute consent, so to the client it feels like restraint, without the safeguards of the restraint policy. There is also the danger that mechanical restraint use is being scrutinized as a result of inquest recommendations focusing on them, while chemical restraint (which the CAMH psychiatric witness testified are more dangerous) and seclusion are increasing.

3. **“Informed Consent”** is a legal right as well as rights 6 and 7 in the Bill, with requirements that are seldom met. CAMH is by no means unique in this regard. It is a problem throughout the healthcare sector. In the case of medication, downloading the responsibility to pharmacy is not sufficient, as it is then too late to make a different choice.
4. Existing services get evaluated, but vital services that do not exist, or are barely present, go uncounted. Clients from all parts of CAMH, including people who have attempted to access care at CAMH (assessments are not care!), have emphasized the great **unmet need for therapy, particularly to deal with issues of abuse and other trauma**. 8 (3) This may be the greatest commonality underlying CAMH clients’ life experience, a supposition well supported in research literature. Yet clients report little to no ability to access therapy to address what problems have arisen as a result. This problem is not unique to CAMH, but CAMH is where people think it is reasonable to expect this kind of help. Very few can afford to access therapy in the community.
5. **Communication and client engagement** is a frequent theme of client concern. 5 (2) Clients need to be involved in generating their health care plan (including a safety plan), informed of the alternative toolkit, informed of more than one treatment option and their possible results, involved in discharge planning, etc. The ability of clients to have a meaningful voice on CAMH committees is curtailed when clients can not choose their own representatives, and can not afford to print all the materials to read.
6. **Clients right to sexual expression 3(9) and safety 2(1)** is addressed in the new/old (finally complete!) CAMH policy on safe sexual environment, and in the policy on pornography. CAMH and EC are going to partner in educating clients and staff about this policy. The plan is to showcase this implementation around the time of accreditation.

OTHER EC ADVOCACY ACTIVITIES AT CAMH:

- EC has advocated for many years for **evening and weekend programming** at CAMH. The EC has been very pleased to praise CAMH in numerous forums for introducing evening programming (in the form of WRAP – an empowering approach to self care being taught by peer support workers). Weekend programming might also be offered.
- EC met with the Office of the Person in Charge, Clinical and Administrative heads of CAMH Forensic about concerns regarding **rights, and support for forensic clients’ input** into program.

- **CAMH ad campaigns by the CAMH Foundation:** EC has advocated for the opportunity to facilitate the client perspective on what is needed/not needed before a campaign is developed. While this was not achieved, consultation did occur before the campaign was finalized. In the most recent campaign the Foundation consulted EC early enough that EC was able to prevent advertising a mental health problem as a “disease of darkness”. We also arranged a consultation between the Foundation and a larger group of CAMH clients, who objected to some aspects of the campaign that remained (such as the racial overtones of associating darkness with badness).
- EC met with **South Pod** external reviewers
- There has been much effort to ensure **Employment Works** portfolio continues onward after Diana Capponi’s death
- EC has worked to bring a **broadly informed client perspective** to projects looking at patient engagement at CAMH

Representing Clients on CAMH Committees

It is widely recognized that changing the mental health system to be more responsive to consumer needs requires the participation of consumers at all levels of policy planning and program development, implementation, and evaluation.¹

- Clinical Quality Committee of CAMH Board
- Fiscal Advisory Committee
- CAMH AGM
- CAMH Constituency Council
- Constituency Council Task Force
- Clinical Care Committee
- Liaison (CAMH/FC/EC) Committee
- Prevention/Management of Aggressive Behaviour (PMAB) Planning Committee
- PMAB Renewal Committee
- PMAB Pilots
- Best Practices Spotlight Organization (BPSO) Steering/Advisory Committee
- BPSO Suicide Assessment
- BPSO Client and Family Education Work Group
- BPSO Welcoming Environments sub committee
- BPSO Restraint Subgroup
- BPSO Tobacco
- Education Council
- Education Scholarship
- Ambulatory Care Quality Council
- Access and Transitions Quality Council
- Cause Marketing Initiative
- BPG Meeting on Preventing Violence in the Workplace
- ACE Pathways to Care Dissemination CIHR Grant Advisory Committee
- ACE Digital Stories review
- Community Advisory Committee on Research (CACR)
- CACR Terms of Reference Subcommittee

- CACR work group for guidelines for researchers on Community Based Research CBR
- CAMH grant committee for community based research Fellowship
- Advisory Member -- “Community Reconsidered” Project
- Ongoing Video project on engaging clients - talking with people at portico
- Countless redevelopment meetings – on Reference Centre, common areas, EC offices...
- Implementing the Transitional Discharge Model
- Planning meeting IPC assessment tool
- Client Experience Survey and ways to enhance client experience
- Trauma Informed Working Group
- Sexually Safe Environment Committee (most amusing of all committees)
- Advance Directives Committee and Project

Client Perspective on CAMH POLICIES

CAMH Policies that have been reviewed by EC in the last year. (Accreditation breeds policy review!)

Search of CAMH Client/Patient’s Room, Belongings or Person Inventory & Safekeeping of Inpatient Belongings	Passes and Privileges Observation of Client/Patient Protective Measures
No CPR Order Code Blue Medical Care Inpatient Physical Examination	Point of Care Testing Assessment and Management of Pain Falls Prevention Bed Bugs
Telephone Threat Email Policy	rTms Delegation ECT Delegation
Covert Administration of Medication Death of a Client/Patient	Incident Reporting Disclosure of Critical Incidents
Approved Persons Private Attendant	C/P Identification
Orders for Urine Tests Screening for MRSA Mechanical Lift and Transfer	Code White – Psychiatric Emergency Procedures
Faith Based Meals	Code Yellow
Escort and Transportation of Client/Patient	Safe Sexual Environments
Safe Transportation and Decision Tree	Debriefing Policy
Acupuncture	Emergency Use of Restraint, Seclusion and Mechanical Restraint

Advocating for CAMH Clients Outside of CAMH (on occasion with CAMH):

- Steering Committee Member Access Point LHIN
 - Liaison between LHIN Steering Committee and client reference group

- Advisory Member -- STAR Learning Centre - developing recovery learning centre
- Advisory group to Toronto Shelter and Supportive Housing Administration, asked to join Harm Reduction Advisory as client rep to develop and implement harm reduction framework for their services
- EC standing at inquest into the death of Reyal Jardone-Douglas, Sylvia Klibingaitis, and Michael Eligon (JKE), who were shot by police. This included a standing application, Affidavit and Will say, CV, reviewing notes, giving positions, preparation as witness of examination in chief, testimony, writing recommendations, positions on all parties' recommendations. (Most work was done after hours.) EC was extremely successful – most of the recommendations originated with the EC
- EC standing at McGillivray Inquest – developmentally handicapped man who died in bad takedown resulting from mistaken identity. Jury made few recommendations
- EC had standing at Mesic inquest in Hamilton Ontario – EC recommendations accepted
- Following consultation with CAMH clients on Community Treatment Orders about whether to appeal, will appeal in the EC and MOHLTC court case challenging constitutionality of CTOs
- EC applied to intervene in case regarding mandatory jail time for a minor drug offense, case mooted
- EC are members of Mental Health Committee of the Toronto Police Services Board (which was formed as a result of an EC recommendation adopted by the jury at the Vass Inquest)
- PACER External Advisory Committee is a TPS and primarily ethnoracial community committee looking at the practices of TPS such as “carding”
- Attended and organized clients with direct experience to attend independent consultation on TPS Mobile Crisis Intervention Team (MCIT)
- Client Advisory Committee on MCIT review, created by EC inquest recommendations
- EC invited as member of Advisory Committee to the Toronto Police Chief for implementation of the Iacobucci Report. EC successfully advocated that members of this committee did not have to keep all committee proceedings confidential, and could take positions contrary to those of the Chief
- EC joining Information Privacy Commissioner on charging TPS with violating privacy by releasing mental health records to CPIC, who releases to FBI and U.S. border. Met with IPC, Civil Liberties and Human Rights Commission to discuss. Met also as Police Records Check Coalition
- Meeting by invitation with Independent Police Review Director re Use of Force Standards
- Reviewed and suggested revisions to TPS MCIT policies
- Joint submission by EC and CAMH : Ministry of Community Safety and Correctional Services Police Record Checks – Proposed Standards
- Ministry of Attorney General consultation on Victim Services
- Law Commission of Ontario consultation with sectors on Capacity
- EC advocating for CAMH transsexual and transgender clients with Trans Lobby Group: drafted new guidelines for the treatment of trans prisoners based on people's experience and some of the recommendations from the Ashley Smith Inquest – brought these to a meeting with the Minister of

Community Safety and Correctional Services. Attended subsequent community consultation further refining guidelines, and then the launch of new guidelines by MCSCS. EC is also supporting Bill 77 to withdraw OHIP funding for “conversion therapy” designed to “cure” sexual orientation and gender diversity. EC has requested of CAMH involvement with the reexamination of the Gender Identity Clinic at CAMH.

EC in the Media:

JKE Inquest;

- CBC, CTV, City and Global television news
- CHCH talk show
- CBC and other radio news
- Toronto Star, Hamilton Spectator, McLean’s Magazine and others through Canadian press

Policing and mental health:

- Walrus magazine

Access to Mental Health Care:

- CBC television news

Mesic Inquest:

- Numerous articles Hamilton Spectator
- CHCH news

TPS Chief:

- 2 Toronto Star articles

Vulnerable Person Registry:

- 1 TO Star article
- 1 quotation of EC in editorial

EDUCATION

At CAMH

- Cheap and Crazy Symposium at CAMH.
- Talk to Constituency Council on Justice/Police work
- Rocks in my Pocket – EC event and partnered with Workman Arts
- Police Record Checks : Info Session
- Speakers to SAMI (Social Aetiology of Mental Health) fellows
- CAMH Professional Development and Empowerment Council Partnership: “Getting Past Recovery Talk” Film and discussion with CAMH staff
- Presentation to CAMH Constituency: Patient Engagement Past and Present
- Monthly Clinical Orientation for new CAMH staff: information regarding Bill of Client Rights and the EC for new CAMH staff. When Client Relations not attending also educate about CR

- Assisted CAMH to develop Welcome Guide for GPU
- Educated interpreters about EC and Bill of Client Rights
- Attended TCLHIN's Addictions Pathways Summit
- CAMH Blog: Violence at CAMH
- CAMH Blog: A closer look at violence in the lives of people with mental health issues.
- Recovery education to PGY4 resident's students ongoing
- Bill of Rights DVD discussion with clients
- Small group meeting with CAMH neuroscientists to discuss possibility for a public talk on what we have to learn from neuroscience.
- Educational EC Newsletter articles

SUPERVISION – VOLUNTEERS AND STUDENT PLACEMENTS

- Supervision Student Placement Students
- Ongoing Supervision of EC Volunteers
- Management and Co-ordination of research advisees to research projects

Outside CAMH

- Class for women refugees on Trauma
- Talk about EC with Mental Health Advocacy group at Jane/Finch
- Talk about Prejudice and Discrimination at AGM of Etobicoke community health clinic
- Partner with CAMH Education to teach version of Prevention and Management of Aggressive Behaviour (PMAB) to Ryerson staff
- Advisory Member - Competency Curriculum Development Department of Psychiatry.
- Liaison to the client advisory to the Competency Curriculum Committee
- Reviewed Toronto Police College course materials, particularly case scenarios used to educate TPS officers on ethno-racial issues and mental health issues
- Evaluated tool being used by TPS to assess how TPS members deal with people different from themselves
- Taught de-escalation with Emotionally Disturbed Persons to backup team to Toronto Police Service Mobile Crisis Intervention Team (MCIT)
- Taught MCIT about Trauma: likelihood, signs, means of accommodating – lessons for self care as well as interactions with EDPs
- Meeting with members of Dream Team to provide history of CAMH Bill of Client Rights to assist with development of Bill of Tenant Rights in Supportive Housing
- National Justice Committee “Information Sharing and Collaboration Between Jurisdictions”, EC partnership with Toronto Police Service, Ottawa

- Attended National Police Conference. Speaker on closing panel.
- Ontario Association of Patient Councils – presented EC work in Justice arena
- Media self education event sponsored by MH Commission – parts very offensive and discriminatory. Informed MHCC of concerns. (Chair of committee has history of derogatory coverage of clients' perspective.)

Universities and Colleges

- *Barriers to Accessing Primary Care*: Experience of mental health and addiction clients with Primary Care – teaching points from research project of CAMH and EC, to nursing students at York University and Osgoode.
- University of Toronto- two psychology classes on addiction
- Organized, speaking, and moderating Advocacy Day for Dept. of Psychiatry, 2014 and 2015
- Speaker for Osgoode courses in Mental Health Law, one on Advocacy, one on Inpatient Care: Ethical and Legal Considerations (jointly with CAMH bioethicist and CAMH legal counsel), 2014 and 2015

Conference Presentations:

Presentation: THE EMPOWERMENT COUNCIL: CREATING A POWERFUL VOICE FOR THE PEOPLE AT THE CENTRE FOR ADDICTION AND MENTAL HEALTH to The 6th International Conference on Patient- and Family-Centered Care: Partnerships for Quality and Safety, Vancouver, August, 2014 – Jennifer Chambers and Jane Paterson

Presentation: Strengthening the Client Experience in Mental Health Care - at the Second Annual Patient Experience Conference, Sept 2014. Toronto – Jennifer Chambers and Jane Paterson

Consultation by organizers regarding content of Third Annual Patient Experience Conference

FOCUS GROUPS/CONSULTATIONS/OUTREACH TO CLIENTS

- Focus group with CAMH clients on Community Treatment Orders (CTOs) to instruct EC whether to continue with CTO case (questioning whether CTOs violate Charter rights)
- With CAMH co-facilitated focus groups with clients on implementation of Tobacco Free Policy
- Organized client focus group for Foundation on proposed campaign
- Organized client focus groups for CAMH to consult on redevelopment
- Focus group of clients who had been found incapable in past with Law Commission on Capacity
- EC AGM, and mental health and addiction client nominating meetings, where clients of CAMH discuss their priorities, direct, and elect EC Board members

Consultations with EC Board:

- PMAB: Prevention and Management of Aggressive Behaviour consult on education (curriculum)

- CAMH CIHR Fellows with SAMI (Social Aetiology of Mental Illness) come to EC to discuss research topics and processes
- Building Flow at CAMH – review LEAN Report
- Feedback to CAMH on client safety poster
- Consultation on research project: Strengthening Knowledge Mobilization to Improve Activity in people with schizophrenia and diabetes
- Consultation by instructor Alymer Police College on new form to be filled out by police to go to hospital when police arrive with client. Many criticisms, but no change
- Consult by Public Health on draft composite stories of people with mental health and addiction challenges

RESEARCH/SURVEYS

- Interview for candidates for CAMH community based researcher with SocioEpidemiological
- Partners with Public Health on Burden of Mental Health and Addiction Problems (effects on quality and length of life). Co-investigator validating qualitative research coding. One meeting with EC Board and two meetings with CAMH clients on review of research results. One day provincial symposium Knowledge Exchange event at CAMH featuring use of composite stories from qualitative data. EC speaker.
- Member of CAMH Community Advisory Committee on Research
- Community Based Research fellowship grant awarding committee
- Drafted guidelines for communities on How to participate in Community Based Research. Consultations with community members.
- Assisted with surveys on Welcoming Environment
- Member CIHR grant team for *Inter Professional Collaboration Assessment Tool* development.
- Two day forum on Inter Professional Collaboration Assessment. EC speaker on the role of clients.
- Advisory on research project on collaborative care by St Micheal's Hospital
- Assisted with Inclusive Spaces study
- EC conducted survey of community on engagement with CAMH, using primarily respondents to ad in CS Info Bulletin
- The Access, Equity and Human Rights Grant Partnership Project – the Psychiatric Disabilities Antiviolence Coalition Title: “*A Psychiatric Disabilities - Antiviolence Framework*” – ongoing
- Women's College Hospital 15 K Challenge: Title “*Sexual Health Services Access for women with psychiatric disabilities*” ongoing

PUBLICATIONS

Forthcoming Barriers and facilitators to primary care for people with mental health and/or substance use issues: A qualitative study