



EMPOWERMENT REPORT

(The Newsletter of the Empowerment Council)

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Changes at CAMH - Share Your Feedback

By Lucy Costa

BUILDINGS

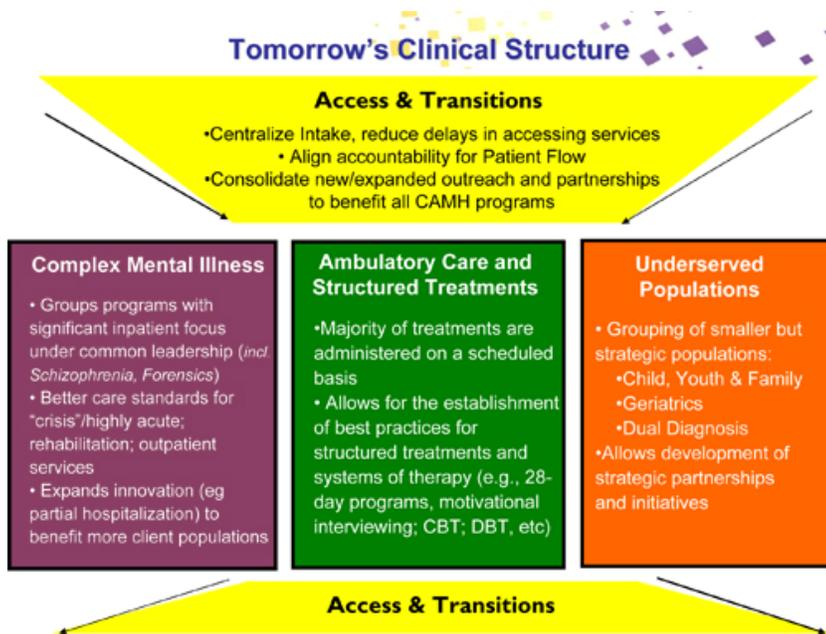
There are many changes that have taken place in the last six months at CAMH. You should be aware of them if you are a client and we at the Empowerment Council would like to hear your views. On Thursday June 21, 2012, CAMH had its official opening of the “new CAMH” which includes the BELL Gateway Building, the Intergenerational Wellness Centre and the Utilities and Parking Building.

Many of the services that occupied Queen Street site have moved into the new buildings. One exciting change is that the Out of this World Café (a consumer survivor run business) now has a store front venue right on the corner of the Bell Gateway building. This has been a great move for the OTW and business has been booming – and why shouldn't it, as the food is always delicious!



PROGRAMS

There are also some big changes with respect to the way the service are delivered across the hospital. In the months ahead, CAMH will shift from having nine clinical programs (Mood & Anxiety, Women's Schizophrenia, Geriatric, Law & Mental Health, Addiction, Dual 'Diagnosis, CATS, Youth Services) to four programs. The hospital says that these changes are meant to be more 'client-centred'. If you look at the table below it explains the four categories on the way:



SERVICES

Amidst all these changes there have also been budget cuts. In August of this year there were a number of cuts to Centralized Services which impacted client services with the gym and pool, physiotherapy and the dietician. CAMH has stated that, “the CAMH pool remains open for client use at designated times and is supervised by a CAMH employee who is a qualified lifeguard.” Clients have told the EC that the pool hours have gone down from 5 hours to 2 hours a week. The gym is now also only tailored for inpatient programming. There have been a number of clients who have expressed disappointment and sadness that

community sports such as hockey have been cut. Outpatients have been asked to integrate with community recreation centres which for some clients is challenging, especially if there is no transitional support. “Integration” is good but the community isn't always open and accepting of our community. Physiotherapy services at CAMH have also been cut. CAMH has stated that most of the clients are outpatients and as such they should have access to treatment from their community-based physiotherapy providers. Clients have been asking us what will become of the brand new physiotherapy office in the BELL Gateway building.

In response to these cuts, many clients **and** staff approached the EC for guidance and support. As requested by clients, we started a petition and received numerous signatures of support from both staff and clients in just a matter of days. The Empowerment Council also wrote a letter to senior management asking them to be more transparent and communicative about the cuts. To their credit, CAMH did reissue a public broadcast to all staff explaining more clearly the changes that were taking place.

Other cuts that have taken place include cuts to nicotine replacement therapy to assist with quitting smoking. This is no longer subsidized for clients. Things will get worse before they get better. The Ministry of Health will not be giving hospitals any budget increases which means as the cost of living

goes up the hospital will be operating at a deficit in the next few years.

On October 16th the EC held a public forum for discussion on the cuts and invited Sarah Downey, Exec. VP of Clinical Programs and Susan Piggott, VP Community Engagement to speak. They told the EC that a Task Force is being organized to look at the lack of programming for clients. They also informed us that they are working with community agencies such as the YMCA to develop partnerships that are more welcoming for our clients.

Now more than ever, it is very important that our membership continue communicating with us about how you are being impacted by these changes. We look forward to hearing from you and advocating on your behalf.

Empowerment Council Work Plan Highlights

2012-2013

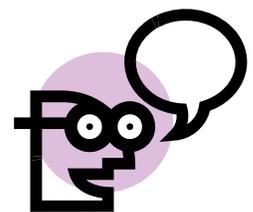
By Jennifer Chambers

The Empowerment Council's work falls into six major categories: Advocacy, Education, Representation, Outreach, Research and Organizational

Advocacy: The EC is the voice for social justice for CAMH clients in the addiction and mental health systems and other social structures central to the well being of CAMH clients. The vision of the community of clients extends beyond individual advocacy issues – it is a goal of equity and full human and Charter rights.

The EC has a number of projects supporting the rights and participation of CAMH clients:

- Evaluating the implementation of the CAMH Bill of Client Rights for its effect at CAMH.*
- The EC seeks opportunities to advocate for a greater range of support alternatives, especially trauma informed care, to be available for clients when needed.*
- The EC will lobby for client influence in implementing the CAMH Strategic Plan, especially in education.*
- EC will support the City Of Toronto having supervised consumption sites.*
- Promoting community based research in partnership with CAMH.
- Opposing the omnibus crime bill requiring mandatory jail time for minor drug offences.
- Participating in sustaining the Restraints Free Initiative at CAMH.
- Working with the Coalition for an Independent Psychiatric Patient Advocate Office, the EC will continue to strive to enhance the independence of the PPAO - a goal expressed by the Ministry of Health and Long Term Care and as recommended (initiated by us) at the James inquest.
- The EC history and reputation before the Courts and Coroner's Court is unique in Canada. This allows the EC the opportunity to bring the addiction and mental health clients' perspective to the attention of decision makers, such that it may positively affect the lives of our people throughout the province and/or the country. One case arising in the upcoming year is the opportunity to seek a ruling from the Court on



whether Community Treatment Orders violate the Canadian Charter of Rights and Freedoms. The EC has standing in the Ashley Smith inquest and is likely going to be granted standing at the three joined inquests on police shooting of emotionally disturbed persons (in their language) in Toronto.

- The EC brings the voice of clients to the Local Health Integration Network and various governmental and quasi-judicial bodies (e.g. City of Toronto Drug Strategy Committee and Working Groups).
- The EC will meet with PPAO and Client Relations re common themes e.g. effect of centralization.
- The EC will track the status of LGBTQ services on the mental health side.
- The EC will strive to have client influence on the effects of CAMH budget cuts (provincial cuts).
- The advocacy issues addressed will also be informed by the results of the Client Experience Survey.

Education

- Deliver educational materials, classes, and focus groups.



- Bring the client voice to the four Educational Task Force committees stemming from the Strategic Plan.
- Provide input into the Toronto Police Services policies, practices, educational materials and classes.
- Review scientific literature for information related to client concerns and CAMH information provision.
- Respond to speaking requests to educate groups on clients and rights perspectives.
- Provide education about the CAMH Bill of Client Rights, with DVD and learning package.
- Educate lawyers about the effects of the intersection of law and mental health and/or addiction.
- Inform decision makers, health care providers and the public about the effects of cuts to social assistance.

Representation:

A significant task of the EC involves the representation of clients on many committees:

- EC will be advocating for meaningful consultations with CAMH clients on matters effecting CAMH clients including: ads that promote particular perspectives on clients, strategic planning and implementation at CAMH and decisions about what services to cut and retain.
- The EC will continue to advocate for CAMH programs to involve clients in evaluations and decisions about the program.
- Now that CAMH has a youth residential facility, the EC is developing a voice for youth at CAMH.
- EC will provide leadership to the Client Experience Educational Committee and clients for the other educational committees.
- EC will provide client representatives for the Best Practice Service Organization committees.



Outreach:

- EC will receive and offer feedback on the effect of redevelopment and resource decisions on clients.*
- We will continue to send out our Empowerment Report at least three times a year, and update and maintain our website.
- We will organize the addiction client advocacy voice.
- We will reach out to our membership through focus groups, visits and surveys to inform our advocacy.
- EC will bring CAMH initiatives such as the strategic directions to clients for discussion.
- EC will support surveying of CAMH clients on daily access to the outdoors.
- EC will participate in Mad Pride week and Prisoner Justice Day.



** Designated as a top priority by the EC Board.*

Research:

- The EC is partnering on two research projects: with York University looking at how inpatient sexuality is depicted in inpatient charts; with CAMH examining how clients are treated in primary health care when it is known they have a mental health or addiction issue or history.
- The EC will continue to review research for best evidence on topics of interest to clients, e.g. physical health exams for CAMH clients.
- EC is also participating in drafting CAMH guidelines for Community Based Research, and in revising criteria for a community research fellowship.
- Research initiatives of client engagement to create a better experience for clients, propose framework for EC at CAMH.
- EC involved in Best Practice Spotlight Organization based on best evidence: smoking cessation, client centred care, violence in workplace.
- EC is partnering with Public Health etc. on the Knowledge Translation of an Ontario wide study of the “burden” of mental health and addiction problems for the people who have them.



Minds That Matter

By Tucker Gordon

The Ontario Human Rights Commission has released a report “*Minds that matter: Report on the consultation on human rights, mental health and addictions*”. (The report can be found through the OHRC homepage, www.ohrc.on.ca, and link: <http://www.ohrc.on.ca/en/minds-matter-report-consultation-human-rights-mental-health-and-addictions>. As some of you may remember, we organized some group discussions with the OHRC last year as part of their research into human rights issues within our community. This report is a rough draft of the output from those discussions and the numerous others they hosted around the province. While originally their advertising and promotions focused on mental illness, with addictions lumped in within that category, they have separated them where relevant in the report, since the cultural and legal frameworks gambling and substance use reside in are different than the ones mental health services and experiences reside within.

This report, like many of theirs, covers areas of education, services, housing, employment, and intersectionality with other Code grounds. A few things that make this report different from other OHRC papers: the commentary on perceived neutral practices (ex. police background checks) and the fact that they shared, for the purpose of an example of discrimination, a quote from one of the respondents who identified themselves as a landlord, stating

we're dangerous and he was offended that conversations were even occurring about our community having rights. We are one of the few whose form of disability is explicitly incorporated into the justice systems, so rather than just being more vulnerable to criminalization, our disabilities can and are criminalized. In order to address the issues raised, the report has set out 26 commitments for itself, and 54 general recommendations, targeted at addressing the issues systemically.

The OHRC and the Ontario Human Rights Tribunal are both doing work concerning by-laws that restrict the locations of methadone clinics, supported housing, and other related services. The OHRC has a guide for municipalities called *In the zone: Housing, human rights and municipal planning*, which delves specifically into these issues.

On a separate note, Toronto is currently considering adding a casino to the waterfront, in the vicinity of Ontario Place. There will be consults coming in the near future. If you are not interested in public consults, but wish to give the City feedback, you can write your local councillor. If you do not know who your councillor is, go to <http://app.toronto.ca/wards/jsp/wards.jsp>, provide a street name and number, and they will provide you with your councillor. They accept emails, written letters, voicemails, or you can go to their local office. Councillors also all have offices at City Hall, located at 100 Queen St. West.