

2023-26



EIDAR Equity, Inclusion,
Diversity & Anti-Racism

STRATEGY

September 2023



Canadian Mental
Health Association
Waterloo Wellington

Association Canadienne
pour la sante-mentale
Waterloo Wellington

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TERRITORIAL ACKNOWLEDGMENT

Canadian Mental Health Association Waterloo Wellington offices are situated on multiple treaty lands that form the traditional and sacred territories of the Anishinaabeg, Haudenosaunee, and Attawandaron peoples, who are the original inhabitants and caretakers of this land. Our offices in the places we call Guelph, Waterloo Region and County of Wellington are situated on the land promised by the Government of Canada to the Six Nations of the Grand River and the Mississaugas of the Credit First Nation.

As well, many First Nations, Inuit, and Métis peoples from across Turtle Island call Waterloo Wellington home today. With this territorial acknowledgement, we honour and pay our respects to the ancestors who have gone and those still present.

This acknowledgement reminds us of what this territory means and has meant for Indigenous peoples who steward the lands, waters, and wildlife, and who live, love and pray on this land. Today, we live side by side. We should reflect on our privilege to live and work in these communities that were built over rich Indigenous histories, and reflect on our responsibility to care for this land, the people who live here today, and the generations to come. If our actions today can move us towards reconciliation, we should make those decisions with intention and gratitude.

WHAT IS EIDAR?

EIDAR stands for equity, inclusion, diversity and anti-racism.

Here is how we define EIDAR at CMHA WW:

Equity

Is the principle and process whereby all persons receive fair treatment, opportunities, and access to resources, with consideration for their positionality. Recognizing that historically oppressed groups' diminished access to opportunities and resources has resulted in the disparities that persist today, the principle of equity strives to remove barriers for underserved and underrepresented groups, in the areas of employment as well as provision of services such as for mental health. Redressing imbalances in access and opportunity is key to achieving fair outcomes for underprivileged groups, and ultimately a better functioning society for all.

Inclusion

Is the creation and protection of a safe, respectful and empathetic space in which diverse individuals are respected, valued and are able to engage and contribute meaningfully. Creating a healthy and safe environment for our staff is an indispensable step towards achieving organizational excellence.

Diversity

Is the quality of a workforce that advocates for the inclusion of people with various experiences, abilities, identities, perspectives, skills and ideas. Prioritizing diversity is founded upon the understanding that embracing our differences will lead to a more creative, astute and ultimately successful workforce. It will also result in more positive and inclusive experiences for our clients, and better mental health outcomes.

Anti-Racism

Is a transformative approach to achieving racial equality that focuses on historical roots and systemic manifestations of racism. Our approach to anti-racism involves actively identifying barriers for our racialized and Indigenous staff and clients and creating strategies to reduce and remove these barriers.

WHY DOES EIDAR MATTER?

Members of underserved communities face systemic and individual barriers to employment, health and mental health care that are disproportionate to their more privileged counterparts.

Systemic inequalities are a result of a history of discriminatory and exclusionary policies, practices and perceptions that have marginalized some groups, preventing them from thriving in society and achieving their full potential. These groups include women; Black, racialized and Indigenous peoples; people with disabilities; and members of the 2SLGBTQ+ community (among others). In addition, systemic inequalities have, at least in part, led to some of the prejudicial and biased attitudes towards marginalized communities today.

History fortifies (and perhaps even multiplies) disparities. The intergenerational lack of opportunities and resources, which now manifest as lower success rates, representation and participation of marginalized groups, are referred to as systemic (or institutional) barriers. Discriminatory attitudes and treatment of marginalized people are individual barriers.

The historical exclusion of underserved groups is an important, as well as amendable, reason for the present-day disparities that we see between different groups. At CMHA WW, our dedication to and investment in EIDAR is an acknowledgement of the history of social discrimination and exclusionary employment practices, as well as a commitment to our values of mutual respect, accountability, integrity and excellence.



OVERVIEW

The Canadian Mental Health Association Waterloo Wellington is dedicated to its journey towards Equity, Inclusion, Diversity, and Anti-Racism (EIDAR). We value equity in mental health service delivery and recognize that our organizational culture needs to be inclusive and representative of the communities we serve in order to promote better mental health services and outcomes for all.

This report is an overview of our EDIAR Strategy, encompassing initiatives and programs to improve the experiences of our equity-deserving clients and staff, and to address disparities in our service delivery and client mental health outcomes. Our EIDAR Strategy complements and supports the CMHA WW Strategic Plan (Figure 1) and the Ontario Health Framework (Figure 2). The Justice, Equity, Diversity and Inclusion (JEDI) Committee, in consultation with the Senior Leadership Team, will provide support and guidance on implementing and modifying our current EDI initiatives.

The Strategy offers an actionable roadmap towards health equity. It guides our efforts to ensure that appropriate steps are taken to provide our staff with adequate training and resources and offer our clients patient-centered, trauma-informed, culturally safe and equitable care. The CMHA WW will progressively meet the objectives of this Strategy by 2026 and beyond, and will expand and/or modify this plan as we move forward, monitoring our progress and identifying new gaps and areas of opportunity.



Figure 1. CMHA WW Strategic Plan

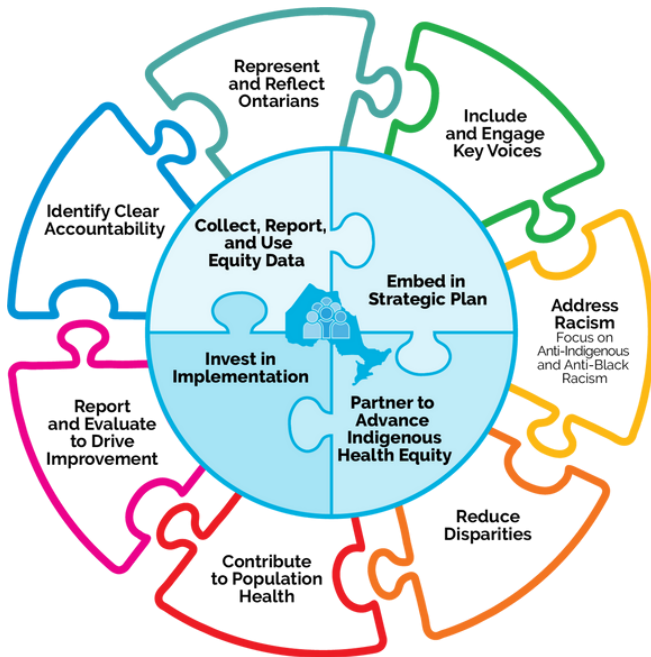


Figure 2. Ontario Health EIDAR Framework

Our EIDAR Strategy is founded on four pillars of data collection, communication, partnerships and education. Each pillar has a set of focus areas, related initiatives and corresponding outcome measures, extending over a three-year period from 2023 to 2026. The focus has been on both internal and external operational needs related to EIDAR, as well as appropriate metrics which have been identified to track and report on our progress.

While the Strategy includes all demographic groups, it pays particular attention to the 2SLGBTQ+, Indigenous and Black communities, the latter two having been identified as health equity priorities by the Ontario Health Framework.

The design and development of our EIDAR Strategy has been a response to the recognition that our clients have diverse needs and capacities to access and utilize our services. The priorities and actions that have been outlined in this report were identified through assessing our services, processes and practices in 2023.

The development of the Strategy has been a process of collecting and embedding feedback from diverse stakeholder groups, including our frontline staff, the Justice, Equity, Diversity & Inclusion (JEDI) Committee, the Senior Leadership Team, and our Board of Directors. The Strategy has been shared with our community partners whose feedback, critiques and recommendations have strengthened the final draft of this report.

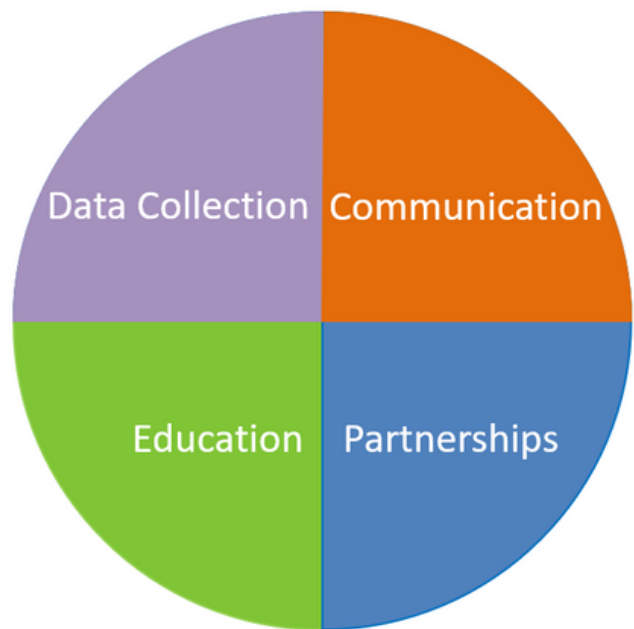


Figure 3. Four pillars of the CMHA WW EIDAR Strategy

Each of the four pillars is composed of one or more focus areas (see figure 4), and each focus area encompasses different initiatives designed to advance the adoption and integration of EIDAR into our operations and services.

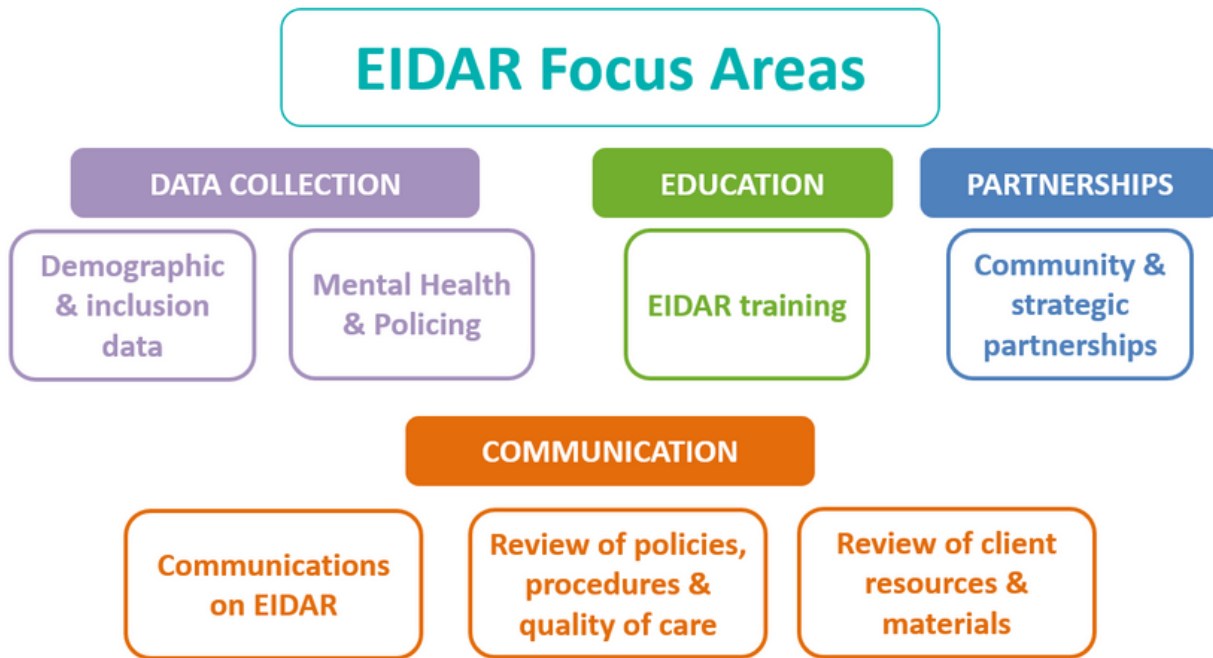


Figure 4. EIDAR Focus Areas



PILLAR 1: DATA COLLECTION

Alignment with the CMHA WW Strategic Plan	Alignment with the Ontario Health Framework
<p>1. Measure Quality and Effectiveness:</p> <ul style="list-style-type: none"> ◦ Use data and client experience to inform improvements. ◦ Continue to reduce adverse events for clients, family and staff. <p>2. Maintain High-Performing Teams:</p> <ul style="list-style-type: none"> ◦ Retain and recruit the best talent. ◦ Continue to have the diversity of our community represented in CMHA WW staff. <p>3. Deliver Excellent Service:</p> <ul style="list-style-type: none"> ◦ Integrate client and family voice into care delivery ◦ Along with our community, design care to be culturally competent. 	<p>To collect, report and use equity data to:</p> <ul style="list-style-type: none"> ◦ Include and engage key voices. ◦ Reduce disparities. ◦ Represent and reflect Ontarians.

Data collection allows us to inform improvements to service delivery and reduce adverse events for clients, family and staff. It also helps us to integrate the client and family voice into care delivery and, along with our community, design care that is culturally safe.

The objective of Pillar 1 is to include and engage a wide range of diverse voices and perspectives at CMHA WW and beyond, to gain a deeper understanding of gaps in our services and internal operations, and the possibilities for improvement. The data collected will be in the forms of client and staff demographic questionnaires, employee inclusion and perception surveys, client feedback, and community consultations.

Demographic & Inclusion Data

3-YEAR VISION

In the first year of this plan, our focus will be on creating effective means for collecting, storing, analyzing and understanding data related to our staff and client demographics and perceptions. We will troubleshoot and develop an effective mechanism to collect client demographic data, and develop forums for clients to offer anonymous feedback, with specific questions related to EIDAR. Collecting client data will be helpful for measuring health equity outcomes, as well as understanding our internal demographic gaps.

The demographic and inclusion data collected in year 1 will allow us to determine our needs moving forward and allocate resources appropriately. For example, staff demographic and inclusion data will help us to identify areas of improvement for diversifying recruitment. We will review our internal recruitment processes through an EIDAR lens and create initiatives to diversify hiring practices with the objective of our staff demographics reflecting the diversity of the communities we serve.

Some of the deliverables include:

- Developing and administering a staff EIDAR survey.
- Reviewing existing data collection mechanisms for staff and client demographics.
- Developing anonymous forums for client feedback, with specific questions related to EIDAR.

We will measure success by:

- Collecting staff and client demographic data.
- Conducting a staff EIDAR survey with quantitative and qualitative inclusion questions.
- Collecting qualitative and quantitative client feedback.

Demographic groups included:

- Women
- Indigenous
- Black/racialized
- 2SLGBTQ+
- People with disabilities

Mental Health and Policing: IMPACT Service Delivery Model

3-YEAR VISION

After receiving suggestions that mental health crisis responders wear protective vests when attending crisis calls, we have dedicated a project to examining this issue in detail. The first year of this project has had a heavy focus on researching and reviewing relevant sources, including the academic literature, other service delivery models, and our incident data and statistics. Data collection in this process consisted of a survey of this ethical dilemma, as well as consultations with various stakeholders and experts, including our IMPACT staff, Client Council, community partners, police partners, clinicians and Health & Safety Representatives. In recognition of the reality that underserved communities are often most acutely impacted by policies and practices related to mental health and policing, we paid particular attention to engaging our equity-deserving community partners. This process will help our senior leaders make a decision on the issue of protective vests.

Moving forward, we will create initiatives (such as training, educational resources or storytelling events) to effectively implement any changes resulting from this project. We will also track the outcome of implementing any future/new changes.

Some of the deliverables include:

- Collecting feedback from stakeholders and experts.
- Holding Q&A and debriefing sessions for staff, clients and community partners.
- Communicating findings and the decision in a report and other communications.
- Implementing change management initiatives and monitoring outcomes.

We will measure success by:

- Number of consultations and sessions held and attendance/feedback at each.
- Staff incident data.
- Survey responses.
- Staff perceptions before and after change management initiatives.

Demographic groups included:

- Indigenous
- Black/racialized
- 2SLGBTQ+

PILLAR 2: COMMUNICATION

Alignment with the CMHA WW Strategic Plan	Alignment with the Ontario Health Framework
<p>Build the resources needed:</p> <ul style="list-style-type: none"> • Strengthen donor and stakeholder relations by telling stories of the value we offer our community. • Build spaces that are inclusive and welcoming for clients, families and staff. 	<p>Embed EIDAR in Strategic Plan:</p> <ul style="list-style-type: none"> • Report and evaluate to drive improvement. • Identify clear accountability.

Communications is a core tool and element of a diverse, equitable and inclusive workforce. Our efforts related to this core pillar will be two-fold:

(1) We will review, revise and expand our communications resources (such as intake forms, policy documents, and other materials) to ensure better outcomes for all; and

(2) We will leverage communications as a tool to promote equity, diversity and inclusion.

For example, we will leverage our communication channels to promote transparency in our processes, decisions, changes and objectives. We will also ensure that our internal and external commemorations related to holidays and days of significance reflect the demographic diversity of our staff and clients.



Communications on EIDAR

3-YEAR VISION

We will use our communication channels to state our organizational commitment to EIDAR, and announce all the related activities, initiatives and programs. This report is an example of such communications initiatives. In addition, we will produce internal and external communications related to our Diversity Calendar, to commemorate and increase awareness of cultural days of observance.

In subsequent years, we will continue our communications efforts related to the Diversity Calendar, as well as other reports and updates. This includes publishing an annual report to communicate our EIDAR Strategy progress and outcomes.

Some of the deliverables include:

- Developing a Diversity Calendar specific to CMHA WW, and publishing internal and external communications to commemorate social and cultural days of observance.
- Producing a report to introduce our EIDAR strategy internally and externally.
- Producing progress reports annually to provide updates on our progress and outcomes related to the EIDAR Strategy.

We will measure success by:

- Number of EIDAR-related communications produced.
- Viewer engagement with our EIDAR communications.
- Employee survey feedback related to EIDAR communications.

Demographic groups included:

- Women
- Indigenous
- Black/racialized
- 2SLGBTQ+
- People with disabilities

Review of Policies, Procedures & Quality of Care

3-YEAR VISION

We will review our internal and external policy documents through an EIDAR lens and integrate key elements of new policies into our service pathways. This includes ensuring that an EIDAR lens is applied, by design, to our processes and procedures. We will draft new policy documents to embed EIDAR into our internal and external practices, procedures and services.

In addition, we will consider EIDAR principles in our quality of care reviews. Reviewing our policies, procedures and quality of care will be an ongoing process.

Some of the deliverables include:

- Reviewing internal and external policy documents through an EIDAR lens.
- Integrating an EIDAR lens, as well as key elements of new policies into service pathways.
- Add EIDAR lens to processes/procedures by design.
- Reviewing our value statement and aligning it with our EIDAR objectives.
- Considering different EIDAR aspects in our processes to integrate into the care we provide.
- Integrate key quality of care review recommendations to improve patient-centric, trauma-informed and culturally safe care.

We will measure success by:

- Number of new policies developed, reviewed and revised (and feedback on them).
- Number of communications related to changes implemented.
- Feedback from staff.
- Feedback from clients.
- Number of incidents related to each policy.

Demographic groups included:

- Women
- Indigenous
- Black/racialized
- 2SLGBTQ+
- People with disabilities

Review of Client Resources & Materials

3-YEAR VISION

We will review our resource materials, forms and other documents that are frequently used with clients through an EIDAR lens, in order to ensure accessibility and inclusivity. For example, we will review our intake forms, educational materials and other documents to ensure that they are gender and language inclusive. We will also explore areas of opportunity to offer additional EIDAR-related resource materials for clients. Furthermore, we will leverage our community and strategic partnerships to expand our resource materials and support systems.

Some of the deliverables include:

- Reviewing resource materials/client forms through an EIDAR lens.
- Expanding our EIDAR-related resource materials for clients.
- Leveraging partnerships to expand our materials and support systems.

We will measure success by:

- Number of resources developed, reviewed and revised.
- Efforts to improve accessibility of forms and resources.
- Feedback from staff and clients related to our resources.

Demographic groups included:

- Women
- Indigenous
- Black/racialized
- 2SLGBTQ+
- People with disabilities



PILLAR 3: PARTNERSHIPS

Alignment with the CMHA WW Strategic Plan	Alignment with the Ontario Health Framework
<p>Transform the healthcare experience for clients:</p> <ul style="list-style-type: none"> ◦ Partner with OHTs to meet local priorities. ◦ Advocate for principles of Justice, Equity, Diversity and Inclusion in healthcare system transformation. ◦ With our healthcare partners, design technology that enables seamless care for clients. 	<p>Partner to advance Indigenous health equity:</p> <ul style="list-style-type: none"> ◦ Include and engage key voices. ◦ Contribute to population health (through collaborating with other agencies in planning services).

Identifying, establishing and maintaining partnerships that drive our EIDAR Strategy forward will be integral to our efforts to improve our internal operations and service delivery at CMHA WW. We will leverage strategic and community partnerships to expand our educational resources and training materials through collaborative and mutually beneficial processes. Expanding our community networks will also allow us to diversify our EIDAR-related events and improve the available support networks for our staff and clients.



Community and Strategic Partnerships

3-YEAR VISION

We will identify and establish community and strategic partnerships that help drive our EIDAR Strategy forward, leveraging partners to provide support networks for our staff and clients.

Through engaging our community and strategic partners, we will explore and identify potential opportunities for collaboration. Some of these opportunities may include the production of training materials and educational resources with the help of our partners, as well as establishing pathways of support.

Some of the deliverables include:

- Identify, establish and maintain strategic partnerships that help drive our EIDAR strategy forward.
- Expand current network of EIDAR partners to assist with service delivery and internal operations.
- In collaboration with partners, plan and implement training sessions, educational materials and events related to EIDAR.
- Create networking opportunities for our staff and clients through collaborations with our partners.

We will measure success by:

- Number of active partners.
- The work done with partners.
- Number of events and attendance.
- Tracking effectiveness of partnerships in subsequent staff surveys.
- Feedback offered by staff, clients, or partners.

Demographic groups included:

- Women
- Indigenous
- Black/racialized
- 2SLGBTQ+
- People with disabilities

PILLAR 4: EDUCATION

Alignment with the CMHA WW Strategic Plan	Alignment with the Ontario Health Framework
<p>1. Deliver excellent service:</p> <ul style="list-style-type: none"> ◦ Ensure that all service is rooted in quality and evidence-based practice. <p>2. Maintain High-Performing Teams:</p> <ul style="list-style-type: none"> ◦ Foster a culture of learning and improvement among staff. ◦ Continue to reduce adverse events for clients, family and staff through continuous learning, performance monitoring and quality improvement. 	<p>Embed in Strategic Plan:</p> <ul style="list-style-type: none"> ◦ Address racism. ◦ Reduce disparities. ◦ Contribute to population health.

In order to foster inclusion and diversity in our organizational culture and our service delivery, we will provide education and training to our staff and leaders to improve their understanding and competence on issues related to anti-racism, Indigenous reconciliation, unconscious bias and gender equity. These educational opportunities will focus on awareness raising, attitude change and behaviour change. Recognizing that the level of engagement, competency and role modeling expected of our leaders is different from our staff, we will provide tailored training (and explore other educational opportunities) for our leaders to enhance their EIDAR competency.



EIDAR Training for Leaders and Staff

3-YEAR VISION

In the first year, we will develop or procure workshops on the following topics:

- Unconscious bias
- Anti-Indigenous racism and mental health
- Anti-Black racism and mental health
- Gender diversity and mental health

We will establish baseline metrics for awareness, attitude and behaviour change. This will inform our focus for subsequent years.

We will continue monitoring our progress on the content, quality and quantity of EIDAR training sessions offered. If appropriate, we will expand our training to other EIDAR topics, such as trauma-informed care, culturally connected care and patient-centric care.

Some of the deliverables include:

- Delivering foundational EIDAR training for staff and leaders and developing an evaluation framework to measure effectiveness of training and understand organizational gaps.
- Establishing baseline metrics for competency among leaders and staff.

We will measure success by:

- Number of training sessions and attendees (and/or percentage of staff/leaders who have completed the training).
- Collecting feedback from participants after each session.
- Competency exam scores after each session.
- Employee survey responses related to EIDAR education.
- Informal feedback from staff on leadership EIDAR competency.

Demographic groups included:

- Women
- Indigenous
- Black/racialized
- 2SLGBTQ+
- People with disabilities

CONCLUSION

CMHA WW is committed to creating an environment in which people feel respected, valued and connected while being their authentic selves. We are also committed to creating a workforce that reflects the diversity of the clients and communities we serve. We will ensure accountability of our EIDAR commitments through transparent communications, metrics and reporting systems. In 2024, we will publish our first Annual Diversity Report to communicate on the progress and outcomes of our EIDAR Strategy.

To learn more about our EIDAR Strategy or get involved, please contact Bahar Tajrobehkar, Justice, Equity, Diversity & Inclusion Lead at btajrobehkar@cmhaww.ca



CANADIAN MENTAL HEALTH ASSOCIATION (WATERLOO WELLINGTON)

The Canadian Mental Health Association Waterloo Wellington (CMHA WW) provides a full care system for those with addictions, mental health or developmental needs. We serve everyone from children to adults to seniors, all at CMHA WW. Our programs help individuals and families to lead lives filled with meaning and promise. We have over 425 staff at offices in Cambridge, Waterloo, Kitchener, Guelph, Fergus, and Mount Forest.



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If you or someone you love needs support, don't hesitate to call Here 24/7
1-844-HERE247 (1-844-437-3247) anytime.



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