

# EDI in Clinical Care – Department of Psychiatry 2021 survey interim summary

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**Advisory Council for EDI in Clinical Care**

January 27, 2022

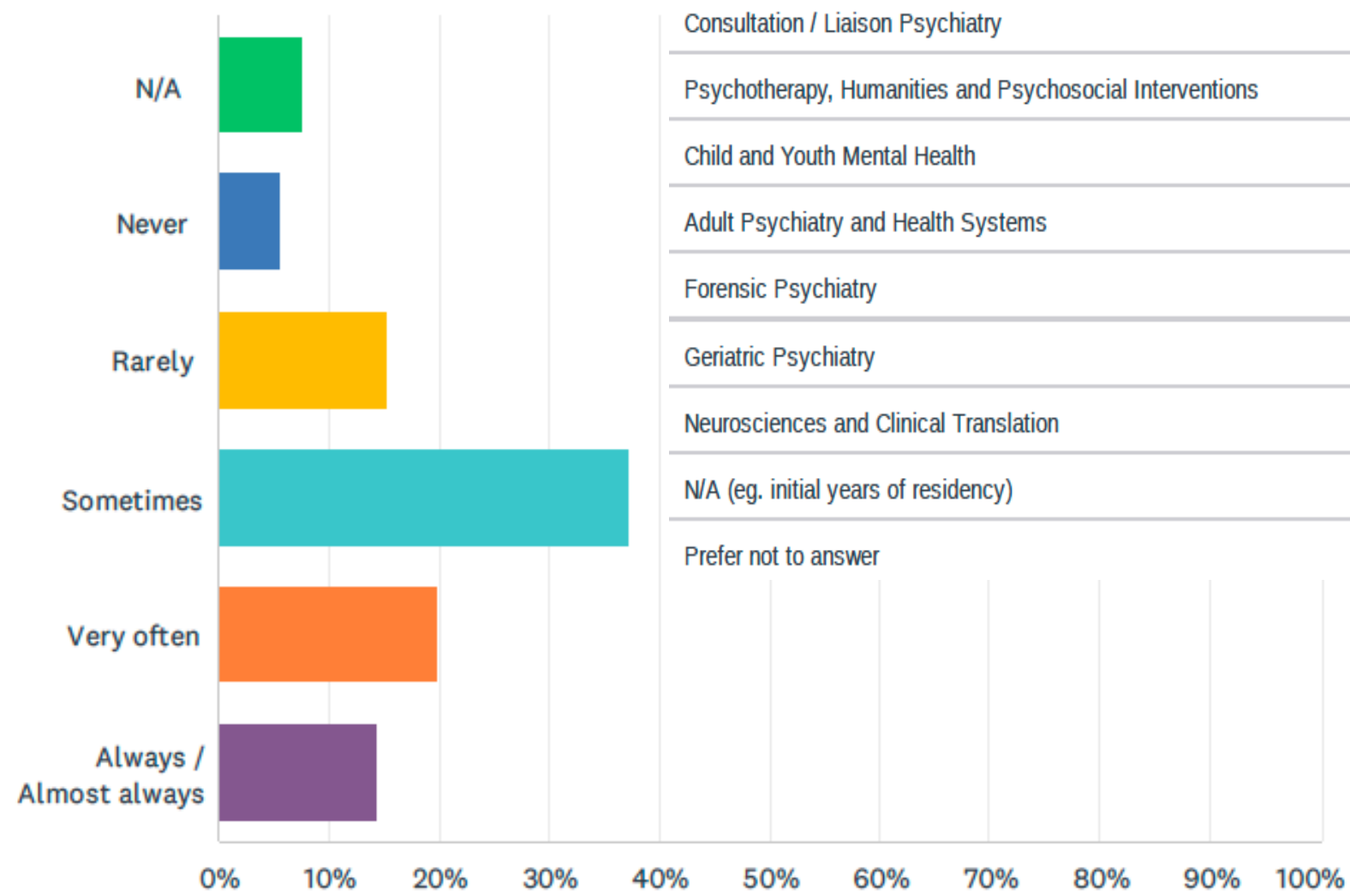
# Context and overview

- Was Equity Council June 2020 – Aug 2021, then revised to Advisory Council for EDI in Clinical Care, Sept 2021 – ongoing
- This survey: to identify EDI gaps, priorities, and existing resources in clinical care offered by services affiliated with the Department of Psychiatry
  - Also building on areas of EDI gaps in clinical care noted by the Council in 2020-2021
- Distributed to all Departmental members on Nov 24, 2021
- 196 responses (by Jan 12, 2022), from members across all 7 divisions & most affiliated hospitals
  - 86.1% faculty (N=155 among 949)
  - 9.4% resident (N=17 among 199)
  - 4.4% fellow (N=8 among 50)
  - 0% post-doc (N=0)

# Q7 Do you perceive your primary division is supporting, encouraging or facilitating your engagement in EDI activities?

Answered: 91 Skipped: 111

% and # among all respondents

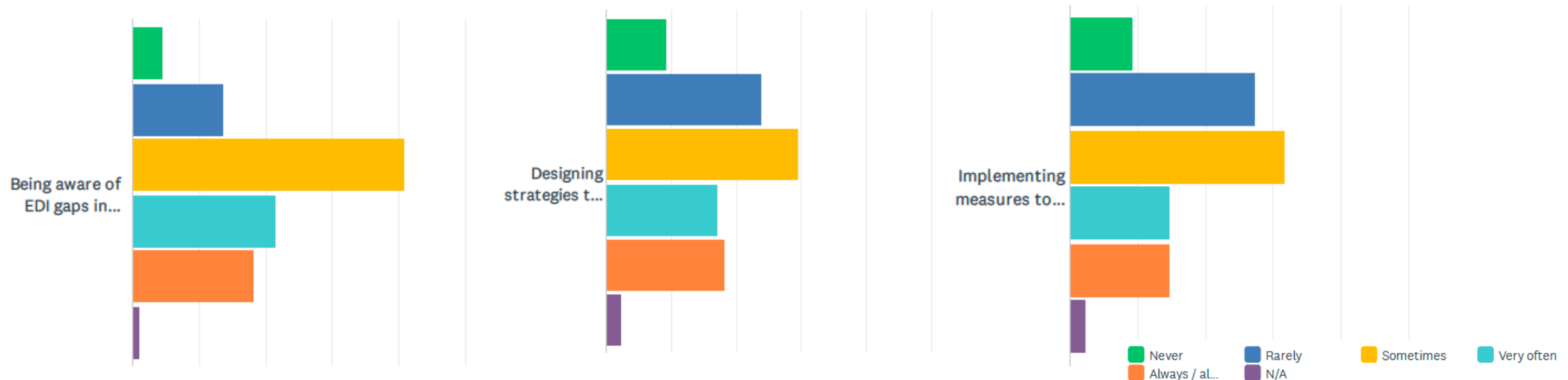


Primary Division	%	#
Consultation / Liaison Psychiatry	10.50%	19
Psychotherapy, Humanities and Psychosocial Interventions	4.42%	8
Child and Youth Mental Health	15.47%	28
Adult Psychiatry and Health Systems	34.81%	63
Forensic Psychiatry	4.42%	8
Geriatric Psychiatry	15.47%	28
Neurosciences and Clinical Translation	2.21%	4
N/A (eg. initial years of residency)	6.63%	12
Prefer not to answer	6.08%	11

# Q8 Please indicate the extent to which you think your primary hospital site / clinical setting as a whole is currently attending to EDI gaps in clinical care, in terms of:

Answered: 89 Skipped: 113

	NEVER	RARELY	SOMETIMES	VERY OFTEN	ALWAYS / ALMOST ALWAYS	N/A	TOTAL	WEIGHTED AVERAGE
Being aware of EDI gaps in clinical care	4.55% 4	13.64% 12	40.91% 36	21.59% 19	18.18% 16	1.14% 1	88	3.36
Designing strategies to address EDI gaps in clinical care	9.09% 8	23.86% 21	29.55% 26	17.05% 15	18.18% 16	2.27% 2	88	3.12
Implementing measures to close EDI gaps in clinical care	9.09% 8	27.27% 24	31.82% 28	14.77% 13	14.77% 13	2.27% 2	88	2.99



# Identifying EDI gaps, priority and existing resources in clinical care

## 3 themes discussed by the Council in 2020-2021

Ensuring access to care for equity-seeking and underserved populations (e.g., homeless, uninsured, ethnospecific, 2SLGBTQIA+, Black, Indigenous)

Service gaps for Black and Indigenous communities

Measurement-based care from an EDI lens

# Additional themes shown in this survey – overarching topics (1)

(from 52 respondents)

- **Provider wellbeing / support**
  - *“discrimination faced by health care providers”, “lack of equity for residents experiencing mental health issues”, “lack of social work support”*
- **Access to care and inclusion**
  - inequity in access to virtual care, technology, those do not speak English, transient population; geographical segregation of services; lack of affordable P/T; strict time schedule does not work; mobile outreach team
- **Diversity**
  - *“availability of clinicians representing diverse backgrounds whom patients could identify with”, “more people of diverse backgrounds in leadership positions”, “representation at University/Department level from different sectors (e.g. community hospitals and community agencies)”*
- **Training**
  - *“cultural competency - e.g. language for LGBT community”, “lack of bias training”, “critical approaches to psychiatry”, “psychiatry ethics”*

# Additional themes shown in this survey – overarching topics (2)

(from 52 respondents)

- **Systems issue**

- *“formalized partnerships btw academic sites and community teaching sites”,  
“addressing mistrust in the healthcare system”*

- **User engagement**

- *“supporting a “ground up” approach to research with this population (e.g. starting with needs assessments from the population of interest and developing programs from here)”*

- **Measurement**

- *“no reliable definition or data tracking on EDI related statistics”, “clinical assessments- variables/ methods to collect information re EDI in assessment”*

- **Excess focus on EDI (2 responses)**

- *“the department has become focused on EDI to the exclusion of other important priorities”*

# **Additional themes** shown in this survey – specific populations (from 52 respondents)

- Race/ethnicity, language, religion, and culture
- Complex mental health
- Refugee, immigrants & uninsured
- Developmental disabilities
- Physical health and disabilities
- Poverty
- Gender
- Children and Youth
- Seniors



Potential directions of change

# Exemplary services shared by respondents (mentioned $\geq 2$ times)

## ICHA | Inner City Health Associates

ICHA is a group of 200 physicians and nurses offering specialized services to people living on the street and in shelters, encampments and precarious housing across Toronto. With our partners, ICHA provides integrated care and support to people experiencing homelessness, seeking excellence in homeless health services and an end to homelessness.

<https://www.icha-toronto.ca/>



The Toronto CATCH Program helps people who have unmet complex health care needs to access health resources in the community.

CATCH-Homeless is a collaboration between St. Michael's Hospital, Inner City Health Associates and Toronto North Support Services.

<https://www.icha-toronto.ca/programs/welcome-to-the-toronto-catch-program>



## Anishnawbe Health Toronto

AHT's model of health care is based on Indigenous culture and traditions and as a result, AHT is the only facility in Toronto that cares for Indigenous clients with both western and traditional approaches to health care. <https://aht.ca/>

## SickKids

TeleLink is a program that provides a virtual mental health consultation service for children and youth in partnership with their caregivers. We connect children/youth, caregivers, and care teams to mental health specialists using virtual technology so they don't have to leave their community. TeleLink also supports remote areas outside of Ontario, including Nunavut and the Northwest Territories.

<https://www.sickkids.ca/en/care-services/clinical-departments/telelink-mental-health/>

## ICHA

The Multi-Disciplinary Outreach Team (M-DOT) is an interdisciplinary team of providers that deliver services to vulnerable individuals on the street and in shelters. <https://www.icha-toronto.ca/programs/m-dot-multidisciplinary-outreach-team>

# Exemplary **services** shared by respondents (mentioned $\geq 2$ times)



SHN's Health Equity Certificate Program is designed to empower those involved in delivering health care to promote health and develop strategies to reduce health disparities. Upon completion of this certificate program, participants will have a strong understanding of the impact of social determinants of health and how to address them.

<https://www.shn.ca/healthequity-certificate/>



SHN Cultural Psychiatry clinic

## camh

Substance Abuse Program for African Canadian and Caribbean Youth (SAPACCY)

SAPACY is intended for African and Caribbean Canadian youth under 25 years-old, who are dealing with problem substance use and mental health concerns.

<https://www.camh.ca/en/your-care/programs-and-services/substance-use-program-for-african-canadian-caribbean-youth>

## camh

Shkaabe Makwa plays a key role in connecting with First Nations, Inuit and Métis communities and service providers across the province with a focus on:

Building relationships and collaborative partnerships;  
Providing training to support workforce development;  
Advancing culturally relevant systems initiatives; and  
Improving practice through research and knowledge exchange.

<https://www.camh.ca/en/driving-change/shkaabe-makwa#>

## camh

Rainbow Services (LGBTQ)

Group therapy is provided to lesbian, gay, bisexual, transgender, queer and two-spirit people who are concerned about their drug and alcohol use.

<https://www.camh.ca/en/your-care/programs-and-services/rainbow-services-lgbtq>

## camh

The Aboriginal Service provides outpatient groups and individual counselling to Aboriginal people experiencing substance use and other mental health challenges.

<https://www.camh.ca/en/your-care/programs-and-services/aboriginal-substance-use-outpatient--counselling-service>

# Exemplary services shared by respondents (mentioned ≥2 times)



## Social Medicine Program

The Social Medicine Program at UHN is focused on integrating social determinants of health (e.g. housing, food) into care delivery and better partnering with community organizations to improve the quality of care for disadvantaged populations.

<https://www.uhn.ca/SocialMedicine>



## Sexual and Gender Diversity in Cancer Care

Princess Margaret Cancer Centre takes pride in caring for patients who identify as 2SLGBTQIA+ (Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual).

[https://www.uhn.ca/PrincessMargaret/PatientsFamilies/Specialized\\_Program\\_Services/Pages/sexual\\_gender\\_diversity.aspx](https://www.uhn.ca/PrincessMargaret/PatientsFamilies/Specialized_Program_Services/Pages/sexual_gender_diversity.aspx)



## Asian Initiative in Mental Health Clinic (AIM)

AIM provides comprehensive psychiatric assessment and treatment for people of Chinese background with mental illness. One of our clinic components, the Early Intervention in Psychosis (EIP) program, provides dedicated services to those experiencing their first episode of psychosis as well as those who care for them.

[https://www.uhn.ca/MentalHealth/Clinics/Asian\\_Mental\\_Health](https://www.uhn.ca/MentalHealth/Clinics/Asian_Mental_Health)



Search UHN.ca

University Health Network > Centre for Mental Health > Clinics

## Centre for Mental Health Clinics

Please note that your appointment may be a virtual visit. We are using virtual visits where possible at UHN to reduce how many people come to the hospital. This is to protect our patients, staff and the community from the spread of COVID-19. [Learn more about virtual visits at UHN »](#)

### Clinics

- ▶ [Addiction Outpatient Services](#)
- ▶ [Asian Initiative in Mental Health Clinic](#)
- ▶ [Behavioural Support Specialist \(BSS\) Program](#)
- ▶ [Ossington Men's Withdrawal Management Centre](#)
- ▶ [Outpatient Mental Health](#)
- ▶ [Portuguese Mental Health and Addiction Services](#)



<https://www.uhn.ca/MentalHealth/Clinics>

# Exemplary services shared by respondents (mentioned $\geq 2$ times)



The Assertive Community Treatment Team (ACTT) focuses on the use of ACTT models in research, assessment and treatment to: help those we serve to improve their quality of life; help them integrate into family and community; help them find fulfilling roles in society.

We support various ethno-racial target client populations: Asian and South East Asian community; Aboriginal community.



<https://www.mountsinai.on.ca/care/psych/patient-programs/assertive-community-treatment-team-actt/overview>



The Mount Sinai Hospital Mental Health Court Support (MHCS) Program responds to individuals with an ethno-racial background and with mental health difficulties. These individuals find themselves in conflict with the criminal justice system primarily because of their mental health disturbances.

Through a cooperative relationship with other mental health court workers from CRCT, Mount Sinai Hospital MHCS Program provides culturally sensitive services and support to individuals of ethno-racial background with mental health difficulties. Through necessary treatment support and the process of diversion, it is hoped that recidivism of this population will be significantly reduced or eliminated.

<https://www.mountsinai.on.ca/care/psych/patient-programs/court-support/court-support>



恆康中心 Wellness Centre

Mount Sinai Hospital  
Sinai Health System



Yee Hong Centre  
For Geriatric Care

頤康中心

**A Community Mental  
Health Program for  
Seniors and Caregivers**



<https://www.mountsinai.on.ca/care/psych/patient-programs/wellness-centre>

**... and many other ongoing initiatives**

# Examples of individual actions shared by respondents

- *“Trying to be more self-aware regarding implicit factors that might influence my clinical decisions”*
- *“Provide more flexibility to disadvantaged populations in terms of providing care”, “I provide longitudinal care to BIPOC patients and won't send them back after one consult.”*
- *“extra outreach to ensure the most seriously ill patients receive care and attend appointments”*
- *“Try to provide additional service to those patients who speak little English who may be better served by speaking in their own language. Give talks to community ethnic and seniors organizations on mental health issues and the treatments that they may require.”*
- *“i have started working at an indigenous health setting in the community”*

# Examples of expected hospital/division actions

- **Stakeholder engagement**

- *“a forum where people from marginalized communities can voice their concerns and feel heard.”*
- *“Involve the stakeholders (patients, staff and other community partners) and train staff”*
- *“asking patients their perspective in a systematic way”, “More patient engagement in service design”*
- *“Create more collaborative partnerships with smaller EDI organizations that are providing MH & SUD care to broaden the training opportunities for students in our programs”*

- **Access to care**

- *“Assess how our referral and intake processes may involve barriers to care for equity-deserving groups”*
- *“access to care is the most difficult step. more staff resources and/or funding would help to facilitate access”*

- **Consistent measurement**

- *“collecting equity based data”*

- **Training**

- *“more training on cultural competencies for particular underservices/vulnerable groups”*

- **Implementation strategies**

- *“clear strategies to address EDI gaps and some guidance for implementation in clinical care settings”*
- *“EDI score card; annual report on EDI initiatives and programs and how they are supported; use MOH Health Equity Impact Assessment (HEIA) Tool to assess changes”*

- **Staff diversity & representation**

- *“ensure staffing and selection of residents/faculty represent the populations who are underserved”*
- *“more people of diverse backgrounds into leadership positions”*

What's next?

Preliminary recommendations from  
the Advisory Council for EDI in Clinical  
Care

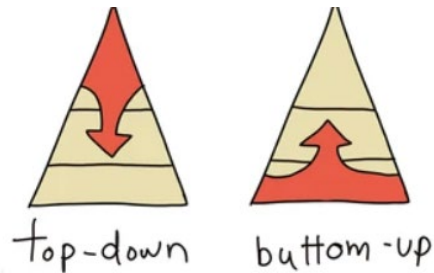


# Preliminary Council recommendations

1. Ensuring access to care via **specific strategies** tailored to **specific** equity-seeking and underserved populations – **bottom-up user engagement** is key

- Also, ensuring sustainability of existing EDI-related programs

Example: Sinai Health community mental health programs



2. Collecting **reliable and consistent EDI measurement** in clinical care to be integrated into measurement-based care

- Consistent collection of socio-demographic information at intake across hospitals



# Preliminary Council recommendations

## 3. Training opportunities

Examples:  
TIDE implicit  
bias training,  
refugee  
mental  
health



## 4. Diversity and representation of clinicians

Examples: UHN  
Asian Initiatives for  
Mental Health;  
CAMH Indigenous,  
SAPACCY and  
Rainbow Services



## 5. Advocating for **funding support**

- at various governmental levels for increased funding for programs that serve marginalized/equity seeking groups
- within hospitals, ensuring that available funding is prioritized/allocated to equity initiatives



# Preliminary Council recommendations

## 6. Overcoming **anticipated challenges & barriers**

e.g., identifying common ground – attention to EDIIA does not diminish attention to other areas of psychiatric care – in fact this is synergistic



## 7. How to create **appropriate metrics** for the E dashboard of TIME?



**Strategic Plan 2020-26**

# TIME

## Inequality

Unequal access to opportunities



## Equality?

Evenly distributed tools and assistance



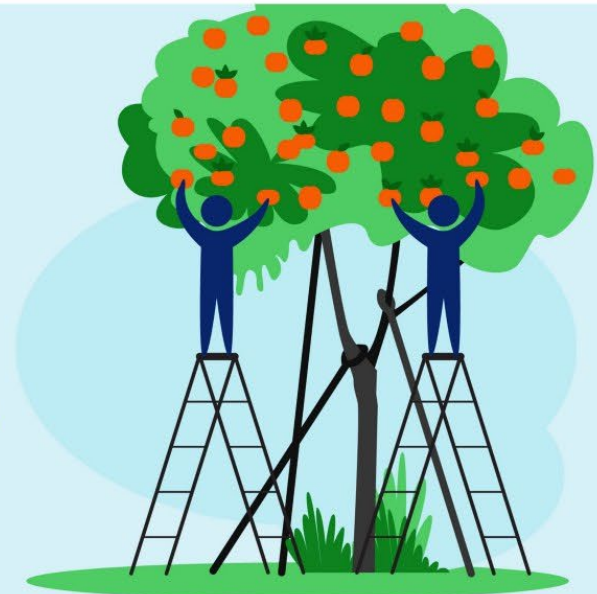
## Equity

Custom tools that identify and address inequality



## Justice

Fixing the system to offer equal access to both tools and opportunities



# Diversity and Equity in Mental Health and Addictions Conference 2022 (Virtual)

- ***Pandemic Recovery for All: Promoting IDEA (inclusion, diversity, equity, anti-racism) through Institutional and Community Collaboration***
- Thurs May 12 – half-day
- Fri May 13 – half-day
- Academic-community partnership since 2007 bringing together:
  - Academics
  - Frontline service providers
  - Managers
  - Policy makers
  - Consumers
  - Other stakeholders
- Critical reflection, dialogue, and mutual learning

Planning Committee includes:

- Hong Fook Mental Health Association
- HF Connecting Health Nurse Practitioner-Led Clinic
- Asian Community Psychiatric Clinic/Hong Fook Mental Health Foundation
- LOFT Community Services
- TAIBU Community Health Centre
- Canadian Mental Health Association (CMHA) Toronto Branch
- University Health Network
- Mount Sinai Hospital
- Centre for Addiction and Mental Health
- St. Michael Hospital
- Scarborough Health Network
- Women's College Hospital