

ADVOCACY

**Connect
Collaborate
Create Change**

University of Toronto
Temerty Faculty of Medicine
Department of Psychiatry
Division of Child and Youth Mental Health

Working Group on Advocacy

Andrew Howlett
Laura Pacione
Irfan Mian
Nikhita Singhal
Mitesh Patel
Amy Cheung
Meng-Chuan Lai
Priya Raju
Raj Rasasingham

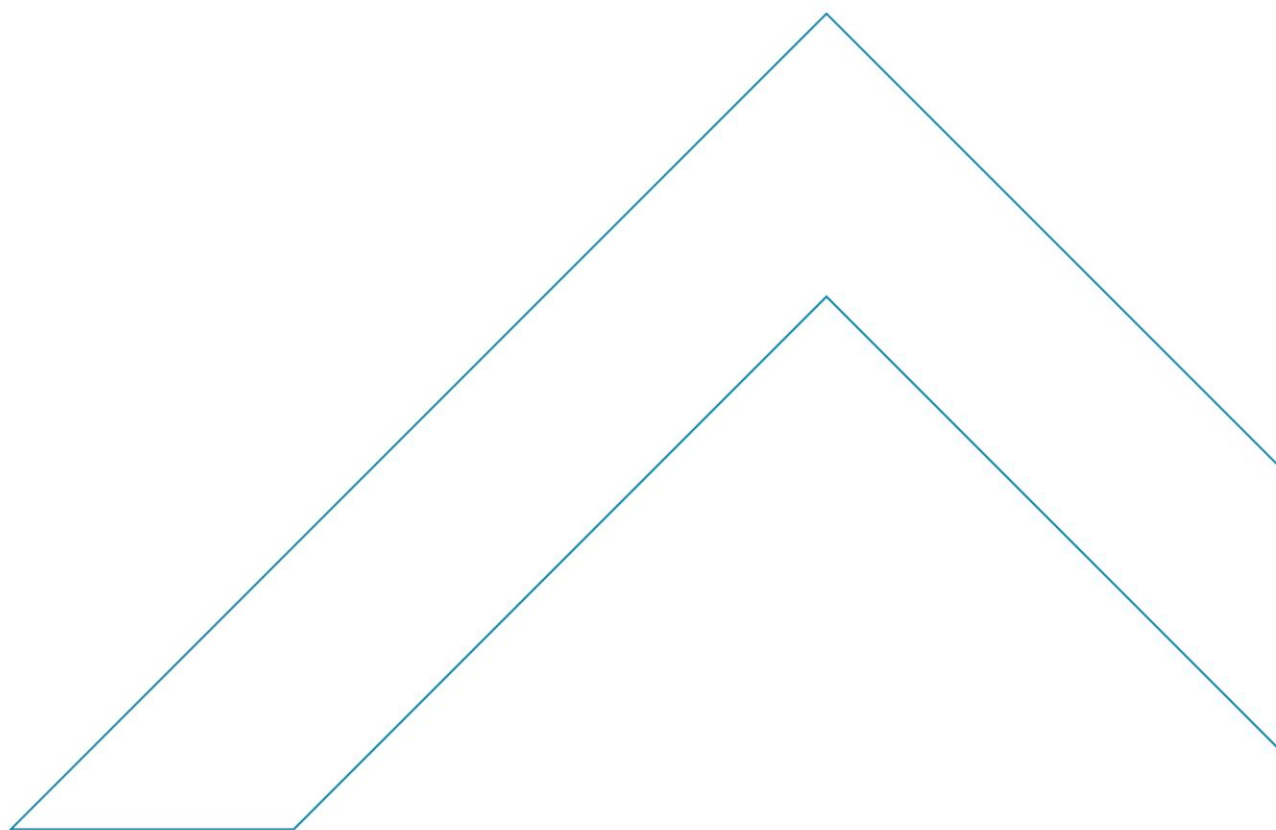


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Final Report of the Working Group on Advocacy

September 2024



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Letter from the Chair of the Working Group on Advocacy

Dr. Louise Gallagher

Professor | Chief, Child and Youth Mental Health Collaborative
Director, Child and Youth Mental Health Division
University of Toronto

Dear Dr. Gallagher,

On behalf of the members of our Division who came together as the Working Group on Advocacy, I want to thank you for your leadership and support with this task. As you will recall, the Letter of Support for Bill S-251 requested by Senator Stanley Kutcher became a catalyst for our Division's Executive Committee exploration on our role as Health Advocates. I, in particular, took this as a professional development opportunity to learn more about health advocacy and our role within it.

From January to June, the Working Group on Advocacy met monthly and consolidated our thoughts and ideas into a presentation at our annual retreat. I found this process both enlightening and encouraging. We conducted an environmental scan of advocacy activity done within and outside our Division, discussed various factors that may help to facilitate or complicate advocacy work, and finally proposed the Advocacy Forum — a process for the Division to consider in moving forward with advocacy-related discussions and actions.

Our Division's discussion at the annual retreat confirmed that we are on the right track. Many members of the Division expressed an interest in the idea of an Advocacy Forum, as well as an eagerness to share their topics of interest for discussion and offer their skills for future work. I was particularly intrigued by the concept that even if there were an issue discussed in the forum that resulted in conflicting opinions and no agreed upon action, that even an outcome letter on behalf of the Forum/Division could reflect this scenario. For example, a letter might include the following statement:

"The UofT Division of Child and Youth Mental Health had the issue of _____ on the table at their Advocacy Forum. Following the presentation of peer-reviewed work and clinical opinions, 6 out of 10 members agreed that this issue..."

Such a statement conveys that this issue is an important topic for the Division and for child and youth mental health, that a debate and discussion took place, and that — from what is known and agreed upon to date — different conclusions have been made, with a possible majority favouring one particular position.

In addition to discussing issues, some members proposed that the Advocacy Forum could also be an opportunity for further advocacy education and media training in order for us to further elevate our expertise and voice in knowledge translation for the greater good. In addition, there could be opportunities for collaboration with our community partners as well as scholarship and education for our subspecialty program.

On behalf of the Working Group on Advocacy, we want to share this report with you and the Executive Committee; we hope that these recommendations will move forward with the Advocacy Forum and the next phase of advocacy work.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read 'A Howlett', with a stylized, cursive-like script.

Andrew Howlett MD FRCPC

Chair, Working Group on Advocacy
Assistant Professor and Psychiatrist
University of Toronto

Working Group on Advocacy: Summary

This summary highlights the development, activity, and conclusions of the Working Group on Advocacy. It incorporates information gathered during and in between the group's monthly meetings as well as feedback provided at the Division of Child and Youth Mental Health Annual Retreat.

In 2023, the Division of Child and Youth Mental Health Executive Committee was asked to participate in a letter writing campaign by Senator Stan Kutcher in support of his Bill S-251.¹ This Bill is an Act to repeal section 43 of the Criminal Code of Canada and extend protection against the assault of children and youth, who are the only people under Canadian law who are not legally protected. This request sparked an ongoing conversation around how the Division can further address issues of advocacy in the area of child and youth mental health. From these committee discussions, a decision was made to establish the Working Group on Advocacy.² This group is an ad hoc sub-committee of the Division of Child and Youth Mental Health tasked with identifying opportunities to enhance the role of advocacy within the Division. The group was provided a Terms of Reference including a 6-month timeline.

As a Working Group of child and adolescent psychiatrists serving patients and families in the Greater Toronto Area (GTA), we acknowledge that we are healthcare providers in one of the most diverse cities in the world, which requires ongoing advocacy in many areas, especially health equity.

As a definition of what it means to be a Health Advocate, we have referred to this definition and description of this CanMEDS role provided by the Royal College of Physicians and Surgeons of Canada:

Definition: *As Health Advocates, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.*

Description: *Physicians are accountable to society and recognize their duty to contribute to efforts to improve the health and well-being of their patients, their communities, and the broader populations they serve. Physicians possess medical knowledge and abilities that provide unique perspectives on health. Physicians also have privileged access to patients' accounts of their experience with illness and the health care system.*

¹ Bill S-251, *An Act to repeal section 43 of the Criminal Code (Truth and Reconciliation Commission of Canada's call to action number 6)* is a piece of legislation that was introduced by Senator Kutcher in the Senate in 2022.

<https://stankutcher.sencanada.ca/en/bill-s-251/>

² Appendix A, p14

Improving health is not limited to mitigating illness or trauma, but also involves disease prevention, health promotion, and health protection. Improving health also includes promoting health equity, whereby individuals and populations reach their full health potential without being disadvantaged by, for example, race, ethnicity, religion, gender, sexual orientation, age, social class, economic status, or level of education.

Physicians leverage their position to support patients in navigating the health care system and to advocate with them to access appropriate resources in a timely manner. Physicians seek to improve the quality of both their clinical practice and associated organizations by addressing the health needs of the patients, communities, or populations they serve. Physicians promote healthy communities and populations by influencing the system (or by supporting others who influence the system), both within and outside of their work environments.

Advocacy requires action. Physicians contribute their knowledge of the determinants of health to positively influence the health of the patients, communities, or populations they serve. Physicians gather information and perceptions about issues, working with patients and their families to develop an understanding of needs and potential mechanisms to address these needs.

Physicians support patients, communities, or populations to call for change, and they speak on behalf of others when needed. Physicians increase awareness about important health issues at the patient, community, or population level. They support or lead the mobilization of resources (e.g. financial, material, or human resources) on small or large scales.

Physician advocacy occurs within complex systems and thus requires the development of partnerships with patients, their families and support networks, or community agencies and organizations to influence health determinants. Advocacy often requires engaging other health care professionals, community agencies, administrators, and policy-makers.³

To meet the first objective, the Working Group completed an environmental scan⁴ in order to identify examples of advocacy work by members of the Division and other relevant organizations. The Division has several leaders in the field of advocacy including the current Co-Chair of the Department of Psychiatry's Advisory Council on Equity, Diversity, Inclusion, Indigeneity and Accessibility (EDIIA) (Dr. Meng-Chuan Lai) and members of the Canadian Academy of Child and Adolescent Psychiatry Advocacy Committee (Drs. Raj Rasasingham (Chair), Irfan Mian, and Nikhita Singhal), to name a few.

The Working Group identified several advocacy activities within the University of Toronto including but not limited to, the Canadian Children, Youth and Communities Health In Equity Conference (Continuing Professional Development); Advocacy as an Equity Key Priority (Department of Psychiatry Strategic

³ <https://www.royalcollege.ca/en/canmeds/canmeds-framework/canmeds-role-health-advocate.html>

⁴ Full details of the Environmental Scan can be found in Appendix B, p16

Plan); Policy Influence (Division of Forensic Psychiatry and Division of Geriatric Psychiatry) along with awards and recognition (Dr. Sol J. Goldstein Advocacy Award in Child and Adolescent Psychiatry).

The committee also considered the actions of other departments; for example, the Department of Paediatrics has included Advocacy in their strategic plan as well as established the Edwin S.H. Leong Centre for Healthy Children to research and address the social and structural determinants of health.

Members of other organizations, notably the Canadian Paediatric Society, the Canadian Academy of Child and Adolescent Psychiatry, Children's Mental Health Ontario, and the Ontario and Canadian Psychiatric Associations have led or participated in several advocacy activities. The Journal of Child and Adolescent Psychiatry introduced an Advocacy Column in 2023.⁵

One common form of advocacy identified was that of Position Statements, most often related to responses to national matters. These appeared to be created by a subset of members of one of the organizations mentioned above and often arose out of members' concerns about a political event such as a policy change, statement, or action. In terms of a clear and more specific formal process of advocacy exploration and action, the Working Group did not identify any particular process within another University Department or Division that would be recommended to the Division of Child and Youth Mental Health.

At a clinical level, members of the Division participate in advocacy activities for individual patients and families — for example, writing letters on behalf of patients to advocate for additional support and services, or providing letters to schools with various recommendations. These activities help to reduce various psychosocial stressors that our patients experience, reduce the impact of disability, and contribute to their overall wellbeing. We are able to use our knowledge, power, and privilege as physicians to help our patients seek access to support and services that may otherwise be outside of their reach. These particular experiences have a lasting impact on both the patient and ourselves, as their advocate and health care professional. Many members of the Division have also taught residents to employ these patient-centered advocacy strategies.

The idea of connecting and collaborating as a group of advocates is an opportunity to create change as well as a unique opportunity to experience the intrinsic value of advocating, together. As members of the Division of Child and Youth Mental Health, we have the opportunity to form a unique network of service providers, researchers, and educators that serve the GTA population.

"We are a community of advocates, advocating for our community."

The Working Group acknowledges that there are several variables associated with advocacy action, and that some of these variables may present as barriers to establishing a collaborative and focused action plan. We created an illustration of what might be considered the "Sustainable Sweet Spot for

⁵ J Can Acad Child Adolesc Psychiatry, 32:2, May 2023

Advocacy”⁶ that compares effort and complexity, as a visual guide that may help a group explore the variables associated with an issue and maximize the potential for collaboration. As anticipated, the more individuals and levels that are involved in advocacy at a large organization such as the University of Toronto, the smaller the number of issues agreed upon to pursue becomes. While there may be some limitations on the type of advocacy action that can be considered for the issues raised, the Working Group strongly recommends that an opportunity to discuss and explore these issues as a starting point for advocacy should be created.

The Working Group recommends establishing a **Division of Child and Youth Mental Health Advocacy Forum** (Advocacy Forum)⁷. This Advocacy Forum would be co-chaired by two members of the Division who would facilitate meetings open to all members to discuss and explore proposed issues deemed appropriate for advocacy discussion and action. A Terms of Reference would include the conditions on the type of appropriate issues to discuss as well as procedures on how to examine and approve advocacy action items. We have provided some guiding principles for an Advocacy Forum and its Terms of Reference to consider.

The Working Group recommends that the Advocacy Forum have the support and endorsement of the Department’s Division of Child and Youth Mental Health by way of adopting the Terms of Reference; providing support and resources for the Advocacy Forum; and acknowledging the ideas, positions, and actions developed by this process. Support and resources for the Advocacy Forum shall include communication to the members of the Division; creating in-person or virtual space for the Advocacy Forum to take place; maintaining minutes and storing meeting Agendas and documentation; and assisting with obtaining additional resources that may be required as part of proposed advocacy education, action, and knowledge translation.

Options for the process of selecting and determining issues to explore and discuss in the Advocacy Forum were considered. Feedback from the Annual Retreat led to the recommendation that would allow for any member of the Division of Child and Youth Mental Health to propose an issue to the Co-Chairs of the Advocacy Forum. The co-chairs would use the Terms of Reference to determine the suitability of the issue proposed and notify the member of next steps. Issues appropriate for the Advocacy Forum would be added to a future Agenda and discussed.

In conclusion, as physician experts in the area of child and youth mental health, Fellows of the Royal College of Physicians and Surgeons of Canada, and leading CanMEDS educators and trainee supervisors, it is critical that we take an active role in advocating on behalf of our patients as well as our community. In doing so, we will not only improve health equity and outcomes of our neighbours, but also teach and model for the next generation of specialists. Advocating on behalf of our patients and community is our duty and also an experience that creates change and value for both our patients, as well ourselves.

⁶ Appendix C: “The Sustainable Sweet Spot for Advocacy,” p19

⁷ Advocacy Forum, p11

Creating a formal mechanism for advocacy efforts to be promoted and endorsed, the Advocacy Forum, will enhance the role of advocacy within the Division and provide a mechanism that will allow the Division to thoughtfully contribute to advocacy efforts that are aligned with the values of the Division and its members. This will allow the Division to contribute to the promotion of mental health along with other Divisions within the Department of Psychiatry and provincial and national level organizations.

Advocacy Forum

University of Toronto | Temerty Faculty of Medicine | Department of Psychiatry Division of Child and Youth Mental Health

The Working Group's primary recommendation is for the Director and the Division Executive Committee to establish an Advocacy Forum on behalf of the Division of Child and Youth Mental Health. This forum would be an opportunity for all interested members to gather in order to discuss matters related to advocacy. These discussions could be of value to the Division by way of:

- Introducing important topics less familiar to other members
- Exploring and examining in detail the matters of concern
- **Connecting** members across the wide Division, who share similar interest and expertise
- Fostering opportunities to learn from each other and invited experts on the issues identified as well as advocacy strategy and action
- **Collaborating** and developing comprehensive advocacy strategies and action plans
- **Creating change**, together.

The Working Group invites the Director and Divisional Executive to review this document and establish a Terms of Reference for the Advocacy Forum (AF) that will provide guidance and structure in order to make the most out of this innovative professional activity. The Working Group suggests the following considerations:

- The AF would be a forum for discussion and exchange as well as planning and implementing an annual advocacy action plan on issues related to child and youth mental health.
- The AF would be open to all members within the Division of Child and Youth Mental Health at the University of Toronto.
- The AF would also include one to two representatives from each designated site who could support the co-chairs in liaising and communicating with members at each site.
- There would be designated Co-Chairs of the AF, appointed by the Chair of the Division of Child and Youth Mental Health.
- The Co-Chairs would serve a set term.
- The Co-Chairs would be responsible for reviewing all issues raised by members of the Division and providing a response to the member for each issue on whether the AF will proceed with tabling the issue.
- The AF would require that for an issue to be reviewed, the Co-Chairs would receive the request in writing (email permitted).
- The AF Co-Chairs would notify all Division members via email a notice of a meeting (online or in person), inviting all Division members who wish to attend.
- The AF Co-Chairs would be responsible for chairing the meeting, providing an agenda, inviting guests when appropriate, and facilitating the discussion and resolving motions put forward by the members.

- The AF Co-Chairs or representative would provide a monthly report at the Division of Child and Youth Mental Health Executive meetings.
- The type of issues appropriate for tabling, discussion, and possible action must meet the following criteria:
 - Issues that affect the Toronto community (may also affect other communities)
 - Issues related to child and youth mental health, including but not limited to the Social Determinants of Health, Access to Care, Hospital and Community Services, Child and Family Wellbeing, and Youth Justice
 - Issues with responses that can be based on research and evidence
- It is expected that any action item that is proposed will only move forward with the shared consensus of the members who participate in that discussion. If a consensus cannot be reached, the default action would be a letter finalized by the co-chairs summarizing the topic, the discussion, and the proposed actions; however, indicating that no further action was taken due to consensus not being obtained at this time.

Summary of Recommendations and Next Steps

1. Submit final Report to the Director of the Division of Child and Youth Mental Health (September, 2024).
2. Report review and consideration by Chair, Executive Committee, and Department Leadership on whether to proceed with establishing a Division of Child and Youth Mental Health Advocacy Forum (September to December, 2024).
3. Finalize Terms of Reference for Advocacy Forum (September to December, 2024).
4. Identify site representatives within the Division who are interested in this area and may join the Advocacy Forum, ensuring representation across sites and leveraging connections to community-based organizations (September to December, 2024).
5. Launch the Advocacy Forum and organize its first meeting for early 2025.

Appendix A:

Working Group on Advocacy Terms of Reference, Membership, and Meeting Dates

The Working Group on Advocacy was created in January 2024.

Terms of Reference

1. Scope and Objective

The working group on advocacy is a sub-committee of the Executive Committee of the Division of Child and Youth Mental Health tasked with identifying opportunities to enhance the role of advocacy within the division. The objective of the working group is to provide specific recommendations by June 30 2024 to the Division on how to address matters and create opportunities for advocacy within the Division.

2. Activity

The working group will complete the following:

- i. Identify examples of advocacy activities being completed by members of the Division
- ii. Identify the advocacy framework and activity done in the area of policy within the Department of Psychiatry
- iii. Identify advocacy activities being completed locally and nationally in the area of child and youth mental health
- iv. Make recommendations to the Division of Child and Youth Mental Health on how to proceed with future advocacy activity within key priority areas
- v. Recommend a framework on how to approach future ideas and requests for support and advocacy.

3. Membership

The Chief/Director of the Division of Child and Youth Mental Health will appoint a Chair of the Working Group. Members of the committee will include volunteers from the Division's Executive Committee as well as other faculty members of this Division by invitation. Faculty members familiar with advocacy work in other areas as well as representing different sites will be considered. This working group will also include a subspecialty resident representative.

4. Operations and Governance

The working group will meet virtually on the last Thursday of the month from 3-4pm starting February and ending in June 2024. The chair of the working group will facilitate the meetings

and provide the agenda and copies of the minutes in advance electronically. The chair will report monthly to the Executive Committee and provide a preliminary report to the Chair and Division Executive in May. The working group's meeting in June will consider feedback provided from the Executive and adjust their final recommendations accordingly.

Ratified at Division Executive Meeting on Feb 1 2024

Reviewed by Working Group on Feb 29 2024

Members of the Working Group on Advocacy:

1. Andrew Howlett (Chair/Secretary) - St. Joseph's Health Centre
2. Laura Pacione - SickKids Centre for Community Mental Health
3. Irfan Mian - Hospital for Sick Children
4. Nikhita Singhal - Child and Adolescent Subspecialty Resident
5. Mitesh Patel - Youthdale Treatment Centres
6. Amy Cheung - Sunnybrook Health Sciences Centre
7. Meng-Chuan Lai - Centre for Addiction and Mental Health
8. Priya Raju - Centre for Addiction and Mental Health
9. Raj Rasasingham - Humber River Hospital

Meeting Dates:

1. February 29, 2024 (3-4pm)
2. March 28, 2024 (3-4pm)
3. April 25, 2024 (3-4pm)
4. May 31, 2024 (3-4pm)
5. June 27, 2024 (3-4pm)

Agenda/Minutes: Available upon request to Andrew Howlett.

Appendix B:

Advocacy Environmental Scan

The Division of Child and Youth Mental Health Advocacy Environmental Scan explored advocacy education and action relevant to children and youth mental health. We identified advocacy priorities and activity within the University of Toronto, as well as relevant national and international organizations.

Links within the electronic version of this text will take the reader to relevant on-line documents and websites.

University of Toronto Temerty Faculty of Medicine

Continuing Professional Development:

1. The Canadian Children, Youth and Communities Health In | Equity Conference ([4th Annual Conference](#))

Department of Psychiatry:

1. 2020-2026 [Strategic Plan](#)
 - a. Equity Key Priority: *advocate for equitable access, resources, and treatment for individuals with mental health conditions*
2. [Advisory Council for Equity, Diversity, Inclusion, Indigeneity and Accessibility \(EDIIA\) in Clinical Care](#)
 - a. Advocacy: Identify, facilitate and coordinate actionable initiatives to address mental health discrimination, anti-Black racism, anti-Indigenous racism, Islamophobia, and all forms of racism and discrimination, as it relates to mental health care.
3. Advocacy Day
 - a. 2013 to [2024](#)
4. Policy Influence
 - a. Division of [Forensic](#) Psychiatry
 - b. Division of [Geriatric](#) Psychiatry
5. Division of Child and Youth Mental Health Working Group on Advocacy
6. Awards and Recognition
 - a. [Sol J. Goldstein Advocacy Award](#) in Child and Adolescent Psychiatry

Department of Paediatrics:

1. 2019 - 2023 Strategic [Plan](#)
 - a. *Strengthen Clinical Care Models in the Health system: “Advocate, through active engagement with the MOHLTC, for the strategic alignment of resources within the department”*
 - b. *Advance Social Accountability, Equity and Impact: “Leverage partnerships to advocate for and facilitate accessible, equitable, and compassionate care”*

2. Edwin S.H. Leong Centre for Healthy Children
 - a. The Edwin S.H. Leong Centre for Healthy Children at the University of Toronto and The Hospital for Sick Children brings together top researchers to help reduce inequities in child health, including those caused by social and structural determinants of health. Through strategic investments in research, education, training and infrastructure we are executing our vision of “harnessing interdisciplinary research to promote the flourishing of every child and family”.

Provincial Organizations

Ontario Psychiatric Association ([OPA](#))

1. [2023 Advocacy Report](#)
2. [Mental Health Law Reform](#) and [Letter Writing Campaign](#)

Children’s Mental Health Ontario ([CMHO](#))

1. *“We advocate for investments, policies and programs for children, youth, and families seeking mental health services in Ontario.”*
2. [Letter](#) to Premier Ford on gender affirming care.
3. Advocacy Report (not available online)

Knowledge Institute on Child and Youth Mental Health and Addictions ([CYMHA](#))

Ontario Medical Association ([OMA](#))

1. [Advocacy](#)
2. [Health-care advocacy](#)
 - a. [Example toolkit](#)
3. [Mental health and addiction care](#)

National Organizations

Canadian Academy of Child and Adolescent Psychiatrists ([CACAP](#))

1. *“The collective voice for Canada’s child and adolescent psychiatrists working in the interests of its members, children and youth, with the media, other associated organizations and governments.”*
2. Advocacy Committee (Drs. Raj Rasasingham, Irfan Mian, Nikhita Singhal)
3. 2022 President Dr. Claire De Souza - [A Call to Action](#) in Support of Child and Youth Mental Health in Canada
4. 2020-2024 [Position Statements and Endorsements](#)

Canadian Psychiatric Association ([CPA](#))

1. *“The national voice of psychiatry in Canada”*
2. [Issues](#)
3. [Briefs to the Federal Government](#)
4. [Position Papers and Statements](#)

Canadian Paediatric Society ([CPS](#))

1. How to [advocate](#)
2. Recent Advocacy
3. Position Statements and Practice Points
4. Speak Out on Youth Mental Health ([letter campaign](#))

Royal College of Physicians and Surgeons of Canada ([RCPSC](#))

1. [Health advocate](#)
2. Advocacy Priorities: Pharmacare, Reconciliation and Indigenous Health, A Connected Country, Diverse Research Careers

Canadian Medical Association ([CMA](#))

1. [Research and policies](#) (e.g. support of pan-Canadian licensure)

International Organizations

American Academy of Child and Adolescent Psychiatry ([AACAP](#))

1. [How to be an advocate](#)
2. [AACAP Legislative Activities](#)

Appendix C:

“The Sustainable Sweet Spot of Advocacy”

The Working Group on Advocacy discussed various factors that may affect the complexity, time, and resources of any given advocacy action. Advocacy that is focused on oneself over others; local rather than global affairs; passive and responsive vs proactive; discussing as opposed to doing; and not contentious compared to contentious would be considered less complex and resource dependent than the alternative. The arrow indicates the idea of a “sweet spot”, where these factors may synergistically come together to create an ideal advocacy action plan. This is not to discourage advocacy from taking place at any effort, level, or degree of complexity.

