



Learning from the Groundbreakers

Models of Innovation in Addressing Mental Health Equity in Toronto

March, 2011

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RRASP
Réseau de recherche sur l'amélioration
de la santé des populations

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Executive Summary

CAMH researchers Sean Kidd and Kwame McKenzie, using a social entrepreneur framework, have undertaken a project to identify Toronto service providers who are driving innovation and transformation in addressing mental health disparities. Drs. Kidd and McKenzie assembled and led a committee composed of recognized leaders in service provision among Aboriginal, LGBTQ, immigrant, refugee, and homeless persons to determine the programs and organizations in Toronto that have broken new ground in conceptualizing and developing mental health services in each of these sectors.

The goal of this project was to use a case study approach to learn from the people who have transformed innovative ideas into highly effective services—to articulate the models upon which their services are based and the implications of their work for policy development—to share new ways to more effectively address the pervasive health disparities that exist in our society.

To identify organizations in Toronto that demonstrated social entrepreneur principles in their work they assembled a committee of people who had both extensive knowledge of the needs and nature of services in each of these sectors. Working with this committee, they engaged in an intensive search process to identify exemplary organizations and chose five such organizations to participate in an in-depth analysis of their work. Case studies were then completed with each of these organizations to identify factors that have been critical to their success. Interviews were also conducted with five key informants who described their understanding of social entrepreneurship in the context of service delivery to marginalized groups.

While the organizations that were studied varied widely in the problems that they addressed, their organizational structure, and in their specific activities, there was a remarkable degree of similarity between them in the core components that were crucial to their effectiveness and success. The relative rarity of organizations that achieve a high level of entrepreneurship in their work can be understood given the many factors that underlie their success. These components are as follows:

1. WHEN THE RIGHT PEOPLE MEET THE RIGHT (AND SPECIFIC) PROBLEM... AND A CATALYST

In each of these organizations an individual or small group of individuals worked to address a specific problem (e.g., plan to close the Wellesley Hospital). These individuals possessed a number of common characteristics. These characteristics included a personal involvement/investment in the issue, numerous connections with the communities involved, and an extensive knowledge base relevant to the work needed. They also were readily able to develop a network of supporters outside of their immediate community, including policy makers, and had a high degree of credibility. Finally, there would seem to have been important catalysts in the beginnings of all of these organizations. Whether this involved key people meeting and resonating around a common purpose or action being prompted by an external event (e.g., murder of two trans persons involved in the sex trade).

2. GETTING ALIGNED, ASSESSING NEEDS, FINDING PARTNERS, AND ESTABLISHING STRUCTURE

An intense period of activity occurred early in their development, including (i) a clear articulation of their mission and alignment around a social justice framework, (ii) a careful and rigorous assessment of the needs of the various communities involved, (iii) an active search to educate and involve partners across multiple sectors and an intensive involvement of the communities served, and (iv) the establishment of a clear organizational structure to support their work.

3. THE INNOVATIVE APPROACH

The proposal of highly innovative approaches to the problem being considered was another commonality between the five organizations. These are not services that involved tinkering with or slightly altering an approach already widely available. In every instance they offered a service or approach that was unique in Toronto and, in a few cases, unique on national and international levels.

4. KEEPING FOCUSED, KEEPING CURRENT, AND EXCEEDING EXPECTATIONS

Once established, each of these organizations were extremely active in keeping one core element the same and another highly reflexive and current. The core element that they strive to maintain is their original vision and focus – a stability attained through regularly revisiting the original mission and through stability of leadership. They also are highly reflexive to the needs of the communities served and able to rapidly respond to those needs. Finally, in each case they outperform, in some cases radically outperform, what is expected of them by partners, funders, and the public.

5. MORE A COMMUNITY THAN A SERVICE FOR A COMMUNITY

The final point that unites these organizations, and one less tangible than some of the other uniting factors, is the manner in which their shared passion and focus, their embeddedness in community and reflexivity, and their ability to welcome new partners, creates a “vital” community in and of itself.

Some Background

“People with new ideas to address major problems who are relentless in the pursuit of their visions, people who simply will not take “no” for an answer, who will not give up until they have spread their ideas as far as they possibly can.” DAVID BORNSTEIN

In many ways this project grew from the improvisational comedy show “Whose line is it anyways?” Hosted in the U.S. by Drew Carey, four comedians would do a number of improvisational skits – creating characters, scenes, and songs on the spot. An example of a skit is one in which a performer hosts a party to which the other three performers arrive one at a time. The three guests are assigned strange personalities and characters and the host has to guess who or what the characters are. A favorite was Ryan Stiles’ portrayal of a wading bird.

When, in 2004, I (Sean Kidd) was given the task along with a Social Worker of coming up with group programming for sex trade-involved homeless youths we leaned heavily on “Whose line?” skits and other arts media. We had the best attendance of any group offered in the 25 year history of the service organization. The kids ate it up – becoming intensely involved in playing and making art. There was no requirement of them other than that they turn up, be involved in whatever we were doing, and act respectfully toward one another. After several weeks, and with increasing frequency, one or two would stay after the group was finished and discuss problems they were having. These problems included fights with friends, abusive relationships, victimization on the streets, and drug use. I became convinced that this was a successful model for working with many of these youth – and while we used evidence-based strategies in small doses in these brief encounters, the overall approach bore very little resemblance to what were framed as ‘best practices’ in my training as a clinical psychologist.

It was this experience that came to mind when I first read about social entrepreneurship in 2009. Here were people who took ideas such as our “Who’s line?” project radically further – who came up with an innovative solution to a pressing social problem and worked tirelessly to mobilize people and develop resources with which to enact their vision for change. Their stories were compelling. Whether it was Muhammad Yunus developing the Grameen Bank to free rural women in Pakistan from oppressive cycles of debt or Fábio Rosa developing an inexpensive way for farmers in Brazil to access electricity, here were people who had a major impact on what seemed to be intractable problems. They found ways to unravel highly complex systems of oppression, apathy, and dependency to create hope and solutions. They mobilize communities, make people passionate about the problem and solution, and have a profound impact on the lives of those they seek to assist.

The concept of social entrepreneurship provided a new framework from which to consider mental health equity. All of the ingredients were there. There were similar types of major and complex social problems: Canadian homeless youth dying at 12 times the rate of the general youth population with suicide and drug overdose as the most common causes of death¹; there were foreign-born homeless persons reporting psychotic symptoms 4 times as frequently as Canadian-born homeless persons²; among First Nations communities the suicide rate is twice that of the rest of Canada – and 5-6 times the national rate for Aboriginal youth³; there were lesbian, gay, and trans persons with severe mental illness experiencing marginalization and stigma in mainstream, mental health consumer, and queer communities⁴.

Along with the major problems, I was seeing our difficulties in generating effective responses. In academia, we devote enormous resources to articulating and refining our understanding of risk. While no doubt informative in some respects, their utility in developing solutions is too often circumscribed to a few brief recommendations or “implications” at the end of academic papers. Papers read by very few people doing work in the field. This point was made clear to me when, as a master’s student, I discussed with the director of a homeless youth service the finding that elevated levels of childhood sexual and physical abuse among homeless youth were associated with higher levels of risky behaviour and suicide attempts on the streets. Her response, while politely worded, suggested that it was nice that I had a project to keep me busy but that such a “finding” had already been thoroughly found by service providers and did not offer anything useful to their efforts.

We have also had great difficulty developing effective solutions to the mental health equity problems faced by Canadians. There are many instances in which our best efforts would seem to have a negligible impact. Examples include years of effort and extensive resources put into offering Eurocentric solutions to address poor mental health and suicidality among Inuit communities – efforts that were found to have little relevance when taken out of the southern contexts in which they were developed⁵. Cultural competence trainings are ubiquitous in mental health care settings, yet their implementation is highly variable and their effectiveness in terms of the experiences of service users is unclear⁶. Along with the very successful group that we ran for sex trade-involved homeless youth, I also attempted to provide individual psychotherapy using the standard appointment-based approach. It was an approach that was soundly ineffective – with clients seldom showing up for sessions and inconsistently able to participate due to the many other problems they were facing at the time.

In this context, the social entrepreneur framework offered a coherent and compelling way to approach mental health equity. It is an approach that, in its simplicity, mirrors the answer to the cliché of the men who insist on driving around lost rather than asking someone for directions. The method is this: If you are unsure of what to do, find people who really know what they are doing and speak with them about how you can do a better job by using their example. It was from this foundation that Kwame McKenzie and I embarked on this project to identify and learn from social entrepreneurs who are addressing mental health equity in Toronto.

The Methods Used

The methods that we used in this project were modeled after the selection process developed by Bill Drayton and the organization that he founded, Ashoka⁷. They were among the first to articulate social entrepreneurship as an approach for social change and to study and support the work of social entrepreneurs. An effective search process is essential to finding people who embody the core features of social entrepreneurship. Conducting such a search is also extremely difficult. It can be challenging to define innovation, creativity and effectiveness in overcoming barriers, and impact in the areas relevant to social entrepreneurship. Another factor that needs to be considered are placement within a social entrepreneur trajectory or career – those further along will have a greater number of successes to highlight but are not necessarily more worthy or recognition than those who are just starting to pursue an innovative approach to a problem.

Our question for the purposes of our project was: “What organizations represent social entrepreneur principles in their work in the area of mental health equity in the GTA?” We were looking at 5 specific sectors: homelessness, immigrant/refugee, Aboriginal, LGBTQ, and innovative services based out of hospitals/large institutions. To address this question we assembled a committee of people who had both extensive knowledge of the needs and nature of services in each of these sectors and who had an extensive knowledge of the Toronto services operating in these sectors. The committee membership was as follows:

Laurie Chesley, Manager, David Kelley Services
 Katherine Chislett, Director of Housing and Homelessness Supports and Initiatives,
 City of Toronto
 Steve Lurie, Executive Director, Canadian Mental Health Association, Toronto Branch
 Vivian MacNeil, Program Manager, Native Men’s Residence
 Peter Menzies, Clinic Head, Aboriginal Services, CAMH
 Anthony Mohamed, Diversity and Special Projects Coordinator, St. Michael’s Hospital
 Lori Ross, Scientist, Social, Equity and Health Section, CAMH
 Laura Simich, Scientist, Social, Equity and Health Section, CAMH
 Vicky Stergiopoulos, Medical Director, Inner City Health Associates

We brought this committee together, described the purpose of the project, and asked them to let us know who they considered to be social entrepreneurs in the five service sectors noted above. Who were the people and organizations that were driving innovation in mental health equity? The criteria that we asked them to consider were derived from the social entrepreneur literature^{7,8}. We were looking for people whose work was:

1. Highly innovative – addressing mental health (broadly defined) in ways that represented new approaches to care.
2. Sustainable – the innovative approach has been both successfully implemented and has also demonstrated sustainability fiscally and otherwise.

3. Reach and transferability – the approach has successfully and meaningfully engaged the communities served and represents a model that could be implemented in other jurisdictions and at other times.
4. Effective and Resourceful – the individuals involved readily take advantage of opportunities to expand their work and demonstrate a strong capacity to persevere despite few resources and other forms of adversity.

Stated simply, these were not people who saw a gap in the spectrum of services and wrote a few successful grant applications. The committee members made several recommendations in each of the 5 sectors of organizations whose work aligned with the core elements noted above. We then contacted each of the recommended organizations to request that they supply us with a brief written description that noted (i) the type of work that they did, (ii) how they engaged with and met the needs of the communities they served, (iii) challenges they have faced and how they overcame them, (iv) what they considered innovative about their work, (v) the impact of their work and, (vi) their vision for the future. The next step was for the committee to review the written descriptions provided and to narrow the selection down to 3 organizations in each area for interviewing since we had to narrow down the search from the 21 recommended in the first stage of the process.

This second stage of the selection process illuminated for us the many challenges this process presents. All of the organizations initially recommended certainly had elements of social entrepreneurship in their work – they were highly innovative and effective in engaging and mobilizing the communities that they served. This was not necessarily a case of one service being clearly stronger or more entrepreneurial than the other. Another challenge that emerged around a few recommendations, and one implicit to forming a committee that is well connected in the communities served, were a few instances of current or past involvement in the recommended organizations by committee members. When such conflicts emerged it was agreed that that particular committee member would sit out from discussions and recommendations about the organization representing a conflict of interest. The committee also felt uncomfortable having the selection process framed as one involving “winners” and “losers” – taking care to emphasize the phenomenal work of all of the organizations recommended. The process was framed as one of choosing a service through which social entrepreneurship could be most readily articulated.

With the search narrowed down to three organizations in each area, we then conducted interviews with the leader of the service. The interviews were conducted by a committee member with expertise and experience in the sector and a member of the project coordination group. These interviews revolved largely around asking the service provider to tell the story of their organization – how it emerged and developed, key challenges and successes that occurred in their development, who was involved, and the model through which they did their work. Through these interviews we sought elaboration on the key domains of social entrepreneurship and we also sought to determine if they were able to articulate the process of development clearly. Since a primary goal of this project was to describe models of social entrepreneurship in mental health equity, if those details could not be derived (e.g., key people involved in the early development of the organization had left and aspects of the history had been lost), we would be much less able to identify key components. To facilitate the selection process we used a 9 question rating scale for each of the interviews, with questions such as: “Is there a coherent story of development, from the beginnings to the present time?” rated on a three

point scale (Yes, definitely; To some degree; No/minimally). While we did not make selections solely based on scores as this would be overly simplistic, we did use the ratings to guide and ground the conversation.

In our final meeting with the committee, and the most difficult one, the selections of one representative organization in each sector were made. After considerable debate, we chose organizations that were (i) highly representative of the key concepts of social entrepreneurship, (ii) able to articulate their development in detail, and (iii) across each of the 5 sectors we sought some diversity in the structure of organizations to add depth to the analysis. The 5 organizations selected in this process are:

- The Dream Team (housing and homelessness)
- The Canadian Centre for Victims of Torture (immigrant and refugee)
- Native Child and Family Services (Aboriginal)
- Southeast Toronto Organization (hospital/large organization-based)
- Trans Programs at the 519 Community Centre (LGBTQ)

The next step, after concluding the selection process, was to have five graduate students each complete a case study with one of the organizations. For this purpose we recruited graduate students with experience using qualitative methods and with a good base of knowledge regarding mental health services and the specific sectors examined in this project. Over the course of one month the graduate students interviewed management and staff from the organizations with their interviews concentrating on deepening our understanding of their work and how their experiences as an organization line up with social entrepreneur principles. They also reviewed documentation (e.g., program descriptions, histories, mission statements) and used an ethnographic approach to document the experience of attending some of the organization's activities. They used qualitative methods to document the organizational narratives and major themes arising from their investigations. Their case study reports form the foundation of the findings of this project. The students who completed the case studies and the organizations that they focused on were:

- Edna Aryee – *Canadian Centre for Victims of Torture*
- Tyler Frederick – *Dream Team*
- Athena Madan – *SETo*
- Krista Maxwell – *Native Child and Family Services*
- Rebecka Sheffield – *Trans Programs*

The Core Model

The question that we sought to answer in this project is this: Of the many people who are bothered by mental health inequity, who discuss the problems and potential solutions with their family, friends, and colleagues, how do some overcome the complexity, barriers, and resignation that stall the delivery of effective services in so many settings? Who is able to make inroads into providing individual and social solutions? What models of practice do they use to make an impact? How did they do it? While so many of us are waiting for Godot, who goes out and finds him?

Here we have attempted to capture the core structure or model that would seem to underlie the effectiveness of the organizations studied in this project. While the five organizations varied widely in the problems that they addressed, their organizational structure, and in their specific activities, there was a remarkable degree of similarity between them in the components that were crucial to their effectiveness and success. These are the key components:

WHEN THE RIGHT PEOPLE MEET THE RIGHT (AND SPECIFIC) PROBLEM... AND A CATALYST

Fundamentally, most if not all service organizations come together when a group of people get together and decide to do something about what they perceive as a problem. Growing from that fundamental framework is a tremendous diversity of outcomes and interactions. Based on the case studies we conducted, we found that their beginnings had many similarities. First, the problems that they focused on were very specific: A plan to close the Wellesley Hospital. How Aboriginal children were being treated in child protection services. The lack of a lived experience voice in dialogue about supported housing. The treatment of South American refugees who had been tortured. The risks faced by trans sex trade workers.

There were also a number of shared characteristics across the people who decided to address their specific problem. This component was critical, for while there are many specific problems happening at any given time, it is much rarer to have them approached by the types of groups who started these five organizations. One of the most important components is the very personal investment and passion of the people involved. This was not seen as a job so much as “a mission” that held a deep personal meaning. In all cases the founders invested large amounts of time and resources on a volunteer basis and there was consistently an active involvement if not membership in the communities served. Mirha-Soleil Ross, the founder of Trans Programs, was herself a trans sex trade worker. The Dream Team members have all experienced mental illness and the challenges of finding adequate housing. All of the founders of Native Child and Family Services could name a family member affected by the child protection system. Their passion and investment grew out of personal involvement, if not their own then those with whom they had lived with or worked closely with. This on its own, however, was not enough. It was matched by a specific set of characteristics. They all had an extensive knowledge base and experience in areas applicable to the service that they worked to develop and they all had an extensive network of contacts. These were individuals with large amounts of social capital. The SETo members were all highly experienced healthcare executives

with substantial resources, political and otherwise, accessible to them. Gus Ashawasega is a highly respected and effective leader in the Aboriginal service sector. The founders of the Canadian Centre for Victims of Torture were lawyers and physicians closely familiar with the plight of South American refugees. Finally, the founders of all of these organizations knew how to work with political systems, were angry and passionate while still able to build a broad base of supporters, and they were both patient and extremely persistent – in some cases maintaining focus through years of setbacks and resistance to their work.

The final element that would seem to have been important in most cases was a catalyst or, more loosely, a degree of chance. This can be seen most clearly through questioning what would have happened if some key events and connections did not occur. Would the trans programs exist if not for the murders of the trans sex trade workers which prompted Mirha-Soleil Ross to demand better services? Would Native Child and Family Services have been such a success if Kenn Richard had not moved to Toronto from Winnipeg and met Gus Ashawasega? What if Linda Chamberlain had not been on the housing committee in which she told what was in many ways the first story of the Dream Team? There is no certain answer, but it is certainly possible that these services might not have developed without such catalyzing factors.

GETTING ALIGNED, ASSESSING NEEDS, FINDING PARTNERS, AND ESTABLISHING STRUCTURE

There were four strategies shared across organizations that were described as essential in both their early development and also were consciously cultivated, developed, and maintained over time. All of the organizations commented on the importance of a social justice framework as the foundation of all of their activities. Most saw themselves as advocates, if not activists, working to address social inequity. All worked to explicitly develop a clear focus or mission, seeking out board members and staff who shared their investment and aligned with the agreed upon mission and letting go those who did not share their focus. This was done both through a selection of people who shared values, but was also cultivated through communications at events and meetings and through their holding retreats to articulate and reinforce their agreed upon purpose.

A key component of this effort to clarify their purpose and gain consensus was a close consultation with their communities – facilitated by their close relationships with the communities they served. Through both formal research and informal contacts all of these organizations constantly consult and involve their communities. In many ways, these organizations operate from within the community – through volunteers, former clients coming back and working as staff, and members of the communities being deeply involved. This ranged from Dream Team members in essence *being* the community to SETo, which operates at a systems level with each member being a leader of a service within a community of services. Along with the strong community-based and social justice foundations, there are two other elements shared in the visions and missions of these organizations. One is a holistic approach to their work. None approach their work as being focused on the mental illness of a person, they all work at individual, family, social, cultural, and political levels in an integrated manner. The second is a strong orientation towards action. In each case, from the Canadian Centre for Victims of Torture quickly developing new programs in response to community need, to SETo's intense focus on developing projects within their hour long meetings, to Gus

Ashawasega saying that “the time for studies” was over – they all are ‘doers’ – preferring to attempt something that might fail rather than continue to just talk about doing something.

Another element shared and emphasized by these organizations is the degree to which they emphasize strategic partnerships. Within the organizations, this meant a careful consideration of the composition of staffing and boards – looking to bring on people with expertise in service delivery, connections with decision makers, legal experts, and skilled grant writers. What was most remarkable was the extent to which they all actively if not aggressively pursued partnerships outside of their organizations. They all worked to develop close relationships with policy makers, academics, leaders of other service organizations, and community leaders. This extended from informal contacts to partnerships on research, service development activities and trainings, and activist activities. They also all actively sought to have a maximum amount of visibility in the community. Holding events open to the public, getting media attention, and consistently working to raise awareness about the problem being addressed – in one case going as far as occupying cabinet minister offices. Finally, all of the organizations studied stressed the importance of creating a clear and effective organizational structure. While their structures in themselves vary widely, they all described a clear structure as being an essential vehicle to their success – from the Canadian Centre for Victims of Torture’s advisory committees to the Trans Programs’ relationship with the 519 Community Centre.

THE INNOVATIVE APPROACH

The proposal of highly innovative approaches to the problem being considered was another commonality between the five organizations. Having assembled extremely strong groups, developed strategic partnerships, and assessed the needs of their communities, the solutions that they proposed were in each case unique. These are not services that involved tinkering with or slightly altering an approach already widely available. The Canadian Centre for Victims of Torture was one of two such services in the world when it was developed. Native Child and Family Services is still the only urban Aboriginal-run child protection service in Canada. SETo is a collaboration with more buy in an longevity than any other high-level service collaboration in Toronto. The Dream Team is one of the most effective and well-known means of engagement between decision makers and consumers and the Trans Programs offered a “lifeline” to trans sex trade workers who felt shut out from every other service. In each case these organizations offered a solution grounded in the needs of the community that was a fresh approach to the problem and that was a compelling and convincing alternative, all the more so given the skill of the founders in articulating and describing what they planned to offer.

KEEPING FOCUSED, KEEPING CURRENT, AND EXCEEDING EXPECTATIONS

Once established, each of these organizations were extremely active in keeping one core element the same and another highly reflexive and current. The core element that they strive to maintain is their original vision and focus. Unlike the many organizations that develop a mission statement as a matter of formality and seldom revisit it, each of the five organizations studied in this project put in place processes to regularly revisit and maintain the original focus whether it be embedded in the structure of meetings as is the case with the Dream Team or through key advisory groups and retreats as is the case with Native Child and Family Services. Most critical, however, was the longevity of a core person or group. All of the organizations described the importance of having

people involved, whether staff or partners, for a long period of time to provide stability and a memory, as Kenn Richard put it, of the “original marching orders.” Not only was this critical in keeping focus, this organizational memory and longevity helped to deepen the informal and formal connections with partners. Having such established relationships radically increases efficiency. Rather than having to go through rituals of introduction and the development of trust, when a collaboration is needed the person need only pick up the phone and have an informal conversation with someone they have worked with for years. While the longevity of a core group or person within the organization was important, the clarity and focus on the original vision and grounding in the community allowed for change. These are not organizations whose success hinges on a single person. A good example is Trans Programs. While the founder, Mihra Soleil-Ross left the organization, their roots in the community and strong social justice focus has carried the program forward as new leaders who share that vision emerged.

While all of these organizations successfully maintained a stable focus in their mission, in their activities and engagement with the communities they serve they are highly reflexive and organic. These are not services that did a single needs evaluation, set up a model, and then remained static. In each case, they continued to deepen existing relationships with partners, cultivated relationships with new partners and communities, and remained sensitive to the ebb and flow of the communities they serve. This ability to be sensitive to the needs of the community is greatly enhanced by the blurring of boundaries between “service providers” and “those served”. Through advisory boards, extensive networks of volunteers from the community, former clients coming back as staff, and highly active outreach activities, these organizations are embedded more than connected. The Canadian Centre for Victims of Torture, while developed for South American refugees, has embraced each new wave of refugees and their unique needs whether they came from Eastern Europe or Somalia. SETo members by virtue of their roles as administrators are acutely aware of emergent problems at a systems level and rapidly implement projects and services that meet current challenges such as in their establishment of the Toronto Harm Reduction Network. The Dream Team continuously develops and improves its collective of narratives, aware of the perils of telling the “same stories” in reducing their impact. In each case, whether they be new services, new projects, or new methods of working, these organizations carefully do their research, collaborate, develop an effective practice, and rapidly implement it.

The final critical ingredient shared by these five organizations is their effectiveness and efficiency. In each case they outperform, in some cases radically outperform, what is expected of them by partners, funders, and the public. The Canadian Centre for Victims of Torture, with a small staff and budget, serves 1500 clients annually with their coming from over 100 countries. SETo, which only meets every 2 months, has set up highly effective and lasting services such as the Seaton House Infirmary. Native Child and Family Services is the only urban Aboriginal organization in the country to successfully unite their many communities and advocate for the child protection mandate. The Dream Team has an extremely high exposure in the city, can readily host an event that brings out over 1000 people, and has as partners members of parliament. The Trans Programs delivered training on trans issues to 3000 providers in the city on a budget that projected trainings delivered to 300 providers. In each case, their model produces work that is not just successful, it is astonishing.

MORE A COMMUNITY THAN A SERVICE FOR A COMMUNITY

The final point that unites these organizations, and one less tangible than some of the other uniting factors, is the manner in which their shared passion and focus, their embeddedness in community and reflexivity, and their ability to welcome new partners, creates a “vital” community in and of itself. All of the organizations cultivate a sense of “family”, of shared and united purpose, of safety, and of a valued identity. This sense of community within the organization is also embodied in physical spaces, such as the new Native Child and Family Services building which both asserts a strong presence in the community and incorporates traditional components such as a sweat lodge, the Trans Program offices which emphasize inclusion and collegiality between staff and participants, and the Canadian Centre for Victims of Torture space which has the feel of community and has security measures that make its clients who experienced the most severe violations of personal safety feel comfortable and safe.

Profiles of five Entrepreneurial Organizations Addressing Mental Health Equity in Toronto

Immigrant and Refugee Services:

Canadian Centre for Victims of Torture

<http://ccvt.org/>

“We responded with...a burning concern with social justice, political action, and the impatience and frustration against a confused world of passive bystanders.” (Federico Allodi, Founder)

The Canadian Centre for Victims of Torture (CCVT) provides an array of services to survivors of torture and war, helping them to rebuild lives, families, and communities as they negotiate the complex legal and social systems faced by newcomers to Canada. Their response is fundamentally social, focusing on a cultivation of connection, solidarity, and meaning that had been profoundly undermined through political and personal violence. In partnership with community organizations and working within a human rights framework, CCVT has helped thousands of individuals and families from over 100 countries make a home in Canada.

“You need to build your credibility and the money will come later.” (MULUGETA ABAI, DIRECTOR)

CCVT began in 1977, largely in response to an influx of refugees from South and Central America. It was started by a group of physicians who understood the impacts of torture through their work with Amnesty International. They held meetings in their homes and volunteered their time to develop a strategy to challenge the denial and bureaucratic barriers faced by victims of torture. They developed partnerships with lawyers in a collaboration “both professional and ideological” founded on principles of human rights, and facilitated the development of a network of professional volunteers who engaged in multiple forms of activism while working to address the health and legal needs of those fleeing violence. They took part in street demonstrations and in 1979 occupied the office of the Minister of Immigration in protest of policies that compounded and contributed to the suffering of the refugees they served.

“CCVT promotes a “culture of community” throughout its practices, resisting the uni-directional type of relationship characteristic of many professional human services.”⁹

Over the past 30 years, as CCVT grew into a funded organization with 32 staff members, the foundations of volunteerism, advocacy, solidarity, and support have remained steady as they expanded their activities in both breadth and in response to the growing diversity of their clients. CCVT offers a profile of services that, in many ways, is a community response rather than a service response. Counsellors and physicians are available to address health problems associated with exposure to violence, participant-driven support groups allow for a sharing of resources and group-specific programming, settlement and legal services assist with negotiating immigration processes and connection with institutions, and a large network of volunteers provide individualized support in everything from navigating the city to learning English. It is a “vibrant infrastructure of people relating interpersonally...that meets needs and works for change.” CCVT is also thoroughly integrated with other agencies, hospitals, and universities – having a strong community presence through strategic partnerships and public education activities.

“Our uniqueness is as a result of creating the sense of the lost village of survivors left behind and we have created a safe haven. You may have noticed that when you were coming into our building it was locked down and you have to buzz in? We have to do this because it creates a sense of safety”. (HUDA BUKHARI, SETTLEMENT PROGRAM MANAGER)

CCVT has embodied several values and strategies that have contributed to its being recognized as an example of social entrepreneurship. From its beginnings it had a clear focus on human rights and social justice – articulating both a direction for action and the compelling need for action. It is an organization that is established on a very credible foundation – built from advocacy by lawyers, physicians, and other professionals who can actively influence service delivery and policy. There has been less of an emphasis at CCVT upon formal service delivery by “providers” but, rather, a large foundation of mutual support, volunteerism, and integration with the communities involved. Not bounded by individual-focussed approaches, their work engages families, communities as a whole and their subcomponents, spiritual organizations, other service organizations, policy makers, and the public.

Finally, and equally important, they have demonstrated reflexivity. When a community was concerned about their children struggling in school, they set up a homework program. When Somali women were concerned for their personal safety as single mothers, they arranged self-defence classes. When Muslim people would not come to group meetings in a Christian Church basement, they approached a local Imam who attended a meeting at the church to reassure their clients that attending the group would not compromise their commitment to their faith. This is a model of an organization fundamentally operating from the centre of the communities it serves.

Housing and Homelessness: The Dream Team

<http://www.thedreamteam.ca/>

“...a bright light in the gloom, a way out of hopelessness...we fight so that the dispossessed and neglected minority can have a decent place to live and a decent life.” (Peter, Member)

The Dream Team is a group of consumer survivors who have developed a way to use their personal stories and experiences to successfully influence housing policy and practice for persons with mental illness and addictions. The organization is built on a foundation of consumer-driven activism and a deep personal commitment to the value of supportive housing. They are aided in their work through the support of volunteers and in partnerships with policy makers, researchers, and service providers. Drawing on these organizational pillars they have developed a model that builds community, inspires others living with mental illness, brings systemic injustice and incompetence to light, and offers real solutions.

“What the Dream has very successfully done is they have built a strong cadre of supporters, whether its advisors or coordinators or sponsors... they continually work to maintain those relationships.” (PAUL DOWLING, ADVISOR TO THE DREAM TEAM)

“We need to tell our stories because that is how we can change people’s ideas and break down stigma and discrimination.” (LINDA CHAMBERLAIN, FOUNDING MEMBER)

The Dream Team grew out of concern over inadequate housing for persons with mental illness in Toronto. It began in 1999 when one of its founding members, Linda Chamberlain, became frustrated at a meeting of housing service providers. She observed that while she sat on this board as a consumer there was no room for her to speak about her experience with supportive housing. After making this point clear she was invited to tell her story about how supportive housing changed her life. Those at the meeting were struck by the power of her story and realized the importance of consumers advocating in their own voice.

“Most of us had really low self-esteem when we started out because you know people were always pushing us around and telling us what to do and always putting us down because they thought we were lazy or we were no good, but you know, Dream Team members support each

other and they encourage us to do more things and that gives us more confidence.” (PHILLIP, MEMBER)

The Dream Team grew from that initial recognition of the power of personal stories to make tangible the importance of housing in the lives of people with mental illness and addictions. It was, however, through a strong entrepreneurial approach that it was to become a highly respected, influential, and funded organization. The Dream Team has grown into an organization of over 20 members that has spoken to countless numbers of students at all levels, has the ability to draw thousands to their events, and that has the ear of the executives of health service organizations and senior policy makers at city and provincial levels.

“They are pretty good gatekeepers too. Not just anybody can get on the Dream Team, which I think is important because part of their strength is in making sure people get it [purpose and values]. And I think they make sure that people get it before they get on the team and they also have a strong culture, of who they are and how they work, and so when somebody does come on they learn the culture.” (PAUL DOWLING, ADVISOR)

Dream Team members use several strategies to which they attribute their success – success in a context which does not readily support attention to the opinions and stories of persons marginalized and stigmatized due to mental illness and addictions. The strategies that have facilitated their success have consisted of cultivating passion among members for their work and building a supportive community among members. They also have a strong outward focus, being extremely active in cultivating a network of influential partners and having a highly visible presence in the city. Dream Team partners include members of provincial and federal parliament, senior hospital executives, and senior executives of community organizations. Throughout this effort, they have very actively and conscientiously maintained a clear vision and identity and continuously strive to develop activities and stories that are both current and highly effective.

Examples of Dream Team Projects

- 1) The Dream Team outreach and public education program reaches diverse audiences through the year. An average of 3000 people, including community members, students, politicians and policy makers listen to Dream Team presentations annually.
- 2) Income supports and disability research: The Dream Team is partnering with CAMH and Houselink to develop a policy document that will make recommendations to the upcoming Social Assistance Review.

- 3) **We Are Neighbours:** In 2008 the Dream Team worked with Alice de Wolff and other researchers to develop a research project on the impact supportive housing has on surrounding neighbourhoods.
- 4) **Discriminatory by-law challenge:** With support from the Human Rights Legal Support Centre, the Dream Team along with other organizations has filed a human rights complaint against the zoning by-laws of 4 Ontario municipalities (Sarnia, Smith Falls, Kitchener, and Toronto). This challenge also serves as a platform for public education and has inspired a follow-up project to collect stories in these communities.
- 5) **10 Year Mental Health and Addictions Strategy:** Dream Team members have been providing input into a strategy being developed by the Ontario Ministry of Health
- 6) **Mental Health Commission of Canada (MHCC):** The Dream Team is one of 28 organizations across the country working with the MHCC in developing a national anti-stigma study. Dream Team members are also serving on a consumer caucus advising MHCC on a large-scale research project on the effectiveness of housing first initiatives.

Aboriginal Services: Native Child and Family Services of Toronto

<http://www.nativechild.org/>

“It’s not your organisation, it’s the people’s organisation. You’re only there as a cog, an important cog maybe, but you’re there to help. Always treat people with respect, honesty. Be willing to share your knowledge and whatever expertise you may have. And make friends.”

(GUS ASHAWASEGA, ELDER AND FOUNDING BOARD MEMBER)

Native Child and Family Services of Toronto (NCFST) grew out of concern about how child welfare systems were treating Aboriginal families and the large number of Aboriginal children adopted into non-Aboriginal families. Offering extensive and wide-ranging programs to Aboriginal families in Toronto, NCFST very strongly and successfully advocated for an alternative: a service focused on preventing apprehension by protecting families, and a service grounded in Indigenous values and self-determination. The mission of NCFST is to work towards “a life of quality, wellbeing, caring and healing for our children and families in the Toronto Native Community.”

“Don’t just listen to what government bureaucrats say: watch what they do. Assess the reality of the situation based on evidence, not hope.” (KENN RICHARD, EXECUTIVE DIRECTOR)

NCFST grew from meetings in the early 1980s of a group of Aboriginal advocates and service providers who saw a problem with the fact that Aboriginal children comprised 8% of all children in care despite their representing only 3% of the province’s children and youth. At that time 73% of status Indian children were adopted into non-Aboriginal families, some outside of Canada. Scathing indictments were emerging from a number of federal and provincial committees about how child welfare systems were treating Aboriginal Families. NCFST grew from the framework of regarding Aboriginal control of child welfare as legal and human rights issues. They developed a vision built from the perspectives of traditional people, Elders, community leaders, and experienced service providers that was carried through into successfully challenging policy barriers and developing a base of funding to support an intensive and comprehensive approach to their work.

“There has to be strong board leadership, people who understand the system, know how to use the money, know what funders are looking for and can play by their rules.”

(MARY ANN KELLY, FOUNDING BOARD MEMBER)

In the last 25 years NCFST has moved from an unfunded volunteer committee to being the only off-reserve Aboriginal family services agency with a full mandate for child protection in Canada, a 24 million dollar budget, and over 200 staff members. The agency delivers extensive and wide-ranging programmes offering support to Aboriginal parents, children, youth, and other members of the urban Aboriginal community. Instead of being a singular focused Children's Aid Society it can be seen and sees itself, as a holistic service that does Child Welfare as part an integrated system of services.

NCFST has taken on services to youth as a high priority given that the future of its community hangs on having a strong leadership to chart its course. Early in its development staff recognized that many urban Aboriginal youth were lacking life supports: arriving in the city from reserves with minimal resources, isolated after adoptions broke down, newly released from group homes. They developed programmes to offer transitional housing for young women (including mothers and their children) and young men, and broad-based activities to support youth wellness. They offer integrated traditional healing and counselling for children, women, men and families and incorporate Aboriginal languages and cultural teachings with early childhood education and support for parents.

"You have to have some fun when you form an organisation from scratch. I've always told people, 'Let's laugh about this, and let's enjoy it! Let's not be miserable and negative.' If I come and it's all just stressful and nobody's laughing, then why should I be a part of it?"

(GUS ASHAWASEGA, ELDER AND FOUNDING BOARD MEMBER)

Early in the development of NCFST there was a conscious and concerted effort to develop a unified sense of purpose and to commence action based on this shared vision: as founding Board President Gus Ashawasega declared in 1985, "The time for studies is over, there have been numerous studies of Native people already." Building from a board with a solid composition that included, lawyers, Elders, advocates, and service providers, they began to pressure the provincial government to act on the need to develop a Native child protection agency.

Their ability to overcome years of equivocation of provincial bureaucrats would seem to have come from several well-coordinated points of focus. These included persistent and, ultimately, legal challenges of provincial policy in collaboration with allies from policy maker and community sectors. An example is their engaging the prominent human rights lawyer Jeffery Wilson in lodging a case with the Ontario Supreme Court alleging discrimination against NCFST in order to obtain the child protection mandate. They have also developed a process of regular feedback from Elders and Aboriginal communities to maintain connection with the values upon which it was established and "to make sure the community stands behind" NCFST. This extends to their physical space, which asserts a strong urban Aboriginal presence, challenges invisibility and incorporates a cedar longhouse and a sweat lodge. Finally, NCFST has the rare quality among service organizations of having had continuity in its Executive Director, Kenn Richard, who has been present since the beginning. In his leadership he has worked actively to maintain what he refers to as "the original marching orders", has built deep and lasting ties across communities and sectors, and has provided stability. This is critical in a service sector that suffers from a shortage of Aboriginal professionals and the challenge of maintaining trust in the community while holding a child protection mandate.

Collaboration: South East Toronto Organization (SETo)

“The vision of SETo is to be the catalyst in the innovative and collaborative promotion of health and wellness...by connecting community needs, service provision, and public health policy outcomes with community engagement and a strong commitment to health equity.”

(ANTHONY MOHAMED, SETo DIRECTOR)

SETo (South East Toronto Organization) is a coalition of 15 health and social service agencies working in formal and informal partnership, within the boundaries of Yonge, Bloor-Danforth, Coxwell, and Lake Ontario. The main goal is to coordinate services and affect public policy concerning accessibility and appropriate care for marginalised and vulnerable populations. Every 2 months since 1989 executive leadership at each of the agencies listed below come together to discuss problems, shared interests, and strategy for addressing the systemic problems faced by marginalized persons.

Casey House	South Riverdale CHC
Central Neighbourhood House	St. Michael’s Hospital
Centre for Research on Inner City Health	Street Health
Fred Victor Centre	The Wellesley Institute
Mid-Toronto Community Services	Toronto Public Health
Mount Sinai Hospital	Women’s College Hospital
Regent Park CHC	St. Michael’s Hospital
Sherbourne CHC	

SETo came into being in 1989 in response to the plan to close the Wellesley Hospital. From the beginning it took the form of a “high level focus group”, in which leaders among major service providing agencies jointly advocate for improved services, find ways of better coordinating services, and develop projects to address key areas of need. This work is taking place in an area of Toronto that has very high and complex service needs. The area covered by SETo has a high ethnic diversity, a large immigrant population, high rates of mortality and high school drop outs, and the second lowest-income postal code in Canada.

“SETo strongly believes that it is important to bring together people who know issues and barriers, with people who can help to implement desired changes.” (LORRAINE PURDON, FOUNDING

DIRECTOR)

What is remarkable and unique about SETo is that it has, for over 20 years, been a forum through which senior leadership of an often disparate and in some ways competing set of organizations effectively collaborate. They maintain close consultation with their

communities and overcome the many bureaucratic and systemic barriers that commonly come up in criticisms about our ‘siloed’ and “non client-centred” services. Beginning with its playing a key role in keeping the Wellesley hospital open, the group moved on to a range of projects and advocacy efforts that have had a major impact for the marginalized persons of their jurisdiction.

These include:

Toronto Harm Reduction Task Force: A network of hundreds of individuals and organisations dedicated to reducing drug-related harm in the Toronto area. The Task Force presents workshops throughout the year on a variety of topics of interest to front line professionals and the general public. It also creates a series of harm reduction tools, such as safe drug kits, overdose prevention pamphlets, and video documentaries about stigmatisation related to drug use.

Young Parents No Fixed Address: The lack of adequate prenatal care and shelter for pregnant street youth poses a risk to their health and the health of their unborn child. Young Parents No Fixed Address is a coalition of agencies and supported by SETo to help coordinate services for homeless pregnant women and youth who are parents.

In addition to lobbying through the above-described initiatives, SETo actively supports research efforts with intent of demonstrating how service is connected to evidence.

Collaborative projects include:

“The health effects of reductions in welfare payments and hospital closures on immigrant populations in southeast Toronto: A ten-year time trend analysis:” (Joint Centre of Excellence for Research on Immigration and Settlement (CERIS), Toronto, 1998-2001.) This research highlighted adverse impacts of the 1995 welfare cuts on immigrant populations.

“Changes in the demographic composition and health status of immigrant populations in Toronto’s inner city: time trend analysis and innovative mapping:” (Joint Centre of Excellence for Research on Immigration and Settlement (CERIS), Toronto, 1999-2000.) This research highlighted adverse impacts of the 1996 increased user fees for seniors’ prescriptions on immigrant populations.

“SETo collaboration tends to be behind the scenes ... you hear something and it connects to your individual clients in community. You feed back into the next meeting in more depth, and it grows from there. We have to be looking at multiple layers ... we have to look at more than one level. It’s a certain kind of leadership that takes a certain kind of work.” (TODD ROSS, DIRECTOR)

There are a number of factors that would seem to have played a key role in the effectiveness and longevity of SETo. Along with the obvious emphasis upon collaboration, members cite the importance of having consistency in both leadership and vision. This is an “efficient, results-oriented and nimble” group that enables political and social capital to “respond to

real issues in a practical way”. With a strong social justice framework, SETo emphasizes the importance of relationships in enacting change – not only through projects but also by enabling one ED to readily make a phone call to an ED in another organization to look to joint solutions. Furthermore, SETo is a setting in which there is an emphasis on consensus and equity within the group – with the leadership of large organizations having no more say than those of smaller organizations.

In sum, it would seem that SETo is the product of both the shared vision and cohesion of a highly functional group and the social capital, and emphasis upon action and results that attend experienced senior leaders in healthcare.

LGBTQ Services: Trans Programs at the 519 Church Street Community Centre

<http://www.the519.org>

“I think if we were a different agency and hadn’t taken such a social entrepreneurship look at things, the Trans Programs would not be as vibrant as they are today. We wouldn’t have trans sex worker outreach, or if we did, it wouldn’t be run by three women who all have sex work experience, two of whom are current sex workers.” (MORGAN PAGE, COMMUNITY SERVICES COORDINATOR)

The Trans Programs at “the 519” is a multi-service program that serves the transgender, transsexual, and Two-spirit community, with a focus on lower-income, street-involved, homeless, sex-working and marginalized members of the trans communities. The Trans Programs grew from a strong base of community advocacy which mobilized in response to the murders of three Toronto sex trade workers on Victoria Day in 1996. For many trans people in Toronto, Trans Programs are a lifeline, providing information, referrals, peer support and employment opportunities in a social climate that does not otherwise embrace trans identities.

“When you look at the majority of transsexual, transvestite, and transgendered people who are attacked, raped or murdered, being a prostitute and being part of that specific social and cultural context seems to be a common denominator.” (MIRHA SOLEIL-ROSS, FOUNDER)

The Trans Programs grew in large part from the reaction of Mirha-Soleil Ross, performance artist, sex worker, and activist, to the murders of three sex trade workers in 1996. The victims, two of whom were trans, were Brenda Ludgate (25), Shawn “Junior” Keegan (19), and Tom “Deana” Wilkinson (31). These murders catalyzed Mihra-Soleil’s views that there was a desperate need to provide services to marginalized trans persons in Toronto. She approached the 519 Community Centre, an organization with a lengthy history of providing services to the LGBTQ community, advocating for the development of trans-specific programs that better met the needs of the marginalized and weren’t a “middle or upper class support group culture.” She was hired by the 519 to conduct an in-depth evaluation of the needs of the trans community, which led to the establishment of Meal Trans, a drop-in program that offered a safe, supportive space and healthy meals. From that point, based out of and supported by the 519, Trans Programs grew in a process both reflexive and tied to the community it served. Always evaluating and incorporating community perspectives, blurring boundaries between the community service and the service provider, and driven by an activist stance, the Trans Programs grew to a portfolio of services that effectively meets the needs of the marginalized trans community in Toronto.

“I feel that a lot of activists, in trying to build partnerships with other agencies, tend to leave the positive parts of their anger behind. And that this can lead to a sort of loss of vibrancy of the program that we create and the projects that we do because everything becomes about making sure that everyone is happy with this or the funder will be happy with this.” (MORGAN

PAGE, COMMUNITY SERVICES COORDINATOR)

Trans Programs has developed from its first program Meal Trans, a food drop-in with a legal clinic and a housing worker, to include: Trans Youth Toronto, a drop-in for youth; Trans Sex Worker Outreach, providing safer sex education, condoms and lube to trans sex workers; and Trans Access, a trans awareness training program for service providers. Over the past decade, Trans Programs have also participated in several research projects and short-term programs such as Getting Primed, a training project for AIDS prevention workers who work with trans men, and the FTM Safer Shelter Project, which explores access for trans men and FTMs into the hostel and shelter system. Trans Programs staff work toward improving accessibility for trans people in social services agencies, serve on governmental committees to ensure new policy includes trans people, and advocate for the human rights of trans people across the country.

There are a number of factors that have led the Trans Programs to grow as they have, despite the complexity and intensity of the discrimination faced by those they serve. The core mission, built on the activism and advocacy mobilized by the murders of two trans persons, pervades all of the various programs, the work of the staff, and the relationships with partners. Further, they have continued to reflexively build programs after careful consultation with the communities they serve. They do not, however, stop at consultation. The Trans Programs demonstrate action on the input of the community and, more importantly, are *of* the community – using their knowledge, involvement, and investment to effectively reach out to those they serve. An example is their consistent employment of people who have or are working in the sex trade – who have a clear knowledge of what is needed.

A critical component throughout this work has been the relationship between the Trans Programs and the 519. While the Trans Programs have regularly competed for and received project funding, without a cohesive framework within which they can work they would not have been able to maintain the level of engagement that they have to date. The 519 has provided a foundation of organizational support, but has consistently given the Trans Program staff the mandate and leadership to develop programs the community needs and operate in a way that works for the marginalized trans community. That freedom has allowed for the reflexivity and community involvement that would have been impossible in many settings. Additionally, the degree of separation from organizational bureaucracy has made the Trans Programs more effective. Having to focus less on negotiating process and more on work has led to achievement lauded by funders such as their training 3000 community service staff in trans issues rather than the projected 300.

Other Organizations Highlighted as Social Entrepreneurs in Mental Health Equity

ACROSS BOUNDARIES

Executive Director: Aseefa Sarang

<http://www.acrossboundaries.ca/index.html>

Across Boundaries is a mental health centre that provides a range of support and services to people from Racialized Communities in the Greater Toronto Area who are experiencing mental health problems/serious mental illness and/or substance use. We employ a holistic approach to mental health care and operate within an anti-racism/anti-oppression framework. We are committed to a community development approach and believe in the active participation of communities we serve. We develop programs in the community in partnership and collaboration with other agencies/organizations. We offer education and training and consultation of our expertise on anti-racism/anti-oppression in mental health.

DAVID KELLEY LGBTQ & HIV/AIDS COUNSELLING SERVICES (DKS)

Manager: Laurie Chesley

<http://www.fsatoronto.com/programs/davidkelley.html>

Family Service Toronto (FST) helps people face a wide variety of life challenges. For over 90 years, we have been assisting families and individuals through counselling, community development, advocacy and public education programs. Our services are available to everyone who lives or works in Toronto. David Kelley Services is a program area of FST that provides individual, couple, family counselling and group services to individuals who identify as lesbian, gay, bisexual, trans or queer and to persons living with or affected by HIV/AIDS.

EQUITY DATA COLLECTION PILOT PROJECT, MOUNT SINAI HOSPITAL

Coordinator: Marilyn Kanee

Mount Sinai Hospital's Diversity and Human Rights Office focuses on ensuring a respectful, harassment and discrimination free environment for everyone in the hospital environment; educational activities to raise awareness and capacity around human rights issues; building health equity initiatives into our day to day work; and research to assess the experiences of staff and patients from marginalized populations. Some of our projects include: a workforce census of our employees; completing a study of how employees from marginalized groups experience the hospital work environment; mandatory human rights and health equity training; expanding the hospital's recruiting practices; launching a campaign in support of LGBT employees and patients.

GRIFFIN CENTRE MENTAL HEALTH SERVICES, REACHOUT PROGRAM

Coordinator: Tess Vo

<http://www.griffin-centre.org/reachout.php>

Within Griffin Centre, ReachOUT is a creative, inclusive and accessible program that supports youth and adults with diverse sexual and gender identities. We provide a range of innovative services, which include drop-in groups, outreach, individual and family counselling, consultation, crisis response, arts skills exchange and sports programming. We offer safe spaces that reflect the diversity of our queer and trans communities.

HOMELESS AND UNDER HOUSED COMMUNITY ADVISORY PANEL ST. MICHAEL'S HOSPITAL

<http://www.stmichaelshospital.com/partners/caps/hauh-cap.php>

We provide advice and frontline experience to make St. Michael's Hospital services better for people who are homeless. We also support the hidden homeless – those who are under-housed, who may stay with a succession of friends or acquaintances for days or weeks at a time. Our CAP advocates for programs that support homeless and under-housed clients such as:

- Community worker liaison in Emergency Department
- Rotary sponsored transition Centre for discharged Emergency patients
- Family practice services at local shelters

Since 1992 the work of our CAP has helped hundreds of homeless and under housed people in downtown Toronto.

INNER CITY HEALTH ASSOCIATES

Medical Director: Vicky Stergiopoulos

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

Inner City Health Associates is a group of physicians aiming to improve access to medical care and care coordination for homeless people with complex unmet health needs in Toronto. The 70 physicians work in more than 40 frontline homeless service settings developing collaborative models of service delivery in partnership with the host agency and other stakeholders. ICHA physicians saw over 1,700 clients in 2009 and provided 1,290 hours of primary care and 1,792 hours of specialty care during the first quarter of 2010.

THE LGBTQ PARENTING NETWORK

Program Coordinator: Rachel Epstein

www.lgbtqparentingconnection.ca

The LGBTQ Parenting Network (Sherbourne Health Centre) promotes the rights and well-being of lesbian, gay, bisexual, trans and queer parents, prospective parents and their families through education, advocacy, research, social networking and community organizing. We are a network of approximately 1,500 families and individuals in and around Toronto, and we engage with local, provincial and federal organizations and communities.

NA-ME-RES: NATIVE MEN'S RESIDENCE SPECIAL NEEDS PROGRAM

Program Manager: Vivian MacNeil

<http://www.nameres.org/index.html>

The Special Needs Program assist Aboriginal men who are homeless and have severe mental illness. Utilizing an enhanced strengths based case management approach staff offer clients a range of services including: shelter responsive to their accommodation requirements, primary and traditional health care, assessment and diagnosis, assistance with medication, connection/reconnection with culture, assistance to access income supports, employment and training opportunities. The overall goal is to assist them successfully transition from homeless to a fuller life in the community. Services are provided by a Coordinator, Nurse and Psychiatrist.

PARKDALE ACTIVITY RECREATION CENTRE (PARC)

Executive Director: Victor Willis

<http://parc.on.ca>

PARC has been a refuge for survivors of the mental health system since 1980. During his time adults with mental health & addiction histories have come to PARC and developed alternative businesses such as Fresh Start; replied to the Edmond Yu inquest with a Safe House project; responded to the lack of affordable housing with the PARC Ambassador Program and Edmond Place; addressed poverty through advocacy and employment opportunities; helped to develop a rooming house critical response protocol and the first north American Heat Registry pilot; while providing Case Management/Outreach services, a seven day a week drop-in and one of the largest food security programs in the west end.

PUNJABI COMMUNITY HEALTH SERVICES (PCHS)

Executive Director: Baldev Mutta

www.pchs4u.com

Punjabi Community Health Services (PCHS) is a pioneer community based not for profit organization. It has been catering to the diverse needs of South Asian families in Greater Toronto Area for the past 20 years. It provides positive interventions in the areas of addictions and mental health, health promotion, domestic violence, parenting, women's and youth interventions, parenting

sessions through culturally appropriate strategies. PCHS also delivers services to meet the unique needs of ethnic youth & seniors thus strengthening multicultural fabric of our diverse communities. PCHS has a number of research studies to its credit and is recognized as an innovation organization for community development. Recognized for its holistic and integrated approach, it has, over the years, demonstrated its commitment by bringing happiness & balance back into the lives of numerous individuals and families.

RAINBOW SERVICES, CAMH

Service Manager: Jim Cullen

http://www.camh.net/Care_Treatment/Program_Descriptions/Addictions_Programs/Rainbow_Services/index.html

Rainbow Services (RS) of the Centre for Addiction and Mental Health (CAMH) is an innovative addictions and concurrent disorder inpatient/outpatient service specifically for lesbian, gay, bisexual, transgender/transsexual, two spirit and queer people. The Service model is a harm reduction, evidence based practice program of holistic health care. Programming includes both residential, and outpatient services in both evening and day formats. Over a decade ago the Centre for Addiction and Mental Health launched Rainbow Services in response to therapists', volunteers' and community recognition of a significant programming need.

THE ST. CHRISTOPHER HOUSE, MEETING PLACE DROP-IN

Coordinator: Leslie Saunders

<http://www.stchrishouse.org/adults/meeting-place>

For the past 24 years, the Meeting Place Drop-in has been working with men and women who are homeless and at risk of homelessness, who experience chronic social exclusion and are experiencing mental and physical health issues and acute addictions. We see approximately 1025 individuals annually, 43% are Aboriginal. We work to create the conditions for the conception of healthy community, independence and economic development for Aboriginal participants by ensuring access to Aboriginal culture, traditional teachings and resources/opportunities that increase visibility of their culture and their individual lived experience, within the Meeting Place community and broader society.

TORONTO HARM REDUCTION TASK FORCE

Project Coordinator: Holly Kramer

www.torontoharmreduction.org

Since 1996, the Toronto Harm Reduction Task Force has worked to reduce drug related harms to users and the communities in which they live. Our work is grounded in the principles of public health and social justice. We provide a network for harm reduction practitioners to share information, and training and education on harm reduction principles, practices and strategies to those who work with and for the benefit of people who use drugs

SKETCH

Artistic Director: Phyllis Novak

www.sketch.ca

SKETCH is a community arts initiative for young people living street involved, homeless or otherwise marginalized, 15-30. It is based in Toronto but engages youth from across Canada. Over 15 years SKETCH has co-created with youth an innovative, capacity focused engagement framework that promotes creative discovery, self-expression, skill building, leadership programming and civic engagement for homeless youth. We celebrate the resilience of young people living marginalized and see their creative contributions as essential to culture making and to building healthy whole communities.

SOY: SUPPORTING OUR YOUTH

Program Manager: Bev Lepischak

<http://www.soytoronto.org>

Supporting Our Youth works within an anti-oppression framework to create opportunities for queer and trans youth and adults to build an inclusive, welcoming community together. SOY develops initiatives that build skills and capacities, provide mentoring and support and nurture a sense of identity and belonging including:

- arts, cultural and recreational activities
- group and one on one mentoring programs
- employment and housing support programs for specific populations of LBTT youth including newcomer and immigrant youth, black queer youth, street involved and homeless youth and transgender and transsexual youth

WORKING TOGETHER: ACROSS CULTURES PROJECT (CMHA)

founded by Gulshan Allibhai

In partnership with community, settlement, and employment organizations CMHA Toronto provides mental health capacity and cultural competency workshops to increase the quality of life of newcomers who are experiencing resettlement stress and mental health issues. A staff person from the Cross Cultural Initiatives Program provides mental health consultation, support, and education to service providers working for newcomers so that they can link and support newcomers to appropriate mental health services.

Key Informant Perspectives

Vicky Stergiopoulos

Dr. Vicky Stergiopoulos is the Medical Director of Inner City Health Associates (ICHA) and a Staff Physician with St. Michael's Hospital. She was instrumental in the development and leadership of ICHA, which is comprised of a group of 70 physicians who work to improve access to care and care coordination for people who are homeless. Her role in coordinating multiple, complex systems of care for clients with complex healthcare needs has put her in an excellent position to understand how effective services can be leveraged within systems that are largely ineffective in meeting the needs of these marginalized persons.

In considering key elements of social entrepreneurship in the homeless sector, Dr. Stergiopoulos consistently emphasized the need to be inclusive, excellent in engaging the many stakeholders involved, and to have credibility with the community. She highlighted this as being particularly important with a homeless population, who have profound needs in all of the social determinants of health and in both physical and mental health domains. These complex needs, in turn, then engage with a highly complex and fragmented system of care – a fragmented system through which many slip with the outcome of prolonged periods of illness and homelessness and extremely high rates of mortality.

She highlighted the importance of effectively engaging providers from multiple services and sectors and policy makers – emphasizing the fundamentally shared goal of wanting to do a better job of meeting the needs of homeless clients even if there were disagreements and divisiveness around some of the issues and methods. In her view, social entrepreneurs in healthcare were fundamentally “systems thinkers.” “...try and create that flow from the front line to the government, the policy makers.” Dr. Stergiopoulos, as did Kenn Richard, emphasized the importance of availability and integrity among leaders – “There has to be following through on what they say, and they need to be available and consistent and honest.”

Dr. Stergiopoulos also described some of the challenges to cultivating social entrepreneurship in large healthcare organizations. Such organizations typically “move way too slowly to be able to accommodate entrepreneurship or change”, and are often “constrained by their own internal processes.” Similar to discussions of the need for a catalyst to start entrepreneurial organizations, she believes that within large organizations that timing is a critical element – requiring not only an innovative idea, but also a good alignment with the interests of the organization and funders and a leader within the organization who is “visionary” or otherwise willing to trust the innovator and support their work.

Rachel Epstein

Rachel Epstein is the Coordinator of the LGBTQ Parenting Network which is based out of the Sherbourne Health Centre. She is widely recognized for her innovative work in promoting the rights and well-being of lesbian, gay, bisexual, trans and queer parents and prospective parents through advocacy, research, social networking and community organizing.

Rachel's perspective on social entrepreneurship was that opportunities for innovation grew out of creating possibilities for equity, for legal and social recognition, for people whose rights have not been acknowledged or respected. She described there being a "power" in the creation of such opportunities, and around this unifying or, as the Canadian Centre for Victims of Torture founders put it "solidarity" building process, communities can be built. Within this type of work there arises opportunities to "break new ground" – as was the case with the organizations profiled in this project she saw unique and highly innovative projects and services as growing naturally out of the process of community building and activism.

Rachel also emphasized the importance of doing careful research into the needs of the communities involved, including partnership with researchers such as Lori Ross with whom Rachel works closely. In this evaluation of needs she described the importance of recognizing and working with the diversity *within* groups who are typically lumped together in what are arguably questionable all encompassing categories such as LGBTQ.

In terms of strategies and characteristics that Rachel viewed as essential to the growth of entrepreneurial endeavors, she highlighted the importance of the people and organizations involved working to maintain a highly "visible" presence. This visibility was framed not only as the visibility of the organization, but in making the problems and issues being addressed visible through awareness-raising activities. She similarly echoed the impressions of others in highlighting the importance of being flexible to the changing needs of the communities served, partnering with people who are skilled at obtaining funding, knowing who the "key players" are around the issues addressed, and some of the benefits of situating one's work within the infrastructure of a larger organization. One personal characteristic that she highlighted was the importance of having a "thick skin". Rachel spoke of the challenges of working with extremely diverse communities – specifically the problem of not being able to meet the needs of every community member. While it is important to strive to keep "open" in forming relationships and hearing perspectives, this also leaves a person open to criticism. The thick skin is needed, in such contexts, to remain "calm, be open...and stay centred, focused, and present even when things are tough."

Martha O'Campo

Martha O'Campo is a Manager and founding member of Across Boundaries, an ethnoracial mental health centre which is regarded as a highly effective program that provides a holistic model of mental health care within an anti-racism framework. Martha has been an advocate and activist for many years working towards better health equity, anti-oppression, and women's rights. She has been a leader in providing innovative services to Toronto's racialized communities for over 40 years.

In considering social entrepreneurship in her area of expertise, Martha emphasized the importance of all activities being grounded in an anti-racism model. She described this as essential in providing a focus to educational activities and in communication with stakeholders. Describing such a framework as an "analysis", and similar to others' comments about aligning an organizational vision, she said that such an analysis clarifies purpose, the focus of activities, helps articulate barriers, and is anchored in the current needs of the communities being served. Furthermore, such a framework necessitates a holistic response - as a function of racism having holistic impacts and implications.

Martha also placed an extremely strong emphasis upon the education of stakeholders and policy makers. She extended this emphasis on education to include the communities being served. As many others did she described the importance of community collaborations and reducing the power hierarchy between those providing services and those served, but she also spoke of the need to make people aware of internalized racism at individual and systemic levels. This work was necessary, she said, to framing an effective response and building solidarity within the communities being served.

Along with commentary about the importance of a holistic approach to developing innovative and effective services for racialized groups with mental illness, she cautioned that such work could lead to staff burn out. While important, it can lead to staff being extended in many different directions and necessitates a careful response on the part of the organization to provide adequate support to the providers.

Peter Menzies

Peter Menzies is the Clinic Head and founder of Aboriginal Services at the Centre for Addiction and Mental Health and has been working in the area of Aboriginal mental health for 25 years. Peter has worked extensively with Toronto's Aboriginal service organizations and has had great success in forging partnerships across service sectors and in developing effective models of care for Toronto's Aboriginal communities.

Peter placed a heavy emphasis upon partnership and credibility in his comments about how social entrepreneurship is framed in Aboriginal communities. He described a process in which an innovative approach for addressing a health equity problem must be matched with a process of close consultation with the other service providers in the community. In his view the social entrepreneur must be fundamentally focused on the needs of clients, with that focus superseding the need to take complete ownership over the service and monopolize limited and shared sources of funding.

Peter spoke of the need to carefully evaluate the needs of the community, to incorporate partners in the development of the vision for the service to facilitate a sense of ownership, and to be patient, persistent, and humble in developing relationships and developing strategy. While he described the importance of being reflexive to the needs of the community, he also cautioned against developing a program or service that simply reflects a current trend – something that will be briefly appealing but will not have any lasting impact and not be meaningfully integrated in the system or community of service providers.

In line with the organizations profiled, however, his main emphasis was upon the reputation of the person pushing for change. They must gain the respect of the community, which comes not only with an innovative idea but also with determination. He cited an example of a new service that was well prepared on the surface with well documented evaluations and plans, which failed dismally due to a lack of attention to these key components “You can go and do a big speech at a conference and show how brilliant you are, but can you work with communities? Probably not.”

Steve Lurie

Steve Lurie is the Executive Director of the Canadian Mental Health Association Toronto Branch, a post he has held since 1979. Steve has written and lectured extensively on mental health policy issues. He has played a key role in numerous projects geared towards mental health reform such as the Senate Committee Report *Out of the Shadows at Last: Transforming Mental Health and Addiction Services in Canada* and chairing the Service Systems Advisory Committee for the Mental Health Commission of Canada.

In Steve's commentary on social entrepreneurs in mental health equity he highlighted as an essential characteristic the ability to mobilize people and "get them to do things they wouldn't ordinarily do": "You're only as successful as the number of people you can move along." He described them as individuals who develop a compelling vision that extends beyond the development of an effective service – it becomes a "movement" in a similar way that AIDS activism became a social movement. Further, in his opinion social entrepreneurs engage partners as "co-creators" rather than framing the effort as revolving around a single person or organization.

Steve also discussed the challenges of cultivating social entrepreneurship in large organizations. Large bureaucracies have a tendency to "stifle" innovation, in his opinion, due to their having slow moving and constrictive decision making processes and risk aversion that seldom allow for the reflexivity and testing of new approaches that is inherent to entrepreneurial endeavors. He described how the only option for cultivating social entrepreneurial activities in large organizations is to create a space from which they can operate that buffers them from the aspects of the organization that would stifle their efforts. Examples of the successful use of this approach that he gave included Jim Cullen's work in developing Rainbow Services at CAMH and Gulshan Allibhai's work within the Canadian Mental Health Association.

Lastly, he commented on two core characteristics of social entrepreneurs as individuals. The first characteristic was their capacity to carry on in the face of resistance to their idea and to tolerate the "tension" of waiting until the time is right for their efforts to coincide with a supportive context. Second, was their being "results-oriented" people who were good at identifying the "little [change] that that's going to make the biggest difference."

Implications and Next Steps

The task that we set for ourselves in undertaking this project was to develop an understanding of the models through which people have been able to make an impact on mental health equity. We tried to find people and organizations making inroads into social problems that seem intractable to many and in the face of which many of our efforts have been met with little success.

There were several promising outcomes in the project. We were able to find work embodying social entrepreneurial principles happening in each of the areas that we focused on: homeless, Aboriginal, immigrant, refugee, and LGBTQ services. Furthermore, we found a core model that seems to underlie their effectiveness – and it is a complex and nuanced model. It is more useful than what I had some concern about at the beginning of the project: that we would only find an overly generic and poorly articulated set of themes (e.g., form partnerships, write successful grants). Building from the key components of social entrepreneurship (highly innovative, sustainable, broad in reach and transferable, effective and resourceful), we have identified a process through which:

1. very credible people with a specific set of skills and personal investment tackle a specific problem,
2. they work intensively to develop a shared and focused vision based on a human rights framework, thoroughly evaluate the needs of the community, develop partnerships among all stakeholders, and develop an effective organizational structure
3. they have a highly innovative approach to the problem
4. they maintain their core mission while keeping very reflexive to the needs of the community
5. they greatly exceed expectations
6. and they create community within their organization.

We hope that this provides a map of sorts for those who would attempt to create effective services for persons who are marginalized and disproportionately represented among people with mental illnesses. While those profiled in this project have in many ways “arrived” in their having developed highly effective and successful services, attention to the domains highlighted in this project might prove useful in continued growth of projects and services already underway but will likely be particularly useful to those who are just getting started. For the Kenn Richards just arriving in Toronto and looking to connect with people like Gus Ashewasega. For the Mirha Soleil-Rosses who

are worried about the difficulties in reaching sex trade workers now that so many use online media to set dates rather than strolls. For the Linda Chamberlains sitting frustrated in meetings in which their perspectives are given token attention.

There is also an opportunity here for administrators of large organizations. As Steve Lurie and others have pointed out, hospitals and other large bureaucracies have a tendency to alienate or otherwise stifle people who have social entrepreneurial aspirations. The challenge for them is to identify those people and to create the spaces within their organizations that are buffered from aspects of their structure that, while in many ways necessary to large scale operations, would create barriers to innovation. Successes in this regard are Rainbow Services at CAMH, Trans Programs at the 519 Community Centre, and Working Together at CMHA Toronto. In each case a place was made for innovation. However, not only must this buffered space for innovation be created, measures need to be taken that they can be maintained when the initial champions senior in the organization move on.

The next step, building from this project, will be to find those earlier in their trajectories of innovation. While there was great value in finding those who had attained tremendous success, there was no doubt a loss of some information in relying on hindsight to describe the early stages of their work. Thus, we hope to find people who have put together the founding members of the organization, are focused on the specific problem, have the innovative solution, and are just getting rolling in developing their work. In this effort we agree with Bill Drayton, that this is a very “highly leveraged” approach to identifying effective approaches in mental health care for marginalized groups.

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