

CANADIAN MENTAL HEALTH ASSOCIATION
OTTAWA BRANCH (CMHA OTTAWA) PRESENTS

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Bright Ideas

2023

A round-up of the research and
evaluation activities undertaken at
CMHA Ottawa over the past year

May 26, 2023
Proceedings Report

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Canadian Mental
Health Association
Ottawa
Mental health for all

Association canadienne
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Ottawa
La santé mentale pour tous



Acknowledgments

Thank you to the presenters of this event and to the research teams and supervisors they represent.

By conducting these studies in partnership with CMHA Ottawa, you have helped the organization meet many of its research and evaluation needs, leading to the improvement of services to the community.

Thank you to the ongoing CMHA Ottawa research and evaluation partners – the Centre for Research on Educational and Community Services at the University of Ottawa, the University of Ottawa School of Medicine, Algonquin College’s Victimology Research Centre, and Carleton University.

We acknowledge the valuable participation of clients, program managers and frontline

staff in these studies, and their crucial roles as project advisors, helping to shape the studies and interpret the study findings.

The following CMHA Ottawa teams collaborated to organize the event—

- Decision Support and Accountability Team: Donna Pettey, Todd Bridger, Maryann Roebuck, Lucy Whitteker, Christina Mutschler
- Communications and Stakeholder Relations Team: Patrick Jodoin
- Learning and Development Team: Julie Levesque



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CENTRE DE RECHERCHE SUR LES SERVICES
ÉDUCATIFS ET COMMUNAUTAIRES (CRECS)
CENTRE FOR RESEARCH ON EDUCATIONAL
AND COMMUNITY SERVICES (CRECS)

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Description of Event

The Ottawa branch of the Canadian Mental Health Association (CMHA Ottawa) continues to support the development of evidence-informed approaches that will ultimately improve the lives of our clients. Our dedicated and highly skilled staff work with individuals with a mental illness who may also experience homelessness and be struggling with substance use issues.

Bright Ideas highlights the amazing evaluation, quality improvement, and research initiatives that we have undertaken at CMHA Ottawa in the past year.

The objectives were to—

- Highlight the purposes and uses of research and evaluation in the organization.
- Encourage transparency (sharing the work that CMHA Ottawa staff and clients have been a part of).
- Identify lessons learned, opportunities for improvement, and the high quality of our services – all identified and explored within these initiatives.
- Share next steps and what this led to.

In partnership with both the University of Ottawa and Carleton University, we are committed to providing opportunities for students to meet and work with our staff and clients as they undertake a variety of projects. We would like to highlight the amazing work and critical role that students play. We believe that, in addition to the actual knowledge that is generated through their work and featured today, we provide opportunities for the ‘clinicians and researchers of tomorrow’ to understand the challenges of a marginalized and vulnerable population.

The featured projects were supported at CMHA Ottawa by the Decision Support and Accountability Team. Undertaking and supporting research through the monitoring, analyses, and management of data and clinical files is an essential part of the process.

The event was composed of a series of 10-minute presentations by researchers to highlight their work. The presentations were grouped under three categories:

1. **Research and Evaluation of Cutting-Edge Interventions**
2. **Understanding the Needs of Service Users**
3. **Implementing Services that Work**

“I would assess the level of research activity this year, and also over the last number of years, is unparalleled in the community sector.”

—Dr. Tim Aubry

Summary of Opening Remarks

Dr. Tim Simboli

Executive Director, CMHA Ottawa

Bright Ideas is a Bright Idea. Research and evaluation can be hard to do for community-based organizations. When we started compiling the projects for the event, we realized just how much research and evaluation was going on at CMHA Ottawa. Researchers are big believers in sharing their work and that's what this day is about.

Bright Ideas is also about being a little provocative and a little bold; to challenge some of the established thinking, particularly thinking around community-based agencies. It's important to recognize that we can do research that is impactful and can contribute to the field. We hope that the work we do

builds the validity and the respectability for community-based agencies as sources of information, beyond what happens in universities or hospitals or larger institutions.

And of course, this is for the clients. They deserve the best of what we can think of, the best of how we can adapt, and the best of how we can collect evidence and improve what we're doing. I hope that you sample the projects that we have ongoing at CMHA Ottawa and if you still have a bit of an appetite for more, you'll pick something that really piqued your interest, and that will lead to a collaboration down the line.

Dr. Tim Aubry

Professor, School of Psychology—Senior Researcher, Centre for Research on Educational and Community Services (CRECS)

Looking over the presentations, it's a reflection on the extent that CMHA Ottawa has become an evidence-based community agency that uses research meaningfully to develop and advocate for new and innovative community mental health services and policies.

I would assess the level of research activity this year, and also over the last number of years, is unparalleled in the community sector. There are presentations today from our graduate courses on program evaluation, practicum and internship placements, doctoral theses, and research projects of post-doctoral researchers. Over the last number of years, CMHA Ottawa projects have not only made a local contribution with the agency, but also with community mental health services more broadly, and contribute to the overall knowledge base.

I want to highlight that all the projects involve meaningful collaboration between researchers, staff, and clients at CMHA Ottawa. You couldn't do this kind of work without the commitment of agency staff and clients. I want to acknowledge and thank them for their contributions to the projects you are going to hear about today.

Of course, this level of research productivity would not happen if it wasn't championed by the people at the top. Notably, I want to thank Tim Simboli for his support, in his role as Executive Director, to the students, postdocs, and faculty like myself, over the past 12 years. As he prepares to retire, he leaves an impressive legacy that includes purchasing, designing, and moving into a beautiful building, developing new innovative services, and transforming the agency into a learning organization.

Presentation Summaries

Theme 1: Research and Evaluation of Cutting-Edge Interventions



An Examination of the Effectiveness of Smoking Cessation Treatment Interventions for Individuals with Severe Mental Illness: A Pilot Randomized Controlled Trial

Dr. Donna Pettey
CMHA Ottawa



Presentation Slides



Publication

Purpose

To evaluate the effectiveness of two different smoking cessation interventions for individuals with severe mental illness.

Method

Study participants (N = 61) randomly assigned to the SC-R group (n = 29) were offered 24 weeks of no cost Nicotine Replacement Treatment (NRT); participants assigned to the SC + group (n = 32) were offered 24 weeks of no cost NRT plus two initial individual counselling sessions of motivational interviewing and weekly psychosocial group support for 24 weeks.

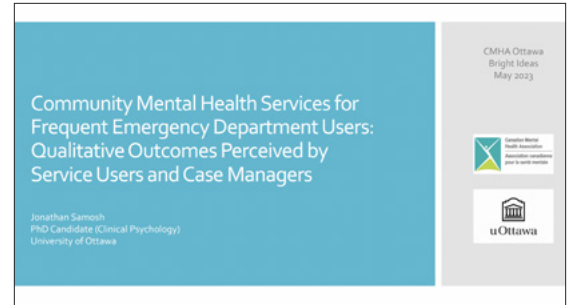
Results

At six months, the smoking cessation outcome was 7% for the SC-R group and 14% for the SC + group, but there was no statistically significant difference between the groups. Both groups showed a significant decrease in the number of cigarettes smoked per day and significant improvement in physical health functioning.

Implications

Clients with severe mental illness, high prevalence of co-occurring substance use and experience of homelessness, are both interested and able to quit smoking and reduce cigarette use.

Community Mental Health Services for Frequent Emergency Department Users: Qualitative Outcomes Perceived by Service Users and Case Managers



Presentation Slides

Jonathan Samosh

PhD Candidate, Clinical Psychology, University of Ottawa

Purpose

Hospital emergency departments struggle to support the health and social needs of frequent emergency department users presenting with mental illness or addiction. Community mental health services offer an alternative model of support for these service users. However, outcome studies investigating mechanisms of change in these programs remain limited. The aim of this study was to investigate perceived outcomes of CMHA Ottawa's system navigation and short-term case management service for frequent emergency department users with mental illness or addiction, as well as to investigate any related mechanisms of change and barriers to change.

Method

The study involved qualitative interviews with 15 service users and focus groups with six case managers. Data were analyzed with qualitative thematic analysis.

Results

Participants generally reported perceiving that the program contributed to reduced emergency department use, reduced mental illness symptoms, and improved quality of life. Results were more varied for addiction-symptom outcomes. Reported mechanisms of change emphasized the interpersonal relationship between service users and providers, as well as the development of practical skills. Ultimately, community mental health services for frequent emergency department users with mental illness or addiction were perceived to effectively support service users' needs while reducing emergency department resource burden.

Implications

Similar services being developed should aim to foster consistent and warm relationships between service users and service providers as a primary mechanism supporting positive program outcomes.

The Social Prescribing Project: Early Findings from a Needs Assessment



Presentation Slides

Minda Wood

PhD student, University of Ottawa

Elyse McCall-Thomas

PhD student, University of Ottawa

Purpose

People with serious mental illness and histories of chronic homelessness face ongoing challenges with community integration, recovery, and social inclusion even after they are stably housed. While Housing First (HF) has been successful in addressing people’s immediate and long-term housing needs, the evidence does not show that it is superior to other services at improving health and social outcomes. To address this issue, researchers at the University of Ottawa are collaborating with CMHA Ottawa and Options Bytown to develop, test, and evaluate the use of “social prescribing” (SP) in their HF programs.

Program Description

SP, which is practiced widely across the UK and has been identified as best practice in their health-care system, connects people with social and community resources as tools to address isolation and exclusion. Resources range from physical exercise programs

to outdoor activities, arts-based projects, museums, gardening clubs, and more. This presentation will provide an overview of a project that is piloting the integration of SP into HF programs and a discussion of preliminary findings from the needs-assessment phase.

Implications

The intervention is being developed in collaboration with CHMA Ottawa and OB and informed by focus groups with case managers and HF clients. It will be tested with a small group of HF clients from each agency with the goal of enhancing clients’ citizenship and addressing issues of loneliness and community integration. The effectiveness of this intervention will be evaluated throughout its implementation and findings will be shared across HF programs, as well as community organizations and researchers focused on addressing homelessness.

Fresh Veggies for Clients of CMHA Ottawa: A Pilot Project Evaluation



Presentation Slides

Danielle Charland

Undergraduate Medical Education (UGME), Faculty of Medicine, University of Ottawa

Purpose

The fresh veggies pilot project provided access to fresh vegetable boxes on a bi-weekly basis to many participating CMHA Ottawa clients for the first time during the summer of 2022. This program included participants that currently lived in housing where they can store vegetables and those that were interested in cooking and eating fresh vegetables. This program aimed to combat food insecurity and chronic health conditions to support a greater mental health.

Method

To determine how to evaluate the pilot project, a logic model and evaluation matrix were created. From these, online surveys were created for participants and frontline staff and a key informant qualitative interview was developed for the farmers.

Results

The participant survey received eight responses and very positive feedback, including a 9.88 rating of the program and a 100% interest in repeating the program. The frontline staff survey received seven responses and positive feedback, including an 8.66 rating of the program and an 86% interest in repeating the program. The farmers reported a positive experience and identified that this was the best project that they have participated in so far.

Implications

The study results correspond with a strong recommendation to repeat this project. Some recommendations to improve the program include adding a pick-up location at 311 McArthur, reminding participants of their upcoming pick-up, and re-evaluating the inclusion criteria for participants.

Theme 2: Understanding the Needs of Services Users



Needs Assessment for Discharge Planning from Intensive Case Management Services at CMHA Ottawa



Presentation Slides

Valerie Schutte

Graduate Microprogram on Evaluation of Social and Health Programs and Policies, Faculty of Social Sciences, University of Ottawa

Alathea Hayes

Graduate Microprogram on Evaluation of Social and Health Programs and Policies, Faculty of Social Sciences, University of Ottawa

Purpose

This presentation discusses how discharge planning could be integrated into intensive case management (ICM) at CMHA Ottawa. In ICM, clients work with their case managers using a client-focused, strengths-based approach to achieve their personal recovery goals and to prepare to maintain their stability, independence, and quality of life when they eventually transition out of ICM. The process of preparing a client to move on and identifying when they are ready to graduate is called discharge planning.

Method

The presentation is based on a needs assessment conducted at CMHA Ottawa between September 2022 and April 2023. It addressed four evaluation questions:

1. How can case managers identify clients who are ready for discharge?
2. What are the needs of clients during discharge planning?

3. What are the needs of case managers during discharge planning?

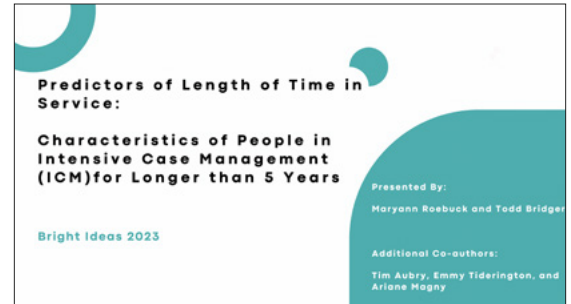
4. How should discharge planning be integrated into ICM services?

The methods included a focus group discussion with six current and former clients, surveys of 12 case managers, and interviews with two case managers and three program managers. Data were analyzed using themes and statistics. Based on the findings, recommendations were co-developed with an advisory council of eight individuals with expertise or lived experiences with ICM and/or discharge.

Results and Implications

The presentation unpacks the signs and tools that can help determine how ready clients are for discharge. It describes the needs of clients and case managers during discharge planning and the discharge process. Seven recommendations for how discharge planning could be integrated into ICM at CMHA Ottawa will be discussed.

ICM Length of Time in Service: Characteristics of People in ICM Longer than Five Years



Presentation Slides

Dr. Maryann Roebuck
CMHA Ottawa

Todd Bridger
CMHA Ottawa

Purpose

The purpose of this study was to examine the characteristics of people who stay in intensive case management (ICM) for five years or longer, compared with people who are in ICM for less than five years.

Methods

CMHA Ottawa served 1,073 ICM clients from April 2012 to March 2022. Of those clients, 531 were in ICM for less than five years (and were closed as of March 31, 2022). 289 were in ICM for five years or longer (closed or open as of March 31, 2022). Drawing on client administrative data, we compared differences across these two groups using t-tests and chi-squares. We also ran a logistic regression, predicting membership in one or the other two groups. We included 22 variables in the analyses. Using the Gelberg-Andersen Model for Access to Health Services, we categorized these variables according to personal characteristics (predisposing factors), mental and physical health conditions (need predictors), presenting issues at beginning of service as well as community functioning (enabling factors), and access to services, such as the dose of ICM and use of other programs in the agency.

Results

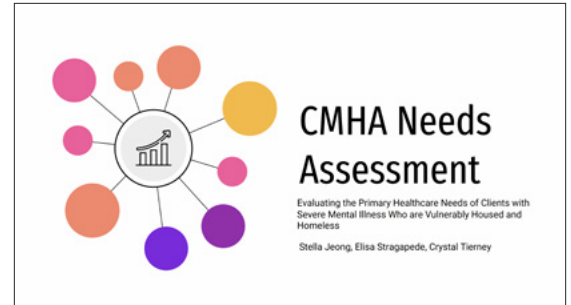
Our bivariate analyses (t-tests and chi-squares) showed that people in ICM for five years or longer were older, had higher prevalence of co-occurring substance use disorder, higher prevalence of a chronic health condition, and were in at least one other CMHA Ottawa

program. A higher proportion of people in ICM less than five years were returning ICM clients, and had higher doses of ICM (i.e., more contacts and longer contacts). When testing the logistic regression model, we correctly identified 46% of the group who were in ICM for five years or longer and 84% of the group who were in ICM for less than five years. People who were older, had a primary diagnosis of a psychotic disorder, had co-occurring substance use disorder, had at least one chronic medication condition, and were in another CMHA Ottawa program were more likely to be in the group who were in ICM for five years or longer. People who were returning ICM clients and who had a higher dose of ICM (in contacts) were more likely to be in the group who were in ICM for less than five years.

Conclusions

These results have implications for how best to support people in ICM and also identify groups who may need additional supports within ICM and when transitioning out of ICM. People in ICM for longer have lower numbers of contacts, which may indicate that a less intense service may meet their needs. Finally, there was no association between community functioning and length of time in service, which may indicate that the use of community functioning measures could be strengthened in order to foster discussions around closure readiness. These study findings can inform the organization's continuous work on strengthening the discharge planning process in ICM and other programs.

Needs Assessment of the Healthcare Needs of People with Severe Mental Illness Experiencing Vulnerable Housing



Presentation Slides

Elisa Stragapede

Psychology Graduate students at the University of Ottawa

Crystal Tierney

Psychology Graduate students at the University of Ottawa

Stella Jeong

Psychology Graduate students at the University of Ottawa

Purpose

This needs assessment evaluated the primary healthcare needs of clients with severe mental illness who are vulnerably housed and homeless. The objectives of the evaluation were to understand the client's current healthcare needs, identify the barriers and enablers to addressing those needs and offer actionable recommendations to improve CMHA Ottawa's primary health care services.

Method

The evaluation consists of qualitative and quantitative data collection and analysis. Three focus groups were conducted with frontline staff (n=7), the nursing team (n=4), and people with lived experience (n=5). Analysis included thematic analysis of the qualitative data collected from the focus groups and descriptive statistics analysis using unique client data records.

Results

Analysis of the focus group data revealed four main themes that were replicated across groups: i) improving continuity of care; ii) emphasizing client advocacy; iii) ensuring care provided is accessible and trauma informed; and iv) addressing bureaucratic barriers. Client data records showed i) most clients have secondary mental or physical conditions; ii) stay in programs for over one year; iii) are unemployed.

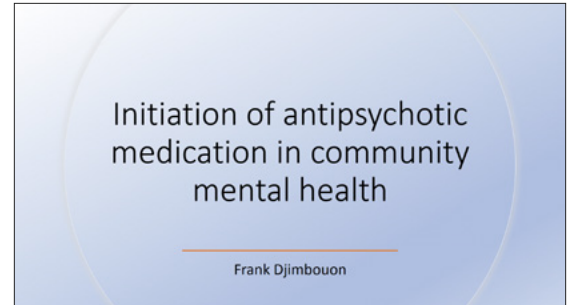
Implications

Based on the analyses, we generated six primary recommendations for CMHA Ottawa: 1) a resource handbook; 2) healthcare toolkits; 3) updated safety plans; 4) appointment peer support; 5) basic needs drop-in; and 6) a nurse practitioner-led clinic. The evaluations' findings offer short- and long-term actionable recommendations. CMHA Ottawa may utilize the findings from this evaluation to direct further needs assessments as the organization continues to develop and implement long-term recommendations.

Review of Best Practice of Anti-Psychotic Medication Initiation

Frank Djimbouon

Undergraduate Medical Education (UGME), Faculty of Medicine, University of Ottawa



Presentation Slides

Purpose

Antipsychotic medication is often used as a last resort for patients with psychosis who have complex and challenging needs, such as co-occurring psychiatric disorders, unstable housing and non-adherence to previous treatments. However, there is a lack of clear and practical guidelines for the initiation of antipsychotics in community mental health settings. The aim of this project was to create a set of guidelines that follow the best practices and that are also feasible and user-friendly for clinicians and staff working with CMHA Ottawa.

Method

The guidelines were based on a synthesis of the current literature on the treatment of psychosis

and schizophrenia, as well as on the specific characteristics and needs of the target patient population. The format of the guidelines was inspired by the Canadian Cardiovascular Society's Pocket Guides, which are concise and easy-to-use tools for clinical decision-making.

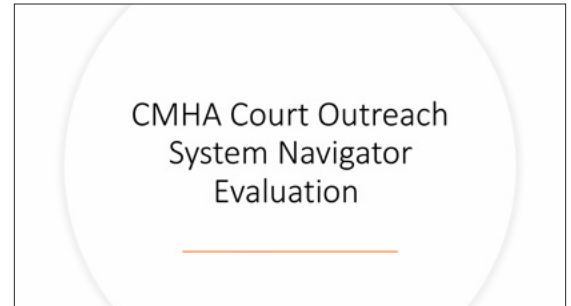
Results and Implications

The guidelines provide recommendations on the assessment, choice, dosage, titration, monitoring and discontinuation of antipsychotics, as well as on the management of side effects and adverse reactions. The guidelines also include patient education resources to enhance their understanding and adherence to the treatment. The guidelines are intended to improve the quality and consistency of care for patients with psychosis in community mental health settings.

Theme 3: Implementing Services that Work



CMHA Court Outreach System Navigator Evaluation



Presentation Slides

Kari Deurksen

Clinical Psychology Interns, University of Ottawa

Daniel Machado

Clinical Psychology Interns, University of Ottawa

Purpose

CMHA Ottawa's Court Outreach Program serves individuals with severe and persistent mental illness involved in the criminal justice system. Due to an increase in referrals and complexity of client presenting concerns, the Court Outreach Program created a new position of Court System Navigator focused on intake, liaising with community partners, and providing initial supports to clients. We conducted an evaluation to answer two questions: 1) How does the System Navigator improve or worsen program delivery? and 2) What are community partners' and Court Outreach Workers' perceptions of the benefits and drawbacks of the System Navigator position?

Method

The present evaluation used focus group and key stakeholder interviews to answer the evaluation questions. Interview notes were analyzed using thematic content analysis.

Results

We found a number of benefits to centralizing the System Navigator role. Client benefits included better initial engagement, less time in custody, better outcomes from court involvement, timelier referral, and improved rapport and comfort with service providers. Interprofessional benefits included reduced burden on Court Outreach workers, more streamlined communication within the Court Outreach Program and with community partners, and stronger relationships with community partners.

Implications

Recommendations include having a second dedicated Court System Navigator, better tracking client outcomes, and, at the community level, advocating for better funding for housing, health, and mental health services for those with severe and persistent mental illness.

CMHA Ottawa's Recovery College Pilot Program: A Formative Evaluation

Omar Ugas
CMHA Ottawa

Kari Duerksen
Clinical Psychology Intern, University of Ottawa



Presentation Slides

Purpose

The CMHA Ottawa Recovery College pilot program is a new mental health community initiative that aims to offer courses to support the wellbeing and recovery of individuals who have a history of mental health-related challenges. These individuals are known as students and work in collaboration with mental health professionals to co-create, co-deliver, and co-learn courses. CMHA Ottawa has requested an evaluation of the program. A formative evaluation of the pilot program was conducted to evaluate if 1) the program is being delivered to its intended population, 2) courses are being effectively created and delivered, and 3) students are satisfied with the level of learning.

Method

To do so, a mixed-method approach was used, wherein a focus group, a survey, and an administrative review were conducted to gather the data necessary to answer all evaluation questions. The focus group and

surveys were completed by students and facilitators (individuals who have co-created and/or co-delivered courses, but who are not students) and the administrative data were obtained from the Program Coordinator.

Results

Using descriptive statistics and thematic analysis, we found several program strengths such as the process of coproduction, students themselves, positive relationship outcomes, and positive aspects of virtual course delivery.

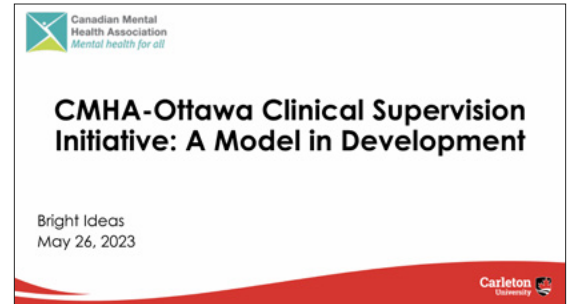
Implications

We propose recommendations for program improvement, such as expanding class time during the day as it can be challenging for some people. There is a need to continue access to Recovery College after an individual's CMHA Ottawa file is closed to prevent sudden disconnection. Likewise, the program could be expanded to allow access for those outside CMHA Ottawa.

Developing an Organizational Culture of Supervision in Community-Based Mental Health

Jason Platts
CMHA Ottawa

Teresa Meulenstein
CMHA Ottawa



Presentation Slides

Purpose

The purpose of the project was to develop an innovative model of Clinical Supervision (CS) for community-based case management services, building on our leadership strengths to prioritize and comprehensively develop an organizational culture of clinical supervision. CS is one component within a larger leadership framework which supports supervisor development through training and a community of practice.

Method

The project was completed with Dr. Karen Sewell of Carleton University to develop a model of CS for CMHA Ottawa. She conducted a needs assessment including focus groups, surveys and management self-assessment of competencies.

Results

From this she developed a CMHA Ottawa-specific model including tools and eight training sessions for management. Focus groups with frontline staff have been conducted. This information will further inform future areas to develop.

Implications

The tools (session document) and trainings are being implemented in individual and group supervision with all staff. Dr. Sewell continues to work with the management team to develop clinical supervision skills with direct practice and consultation. She will develop and deliver a training to frontline staff in the fall of 2023.

Collaborative Research in Mental Health Social Work Education 2023



Presentation Slides

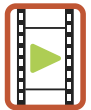
Brenda Morris
Instructor, Carleton University

Ann Gallant
MSW student, Carleton University

Tim Simboli
Executive Director, CMHA Ottawa

Cory Bostick
MSW student, Carleton University

Cynthia Schreiber
MSW, CMHA Ottawa



Video

Purpose

In 2022–23, Canadian and Australian colleagues, including CMHA Ottawa’s Executive Director, used cooperative inquiry methodology to draw on the diverse experiences of students, practitioners, academics, family members and mental health administrators, all with an interest in fostering transformative social work practice in mental health. This research deepened understanding of how and from whom social workers learn and how learning extends far beyond university education into early-, mid- and late-stage career development.

Results and Implications

Data collection conversations sparked one Carleton University mental health social work educator to initiate a partnership with CMHA

Ottawa within which final-year master of social work students were linked with active practitioners to extend their understanding of the complexities of mental health social work practice and peer support. This collaboration, which included CMHA Ottawa and The Royal Ottawa Mental Health Centre, sensitized future practitioners to the realities of the work, both for those receiving services and those engaged in providing them. It also aligned with insights emerging from the research regarding how to build bridges between university and practicum-based learning and entry to practice in ways that support a transformative and person-centred agenda in mental health. The project is one example of real-time productive applied research in mental health social work and education, and is expected to continue in years to come.

Closing Remarks

Todd Bridger

Manager of Quality Assurance and Improvement, CMHA Ottawa Decision Support and Accountability Team

Thank you to everyone who attended our second annual Bright Ideas event. The research and evaluation that was presented today was done with authentic input from our staff and clients, in collaboration with our academic partners. Thank you to everyone who shared. It was truly co-designed. I also want to thank everyone in attendance, for this is how knowledge is shared and built upon.

Research and evaluation have been a priority for CMHA Ottawa for more than two decades. We have consistency in the quality and application of research, evaluation, and service provision. The primary function of research and evaluation for healthcare providers is to ensure that health services use their resources to make sure they are providing the best care possible. This is aligned with the four objectives of the “Quadruple Aim”, an internationally recognized framework that designs and delivers an effective health care system (Better Client Care and Caregiver Experience, Better Client Outcomes, Better Value and Efficiency,

and Better Provider Experience). <https://www.ontario.ca/document/healthy-ontario-building-sustainable-health-care-system/chapter-2-vision-health-care-ontario>

So how do we ensure our research results in improvements in activities to meet the needs of the clients and professionals providing care? We’ve heard today about the work we are doing that involves listening to the needs of the clients and care providers to identify what needs to change/opportunities for improvements. We co-design our work with our clients and staff in order to distribute power throughout our organization. This allows us to adapt accordingly to provide the best care we possibly can. We recognize that change can be hard so we want to do what we can to ensure changes are informed by clients and staff. This helps ensure that change ideas are sound, and everyone can support the changes. “While all changes do not lead to improvement, all improvement requires change.”

Participant Feedback

67%

of attendees were **very satisfied** with the event

33%

of attendees were **satisfied** with the event



15 Attendees Completed The Feedback Questionnaire. No Participants Disagreed Or Strongly Disagreed With Any Of The Below Statements.

Statement	Strongly Agree	Agree	Neutral
The event was well organized.	67%	33%	
The event met my expectations.	67%	33%	
The length of the event was appropriate.	53%	27%	20%
The presenters provided information clearly and effectively.	80%	20%	
The materials were appropriate for the information being shared.	67%	33%	
I am now more aware of the uses of research and evaluation at CMHA Ottawa.	67%	33%	
I gained new knowledge from the event.	67%	33%	
The event provided information on lessons learned from the research and evaluation activities at CMHA Ottawa.	60%	40%	
Events like this help to increase knowledge exchange in the community mental health sector.	80%	20%	
It's important for CMHA Ottawa to continue to provide post-secondary students with the opportunity to work with community partners in research and evaluation.	93%	7%	
I'm interested in becoming more active in research and evaluation activities at CMHA Ottawa.	33%	20%	47%

Participants were overall satisfied with the event. Some participants noted wanting more time to ask questions to presenters.

The following is what participants had to say about the event, taken from the follow-up feedback survey—

“Such a fabulous event. Please continue to make this an annual offering.”

“Loved it! Lots of great takeaways and areas/ topics that I want to reach out to CMHA Ottawa and discuss further.”

“Consider finding other formats for people to ask questions – may need to do it as two events to allow more time. Thank you!”

For more information on the studies presented at this event, and research and evaluation activities at CMHA Ottawa, please contact the Decision Support and Accountability Team,

led by Dr. Donna Pettey (dpettey@cmhaottawa.ca) and Dr. Maryann Roebuck (mroebuck@cmhaottawa.ca).