



# **BRIGHT IDEAS**

— OTTAWA —

# May 2024 Proceedings Report



Canadian Mental  
Health Association  
Ottawa

# Acknowledgements

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 (CRECS) 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 (DSAT): Todd Bridger, Christina Mutschler, Donna Pettey, Maryann Roebuck, and Lucy Whitteker
- Communications and Stakeholder Relations: Patrick Jodoin
- Learning and Development: Julie Levesque

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## Current and Upcoming Research Projects

- Presented by Todd Bridger and Dr. Maryann Roebuck, CMHA Ottawa

Bright Ideas was presented **virtually on Zoom** the morning of Friday, May 10, 2024, as part of CMHA's Mental Health Week. The event took place on the unceded and unsundered territory of the Anishinaabe Algonquin Nation. CMHA Ottawa recognizes the Anishinaabe people as the customary keepers and defenders of the land now known as Ottawa. We are grateful to live and work on the traditional territory of the Anishinaabe Algonquin Nation.



A promotional graphic for the 'Bright Ideas 2024' webinar. The background is a vibrant green with a sunburst pattern. At the top left, it says 'Friday, May 10, 2024 9:30 a.m.-12:00 p.m.'. The main title 'Bright Ideas' is in large blue letters, with '2024' below it. A red play button icon is overlaid on the text. To the right, a glowing lightbulb contains the CMHA Ottawa logo. Text to the right of the lightbulb reads: 'A webinar round-up of the research and evaluation activities undertaken at CMHA Ottawa over the past year'. Below this, a black box contains the registration information: 'Register for free on Eventbrite: https://tinyurl.com/brightideas24' and a QR code with 'SCAN ME' below it. At the bottom, there is a black bar with the hashtag '#CompassionConnects' and the CMHA Ottawa logo and name in both English and French: 'Canadian Mental Health Association Ottawa Mental health for all' and 'Association canadienne pour la santé mentale Ottawa La santé mentale pour tous'. The entire graphic is framed by a black border, and below it is a video player interface with a red progress bar and control icons (play, next, volume, settings, full screen, and expand).

# Description of Event

## Dr. Donna Pettey, Co-Director of Integration, Research and Evaluation – Host and Chair

At the Ottawa branch of the Canadian Mental Health Association (CMHA Ottawa), we continue 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 are as follows:

- To highlight the purposes and uses of research and evaluation in the organization,
- To encourage transparency (sharing the work that CMHA Ottawa staff and clients have been a part of),
- To identify lessons learned, opportunities for improvement, and the high quality of our services – all identified and explored within these initiatives.
- To share next steps and what each study led to.

In partnership with the University of Ottawa, 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 (DSAT). Undertaking and supporting research through the monitoring, analysis, and management of data and clinical files are essential to the process.

This event is composed of a series of 10-minute presentations by researchers to highlight their work. The presentations are grouped under three primary categories:

1. Evaluation to Support Equity, Diversity, and Inclusion Initiatives
2. Understanding the Diverse Needs of Service Users
3. Implementing Cutting-Edge Evaluations in Community Mental Health

In addition, this year we are privileged to have journalism students provide a presentation for knowledge translation of Housing First.

# Summary of Opening Remarks

**Dr. Susan Farrell**  
**CEO, CMHA Ottawa**

*Good morning and thank you to Donna for the introduction, for hosting today, and for the powerful and important land acknowledgement. As I was thinking about the fact that this wonderful event, Bright Ideas, is in its third iteration on the unceded and unrendered territory of the Anishinaabe Algonquin Nation, I thought about the Indigenous practice of storytelling and the importance of passing information in many different mediums, most specifically speaking about it and speaking about how it affects our communities and affects life going forward.*

*Indigenous peoples share a very rich history and oral history is critically important. I hope that Bright Ideas will continue to be an annual tradition in which we will speak to the research, its implication, its use by all for all, and continue to build on the wisdom of our ancestors.*

*I'd also like to wish you a happy Mental Health Week. It's been an active week filled with discussions about mental health and particularly in our case, community mental health. Community-based mental health services are such an important part of the entire spectrum of healthcare and mental healthcare. It has many unique elements that will be well displayed today.*

*Historically, community mental health is grounded in research and evaluation. The practices that are before us come from the dedication of so many learners, professors, thinkers, peers, knowledge users, and others, to give us a collection of ways to understand the communities in which we live. It's particularly exciting that Bright Ideas takes place during CMHA's Mental Health Week, and in the celebration of that, continues to remind us of the importance of research and evaluation in mental health care.*

*As Donna mentioned, I am the fairly new CEO here at CMHA Ottawa. I've been here long enough to have an appreciation that CMHA depends so critically on the research and evaluation that happens in partnerships across our community. I'm grateful that you're able to be here with us today to share your information and how we use it and to learn from others.*

*Research and evaluation is also critically important for shaping advocacy and policy. It should shape all policy, and we're still thriving in that direction.*



**Dr. Tim Aubry**  
**Professor, School of Psychology**  
**Senior Researcher, Centre for Research on Educational and Community Services**  
**(CRECS)**

*Thank you to CMHA Ottawa for inviting me and students from uOttawa to be part of the third annual Bright Ideas event. I was asked to say a few words about the importance of integrating research into community mental health services. In preparing to do that, I have thought how much community mental health services have changed and been developed over the course of my career.*

*When I started my graduate studies in 1981, evidence-based programs for the most part did not exist in community mental health. The only program that was starting to be studied and had evidence from a clinical trial in Wisconsin showing its effectiveness was Assertive Community Treatment. As a result, in responding to deinstitutionalization, first in the U.S. and then Canada, ACT was scaled up to support ex-psychiatric patients living in the community.*

*Later, in the '90s and early 2000s, we started to hear about new approaches that included Housing First, intensive case management, and supported employment. These approaches also took off because the creators knew enough to integrate research to examine their early implementation and effectiveness. I am convinced that without Sam Tsemberis investigating the early versions of Housing First in NYC that it would have never been scaled up internationally the way it has over the past 20 years.*

*Looking over the list of what will be presented today at this Bright Ideas event, we see early research on pilots of new services that include recovery colleges, social prescribing, digital health promotion, and mental health support for frequent users of emergency departments. As well, the list includes interesting research on adaptations to existing programs in the community mental health sector that includes delivering ICM to seniors, and integrating DEI into community mental health services. Finally, the list includes a needs assessment of community mental health service users that can inform new services focused on cardiovascular disease risk factors and taking into account climate change for vulnerably-housed people.*

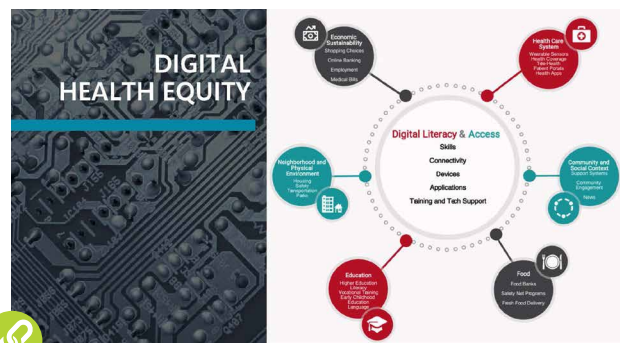
*In closing, I want to highlight that all the projects involve meaningful collaboration between researchers and staff at CMHA Ottawa. It would not be possible to do the studies you will hear about today without the commitment of agency staff and program participants. I want to acknowledge and thank them for the important role they play in the research conducted at CMHA. Merci!*

# Presentation Summaries

## Theme 1: Evaluation to Support Equity, Diversity, and Inclusion Initiatives

### Promoting Digital Health Equity Among People with Serious Mental Illness: A Community Based Participatory Needs Assessment

*Kimberly Turner, Psychology PhD student; Christa Masengesho Ndamage, and John Sylvestre University of Ottawa, School of Psychology*



#### Introduction:

As more aspects of our lives move online, it is important to consider the role of digital technology in health, often referred to as digital health equity. The current literature examining digital health equity among marginalized groups, including people with serious mental illness, is focused on the healthcare system and does not focus on how digital technology use impacts health in other ways. Additionally, little is known about promoting digital health equity among people with serious mental illness. We are conducting a community-based participatory needs assessment to qualitatively examine digital health equity among a community of people with serious mental illness. The focus of the study is on identifying community needs and barriers, potential solutions, and community priorities.

#### Method:

In part one of this study, we conducted four focus groups with CMHA Ottawa staff and clients. These focus groups mapped out clients' current experiences with digital technology use including unmet needs and how it relates to their health. In part two, we used a nominal group technique to identify any additional needs and assess which needs are most prioritized by the community and to generate and prioritize potential solutions.

#### Results:

Analyses are in progress. Initial results indicate that CMHA Ottawa clients have many unmet needs related to digital technology at individual, community, service, system, and policy levels.

#### Practice implications:

The results of this study will provide practical recommendations for improving digital health equity for people with serious mental illness that are based on the needs and priorities expressed by the community.



# DEI Committees at CMHA Ottawa: An Evaluation of Purpose, Processes, and Potential

*Konrad Czechowski, Doctoral Candidate, Clinical Psychology, University of Ottawa, and Christina Mutschler, Postdoctoral Fellow, University of Ottawa, CMHA Ottawa*



## Introduction:

The Canadian Mental Health Association, Ottawa Branch (CMHA Ottawa) aims to enhance equity, diversity, and inclusion within its organization. Recognizing the evolving landscape of best practices, CMHA Ottawa has initiated a comprehensive evaluation to standardize and improve the effectiveness of its three key committees addressing anti-black racism, gender and sexual diversity, and Indigenous issues.

## Method:

The evaluation consists of two parts: first, creating a framework to guide committee activities, and second, implementing and assessing this framework. Methods include focus group consultations with stakeholders, reviews of relevant literature, and development of program logic models in collaboration with a working group.

## Results:

We worked with committee members to identify three priority areas for the committees to focus on as their objectives and activities.

### General Committee Functioning

Regular, purposeful committee meetings will strengthen the capacity of the committees to ensure DEI issues are prioritized within the organization.

### Staff Training and Support

Comprehensive and relevant training programs would help staff support clients who present with DEI-related issues, supported by a publicly accessible repository of DEI resources. The goal will be to cultivate a safer environment for clients and staff from equity-deserving groups.

### Data Use

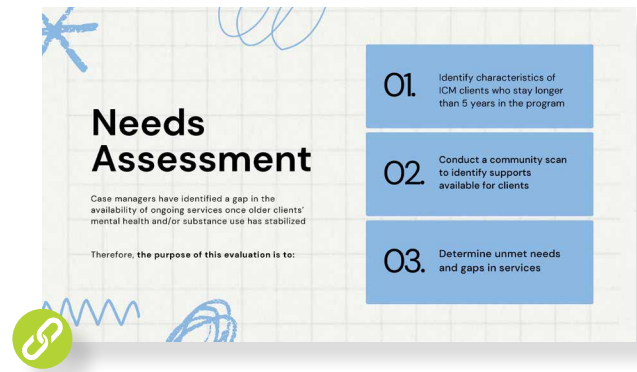
Implementation of a data management program and regular audits ensure the client population reflects broader community diversity.

## Practice Implications:

These initiatives highlight the importance of a sustained DEI commitment within organizational practices. Committee objectives identified in this project are vital for fostering an inclusive environment and positioning CMHA Ottawa as a leader in promoting mental health equity.

# An Evaluation of CMHA Ottawa's 55+ Intensive Case Management Program Clients

*Alyssa Pozzobon, Psychology PhD student, University of Ottawa; Karen Boyd, Teresa Meulensteen, Maryann Roebuck, CMHA Ottawa; Tim Aubry, University of Ottawa*



## Introduction:

The growing aging population in Canada faces increasing challenges with mental and physical health. Intensive Case Management (ICM) is an effective model that addresses these complex needs, including for older adults. In previous evaluations, evaluators have identified that CMHA Ottawa clients ages 55 and above tend to stay in Intensive Case Management significantly longer than clients below the age of 55.

## Method:

We conducted a needs assessment of the Intensive Case Management Program at CMHA Ottawa to explore the potential unique needs of these clients that are not being met by current available resources.

## Results:

We found that clients 55 and older that stay longer than five years in the program are more likely to report other chronic illnesses than those who spend five years or fewer in the program. Through focus groups with case managers and clients, we found that reasons for these disparities between younger and older clients may be due to transitions from Ontario Disability Support Program to Old Age Security, availability of accessible and affordable housing, accessibility of the governmental health care system, and cultural barriers.

## Practice Implications:

This project highlights the importance of more specialized resources for low income seniors with mental health challenges. We encourage CMHA Ottawa to create specific programs to help clients navigate the healthcare system, accessible housing, and financial transitions after the age of 65. This study can also help promote advocacy work around improving care at the provincial and federal level, particularly for this unique population.

# Theme 2: Understanding the Diverse Needs of Service Users

## Review of Cardiovascular Disease Risk Factors and Outcomes of Individuals Experiencing Homelessness and Serious Mental Illness

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

Results- Serious Mental Illness (SMI)		
<b>Bipolar disorder</b>	<b>Major Depressive Disorder (MDD)</b>	<b>Schizophrenia</b>
<ul style="list-style-type: none"><li>- 33% of deaths of those with bipolar disorder are due to CVD (Baeklund, 2011)</li><li>- Genetic influences (P2X7) (Gidlof, 2012)</li><li>- Antipsychotic medication</li></ul>	<ul style="list-style-type: none"><li>- Hazard ratio CVD 1.14 (Rajan, 2020)</li><li>- Elevated inflammatory biomarker (HS-CRP) (Gidlof, 2012)</li><li>- Antidepressant medication</li></ul>	<ul style="list-style-type: none"><li>- Individuals diagnosed with schizophrenia are 1.53x more likely to develop CVD (Sabbah, 2008)</li><li>- 25% of patients with schizophrenia die from CVD (Goldfarb, 2022)</li><li>- Antipsychotics (Clozapine)</li></ul>

### Introduction:

Individuals experiencing homelessness and serious mental illness (SMI) are more likely to develop cardiovascular disease (CVD) and have increased cardiovascular mortality. The purpose of this study was to describe the relationship between cardiovascular health, homelessness and SMI. This study raises awareness of the challenges faced by this population, provides strategies to improve health outcomes, and presents areas for future research.

### Method:

Two electronic searches were completed using the PubMed database. One investigating homelessness and cardiovascular disease and the second for serious mental illness and cardiovascular disease. The articles were filtered for including females; relevant articles were screened using titles and abstracts.

### Results:

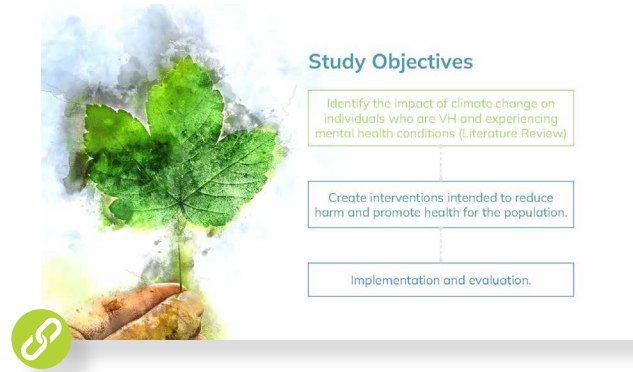
Individuals facing homelessness and SMI experience elevated traditional CVD risk factors (hypertension, diabetes, smoking, and hyperlipidemia) and non-traditional risk factors (human immunodeficiency virus, IVDU, cocaine use, chronic stress, and antipsychotic medication). This high-risk group encounters barriers to medical adherence, and decreased rates of screening, diagnosis and procedural care. Additional sex differences in risk factors and outcomes of CVD were observed.

### Implications:

Educating healthcare workers and CMHA Ottawa staff regarding CVD risk factors and outcomes for those experiencing SMI and homelessness may help dismantle biases and the barriers faced by this population. Providing accessible services to decrease the barrier of care is essential for harm reduction and improved outcomes. Due to the complexities of patient care and cardiovascular health within this population, a multidisciplinary approach is beneficial. Future research should investigate the unique risk factors and outcomes of CVD for women experiencing SMI and homelessness.

# Climate Change Considerations and Best Practices for Individuals who are Vulnerably-Housed (VH) and Experiencing Mental Health Conditions

*Kwadjo Nyarko, Medical Student at uOttawa*



## Introduction:

Climate change is a challenge with many public health and mental health implications, especially for those in vulnerable populations. Among these disproportionately affected groups are individuals who are vulnerably housed and experiencing mental health conditions. This study aims to fill a large void in the literature by investigating the impact of climate change on the mental health outcomes of individuals who are vulnerably housed (VH).

## Methods:

This review began with a robust literature search in PubMed, Embase, Medline and PsycInfo using subheadings and keywords. The search yielded 119 results. After literature search, title and abstract screening and full-text review, most studies did not fit the inclusion criteria and six studies were included and synthesized.

## Results:

The studies revealed five overarching themes, including: increased exposure to climate and adverse weather events, limited access to public health messaging and coping resources, exacerbation of psychological stress leading to worsened mental health outcomes, heightened vulnerability of VH youth, and weather-related alterations in mental health status and substance use patterns. The findings highlight the disproportionate burden borne by VH individuals in the face of climate change, with amplified risks stemming from heightened exposure to adverse weather conditions, constrained access to resources, and exacerbated psychological stressors. It shows the need for tailored interventions and support mechanisms to mitigate the escalating impact of climate change on this vulnerable demographic.

## Practice Implications:

Climate change must be considered in all future interventions and there is a large need for future studies related to climate change. Policy, funding, and organizational actions must be taken to ensure that this demographic has improved outcomes. A plethora of interventions including administering cell phones to improve communication, preventing mental-healthcare disruptions, enhancing mental health supports, and conducting further research can potentially improve outcomes.

# Theme 3: Implementing Cutting-Edge Evaluations in Community Mental Health

## Creating and Implementing an Evaluation Framework for Recovery Colleges

*Christina Mutschler, Postdoctoral Fellow, CMHA Ottawa, University of Ottawa, and Rebecca Rutland, Peer Support Worker, CMHA Ottawa*

### Introduction:

Recovery Colleges are a recovery-oriented program for individuals with mental illness that prioritize an educational, rather than clinical approach. To date, the bulk of evaluation of Recovery Colleges has focused on outcomes (e.g., student satisfaction, well-being). This is problematic given the focus of Recovery Colleges on process (e.g., co-production, equalizing relationships), and the local specificity of Recovery Colleges in terms of adaptations and program goals. The aim of this review is to provide an overview of process and areas of focus when evaluating Recovery Colleges using examples from the Recovery College at CMHA Ottawa.

### Methods:

We utilized a scoping review of the existing literature on evaluation of Recovery Colleges, reviewing 29 published articles and organizing information by type of evaluation based on best practices in program evaluation.

### Results:

We provide an overview of existing literature regarding co-production of evaluation and formative, developmental, implementation, and outcome evaluation. We provide examples of evaluation at Recovery College at CMHA Ottawa including specific methods and areas of focus aligned with the literature and evaluation best practices.

### Practice Implications:

This project provides an outline of how to implement best practices of evaluation in community-based settings. The evaluation framework will be used by CMHA Ottawa in their ongoing evaluation of their Recovery College.

### Evaluation Framework

#### Step 1: Formative Evaluation

- Is the program feasible, appropriate, and acceptable?

#### Step 2: Implementation Evaluation

- Is the program being implemented as intended?
- Does the program have fidelity to the model?

#### Step 3: Outcome Evaluation

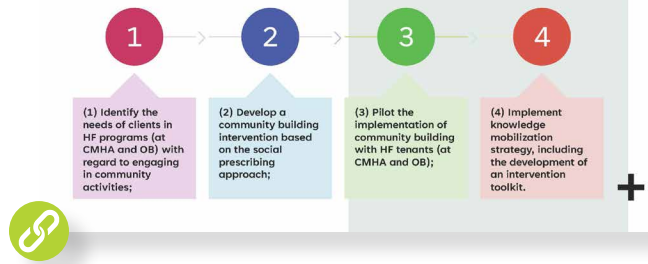
- Does the program impact the intended outcomes?



# Community Building with Housing First Clients: A Developmental Evaluation

*Élyse McCall-Thomas, PhD student, Faculty of Education, University of Ottawa, and Althea Hayes, MA student in Public Health at University of Waterloo*

## Objectives



### Introduction:

Individuals with serious mental illness and chronic histories of homelessness continue to encounter significant challenges related to community integration, recovery, and social exclusion, even after achieving stable housing. Although Housing First (HF) has been effective in meeting the immediate and long-term housing needs of these individuals, the program is not superior to other services at enhancing health and social outcomes. To address this gap, researchers at the University of Ottawa are collaborating with the Canadian Mental Health Association, Ottawa Branch (CMHA Ottawa) and Options Housing (f.k.a. Options Bytown) to develop, implement, and evaluate the integration of “social prescribing” (SP) into their HF programs. SP helps individuals combat isolation and exclusion by connecting them with social and community resources ranging from physical exercise programs, outdoor activities, arts-based projects, museums, gardening clubs, and more.

### Method:

This presentation provides an overview of the project’s three phases and discusses the second phase focused on implementing and evaluating the integration of SP in the HF programs at CMHA Ottawa and Options Housing. The SP intervention is being piloted by a small group of case managers and clients involved with each organization, who are asked to participate in several forms of data collection to inform the developmental evaluation of the intervention. This type of evaluation is useful for interventions that are in the early stages of development as it supports continuous improvement and adaptation by providing real-time feedback regarding what is happening, why it is happening, and how it can be improved.



# Evaluating the Hospital Service Use Outcomes of a Community Mental Health Program for Frequent Emergency Department Users

Jonathan Samosh, Clinical Psychology PhD  
Student, University of Ottawa

## Background

- A small proportion of emergency department visitors account for a disproportionately large amount of total emergency department visits (Beck et al., 2017)
- Emergency departments often struggle to provide support for the health and social needs of these frequent emergency department visitors (Soril et al., 2016)
- Programs designed to assist this population are increasingly of interest to health care practitioners, community agencies, governments, and other stakeholders trying to help these service users and reduce resource burden on emergency departments

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 outside of hospital. In this regard, CMHA Ottawa's innovative Familiar Faces program offers system navigation and intensive case management supports to assist frequent emergency department users with mental illness or addiction. Past research indicated that the Familiar Faces program was well-received by program clients and helped these clients reduce symptoms of anxiety and depression. Today's presentation will describe the design of additional research which is now assessing the Familiar Faces program's potential effects on program clients' use of emergency department and hospital services before and after receiving program support. This research design includes a new relationship developed between CMHA Ottawa and the Ontario government's Institute for Clinical Evaluative Sciences (ICES), which provides detailed health care service use data for researchers to explore the effects of CMHA Ottawa's programming in the broader local community.

# Knowledge Translation of Housing First

## How Housing First Works

*Nathan Fung, Simon Hopkins, senior undergraduate students at the Carleton University School of Journalism and Communication; presented by Patrick Jodoin, Manager, Communications and Stakeholder Relations, CMHA Ottawa*



This presentation highlights knowledge translation and the importance of engaging early-career journalists in telling accurate stories about community-based mental health programs and services, and the evidence that informs them. The 25th Hour is a current affairs news program created by senior undergraduate students at the Carleton University School of Journalism and Communication. Journalists Nathan Fung and Simon Hopkins created a mini-documentary about Housing First at CMHA Ottawa for the program.

In the Housing First model, people experiencing chronic homelessness in addition to mental health and addictions issues are provided with independent and permanent housing of their choosing—without conditions—prior to additional supports and services. At CMHA Ottawa, we use a Housing First approach to serve eligible individuals with severe and persistent mental illness and/or substance use disorder who are experiencing chronic homelessness or are vulnerably housed.

Check out Nathan and Simon’s doc about Housing First, featuring Mike Murphy, Housing Coordinator, and Lisa Medd, Housing Program Manager; as well as Tim Aubry, PhD, from the Centre for Research on Educational and Community Services – CRECS-CRECS at the University of Ottawa. It includes the first look at CMHA Ottawa’s newest condominium purchase, which will soon be home to a client of the branch experiencing chronic homelessness.

# Closing Remarks

*Todd Bridger, Manager of Quality Assurance and Improvement,  
Privacy Officer, CMHA Ottawa*

“Quality improvement.” When we hear that term, we think of many different things, but sometimes we do research and the question often comes, “What do you do with the research after it is done?” Research informs quality improvement. If we conduct research and evaluation in a thoughtful manner and planned approach, it can contribute to improving the services we provide to our clients.

In 2023, for those who joined us during the second edition of Bright Ideas, the research and evaluation activities directly improved what we do and offer. For example, we had a needs assessment conducted for discharge planning from intensive case management services, and a study on the characteristics of people who stay in case management for longer than five years. These studies gave us an opportunity to be more intentional in our discussions regarding service interactions, including discharge built into case management early in the relationship. We’ve developed dashboards to use for service decisions and identifying individuals for transitions including discharge.

The formative evaluation on Recovery College has allowed for advocating and securing funding to keep the program going. Finally, developing an organizational culture for supervision and community-based mental health was presented by two of our managers here at CMHA Ottawa and was supported by Carleton University. This has allowed for a uniformed model of clinical supervision across CMHA Ottawa, and that work continues to go on today.

The research and evaluation activities of CMHA Ottawa take a deliberate approach to ensuring that the studies we did a year ago, and some of them even two years ago, haven’t just stopped. We are building on the information we need, and we continue to improve upon the services we provide. Thank you very much, everyone, for taking the time to be here today.

*Dr. Maryann Roebuck, Co-Director of Integration, Research and Evaluation*

Thank you to everyone for your contributions to Bright Ideas. Thank you to the presenters who have invested their time and skills into helping to answer the internal evaluation and research questions we have at CMHA Ottawa, and in turn answering important evaluation and research questions in the community mental health sector more broadly. I also want to emphasize the ongoing commitment and involvement of our staff team, peer experts, and clients in these studies as advisors, co-researchers and participants.

**We are already excited and looking forward to what we will share at next year's Bright Ideas event.**

There are three ways that we will continue to build in the year ahead:

1

We will continue to build and strengthen our partnerships with universities and colleges, exchanging knowledge. This year we will have new proposals for evaluation students, med school students, psychology, and social work students to tackle some of our evaluation needs and to develop core evaluation skills in the process. We will also stay tuned for the results of Jonathan Samosh's Familiar Faces outcome evaluation, for Kim Turner's ongoing work on digital health equity, and for the social prescribing/building citizenship pilot.

2

We will continue to build the community mental health research base. In aiming to be leaders in community mental health research, we continue to share our applied research and program evaluation activities (conducted by our university partners too or in partnership with other agencies) as contributions to the broader research literature – in academic publications and conferences. Community mental health research is a challenging area of research and more knowledge needs to be shared in the academic space to build the body of knowledge of how community mental health practice is working on the ground as we see the changing needs of the sector, and use evidence-based practices.

3

We will continue to build the agency through knowledge translation. The research and evaluation profiled here and that we will conduct next year and beyond continues to build at CMHA Ottawa. We continue to turn these studies into tangible change. We translate knowledge in several ways: involving staff and clients meaningfully in the studies from the beginning – either as advisors or co-researchers; presenting the findings in staff meetings and talking about how the findings influence our practice; creating toolkits or research summaries that summarize what we've found to communicate with staff; and using study findings in funding proposals for new projects or new resources.

**We look forward to this ongoing utilization-focused work throughout the year and will see you at next year's Bright Ideas.**

The Canadian Mental Health Association, Ottawa Branch (CMHA Ottawa), is an independent, community-based non-profit organization that provides services for eligible individuals in the Ottawa area with severe and persistent mental illness and/or substance use disorder, many of whom are experiencing chronic homelessness or are vulnerably housed. CMHA Ottawa is dedicated to promoting good mental health, developing and implementing sustainable support systems and services, and encouraging public action to strengthen community mental health services and related policies and legislation.



Canadian Mental  
Health Association  
Ottawa



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[@CMHAOttawa](https://twitter.com/CMHAOttawa)



613-737-7791



613-737-7644



[general@cmhaottawa.ca](mailto:general@cmhaottawa.ca)



311 McArthur Avenue, 2nd floor  
Ottawa, Ontario K1L 8M3



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