



CONNECTED **camh**

Strategic Plan 2024–2030



Contents

| | |
|--|-----------|
| Our strategic plan | 2 |
| It's time for a lifespan approach to mental illness | 5 |
| Strategic Direction 1: Advance care | 12 |
| Dementia research inspires hope for the future | 15 |
| Strategic Direction 2: Get upstream | 16 |
| Early intervention can prevent youth psychosis..... | 19 |
| Strategic Direction 3: Lift societal health | 20 |
| Culture holds the power to heal | 23 |
| Strategic drivers | 25 |
| Measuring progress | 27 |
| Connected CAMH definitions | 28 |

Our strategic plan

We are delighted to share with you an exciting milestone in the journey of CAMH, as we unveil our new strategic plan, **Connected CAMH**.

In 2023, CAMH turned 25 years old. Over the last two decades, we have changed mental health in profound ways. We have transformed our Queen Street site in the heart of West Queen West, where we provide care to tens of thousands of people every year. We have taken on prejudice and discrimination, and influenced public policy. We have trained mental health professionals and inspired hope through discovery. Progress has been rapid, and the work ahead demands more from all of us. This strategic plan reimagines mental health. It calls on us to aim even higher.

To aim higher, we first needed to reach out far and wide. This plan, born out of an extensive collaborative effort, reflects the collective wisdom and aspirations of our diverse community.

Over the past months, we engaged with over 700 people, from patients and families to frontline staff. From community partners to international experts. We set out to have honest conversations about who we are and what we need to do to better support patients, families, communities and partners.

We also set out to develop a strategic plan that is rooted in our belief in the power of interconnectedness and in the lasting impact of our decisions. In crafting **Connected CAMH**, we were guided by the Haudenosaunee seventh-generation principle. This means we recognize that the choices we make today must contribute to sustainable solutions that endure for seven generations into the future. This principle underscores our commitment to responsible stewardship and the legacy of positive change.

We find ourselves at a pivotal moment, with unprecedented opportunities and challenges in the field of mental health and addiction. We see great progress

in raising awareness and understanding of mental illness. However, growing alongside this awareness are significant unmet public needs for care—demands for greater access, improved quality and evidence-based interventions. It is within this challenging environment that CAMH is taking bold steps toward a future where mental health is not just addressed, but redefined.

Our strategic planning process is grounded in our vision of health redefined, which compels us to confront the impact of mental illness across the lifespan. As we forge ahead, we aim to transform the landscape of mental health care, ensuring that our services are comprehensive, compassionate and responsive to the evolving needs of our community.

Connected CAMH serves as our roadmap for navigating these complexities by prioritizing innovation, collaboration and inclusivity. It reflects our commitment to creating a future where mental health and well-being are not only protected, but celebrated.

Thank you to everyone who contributed to this plan as we imagine our future together. Your perspectives will inspire us to shape a CAMH that is deeply connected, visionary, resilient and rooted in our shared values. The insights and experiences that you shared will ensure that our vision of health redefined resonates deeply with the people and communities that we serve.

Together, let's embark on this transformative journey toward a healthier, more connected future.



Sarah Downey



Sue Armstrong

Sarah Downey,
President and CEO

Sue Armstrong,
Chair, Board of Trustees



RBC Patient & F



It's time for a lifespan approach to mental illness

We are living in a rapidly changing world as we navigate our way out of a global pandemic. It is a world where disparities between socio-economic groups are growing and the crisis of affordability continues to mount. We are reckoning with the history and ongoing impacts of structural oppression, including racism and colonization. The real threat of the climate crisis continues to dominate against a backdrop of evolving social and technological forces. By the time Canadians reach the age of 40, one in two have, or have had, a mental illness.¹ And every day, more than 20 people in Canada die by overdose.²

About 40 per cent of dementia cases are potentially preventable.

Set against these realities, mental health needs have never been greater. In Ontario, 47 per cent of students report moderate to serious psychological distress, and 50 per cent are depressed about the future because of climate change.³ Globally, there is one new case of dementia every three seconds.⁴ Our changing landscape demands that we act on the many forces that shape mental health across the lifespan, as our population ages and diversifies and young people face an uncertain future.

As CAMH looks ahead to 2030, our vision of health redefined means that we must reckon with the impact of mental illness at all stages of life. We need to recognize critical windows of development and change across the lifespan that present valuable opportunities to prevent mental illness and intervene early to reduce suffering and improve quality of life.

Health redefined recognizes that the experience of a mental illness at one stage of life affects risk for illness in later stages of life. Untreated mental

1 Smetanin et al. (2011). *The Life and Economic Impact of Major Mental Illnesses in Canada: 2011 to 2041*. Toronto: Mental Health Commission of Canada.

2 Federal, Provincial, and Territorial Special Advisory Committee on the Epidemic of Opioid Overdoses (2023, Dec.). *Opioid- and Stimulant-related Harms in Canada*. Ottawa: Public Health Agency of Canada.

3 Boak et al. (2022). *The Well-being of Ontario Students. Findings from the 2021 Ontario Student Drug Use and Health Survey*. Toronto: Centre for Addiction and Mental Health.

4 Prince et al. (2015). *World Alzheimer Report 2015: The Global Impact of Dementia*. London, UK: Alzheimer's Disease International.

illness and addiction increase the burden on those suffering and on their families. And they can cut 10 to 20 years from a person's life expectancy.⁵ Yet our health care system was built to manage critical illness, not prevent it or intervene early. This means that illnesses are much more complicated by the time people get help, disrupting lives even more and compromising recovery. We have a duty to do better than this, for today and for tomorrow. **It is time to get upstream.**

Getting upstream challenges us to shift health care from a reactive, crisis-based model to one that emphasizes prevention and early intervention. It means addressing social determinants of health to reduce health disparities, promote health and prevent mental illness. Making real progress demands that we expand this upstream approach to focus on identifying mental illness early and intervening as soon as possible, whether it is with youth, adults or people in later life. We need to build early warning systems and quick access to services that can identify and address early onset.

By the time Canadians reach age 40, one in two have, or have had, a mental illness.

Science is starting to catch up to what people have known through experience for far too long. We now know that 75 per cent of serious mental illness starts before age 25⁶ and that 75 per cent of people who present for a first episode of psychosis have already interacted with the mental health system for other reasons.⁷ Research also tells us that about 40 per cent of dementia cases are potentially preventable.⁸ We are clearly missing valuable opportunities for early intervention across the lifespan and across a spectrum of illnesses. We must act on these opportunities as a hospital, as a health care system, as a province and as a country.

At our hospital, we are rising to the challenge by working to become a **Connected CAMH**. We can't do what needs to be done without partnerships. We need patients and families connected to clinicians and scientists. We need CAMH to connect to communities and policy makers. We need hospitals connected to primary care and housing. Through connection, we can learn from each other and design real, sustainable ways of helping people of all ages.

5 Chesney et al. (2014). Risks of all-cause and suicide mortality in mental disorders: A meta-review. *World Psychiatry*, 13, 153–160.

6 Uhlhaas et al. (2023). Towards a youth mental health paradigm: A perspective and roadmap. *Molecular Psychiatry*, 28, 3171–3181.

7 Simon et al. (2018). Care pathways before first diagnosis of a psychotic disorder in adolescents and young adults. *American Journal of Psychiatry*, 175, 434–442.

8 Livingston et al. (2020). Dementia prevention, intervention, and care: 2020 report of the Lancet Commission. *Lancet*, 396, 413–446.





As a **Connected CAMH**, we can redefine health in a way that combines our duty to future generations with what we know today about mental illness and what we know about the personal, social, environmental and political forces that shape health. We need to personalize care to meet the diverse needs of patients and families. We can achieve real change if we invest more in at-risk populations, if we build a connected system where people get help early, if we learn from others and discover what drives positive outcomes, and if we share what we have learned with the world.

Above all, a **Connected CAMH** is about trust. We need to continue to earn the trust of patients, families and partners. We need to share power and move forward together, create together, measure together. Ultimately, we need to build the best mental health care system in the world—together.

Imagine health redefined in such a way that we all know:

Mental health is Health

Housing is Health

Equity is Health

Truth and Reconciliation is Health

Climate Action is Health

Education is Health

Employment is Health

Income equity is Health

Family is Health



VISION

Health redefined.

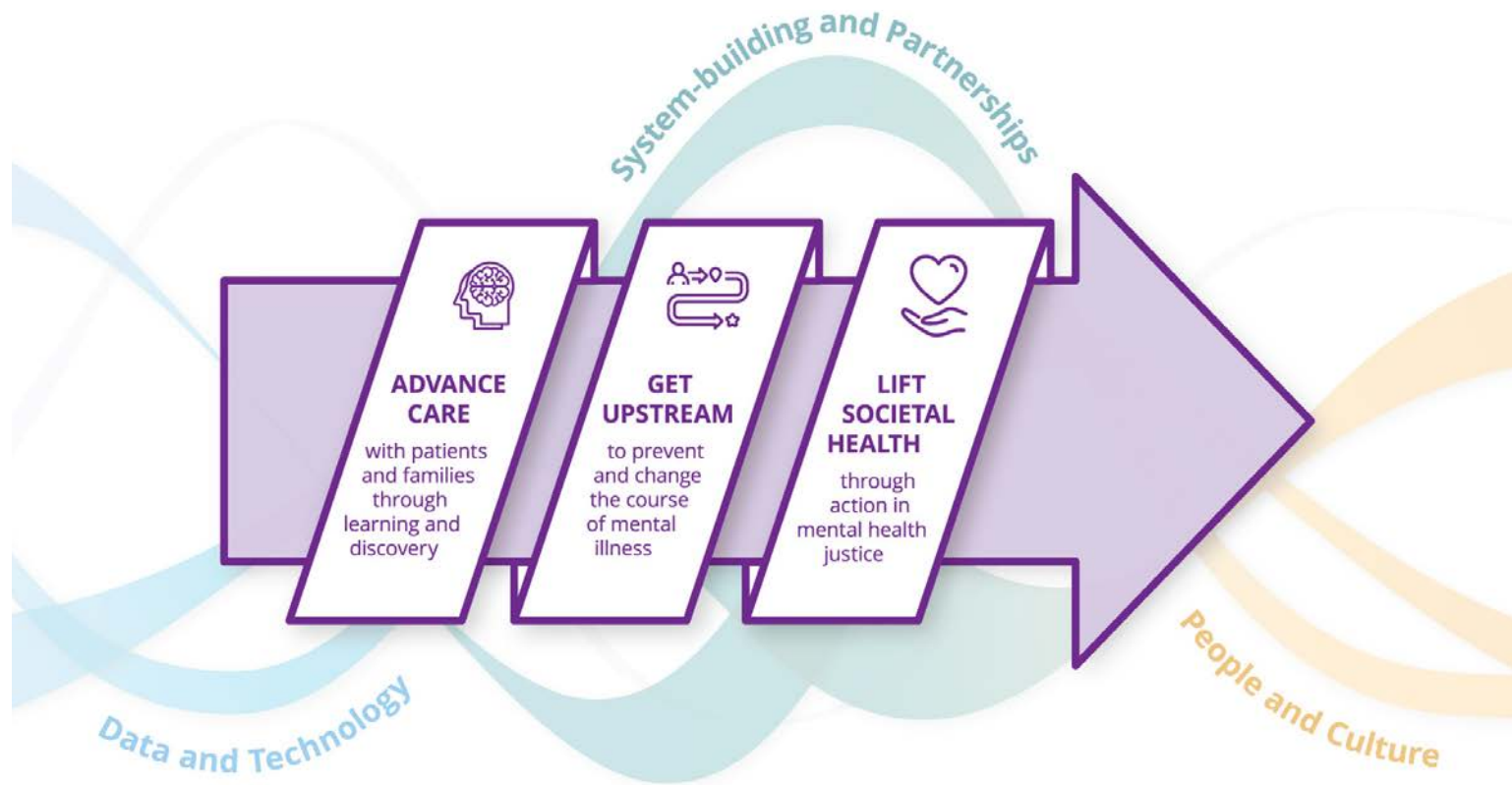
MISSION

We are dedicated to patient, family and community well-being. We improve access to integrated care, answer the most difficult questions about mental illness and remove barriers to belonging.

Together, we choose hope.

VALUES

Courage, Respect, Excellence.



Our vision of health redefined will be brought to life by three strategic directions as we **Advance Care** and **Get Upstream to Lift Societal Health**. These directions respond to the resounding expectations for seamlessly connected, high-quality specialist care, for discovery that drives innovation within the health care system, and for a commitment to equity and advocacy to support a healthier society that addresses the disparities that people with mental illness experience.

Connected CAMH is powered by the **people and culture** of our organization, by the need to build our capacity for meaningful **system-building and partnerships** and by the revolutionary potential of **data and technology**.

STRATEGIC DIRECTION 1



**Advance care with patients
and families through discovery
and learning**

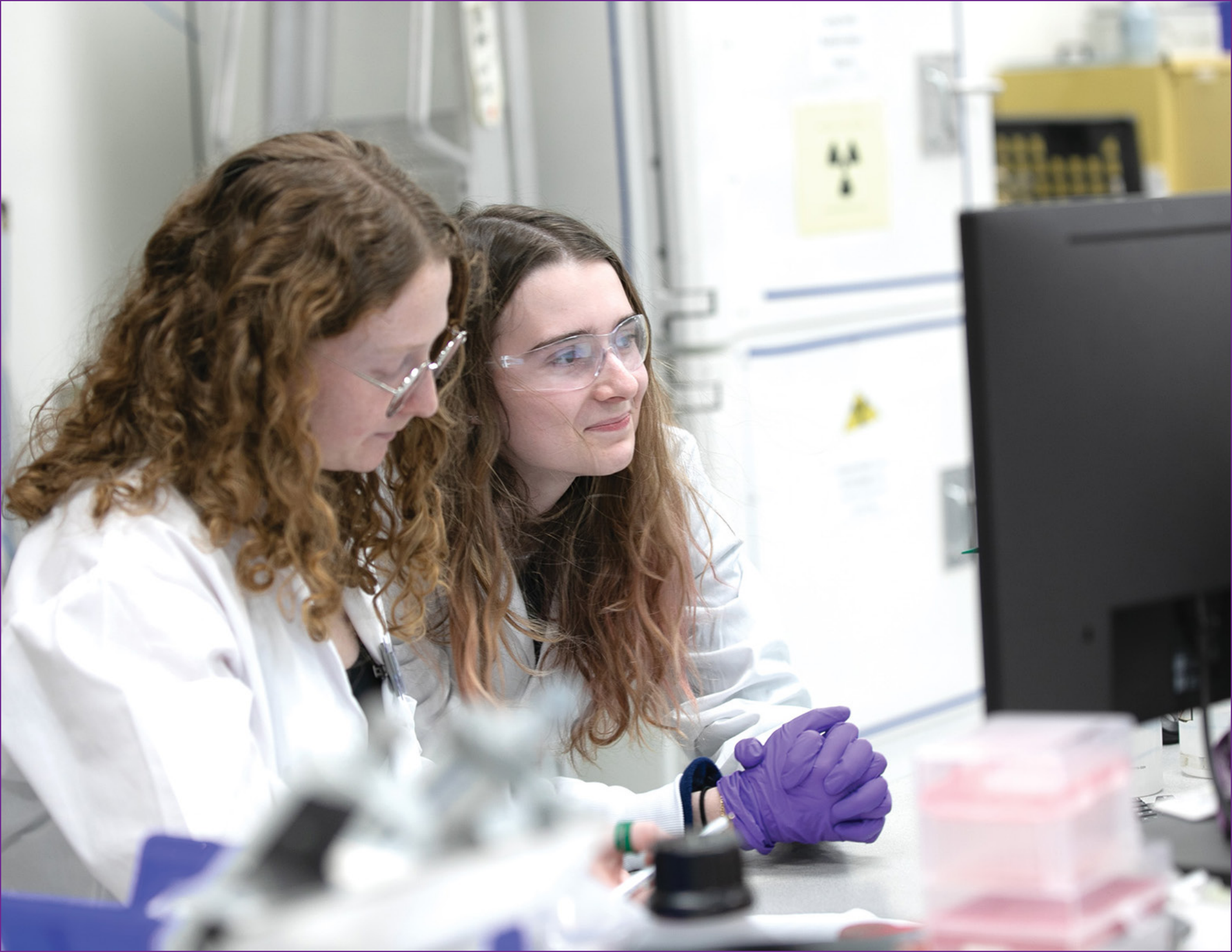




Transform how patients and families experience care. Create new models of care. Improve health outcomes by learning from all that we do and by applying the evidence from our work with patients, partners and communities. Adopt and adapt the evidence created by others. Share our discoveries and learnings with the world.

We will:

- Leverage our strength as a **comprehensive academic mental health centre** to treat the most serious mental illness with programs that care for and support patients at all stages of life.
- Expand access to high-quality treatment and supports through **seamless care pathways** within our own programs and within the broader health care system.
- Drive precision health care—**targeted to the individual needs of patients and families**—using advancements in research, artificial intelligence and technology.
- Integrate teaching and research into clinical care, **translating new discoveries** into improved treatments faster.
- Complete CAMH's **historic redevelopment**: construct the Secure Care and Recovery Building for patients in contact with the justice system and the Discovery Centre for world-leading research and innovation.
- Train the **mental health teams of the future** to ensure that they have the skills to meet the evolving needs of patients and families.





Dementia research inspires hope for the future

Until recently, hope was in short supply for people with dementia or other neurodegenerative diseases such as Alzheimer's, as well as for their families. But we have learned more about the aging brain in the last two decades than in the entire history of modern medicine. New treatments to manage symptoms and slow cognitive decline are starting to emerge. Hope is around the corner.

"We are in the midst of a revolution in brain science, where the amount of knowledge has increased dramatically," says Senior Scientist Dr. Etienne Sibille about his work at CAMH developing drugs to help the aging brain. "Our hope is that we can improve the lives of millions of people."

One of the keys to future breakthroughs in geriatric research is how closely CAMH scientists work with patients and families.

"Dementia is such a devastating disease," says Dr. Sanjeev Kumar, Medical Head of Geriatric Clinical Research in the Adult Neurodevelopment and Geriatric Psychiatry Division. "Families of patients tell me they experience grief as if their loved one has died, even while they are alive. We partner with these patients and families in profound ways in research studies and in clinical care units and clinics. Patients and families find that participation very meaningful."

Cara Sullivan is one of these family members. Soon after her sister-in-law was diagnosed with dementia, Cara and her husband joined a CAMH study as lived experience advisors.

"We really hit it off with the team at CAMH and I'm delighted to be working closely with such professional, committed, genuine and caring people," says Cara. "The Toronto Dementia Research Alliance at CAMH plays such an important leadership role and should be very proud of how they've engaged persons with lived experience."

Paul Lea, who has vascular dementia after experiencing a massive stroke, is equally passionate about working with CAMH in the search for new treatments.

"Getting involved in dementia research is very important for me because with my journey and experience I can help the direction researchers are going in," says Paul. "The more people that get involved and support these programs at CAMH, the more hope there will be to find cures for this disease."

STRATEGIC DIRECTION 2



Get upstream to prevent and change the course of mental illness





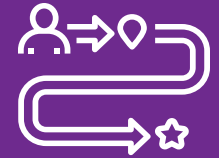
Build pathways for early interventions during critical moments across the lifespan to change the trajectory of illness and improve quality of life.

We will:

- Identify mental illness sooner and ensure timely access to care by **forging connections across health, education and social sectors** that build capacity for early intervention and prevention beyond the hospital setting.
- **Invest in the healthy development of children, youth and emerging and young adults** by facilitating rapid access to high-quality services, creating new treatments and working with partners to develop public health approaches to preventing mental illness.
- Advance knowledge of brain development and **create innovative ways to intervene at key points in patients' lives** to promote brain health, improve outcomes and prevent people at all stages of life from developing serious and chronic illness.
- **Adopt a public mental health approach** that focuses on health promotion, prevention of mental illness and early intervention.



Early intervention can prevent youth psychosis



In the months before she brought her teenage son to CAMH, Susan Conway had a gut feeling that his mental health was deteriorating to the point that his life was in danger.

“I had a recurring nightmare where he is drowning and I can’t swim,” recalls Susan, who is a member of the CAMH Family Advisory Committee. “There are lifeguards and people around me, and I’m trying to convince them to help. And they’re saying, ‘No, don’t worry, that’s how a person learns to swim—he’s fine.’”

Although her son showed no signs of psychosis, Susan was so convinced that something was wrong that she brought him to CAMH. She also brought a pillow for herself and said she wasn’t leaving until her son got help.

Susan’s gut feeling was right. Soon after that hospital visit, where her son was connected with a care team, he had his first episode of psychosis.

Effective treatments for psychosis exist, but if it is not diagnosed and treated, a first episode can be life threatening. People with untreated psychosis can also go on to experience more severe episodes and other acute mental health conditions.

Fortunately, Susan’s son got the immediate attention and treatment he needed because he was already being monitored by a care team at CAMH.

But not every young person at risk of psychosis is already receiving mental health care.

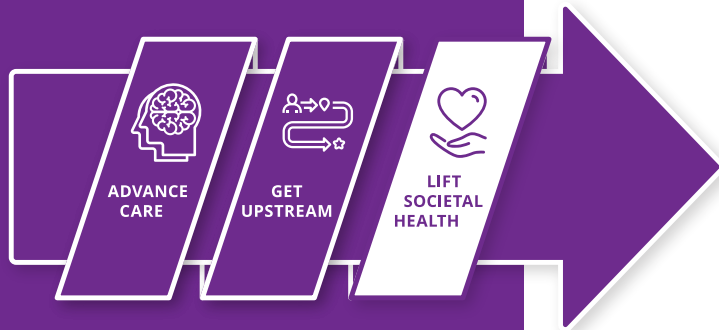
“It’s not possible to prevent psychosis in everyone,” points out Dr. Aristotle Voineskos, Vice-president of Research at CAMH. “But if we can identify the kids at higher risk, we can design a system for them that is much more monitoring-intensive, which may be able to prevent psychosis in some patients.”

With that goal in mind, Dr. Voineskos and other CAMH researchers in the Toronto Adolescent & Youth Cohort Study are focusing on identifying and treating at-risk youth before they get sick.

Over five years, the study will follow 3,000 people ages 11–24 who are receiving care at CAMH. It will collect biological, clinical, cognitive, social and family-based data to get a full picture of each person. Scientists will use that information to create an atlas of the developing brain that will help clinicians predict who is at most risk for developing psychosis.

Susan Conway is enthusiastic about the study. “The way CAMH responded to my concerns is exactly what they are doing with this study,” she says. “They are responding to the warning systems rather than waiting until something happens.”

STRATEGIC DIRECTION 3



**Lift societal health through
action in mental health justice**





Do our part to create a healthy and just Canadian society by addressing health disparities and ensuring mental and physical health outcomes are equitable for people living with mental illness.

We will:

- **Be transparent and resolute in addressing health disparities** that people from structurally marginalized groups face.
- Address the **prejudice, discrimination and disparities that people who live with serious mental illness experience.**
- Ensure at CAMH that **we are equitable, diverse, inclusive, accessible and anti-racist.**
- **Expand services focused on First Nations, Inuit and Métis health** through Shkaabe Makwa, and deepen our organizational commitment to Truth and Reconciliation.
- **Prioritize the health of Black patients and families** through partnerships with the Black community, expanded access to culturally responsive care and increased research.
- Invest in research, education, clinical care and action to **respond to the compelling evidence that climate change impacts** the developing brain and the mental health of people around the world.
- **Amplify the voices of the mental health movement** to create public policy that reduces health disparities and improves social determinants of health for everyone.





Culture holds the power to heal

For many patients in CAMH's Shkaabe Makwa clinical services program, the first step toward healing comes with fostering a deeper connection to their Indigenous roots.

"We believe that culture is central to healing and wellness," explains Senior Director Renee Linklater.

Led by Indigenous leaders, including staff elders, Shkaabe Makwa plays a unique role in Canadian health care.

Jeff DHondt, Manager of Clinical Services, describes this unique position: "Indigenous clinicians work side by side with implementation specialists, policy analysts, community engagement specialists, researchers and traditional knowledge carriers to address historical trauma and improve mental health outcomes in Indigenous communities."

"When I walked in there for the first time, I didn't realize what a life-altering experience it would be. I finally felt that connection to what I had been thinking about my whole life without even knowing that this is what I was seeking. That moment was the true start of my own healing journey."

—Shkaabe Makwa patient

"I understand now that there was a depth to a lot of my pain that included intergenerational trauma that began well before my own birth. I believe my addiction was a coping tool to repress a lot of those deeper hurts. I think a big part of the deeper healing is making those reconnections and supporting each other to walk this Red Road, this healing path, together."

—Shkaabe Makwa patient



Our plan is powered by:

People and culture

At CAMH, we have a healthy, inspired team that is safe, physically and psychologically. We invest in our people and support them to envision and be excited about their future at CAMH. We develop our leaders. We foster a culture of innovation, quality improvement, collaboration and inclusion. We continuously aspire to better understand, reflect and support the diverse communities that we serve. We empower team members to improve how we work and what we do. We are all teachers and learners. We are an employer and educator of choice.

System-building and partnerships

We are intentional, accountable and genuine system builders. We work with partners in new ways to improve access and equity, accelerate discovery and create a seamless continuity of care. We lead and we follow. We embed patient, family and community voices into decision making, planning, research, education and program design. We put the interests of those we serve ahead of our organizational self-interest. We understand that we have work to do in building capacity to collaborate with partners. Our patients and communities trust us.

Data and technology

We harness the power of new and emerging technologies to amplify the skills of our teams and to help more people access high-quality care in the ways that suit them best. We advance high-quality data collection, integration and mobilization, and leverage advanced analytics to enable precision care.



Measuring progress

As we look to advance our vision of health redefined—one that can only move forward in authentic and meaningful partnership—we will know that we have made progress when:

- People have **shorter wait times and more access** to care across the health care system.
- Patients and families have **better experiences and more equitable outcomes**.
- **CAMH is a trusted partner, employer and educational institution**, particularly for people and communities that are structurally marginalized.
- **Patients and families are leading us** in improving care and in shaping and participating in research and education.
- The final stage of our campus transformation **meets its timelines** for new world-class facilities.
- Patients and families experience a more **connected system with seamless care pathways driven by partnership**.
- There are **new ways to identify, intervene early and treat mental illness** that improve quality of life.
- CAMH is engaged in **co-designed partnerships** across health, education and social determinants of health.
- Evidence-based practices that build capacity for **high-quality, integrated mental health intervention are adopted and scaled up** across health and social sectors.
- Our advocacy efforts lead to the discovery and implementation of **social and public mental health interventions**.

Connected CAMH definitions

Language is important. As we set forth our vision for the rest of the decade, we need to define and clarify terms that we use.



We speak of the need to **get upstream**. CAMH is an acute care specialty hospital, but our vision of redefining health demands that we go beyond that role and also focus on population health. An upstream approach means that we work in partnership to address social determinants of health in an effort to reduce health disparities, promote health and prevent mental illness. Our strategic plan extends this meaning to include being able to identify and intervene in mental illness as soon as possible at any stage of life. Intervening early, whether it is with youth, adults or older people, improves outcomes and quality of life for everyone.



Mental health justice is the pursuit of justice and equity for people living with mental illness. It means providing care, driving discovery, amplifying education and advocating policy change to end the prejudice and discrimination that people with mental illness face and to redress the inequitable health outcomes that marginalized groups experience as a result of structural oppression, including racism and colonialism.



The term **patient** refers to anyone who is getting care at CAMH. It includes people living with mental illness, substance use disorders and neurodevelopmental disabilities. Given our role at the provincial and national levels, “patient” also includes people who are receiving care or facing illness beyond CAMH for whom our research, education and advocacy work is critical. Sometimes patients are referred to as “clients” or another term.



The term **family** refers to any person or group of people that a patient identifies as belonging to their family or significant circle of support. This definition is as inclusive and broad as the range of people—relatives, partners, friends, co-workers, neighbours—who come forward in times of need.



Public mental health is a population health approach to mental health that emphasizes health promotion and illness prevention. It involves three levels of prevention: Primary prevention focuses on promoting well-being and preventing mental illness. Secondary prevention involves identifying mental illness early and intervening as soon as possible. Tertiary prevention focuses on reducing the impacts of mental illness and promoting recovery. Public mental health approaches address personal, social and environmental factors that are key determinants of well-being, illness prevention and early intervention. Examples of a public mental health approach include investing in housing, employment and food security; developing healthy cities; and providing supports in schools.



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