

# CCIM Video Transcription

**Name:** 15 Minutes with Susan Marshall: One Consumer's Perspective on OCAN

**Presenter:** Susan Marshall, Team Leader, Can-Help Program, Canadian Mental Health Association, Fort Frances Branch

**Duration:** 9:09 Minutes

## Introduction

Hi! I am Susan Marshall, and this is your 15 minutes with me with your undivided attention. Originally this title was supposed to be a joke as the project team was going to fix this up for me; however, it turned out that the joke is on me, but I'll still want your undivided attention.

## About Me

I would like to draw your attention to the pieces of the pie and I would like to tell you little bit about myself. I am a consumer of various mental health services with 29 year of experience.

I am team leader of a consumer and family initiative in Fort Frances, Ontario, and I am also acting ED [executive director] of the CMHA Branch there at various times, and I have got 17 years of experience in this area. I was also the Co-Chair of the Provincial Consumer Survivor LHIN Lead Network, which is a group of LHIN leads appointed throughout the province who get together about four times a year discussing consumer issues. And, I have had over two years of experience with this.

Most important I am a daughter, I am a sister, I am a mother of three children and I'm Nana Sue to five grandchildren, I am a partner now in a loving relationship and I have 52 years of experience — I know I don't look that old.

I am also on the working group for the OCAN and I also was seconded to this project, which has been a very exciting development for myself as a consumer survivor to be actually asked to give the ministry expert advice and to be paid for it. I was a pilot participant in our agency back in Fort Frances as well and there is three years experience.

## **My Experience with the Mental Health System**

I want to tell you little bit about my experience with the mental health system. Over the last 30 years, I have been diagnosed with — amongst other things — clinical depression, manic depression, which is now called bipolar, atypical depression, post-traumatic stress disorder, and I've actually had quite a few other diagnoses, which I really don't want to get into.

My experience with the mental health system is that, at times, I was badly treated and I think a lot of people can relate to that as well.

I also was poorly treated — not badly treated — but poorly treated. And, then again, I wasn't treated at all and I was left to flounder and find my own way.

My experience with the mental health system then became one where I was well treated, and I think every consumer survivor should expect to be treated like a queen.

It was not, though, until I became an active participant and decision maker in my own treatment did I finally recover.

## **My Passion**

My passion...when I speak as “consumer survivor,” I relate the expertise that came from my lived experience with the mental health system and a mental illness. When I speak as “consumer/family advocate,” I speak from the expertise related to me by every consumer and family member that I have come in contact with over the last 30 years.

## **My First Thoughts on OCAN**

My first thoughts about OCAN and the project — purely pessimistic. I have been involved with different projects, such as the advocacy commission and the task forces. I really felt that this project would never finish. I have been assessed, re-assessment and then assessed some more and I can tell you that I am not a fan of assessments.

My attitude was that, if this is going to happen, at least I could try to make it more palatable. I have always been a person who believes that the glass is half full and try make something good come out of it.

## **My Involvement in the Project**

My involvement in the project — I was on the original working group that was made up of variety of consumers and service providers. We determined what the tool needed to contain and what it was supposed to do. We then examined — and this only a slight exaggeration — 500 000 of service provider agencies' most favorite tools to find out

which one best met our specifications. I can also tell you that none of them met all of our specifications. The working group then made their recommendations to the steering committee, and we had to explain the reasons we had to come to that choice. One of the reasons we came to this choice is that this tool — the Camberwell, as it was originally — is the most respectful to the consumer survivors that I've ever seen.

## **Second Phase**

In the second phase of the project, I was seconded (along with few others) for one week per month to the Ministry of Health to provide them expertise on what was required to implement the tool. We were also on the second working group (made up of variety of service providers and consumers) providing advice on what areas the tool was lacking.

I worked on the second steering committee as well that decided the final content of the tool, and what was required for the implementation. We looked and paid attention to all of the advice provided by the learning needs of the agencies who piloted the tool.

## **What Do I Think Now?**

I have been won over by the commitment to consumer input by the project team itself, by the working groups, by the steering committee members and finally by the Ministry of Health and Long-Term care itself. I am passionately committed to seeing this tool used in every mental health and addiction agency in Ontario. I see the value in the information that we will gather and to the learnings that we will all make use of together.

## **Voila!**

And, Voila! Now you have what we call the OCAN — the Ontario Common Assessment of Need. Every time I think of that, I want to sing "O Canada."

## **Pilot Project**

The pilot project I was involved in, as a staff member of that organization, we decided to implement OCAN and I witnessed from the staff — pessimism. They also felt this would never work. Then I witnessed excitement, there is a lot of unwillingness to change and a whole lot of nervousness on their part and, eventually, as they began to learn, they embraced the tool.

## **What I Heard**

What I've heard in our pilot project the consumers and the clients of our organization were really excited to have their opinions documented, regardless of how long they had been in service. There was a large amount of pessimism and distrust from the consumers on where this information was going and for what purpose it was being

used. Workers were more reluctant to take on more paperwork but they were energized by the information they gathered. Both consumers and the workers quite often felt a sense of guilt or failure when their opinions didn't match but all were excited about what they were learning together.

### **What's in it for Workers?**

At the very least, it's a good start to the conversations that you are having. It covers all the bases, even the ones you don't want to know about. It documents both your opinion as a worker and your client's opinion of where you start and what progress you are both making.

### **What's in it for Consumers?**

For the first time, your opinion on your needs will be documented when you first contact the mental health system. For the first time, your opinion on your progress (or lack of) will be documented. We will be able to see how you think the help you are getting is helping you or not.

This is a historical moment! Thank you.

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