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YOU DON'T NEED TO BE EVERYTHING FOR EVERYONE

Lessons Learned in Mental Health and Addiction Nonprofit Leadership

INTEGRATION PROGRESS SUCCESSION TRUST
EMPATHY RESILIENCE PLANNING ACHIEVEMENT
EXCELLENCE
EMPOWERMENT PARTNER INNOVATION COLLABORATION
TRANSFORMATION SUPPORT
SYSTEM ENGAGEMENT ADVOCACY INCLUSIVITY
LEADERSHIP
CHANGE COMPASSION DEDICATION

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You don't need to be everything for everyone.

Sonja Burke

EXECUTIVE SUMMARY

Project Overview

Funded by the London Community Foundation, the Leadership and Frontline Legacy Project aims to capture the invaluable insights of retiring leaders in the London Middlesex Mental Health and Addiction sector. The purpose of this report is to reduce the loss of valuable knowledge and experience that occurs upon the retirement of key leaders. Through the administration of nine legacy interviews and use of thematic analysis the following six key themes were identified.

Key Themes

Greatest Successes
- Stigma Reduction
- Collaboration of Addiction & MH Services
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Strategic Collaboration
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- Coordinate stakeholder communication

Succession Planning Strategies
- Implement proactive succession plans.
- Integrate planning into new leader orientation.

Political Engagement
- Advocate for policy changes.
- Build relationships with policymakers.

Resource Maximization
- Coordinate funding responses.
- Hire staff with lived experience

Stigma Reduction Initiatives
- Implement stigma reduction campaigns.
- Offer training on harm reduction and trauma–informed care.

INTRODUCTION

The retirement of a leader is a pivotal moment in the life cycle of any nonprofit organization. As a significant number of leaders from the mental health and addiction (MHA) sector in London Middlesex planned for retirement during the last couple of years, system partners identified the importance of gathering the knowledge and insights of these leaders. Retirement can lead to a potential loss of invaluable institutional and sector-related knowledge and disrupt the continuity of system leadership. Legacy, or retirement, interviews are a tool to capture the experiences and wisdom of these leaders. We hope that the following report will serve as a tool to transfer system knowledge about the MHA system, prompt discussion about succession planning, and preserve the learning of retiring leaders. Current and future leaders can learn how past leaders promoted and sustained organizational and system change, including the most effective strategies, collaborations and partnerships. The results of the interviews also present opportunities for future growth and shifts in the London Middlesex MHA sector. Each leader's legacy deserves an opportunity to be shared. The London Middlesex Strategic Direction Office team developed the Leadership and Frontline Legacy Project in response to a need identified by MHA system partners, particularly through the London Middlesex Mental Health and Addiction Strategic Direction Council.

METHODS

PARTICIPANTS

The participants for this project were leaders who identified that they were retiring in 2023-2024 from the London Middlesex MHA sector. Participants were invited to participate in interviews based on the recommendations of system partners and responses to open invitations distributed via email and system newsletters. Some invitations were declined due to personal circumstances or the lack of availability of the leaders. In total, nine interviews were completed. See Acknowledgements and Contributions section for a full list of interviewees.

DATA COLLECTION

Data collection involved conducting virtual semi-structured qualitative interviews with the participating leaders which ranged from 15 to 60 minutes in duration. Questions were created based on a literature review of best practices for legacy interviews and validated by a working group of organizational and human resources leaders. Before the interview, each participant received a letter of information with the project's purpose, interview questions, and a consent form, including consent to recording and the inclusion of identified quotes in future reporting or presentations. Two researchers led each interview. All interviews were transcribed from the recordings.

DATA ANALYSIS

Data analysis was conducted by three researchers using a thematic analysis approach to identify key themes from the interviews (Braun & Clarke, 2006). An iterative coding scheme was developed after an initial review of the transcripts. General themes, and initial codes were independently identified and then validated by two researchers. Codes were revised as more data was reviewed. A third researcher reviewed and validated the codes and themes. Key quotes were selected to illustrate the main themes that emerged during the analysis of the transcripts.

THEMES

THEME 1: GREATEST SUCCESSES

STIGMA REDUCTION

The reduction of stigma surrounding MHA is a significant achievement within the sector. Over time, there has been a noticeable shift in the London Middlesex area, with more recognition given to the importance of mental health as a measure of well-being. Leaders observed a shift in advocacy solely for awareness to advocacy for more effective services to meet organizational and system needs. Discussions about mental health have become more integrated with care planning and wraparound support offered by non-profit organizations. There is increased dialogue between a wider variety of stakeholders, including parents, transitional-aged youth, equity-deserving groups, frontline workers, and people with lived and living experience. Organizations, like Goodwill, have actively engaged in reducing stigma through public and employee engagement, fostering a better understanding of the impact of mental health issues. By prioritizing values such as compassion and inclusion, these efforts have contributed to the process of destigmatizing MHA. The commitment to stigma reduction allowed for more compassionate and inclusive approaches to service within the MHA sector and the broader nonprofit sector, including Counterpoint, a needle syringe program through the Regional HIV/AIDS Connection (RHAC).

> " But I think we're finally at a place where, not entirely, but stigma is being reduced. People are recognizing that mental health is an important part of health equally to physical health. And that's a tremendous change. And because of that, it makes work a little easier in that we're not having to spend as much time advocating for the importance of the services.
>
> **Beth Mitchell** "

COLLABORATION OF ADDICTION AND MENTAL HEALTH SERVICES

An advancement in the sector is the integration and co-location of mental health and addiction services within organizations and as part of collaborative initiatives across sectors. Service providers are proactive in incorporating MHA treatment into holistic care planning. Previously, addiction and mental health were often treated separately, leading to fragmented care and funding discrepancies. This shift streamlined processes and services for service providers and service users and increased understanding of the interconnectedness of MHA issues. Initiatives such as standardized screening and treatment planning support individuals to receive comprehensive and evidence-based care. The expansion of addiction services has facilitated a more compassionate understanding of addiction as a chronic disease by service providers and the community while emphasizing the importance of harm reduction and trauma-informed approaches to care.

> " How much we've integrated people with lived experience in our workforce. And that we actually walk the walk. And we really have challenged the stereotype that people have to be abstinent. We have people who are actively using substances who work here. And it is doable.
>
> **Sonja Burke** "

SYSTEM COLLABORATION

Increased system collaboration and partnership among leaders in the MHA sector is consistently highlighted as a success. This transformation began in the early 1990s with initiatives like the London Mental Health Alliance, which laid the groundwork for collaborative efforts that include a range of service providers, like the Middlesex London Ontario Health Team. The progress towards greater accountability has further solidified these partnerships. Notably, the sector has fostered authentic relationships, particularly with Indigenous communities, breaking down silos, and fostering mutual support. Organizations embraced harm reduction practices that integrated individuals with lived and living experience into their workforce and challenged stereotypes.

Acknowledgement of the need for more engagement and co-design to inform the development of new initiatives extended to families, clients, and care partners resulting in services that are better equipped to meet the evolving needs of our community. One milestone is the Health and Homelessness Whole of Community Response which allowed for diverse stakeholders to convene, marking a pivotal moment in system transformation.

> One of the biggest successes is that addictions and mental health are working together to increase access for the community and this work is understood as "health care." We have also seen major developments in harm reduction. Historically, addiction treatment began with an understanding that people were "in recovery." As the recovery movement also influenced mental health supports, we saw a new focus on the rights of the client and this has been a significant influence on the involvement of the person themselves in the choice and development of the supports, treatment planning, and services that will assist them. Services have been developed that are unique to the individual and not a prescribed, "one size fits all" system.
>
> **Linda Sibley**

IMPLEMENTATION OF NEW PROGRAMS

The implementation of new MHA programs, along with updates to existing programs, to address the needs of transitional-aged youth and people who use drugs is a success for the MHA sector. Initiatives like the Service Transition Plan, a co-designed project aimed at transitioning youth from children's services to adult services, showcase the sector's commitment to tailored and inclusive approaches. The move towards community-based care, away from traditional hospital-based models was also highlighted by leaders as a success, although the capacity to meet the current demands within the community is an ongoing challenge. The increased focus on harm reduction, including the expansion of RHAC's Counterpoint Needle Exchange and Syringe Program, the increased availability of naloxone, and the establishment of the RHAC's CarePoint Consumption and Treatment program demonstrates the sector's efforts to broaden awareness and provide lifesaving and vital services to the community. The introduction of innovative treatment plans that incorporate more holistic approaches and social prescribing, including diet, exercise, and social connection, demonstrate a shift from medication-focused treatment, fostering a more comprehensive understanding of MHA.

> We have tried over the years to do more work with youth, particularly black youth. And it's one of those areas where, last year, we had an event where we brought youth together to talk about how can we reach more youth. Because part of the challenge is you have people who are saying "the youth need this, youth need that" and we're not asking youth what exactly do you need. We think we know what they want, or what they need. And so we spent a day with youth, trying to tease out stuff from their heads around the kind of stuff they need. And try not to leave them because I think it's easy to do that sometimes.
>
> **Carl Cadogan**

THEME 2: GREATEST CHALLENGES

POLITICAL SYSTEM CHANGES

Leaders described emerging political system changes and political volatility as challenges that impact the MHA sector in London Middlesex. The sector has encountered hurdles such as the abrupt cessation of initiatives due to shifts in political leadership and the unpredictability of the implementation of policy changes. For example, delays in establishing harm reduction services due to perceived risks raised by the community underline the vulnerability of essential and lifesaving MHA services to shifts in political ideology. Furthermore, communication breakdowns, both within organizations and between external stakeholders, exacerbate the planning and implementation challenges. Leaders shared the struggles with constant uncertainty related to politics, which can undermine progress and resilience in the sector. The strain of navigating these changing political landscapes has led to frustration and concern about the sustainability of these vital services.

> " Political will - it's like the flavour of the month. The political will, you know, when that changes constantly, we are at the absolute mercy of the political will, whether it be provincial, federal, or local, because they have all the power to rip out everything that we've done in a heartbeat. And we saw that before, and we're seeing it now... We as a community are chipping away at the resilience of our leaders and our staff and our workforce, by allowing this political arena to keep us on edge all the time. It's not healthy.
>
> **Sonja Burke** "

FUNDING

Funding is a significant challenge within the MHA sector, exacerbated by historical underfunding and increasing demand for services. As the importance of MHA services is recognized, there is a greater need for sustainable funding to cover current operational expenses and compensate for years of chronic underfunding. This situation creates a double-edged sword, where acknowledging the importance of these services drives the need for significant financial investment to meet increasing current and future service needs. The finite resources can generate increased competition for funding to meet the infinite needs within our community. The complexity of managing multiple funders, each with unique reporting requirements and priorities, negatively impacts the capacity of leaders and administrative teams, as seeking out new funders has the potential to further increase the administrative load.

> " I guess my gut reaction to that question is, we have so many funders in RHAC, you know, federal funding, municipal funding, provincial funding, and then grants and all of those. There's a lot for an organization that I would say, now, present-day, a mid-sized organization, it's rather complex. A funding matrix to keep on top of with multiple reporting requirements, different reporting requirements. So in terms of meeting that challenge, and that demand, that's an ongoing challenge. And that's very difficult.
>
> **Brian Lester** "

STIGMA

Although leaders described the reduction in stigma over the years as a success, they also highlighted it as a significant ongoing challenge within the MHA sector. The use of language is political particularly where mental health is used as a blanket term encompassing both mental illness and addiction, leading to ambiguity and the potential invisibility of addiction-related issues. Additionally, they identified an unrelenting experience of shame and stigma related to addiction regardless of whether individuals have sought support. The intersectionality of stigma compounds its impact, with individuals facing multiple layers of discrimination based on factors such as gender identity, type of drug use, socioeconomic status, and mental health diagnosis. Efforts to combat stigma are met with resistance, creating moral distress, perpetuating misconceptions and hindering progress in proactively addressing MHA-related issues in our community.

> "
> This is an illness, a health issue, and a big 'public' health issue. It is not a failure of individuals, like parents or individuals themselves. I would say that this remains a journey – we need better access to care and social services, earlier intervention, and enough care in intensity and duration. You don't stop short with cancer so why is mental disability or marginalization under funded and under serviced? Another word for all of this is stigma. I really believe that the breakthrough, both around mental illness and addition, and poverty, is overcoming stigma.
>
> **Michelle Quintyn** "

CONFLICTING INTERESTS

> "
> Power differential is what I really think it's all about. Who's got the money, and the community doesn't but the hospitals do, and very candidly, it's the difference in the sector kind of generally. And it's in medical, anything medical, physicians and hospitals and community all vying for the power now.
>
> **Sonja Burke** "

Conflicting interests pose a challenge for leaders within the MHA sector, stemming from differences in power, influence, mandates, and agendas among stakeholders. The power struggle is evident between organizations competing for funding, staffing, and visibility. The tension within the sector manifests in the delay of the adoption of best practices in MHA, based on historical biases or organizational culture. For example, the struggle to prioritize mental health support over punitive measures for youth and adults involved in the justice system.

> "
> Other issues, I think, are big advances in how we understand housing and working with very vulnerable populations, homeless and otherwise. You can't just give a house, it has to be a home. And you need to have activities and a community to belong to.
>
> **Linda Sibley** "

THEME 3: MOST IMPORTANT LESSONS

PERSONAL LESSONS

The leaders in the MHA sector emphasized the importance of perseverance and resilience while engaged in system change, acknowledging that this is often a slow and unpredictable process that requires patience and unwavering dedication. They stressed the need to maintain a balance between professional commitments and personal well-being, recognizing the significance of self-care and setting boundaries to prevent burnout. They suggested that new leaders reflect and act on their awareness of personal limitations by seeking support, coaching, and mentorship. Additionally, they described the need for effective communication and collaboration between organizations and leaders, emphasizing the value of building alliances and fostering a supportive professional network within the sector. They also advocated for leaders to acknowledge when the impact of the work has exceeded their capacity to maintain their well-being and suggested that leaders proactively prioritize self-preservation over depletion.

> "
> I guess the importance of being a leader and especially in a sector like this, that is under such scrutiny, it's so important to have support and have allies. It's a lonely position. And if you do step into the advocacy role, then you're even more of, I don't want to say target, because then you recognize you're held to a higher standard if you're out there publicly. And so I think you need that fallback, that safe space, safe people to rely on to have your back. I think that's critical. Something that I have unconsciously built all along the way as a leader as I was in my career. But I would say, if I was to recommend to any other leaders, get a mentor, get a colleague who has similar values where it's just that safe place to visit or do whatever, or maybe they've got some suggestions on how to approach it differently.
>
> **Anne Armstrong** "

SYSTEM-RELATED LESSONS

Leaders recognized the complexity of the MHA system and the role of advocacy to mutual understanding and collaboration across diverse stakeholders, including elected officials, policymakers, funders, and organizations. They also underscored the value of embracing client voices and co-designing interventions to ensure their relevance and effectiveness. The leaders highlighted the critical role of partnerships in advancing shared goals, urging current and future leaders to cultivate relationships built on trust and mutual respect, even with partners with contrasting positions. Additionally, these leaders emphasized the need for strategic allocation of resources and staying true to organizational mandates, amidst competing demands for funding. They suggested that organizations need to avoid mission creep in pursuit of additional funding, particularly when another organization may be better equipped to offer new services to address an emerging need.

> "
> For me, if something were not happening in the way I expected, I need to ask, "What am I not seeing here? What am I not understanding here? What are the drivers behind this situation that may not be as evident to me?" Understanding what we see on the surface but also beyond is a really important role for leaders, and we cannot cast judgment on any of it. Just because your political thinking is different from mine does not mean mine is right and yours is wrong, but I do need to understand yours and you need to understand mine, so we can start to move forward.
>
> **Beth Mitchell** "

THEME 4: SUCCESSION PLANNING

LEADERSHIP DEVELOPMENT

Prioritizing leadership development and empowering emerging and existing leaders was a key strategy for succession planning. Investing in leader development programs, mentoring initiatives, and fostering a culture of collaboration and knowledge sharing, results in a smooth transition of leadership roles. Through deliberate cultivation of opportunities to engage in planning, program development, and collaborative decision-making processes, retiring leaders can create a robust pathway for multiple individuals to assume progressive roles regardless of the reasons for the shift in leadership. This approach not only mitigates the risks associated with leadership turnover but also strengthens organizational resilience and continuity, ensuring the sustainability of the organization beyond any individual leader's tenure.

> "
> So I always have a rule of two people have to know everything. So as we expanded and grew, I sent two people to each of the different tables. I've been mentoring the two senior directors a lot in showing them some of the things that I handle and loop them in on everything, even before I announced I was going to retire.
>
> **Anne Armstrong** "

ONBOARDING/TRAINING NEW LEADERS

Integrating succession planning into the onboarding for new leaders facilitates continuity and can minimize disruptions during periods of transition. Leaders emphasized the value of structured work plans to support knowledge transfer related to the organization's history, culture, programs, and processes. Through tools like onboarding manuals, clear documentation of policies and procedures, and robust orientation programs, leaders can equip successors to effectively navigate their roles. They also stressed the importance of progressively stepping back before retirement to create new space for new leaders to integrate into existing partnerships.

ORGANIZATION-MANDATED SUCCESSION POLICY

Organizational-mandated succession policies serve as a strategic framework for ensuring smooth leadership transitions within the organization. Brian Lester from RHAC in London Middlesex shared that his Board of Directors required him to draft and annually update a succession plan addressing a range of reasons for a shift in leadership, including including sudden departures, illness, or planned retirements. He developed comprehensive succession plans, detailing potential successors' capabilities, readiness, and development areas, informed by dialogues with key leaders. By embedding succession planning into policy and practice, organizations can foster resilience and readiness, ensuring that leadership changes do not significantly disrupt the organization's mission or operations.

> "
> But I would take a written assessment based on dialogue with different people and say, "This person is willing to step in for a short term if the executive director has a health crisis. This person is interested in long-term leadership at the executive director level, these are the things that they would bring to that role. These are the areas that they would probably need to develop." And I did that annually, for 10 years as the executive director, and that would go to the board.
>
> **Brian Lester** "

THEME 5: SYSTEM CHANGE

BEST APPROACH TO SYSTEM CHANGE

1. Collaboration

The leaders emphasized the power of collaboration, communication, and collective advocacy while highlighting the success of initiatives rooted in strong relationships and trust among stakeholders, which yielded meaningful improvements in client outcomes. Beth Mitchell from CMHATV recalled the collaborative approach of the Crisis Centre to address mental health and addiction crises, including partnerships with police and EMS, setting a precedent for effective system-wide cooperation. Sonja Burke, from RHAC, identified that collective advocacy resulted in increased awareness and shifts in the stigma related to sex work, ultimately leading to shared goals for diverse stakeholders and the advancement of rights for marginalized individuals. Collaboration and shared advocacy increased the capacity of current and future leaders to navigate complex systems, leverage diverse expertise, and sustain innovation to create a more inclusive and responsive MHA sector.

> " The biggest lesson is embracing the client voice from all levels of the work that you do, from the beginning to, you know, budgets to advisory groups to implementation groups, everything. It's not just a consultation piece. It's really a chat.
>
> **Beth Powell** "

2. Workforce Investment and Prioritization

Leaders shared the importance of investing in their workforce and prioritizing employee wellbeing as key strategies to drive and maintain system change. Recognizing the significant impact of traumatic losses like the AIDS epidemic and the current opioid crisis, organizations like RHAC, have integrated rituals of remembrance and loss into their work culture. In addition, they provide critical incident debriefing and ongoing group support sessions that are facilitated by peers, rather than management. The leaders stressed the prioritization of integrated workplace mental health programs and access to therapy for all employees to foster a healthy work environment. They also identified the importance of regular check-ins with potential leaders to track their capacity to assume increased responsibility and expansion of their role.

KEY DRIVERS OF SYSTEM CHANGE

1. Being a Quality Leader

The leaders highlighted the responsibility of individuals to seek out opportunities, including mentoring and coaching, to develop their leadership skills, even in a sector with constrained resources. They emphasized the importance of developing leadership qualities such as effective communication, compromise, and authenticity to address pressing system issues. Leaders who prioritize building trust and maintaining integrity in their interactions are instrumental in driving meaningful collaborative change.

2. Passionate Individuals

The leaders described the pivotal role of passionate individuals in driving system change. They emphasized the power of impactful stories that highlight the human experience, whether they convey hope or struggle, in fostering understanding, empathy, and support for crucial initiatives. Additionally, the leaders stressed the importance of recognizing the invaluable insights provided by frontline staff and individuals with lived and living experience to inform effective system change. Passionate individuals are catalysts as they energize collective efforts and propel initiatives. Proactive efforts to maintain the commitment and enthusiasm of these individuals are vital to sustaining advocacy that includes everyone impacted by mental health and addiction.

3. Common Ground

Building common ground is a key driver for change in the MHA sector. The leaders highlighted the role of building trust and fostering connections among stakeholders while acknowledging that effective collaboration often hinges on personal relationships and shared vulnerability. Cultivating camaraderie and mutual understanding facilitates open dialogue and collective problem-solving between diverse stakeholders. The transformative potential of mutual engagement and cooperation across sectors is demonstrated by the response to the AIDS epidemic, the opioid crisis, and chronic homelessness in the London Middlesex area.

> "
> Working, especially in a mission integrated social enterprise like Goodwill, can be a solution. Goodwill has 'second chance' policies aimed at supporting individuals coming into employment without the experience, skills or behavioural expectations required for work. In the early phase there is more training and tolerance to enable individuals to grow and strengthen whereas some employers would terminate. For many it is their first job, they may have struggled retain a job, or they may be coming from systems like justice or social assistance and are not accustomed to working. The embrace of a working community, dignity of a paycheque, skills and successes achieved, the purpose that comes with work… can be transformational or rehabilitative in nature.
>
> **Michelle Quintyn** "

> "
> I think the key thing is that you have someone with the passion to make it go forward. And if you have two or three individuals with the passion to have it go forward and when you get together with like-minded folks, the energy and the enthusiasm can help things move forward.
>
> **Marion Whitfield** "

MAJOR OBSTACLES TO SYSTEM CHANGE

1. Competition for Resources and Funding

Competition for resources and funding is a barrier to system change. Leaders shared the challenges of addressing critical staffing and compensation needs, in light of funding constraints and the complexity of union negotiations. They encountered red tape and funding limitations that impeded efforts to enact meaningful, sustainable change and allocate resources where they were most needed. Furthermore, advancements in MHA services were jeopardized by external shifts in policy and governance, highlighting the vulnerability of the sector.

2. Working in Silos

Working in silos inhibits collaboration and exacerbates competition for finite resources. Historic mistrust between sectors further complicates efforts to unify disparate initiatives and align priorities. The existence of separate tables and uncoordinated initiatives reinforces the fragmentation within the sector, which results in a lack of a common vision, coordinated consultation, and streamlined communication across organizations. In addition, the leaders highlighted the challenge of building relationships and trust in a virtual environment, where face-to-face interactions are limited.

3. Continued Presence of Stigma

As previously discussed, stigma remains a significant obstacle to system change in the MHA sector, hindering progress in client care and perpetuating misconceptions. Leaders shared the importance of challenging negative stereotypes that minimize the impact of mental health and addiction and social determinants of health on community well-being. For example, the treatment of some patients in hospitals who experience mental health or addiction challenges continues to be an opportunity for improvement. Additionally, attitudes toward harm reduction further exemplify these barriers, as public acceptance lags behind best practices and sectoral innovation. The leaders highlighted the difficulty of addressing MHA within equity-deserving communities where a lack of acknowledgement impedes effective and timely intervention. Despite ongoing efforts, leaders recognize the enduring impact of societal prejudices and institutional barriers, underscoring the need for continued advocacy and education to drive meaningful system change.

> " Sometimes the issue you have is that even the people who are going through a mental health crisis aren't really admitting it's a mental health crisis, it's something else, you know, it's "I'm unemployed," or, you know, "I'm facing discrimination." But they don't think it's sort of a mental health issue, because it's hard to admit that sometimes. And it's hard sometimes for families to admit that's happening with their child.
>
> **Carl Cadogan** "

THEME 6: MOST HELPFUL RESOURCES

SCHOOL BOARDS

School boards are essential allies in advancing upstream MHA initiatives and fostering a supportive environment for students and families. Brian Lester highlighted the significance of receiving letters of support from both Catholic and public school boards during a zoning dispute related to the opening of Carepoint at its current location. Additionally, the leaders emphasized the positive outcomes of working closely with specific schools to ensure families receive tailored support. Holding collaborative events organized with school boards can reinforce a mutual commitment to promoting mental health awareness and educational opportunities among youth and families, particularly for equity-deserving groups.

GOVERNMENT OFFICIALS

Working relationships with all levels of the government emerged as a vital resource to facilitate advocacy and collaboration. The leaders emphasized engaging with local, provincial, and federal representatives to communicate community needs and access potential funding sources. They highlighted examples where mayors and city councillors actively supported initiatives, facilitated constructive dialogues with higher-ranking officials, and secured necessary permissions. Collaboration with government officials was instrumental in advancing key initiatives such as establishing a provincial Centre of Excellence to standardize MHA quality and care.

PASSIONATE AND EMPOWERING LEADERS

Passionate and empowering leaders serve as powerful resources to drive change in the MHA sector that is grounded in strategic planning. These leaders demonstrate a commitment to the betterment of their communities by forging relationships across sectors, mobilizing resources, and cultivating trust to develop innovative initiatives, like the Circle of Support, COAST, and H.O.M.E. They expressed appreciation for other leaders who were willing to step up and to be the face of innovative initiatives while recognizing the weight of community and media scrutiny.

ADDITIONAL SERVICES AND SECTORS

Leaders highlighted the importance of integrating cross-sectoral strategic planning that reflects shared values and goals and addresses complex challenges. They identified the importance of developing and participating in local, regional, and provincial-level operational tables and advisory committees. These partnerships can support the standardization of services and service quality, and provide opportunities to shape the development of current and future services. In addition, these partnerships build trust between government, research, education, healthcare, and other non-profit organizations to support future innovation within the MHA sector.

> So I think it's aligning yourself with some allies with the same values, because it's easier to tackle stigma that way. And then you can build more support.
>
> **Anne Armstrong**

RECOMMENDATIONS

1

STRATEGIC COLLABORATION

- **Support** new and emerging leaders in developing relationships within existing partnerships and collaborative initiatives to ensure knowledge transfer.
- **Coordinate** backbone support to facilitate communication, consultation, and coordination among diverse stakeholders within the sector at a local, regional, and provincial level.

2

SUCCESSION PLANNING STRATEGIES

- **Implement** proactive organizational and system-level succession plans, particularly for collaborative initiatives, that address anticipated and unanticipated leadership transitions.
- **Incorporate** succession planning into the orientation of new leaders and develop ongoing processes to identify and assess the readiness of potential successors within staff.

3

POLITICAL ENGAGEMENT

- **Learn** about the role of advocacy and strategies to impact legislative changes and policy developments that affect the MHA sector.
- **Build relationships** with policymakers, elected officials, and funders to advocate for stable funding and policy support for MHA services, including new evidence-based practices.

4

RESOURCE MAXIMIZATION

- **Coordinate** responses to funding opportunities to minimize duplication and competition between organizations, and ensure the alignment of new initiatives with staff capacity.
- **Hire staff and leaders** with lived and living experience to increase staff capacity and to create a more trauma-informed and harm reduction-focused workplace.

5

STIGMA REDUCTION INITIATIVES

- **Implement** targeted stigma reduction campaigns to challenge stereotypes and promote an increased understanding of MHA, particularly within equity-deserving groups.
- **Provide training** to increase understanding of harm reduction and trauma-informed services for leaders/staff within MHA and other sectors (e.g., school boards, elected officials, etc.).

ACKNOWLEDGEMENTS AND CONTRIBUTIONS

This project includes co-design and consultations with leaders, frontline workers, and human resources staff through the project working group. The following organizations were represented in the project working group:

- Canadian Mental Health Association – Thames Valley Addiction and Mental Health Services
- Daya Counselling Centre
- Family Service Thames Valley
- Southwest Ontario Aboriginal Health Access Centre
- Youth Opportunities Unlimited

We would like to extend our heartfelt gratitude to all the retiring leaders who generously dedicated their time and shared their invaluable perspectives, experiences, and knowledge for this project. Your insights have enriched our understanding of the mental health and addiction sector in London Middlesex and will undoubtedly contribute to shaping future endeavours in this field. Thank you for your commitment and for imparting your wisdom gathered over the years of your dedicated service.

Anne Armstrong, Executive Director - London Cares

Beth Mitchell, Co-Chief Executive Officer - Canadian Mental Health Association – Thames Valley Addiction and Mental Health Services

Beth Powell, Implementation Specialist, Provincial System Support Program - The Centre for Addiction and Mental Health

Brian Lester, Executive Director - Regional HIV/AIDS Connection

Carl Cadogan, Senior Regional Manager - Kidney Foundation of Canada

Linda Sibley, Co-Chief Executive Officer - Canadian Mental Health Association – Thames Valley Addiction and Mental Health Services

Marion Whitfield, In-Home Family Services - Vanier Children's Mental Wellness

Michelle Quintyn, Executive Director - Goodwill Industries

Sonja Burke, Director of Harm Reduction Services - Regional HIV/AIDS Connection

> " So when you bring multiple people together to effect change, really good things can happen if you come at it for the right reasons, and you're all willing to change and modify what you're doing, and keep the client in the center of all programming decisions.
>
> **Brian Lester** "