

Impact Story

Building a new identity and vision oriented to recovery

Clients said it was a place that gave them hope. Families said they found support and resources. Public spaces were alive in hosting community-wide events. Staff were energized and engaged. Partners in policing, housing, and other health services appreciated new collaborative approaches. These were among the best outcomes of change, and those which in turn sustained momentum to keep going. Significantly, through extensive consultation, it had been the input of clients and families at the onset that had helped shape this vision for change.

It was a rare opportunity to create a new organization — to inherit almost 100 years of history but be focused on building a new identity, with a new vision for delivering mental health services oriented to recovery. It wasn't entirely clear at the beginning what that would mean, how deep and comprehensive a transformation of services was needed, or what we would become.

The public commitment to recovery in the vision statement and other corporate documents was a guidepost for decision making — at all levels and in all parts of the organization — and for building in accountability for asking, “How will this action advance the vision?” The impending announcement of a new name created excitement. The agenda for change was both inspiring and challenging. Most of all, it needed deliberate and dedicated attention and effort. The explicit commitment to work toward a future focused on recovery came with a willingness to question and confront existing clinical practices, to embrace working with clients and families, and to be led by their input.

Leadership existed throughout the organization. Learning happened from international exchange. And listening — *truly* listening — to what service users needed and expected contributed to transforming services. Hearing about their experiences was sometimes hard, but this shaped the expansion of treatment options, addressed unacceptable restraint and seclusion practices, and informed crisis response. Everything, from the electronic documentation system to facility décor and use of the grounds to a rigorous planning and budget cycle, soon also fell under the lens as enablers.

Recruitment processes for medical staff, clinicians, peer support workers, researchers, specialists, and board members also required a rework to advance the vision. Performance management and training programs were revised. There seemed to be an infinite number of areas that all needed attention.

Recovery requires a community of support. The neighborhood community began to participate in events and education, and local news and elected officials became more positive. Other services and supports in the community were encouraged to collaborate to build a better system. Skill sets in community relations and partnership approaches were added to the list of assets and resources needed.

The outcome of service changes led to positive media attention, several national awards, others who sought to come and learn, and acknowledgment from accreditors and funders. But most importantly of all, clients and families told us that this organization had made such a positive difference for them.

The courage to chart a new direction and the dedication and drive to keep on the journey are inspired by realizing it isn't only a patient “story” but the opportunity to impact another person's life. Valuing that as a privilege, to be there with them, and knowing you are making a difference — this gives meaning to our work and is the real reward of transforming services and systems.

Glenna Raymond, certified health executive