

From the Margins to the Middle

D.I.Y. Health Equity Kit

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About This Kit

This is a beginner's guide for those interested in working toward equity within Ontario's mental health system and beyond. The tools and strategies contained in this kit build on conversations had at the *From the Margins to the Middle* knowledge exchange event on March 12th 2015, in Toronto.

This kit has been co-developed by a group of passionate people who participated in the knowledge exchange event and wanted to share what they learned. Our hope is that this kit helps you work more deliberately on issues of equity and provides some inspiration for your journey.

How to Use It

This kit can be used in many ways. You can use it to:

- Reflect individually on your own practice;
- Start a conversation with others;
- Build understanding within a group;
- Explore related resources as needed; or
- Guide project planning.

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Thanks to everyone who shared their wisdom on March 12th. We hope you find your voices reflected within the pages that follow.

This kit was designed and illustrated by [Erin McPhee](#).



How the Conversation Started

On March 12th, over forty people from all walks of life gathered at 519 Church Street Community Centre to reflect on experiences related to embedding equity into efforts to improve the mental health and addictions system. The day included:

- A powerful keynote address by Aerissa Roy-Dupuis
- Story sharing about experiences related to equity
- Small group dialogues exploring lessons learned related to working toward equity
- Co-creation sessions to build out practical equity tools
- A large group dialogue about continuing the pursuit of equity

This event was part of a series of knowledge exchange events hosted throughout Ontario called *Collaborative Conversations: On the Road* hosted by CAMH. This series explored issues and learnings that have emerged from the Systems Improvement through Service Collaboratives project. For more information on this initiative visit: ServiceCollaboratives.ca.

“It was such a tremendous privilege to set the tone for the day at the From the Margins to the Middle event. The importance of meaningful engagement between service providers and the people they serve cannot be overstated. It is essential for service providers to continually endeavour to hear the voices of service users. Everybody’s voice matters and it is critical to keep this in mind.”

—Aerissa Roy-Dupuis, Keynote Speaker

Photos from the Event



Event participants tell stories of inequity and hopeful action.



Participants share and engage in dialogue about moving forward.

About the Service Collaboratives

This conversation grew out of the work of the *Systems Improvement through Service Collaboratives* initiative sponsored by CAMH. The goal of this initiative is to support local systems to improve coordination of and enhance access to mental health and addiction services. In the last three years, 18 Service Collaboratives have been established in communities throughout Ontario.

There are several frameworks guiding the successful implementation of this provincial initiative. An important aspect of the collaborative process has been the integration of health equity into everyday practice. The *From the Margins to the Middle* event grew out of a desire to share health equity learnings and invite related insights from others about doing this important work.

For more information, subscribe to the newsletter at ServiceCollaboratives.ca or join the conversation on eenetconnect.ca.

Service Collaborative Communities

West

- London
- Windsor-Essex
- Hamilton
- Waterloo-Wellington
- Niagara (Justice)

East

- Ottawa
- Kingston, Frontenac, Lennox & Addington (KFL&A)
- Champlain (Justice)
- Four Counties

GTA

- Durham
- Peel
- Toronto (Justice)
- North York-City of York
- Scarborough-East York

North

- Simcoe-Muskoka
- Sudbury-Manitoulin
- Thunder Bay
- Kenora-Rainy River (Justice)

Note: this is the list of Service Collaborative communities as of June 2015. All Service Collaboratives are cross-sectoral, but the Justice Service Collaboratives focus on the intersection between mental health and addictions and the justice system.

Intro to Health Equity

Health equity means working toward the highest level of health for all people. It requires actively addressing inequities or unjust differences in health outcomes among population groups.

We know that people belonging to certain population groups experience lower levels of health, reduced access to services, and a lower quality of care. Social determinants of health such as gender, race, sexual orientation, immigration status, income and education have a significant influence on health outcomes.

One example of inequity is that people living in Ontario's low-income neighbourhoods are more likely to have depression than those in the highest-income neighbourhoods.

In order to realize equity, we must listen to the needs of those who have been pushed the margins and make addressing their needs central to the process of making change.

Service Collaborative Highlight

One approach to embedding health equity utilized by a number of Service Collaboratives is called *targeted universalism*. Targeted universalism means starting with a focus on meeting the needs of the marginalized and then broadening the scope of the solution to as many people as possible. For more on this approach visit: www.nccdh.ca/images/uploads/Approaches_EN_Final.pdf

Check It Out

The social factors that influence our health, like income, housing, food, and education, are major influences on health equity. To find out more about social determinants of health, check out the Wellesley Institute's "Making the Connections" video at:

www.wellesleyinstitute.com/topics/healthy-communities/making-the-connections



These three people are being treated equally based on the assumption that everyone needs the same supports.



These three people are being treated equitably by providing them with different supports to realize equal access to the game.



The systemic barrier is removed to enable all three people to see the game without supports.

What Does Equity Mean to You?

These are visual representations of equity created by event participants:

1

A MULTI-COLOURED EAR

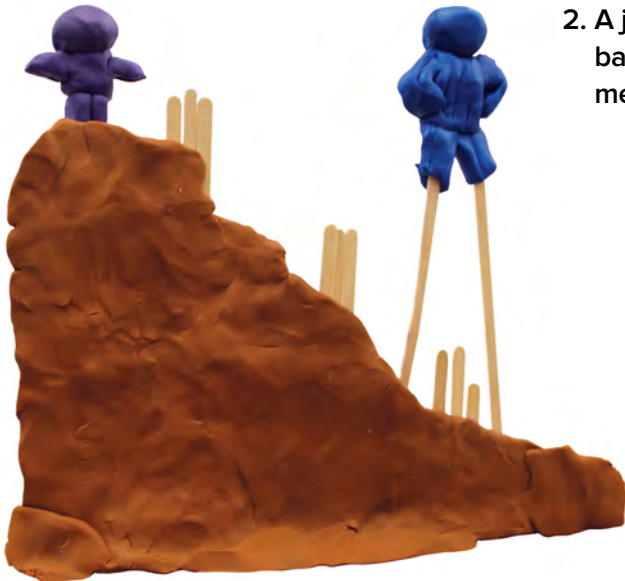
Listening is key to addressing health equity.

The multi-colours in this sculpture of an ear represent the many different voices we need to hear!



1. A multi-coloured ear representing the need to listen and hear diverse voices.

2. A journey to recovery that shows barriers along the way, but a focus on meeting people where they are at.



Draw Your Own Illustration of Health Equity



Take a photo of your illustration, share it with friends, and tweet it at [@SISC_Connect](https://twitter.com/SISC_Connect) with the hash tag [#healthequity](https://twitter.com/hashtag/healthequity). We would love to see what you come up with.

Why Work Toward Equity?

We work toward equity to help everyone realize good health and benefit from the system of supports in place.

Integrating equity helps us:

- Be more effective in making change by incorporating diverse perspectives.
- Reduce access barriers and ensure services meet the needs of marginalized populations
- Create a more inclusive and respectful environment for collaboration.
- Improve health outcomes for everyone and support more vibrant communities.
- Reduce the costs associated with wider social problems that result from inequity.
- Meet government and funder requirements to address issues of diversity & inclusion.
- Learn and grow as individuals.

Who needs to integrate equity?

- Decision-makers and leaders throughout the system
- Service providers across sectors
- Advocates and change-makers
- Advisory and peer groups
- Community members and individuals

To make strides toward health equity, everyone needs to be actively considering and integrating it into their work.

Check It Out

Are you working to build the case for equity? Check out how the City of Winnipeg built their case at:

www.nccdh.ca/images/uploads/Winnipeg_EN.pdf

Questions to Consider

What key outcomes or results do you need to link to health equity to build buy-in?

How can integrating health equity help you accomplish what you are working on?

Beyond The Usual Suspects

Many changes to services and systems are driven by individuals and groups in positions of power. Equity requires collaboration beyond the usual suspects.

Central to health equity work is the meaningful engagement of diverse populations. Important populations to consider include:

- First Nations, Inuit, Metis communities
- Ethno-racial communities
- Individuals and families with lived experience of mental health and/or addictions
- Individuals with disabilities
- Age-related groups
- Linguistic communities
- Individuals and families experiencing or at risk of homelessness
- Individuals and families involved in the justice or child-welfare systems
- Individuals and families with low income
- Religious and faith communities
- Rural, remote and inner-urban populations
- Individuals within the LGBTQ community
- Women and girls
- Immigrants and refugees
- And any other populations that may experience marginalization, oppression, barriers to access, or unequal health outcomes.
- And any other populations that may experience marginalization or unequal health outcomes.

It's important to note that many people identify with more than one population group. People's lives are complex!

By creating intentional partnerships of diverse stakeholders, we can support people on the margins to have their voice heard and lead or inform the change that they want to see in the system.

Questions to Consider

- Is your decision-making group reflective of the population you are seeking to support?
- What barriers to full participation do some populations experience?
- What can you do to address these barriers to engagement?

“To do this work well, we need to address racism head on.”

—Event participant

Check It Out

The Centre for Racial Justice Innovation has lots of practical tools, videos and research related to racial justice.

Explore their resources here:

www.raceforward.org

Part of engagement work means learning to be an ally. Mount Sinai Hospital has some useful resources if you are interested in strengthening your approach as an ally. Check them out:

www.mountsinai.on.ca/about_us/human-rights/ally

Rainbow Health Ontario has a host of resources related to service provision, activism and support for LGBTQ individuals and their families. Find out more here:

www.rainbowhealthontario.ca/resource-search

For models, strategies and resources related to community engagement, check out what Tamarack is up to. They have summarized their understanding of community engagement here: www.tamarackcommunity.ca/downloads/home/ce_report.pdf

Nothing About Us Without Us

There is a growing understanding that programs, policies, and practices should not be created or changed without the full and direct participation of those affected. This includes those with lived experience of mental health and addictions needs as well as other groups that are often marginalized or left out of decision-making within the system.

“We need to acknowledge that we can tokenize people in engagement.”

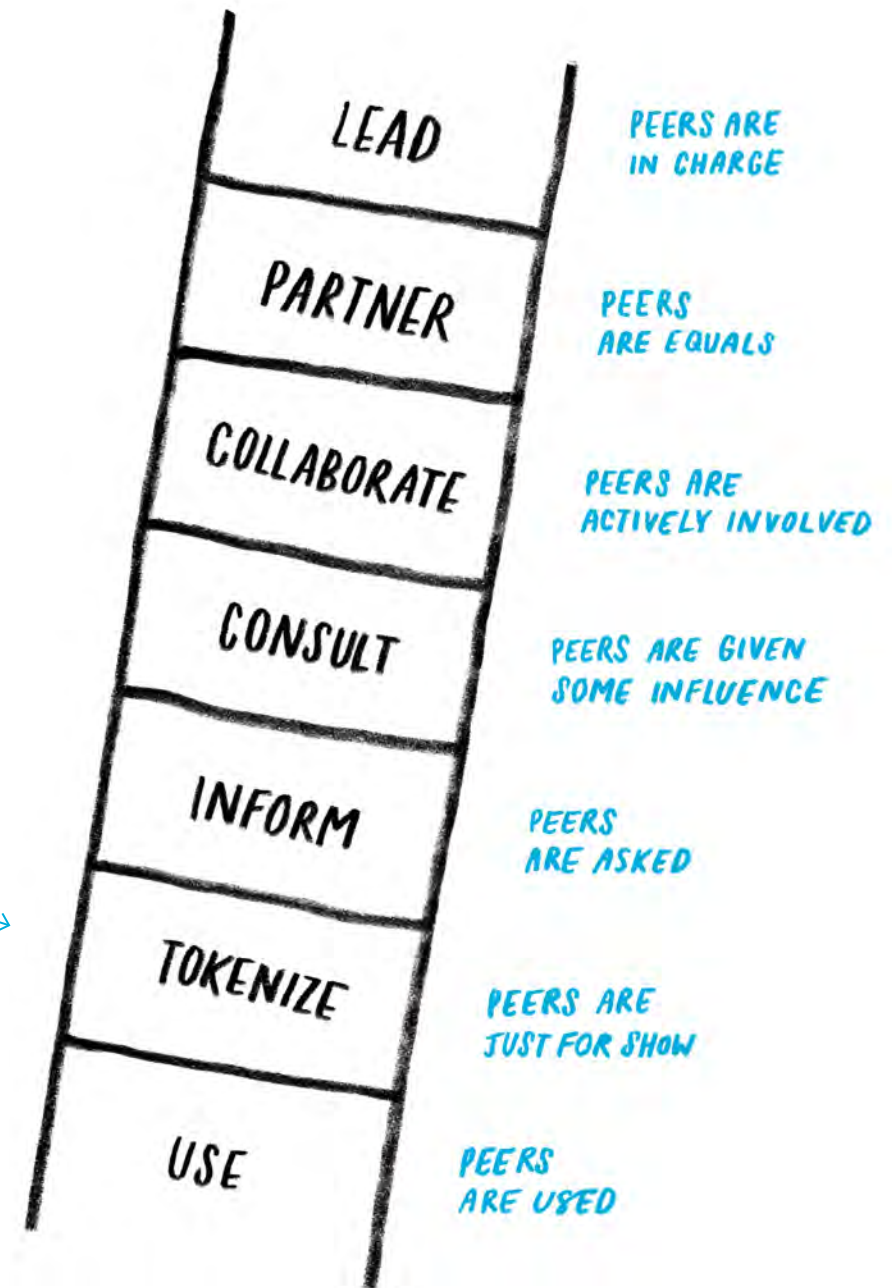
—Event participant

“We need to continue bringing people with lived experience into decision-making roles.”

—Event participant

One tool that can be used to reflect on involvement is the *ladder of engagement*. The Northwest Toronto Service Collaborative has adapted the ladder to evaluate the engagement of peers. By asking peers after an activity how engaged they felt, we can work together to address their issues and increase engagement. It is important to note that you can move up and down the levels from moment to moment and that the top level is not necessarily the ideal level for each situation.

What do these levels of engagement look and feel like for you?



*** Tip:** In a group use role play to work through how you can move up and down the ladder in different situations that you might face.

Nothing About Us Without Us

Check It Out

Mad Studies is a movement to bring people with lived experience of mental health needs into the discourse. Check out the brave new world of mad studies being pioneered by Canadians at: www.madstudies2014.wordpress.com/resources

Check out this resource from Australia called “Mad Meetings”, which provides important ideas related to consumer involvement in decision-making and committees: www.ourcommunity.com.au/files/OCP/MadMeetings.pdf

Take a look at the National Involvement Standards developed by a partnership of organizations and consumer survivors in the UK: www.nsun.org.uk/assets/downloadableFiles/4PiNationalInvolvementStandardsExecutiveSummary20152.pdf

Working for Change supports the engagement of community members and peers in research processes. For more information on their work, visit: www.workingforchange.ca/?page_id=66

The Centre of Excellence for Child and Youth Mental health has been doing some great work around the engagement of people with lived experience. Check out their guide on youth engagement here: www.excellenceforchildandtheyouth.ca/sites/default/files/docs/art_of_youth_engagement_openings_and_possibilities.pdf

Café Ta Center, an American survivor-operated technical assistance centre, has some valuable resources on working with emerging youth. Check them out at: www.cafetacenter.net/youth-and-emerging-leaders

Engagement Methods

There are many participatory methods that can support our learning and decision-making. Creative methods of listening and learning are critical making progress around equity.

Check these out:

The World Café Method

A means for dialogue in small groups based on a set questions for different rounds with movement between groups each round. More info at: www.theworldcafe.com/method.html

The Un-Conference

Ad-hoc self-organization into groups based on interests. More info at: <http://www.unconference.net>

Charrette

It's not a pastry... it's an intense session of co-design with stakeholders over a short period of time. Find out more at: www.charretteinstitute.org

Peer Educators

Train people with lived experience in public speaking, facilitation, anti-oppression and engagement and then connect people with opportunities to go out into the community. More info here: <http://ctb.ku.edu/en/table-of-contents/implement/improving-services/peer-education/main>

Participatory Action Research

Engaging people in making change and collective analysis. More info at: <http://ctb.ku.edu/en/table-of-contents/evaluate/evaluation/intervention-research/main>

Engagement Methods

Health Education

A combination of learning experiences designed to help individuals and communities improve their health. More info at: www.who.int/topics/health_education/en

Anecdote Circle

People share their experience and stories related to a specific topic. Find out more here: http://www.anecdote.com/pdfs/papers/Ultimate_Guide_to_ACs_v1.0.pdf

What other engagement methods have you participated in that are effective? Share it with us on twitter at [@SISC_Connect](https://twitter.com/SISC_Connect) with the hashtag [#HealthEquity](https://twitter.com/HealthEquity).

For more info about other engagement methods, check out the work of the National Coalition for Dialogue and Deliberation at www.ncdd.org/files/NCDD2010_Resource_Guide.pdf and the Community Tool Box at www.ctb.ku.edu/en

Considerations:

- Ensure engagement methods add value for participants and process
- Ensure space and materials are accessible for all participants
- Invest time in outreach and seek representation that reflects the diversity of the community
- Work toward a *safer* and more open space for participation throughout the process
- Provide compensation and/or benefits for participating when possible
- Seek feedback from participants about their level of engagement and method
- Support connections between diverse participants
- Ensure there is space for all participants to contribute
- Be clear about ground rules and expectations up front
- Move away from jargon to support more meaningful conversations

Check It Out

SOY H.E.A.T. is a project that supports youth as community ambassadors for addressing human rights issues and oppression experienced by diverse groups. Youth receive professional training and are connected into larger community discussions about related issues. For more info check out: www.soytoronto.org/current/HEAT.html

Service Collaborative Highlight

The London Service Collaborative developed an app called “Be Safe” to help youth and families manage mental health and addictions crises. To develop the app, they worked with MindYourMind to host a Design Charrette that engaged local youth in co-designing the app. To find out more, visit: www.servicecollaboratives.ca/applying-lived-experience-and-youth-creativity-to-improve-systems-of-care-in-london-news

Overcoming Inequity

Doing nothing is not neutral. To work toward equity, we must actively address barriers. First, we must acknowledge what is getting in our way and then we can use different strategies to address inequities and dismantle structural barriers.

- Common barriers to equity include:**
 - Stereotypes
 - Structural denial
 - Racism
 - Power imbalances
 - Resource imbalances
 - Lack of culturally responsive care
 - Language barriers
 - Legal roadblocks
- Actions to address equity include:**
 - Engage those not traditionally involved
 - Employment equity through human resources policy
 - Employment equity
 - Real listening
 - Courageous conversations
 - Being an ally
 - Health equity data collection
 - Person-centred approach
 - Trauma-informed care



What do you think are effective ways of overcoming inequity? Tweet your thoughts to [@SISC_Connect](#) using the hashtag [#HealthEquity](#).

There are structural barriers to equity that we can collectively work to overcome or dismantle through strategic action.

Service Collaborative Highlight
The Kenora-Rainy River Service Collaborative is building the capacity of service providers to support individuals in ways that are trauma-informed and culturally-appropriate. For more on the Kenora-Rainy River Service Collaborative, visit: www.servicecollaboratives.ca/kenora-rainy-river-intervention

Check It Out
Racial Equity Tools has close to 2000 resources to help you create change in your community. Explore the site at: www.racialequitytools.org
Service Collaborative Highlight
To address issues of inequity, the Peel Service Collaborative is implementing Holistic Crisis Planning. For more on holistic crisis planning, visit: www.porticonetwork.ca/tools/toolkits/hcp-toolkit/hcp-planning-tools

Integrating Health Equity

Integrating health equity principles and strategies into the collaborative process of making change requires intentional action at every stage of a project.

This chart highlights some potential issues identified by participants at the From the Margins to the Middle event to consider at each project stage. Add your own ideas and reminders in the blank spaces.

Service Collaborative Highlight

The Service Collaborative process is guided by the frameworks of Implementation Science, an evidence-based approach to making change. For more information on Implementation Science, visit: www.nirn.fpg.unc.edu

Check It Out

HC Link offers consulting services, learning events, and resources in both English and French free of charge to community groups, organizations, and partnerships to integrate equity and build healthy communities across Ontario. Check them out at: www.hclinkontario.ca

	Get Ready	Decide What to Do	Plan & Prepare	Try It Out & Improve	Make It the Norm
Project Facilitator	<ul style="list-style-type: none"> Research population & related stakeholders Identify organizations & people to be involved Build relationships with traditional & non-traditional partners _____ _____ _____ _____ 	<ul style="list-style-type: none"> Unpack issues and explore root causes Evaluate health equity impacts of possible choices Make health equity issues a focus of the intervention Ensure engagement of those affected in decision-making _____ _____ 	<ul style="list-style-type: none"> Expand partnership through targeted outreach Name and address power dynamics Support training and capacity building around health equity Work toward community ownership _____ _____ _____ 	<ul style="list-style-type: none"> Create channels for community feedback Learn from mistakes Examine hidden areas and unintended impacts Integrate health equity data collection into evaluation _____ _____ _____ 	<ul style="list-style-type: none"> Support community ownership Encourage ongoing learning _____ _____ _____ _____ _____
Community Partners	<ul style="list-style-type: none"> Encourage others to engage in the process, including allies & adversaries Build your understanding of equity issues in your community _____ _____ _____ _____ 	<ul style="list-style-type: none"> Establish shared values Seek to understand aspirations and limitations of partners Engage in courageous conversations with others Stay open to learning from the wisdom of the collective _____ _____ _____ 	<ul style="list-style-type: none"> Reflect on your own power in the process Support the engagement of others Encourage planning to reflect the needs of those most marginalized _____ _____ _____ _____ 	<ul style="list-style-type: none"> Seek out feedback from diverse perspectives Ask questions about related health equity issues Build awareness and understanding of equity _____ _____ _____ _____ 	<ul style="list-style-type: none"> Spread the word about successes Share your lessons learned Encourage the involvement of others Build health equity into standards _____ _____ _____

It's an Ongoing Process

In reality, integrating health equity is a messy, ongoing process (as shown to the right).

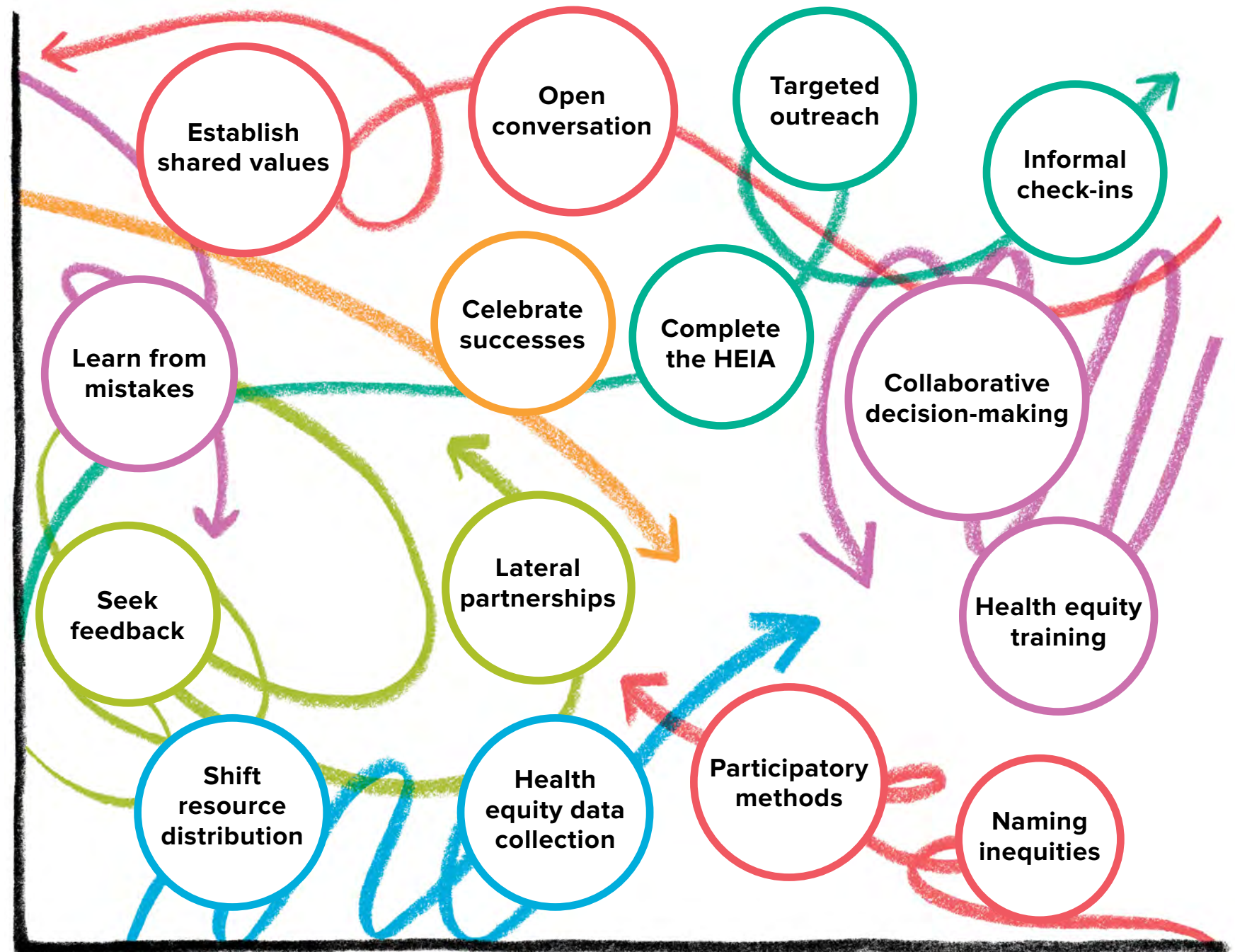
Reminders:

- It's not linear, but rather a continuous process of learning and improvement.
- We need to continue to examine ourselves and our work throughout the process, looking for what we might have missed.
- We need to engage service users and other marginalized groups right from the beginning and throughout the process.
- It's best if we create a variety of opportunities for participation with different levels of engagement.

Service Collaborative Highlight

The Service Collaboratives have been using the Health Equity Impact Assessment (HEIA) tool throughout the implementation process to reflect on unintended potential impacts of the work and make adjustments along the way. For more on the HEIA, visit:

www.health.gov.on.ca/en/pro/programs/heia



Get Ready → Decide What To Do → Plan & Prepare → Try It Out & Improve → Make It The Norm

Unlearning

When working towards equity, we are engaged in a process of continually unlearning what society teaches us early on. We must challenge our assumptions, stereotypes, language, and actions that further marginalize others.

Because much of the thinking and ways of doing things that we have inherited contribute to inequity, we need to check ourselves and adjust our practice regularly. As we unlearn, we can find creative ways to address inequity and contribute to a healthy future for everyone.

Questions to Consider

- What might be getting in the way of equitable collaboration?
- How do the things you say and do contribute to inequity?
- How might we adjust our thoughts and actions to work toward equity?

Tweet your thoughts to [@SISC_Connect](#) using the hashtag [#HealthEquity](#).

Check It Out

Invisible Backpack – Peggy McIntosh has this idea that can help us unlearn the way that we think about (or don't think about) privilege. She talks about how privilege can be thought of as an invisible backpack of unearned assets that we cash in on every day. It has been adapted for many different forms of privilege. For more about the invisible backpack visit:

www.isr.umich.edu/home/diversity/resources/white-privilege.pdf

Service Collaborative Highlight

The Northwest Toronto Service Collaborative has developed a couple of tools as part of the Peer Positive initiative to support critical reflective practice. It involves examining our practices in relation to anti-oppressive values and supporting ongoing practice change. Check out the [workbook](#) and [4A cards](#) at www.peerpositive.ca



Unlearning often means moving in a different direction than the norm. Since many of the structures and practices in place further inequity, we have to intentionally and actively pursue equity through our actions, which can feel like we are “swimming upstream”.

Listening

Real listening is fundamental to working toward health equity. Communication is a two way street. What do we hear when we listen?



Sharing Stories

Stories are a critical tool for learning. They are also a tradition embedded in many cultures. In doing this work, we need to make space for safe and respectful story sharing.

“Stories are the way we engage with each other. Sometimes our stories need to be shared. Sometimes they need to be left behind.”

—Event participant

“Individuals and communities intersect, but don’t necessarily share the same story.”

—Event participant

Here are some of the stories we heard at our knowledge exchange event:

When I was seeking help for depression, I was put on a waiting list. At the same time, I was dealing with intense cultural responses. I want you to know that just because I’m Muslim, doesn’t mean I can’t get depression.

I was told from a professional that I couldn’t have an eating disorder because I was not white. We need to address racism and understand cultural context so that we don’t make false assumptions.

When I came to Canada, I had to support my family through a number of mental health issues including the suicide of my brother and the mental health struggles of my son. This led me to learn more about mental health among new immigrants. Now I am helping build awareness in my community.

It is important to recognize intersecting identities. When I was living in supportive housing, I was kicked out because I am a trans person. We need services that are accessible for all people.

As an international student, I could only access mental health services on campus. My family thought that if I got help for my issues it would threaten my chance to stay in Canada. While I had health insurance, I couldn’t afford to pay up front and get reimbursed. It wasn’t until I found Women’s Health in Women’s Hands (CHC) that I discovered the options I needed.

Service Collaborative Highlight

The Northwest Toronto Service Collaborative is using a tool called Feeling and Needs Cards to help people better listen to each other. Check out this tool at: <http://servicecollaboratives.ca/wp-content/uploads/2014/07/Need-Values-Feelings-Cards-Combined.pdf>

Check It Out

Strengthening Your Voice is a guide for people with lived experience of problems with prescription pain medication interested in telling their story. Check it out:

www.knowledgex.camh.net/primary_care/resources_families/syv/Documents/strengthening_your_voice.pdf

For more on the rich history and practice of storytelling in First Nation communities visit: www.firstnationspedagogy.ca/storytelling.html

EEnet Connect is an online community where members of Ontario’s mental health and addictions system connect, collaborate and share stories. Join in at: www.eenetconnect.ca



Transforming Our Language

The language we use is an important part of how we influence the world. We need to critically examine our words and consciously shift away from jargon and stigmatizing labels toward language that puts people first.

Stigma is reinforced by harmful words and false assumptions. Some stigmatizing words to avoid include: mentally ill, crazy, and psycho.

We can also go beyond words and use diagrams and symbols to communicate in a way that is even more accessible. We must also remember that understanding personal preference is essential to using respectful language.

“Transformative language requires symbolism with respect to visual, audible, analytic, and tactile communication preferences.”
—Event participant

“How our words get defined reflects who has the power.”
—Event participant

One example of transforming our language brought up at the event is below:



Check It Out

The Hogg Foundation for Mental Health created a short brochure to help people shift toward people-first language in mental health. It is a useful tool to check in with. Check it out at: www.hogg.utexas.edu

BELOW ARE SOME EXAMPLES OF PEOPLE-FIRST LANGUAGE SUGGESTED BY EVENT PARTICIPANTS:

COMMON TERMS	PEOPLE-FIRST LANGUAGE	EXAMPLE OF USE
EARLY INTERVENTION	EARLY SUPPORTIVE ACTION	EARLY SUPPORTIVE ACTION IS ABOUT GETTING PEOPLE HEALTH RESOURCES WHEN THEY FIRST NEED IT.
TRANSITIONAL - AGED YOUTH	EMERGING ADULTS	EMERGING ADULTS NEED INDIVIDUALIZED SUPPORT BASED ON THEIR OWN SITUATION AND DEVELOPMENT.
CHRONIC CONDITION	CONTINUOUS ISSUE	CONTINUOUS ISSUES DO NOT GO AWAY WITH TIME AND OFTEN REQUIRE ONGOING MANAGEMENT.
TERTIARY CARE	SPECIALIZED SERVICES	OFTEN YOU VISIT SPECIALIZED SERVICES BECAUSE YOU NEED SPECIFIC EXPERTISE BEYOND YOUR REGULAR CARE TEAM.
CONCURRENT DISORDER	SUBSTANCE AND MENTAL HEALTH ISSUE	INDIVIDUALS WITH SUBSTANCE AND MENTAL HEALTH ISSUES FACE MULTIPLE CHALLENGES.

START TRANSFORMING YOUR LANGUAGE IN THE SPACE BELOW ...

Resources

Below are some additional resources that event participants thought might be useful to share.

It is important to note that inequity also gets reflected in knowledge production. The information, resources and experiential knowledge of grassroots and marginalized groups can get lost in comparison to more mainstream sources. Addressing this disparity is an important component of realizing equity.

Centre for Innovation on Campus Mental Health (CICMH)

A partnership project involving colleges, universities, student groups and the Canadian Mental Health Association in Ontario. CICMH is working to facilitate a Community of Practice, coordinate access to expertise, and foster innovation in campus mental health.

www.campusmentalhealth.ca

The Dream Team

The Dream Team is a consumer/survivor group that works to build new supportive housing, amplify the tenants voice, fight stigma and promote Human Rights. Check out their papers on supportive housing and their successes eliminating some discriminatory zoning by-laws at.

www.thedreamteam.ca

Regional Diversity Roundtable

The Regional Diversity Roundtable of Peel has a variety of practice briefs on a variety of strategies for integrating equity. Have a look at:

www.regionaldiversityroundtable.org/?q=resources

National Youth Advisory Council (NYAC)

The National Youth Advisory Committee is a working group made up of youth across Canada. The committee provides feedback on research projects as well as other initiatives that need a youth voice.

www.camheducation.ca/2014/04/04/nyac_intro

Young Canadians Roundtable on Health (YCRH)

YCRH members represent youth between the ages of 15-30 from across Canada in wide-ranging issues related to the health and well-being of young people. The YCRH seeks to include the perspectives of all races, ethnic origins, religions, gender identities, sexual orientations, socioeconomic statuses and disabilities.

www.sandboxproject.ca/young-canadians-roundtable-on-health

Stella's Place

Stella's Place is a Toronto-based initiative led by young adults and their families working to deliver clinical mental health services in a positive, peer-driven and recovery-focused setting.

www.stellasplace.ca

CSI Info Bulletin

The Bulletin released every two weeks in Toronto offers information to consumer/survivors in the Toronto Area. Sign-up and look at past bulletins at the link below. www.csinfo.ca/bulletin.php

Mental Health Commission of Canada

The Mental Health Commission of Canada (MHCC) is a catalyst for improving the mental health system and changing the attitudes and behaviours of Canadians around mental health issues. MHCC website includes library section with up-to-date reports regarding mental health across Canada.

www.mentalhealthcommission.ca/English

Opening Doors Project

The Opening Doors Project provides free workshops for newcomer communities, communities of mental health survivors, mental health services, agencies and institutions. Find out more at:

www.openingdoorsproject.org

National Survivor User Network

The National Survivor User Network in the UK has been working to ensure that the voices of those from marginalized communities are integral part the network. They have released an important report on reassessing black and minority ethnic mental health service user involvement. www.nsun.org.uk/assets/downloadableFiles/dtoots-report---for-website2.pdf

Our Consumer Place

Our Consumer Place in Australia offers many resources for people with mental health needs. Below is a valuable one on storytelling from a consumer perspective: www.ourconsumerplace.com.au/files/SpeakingOurMinds.pdf

Ontario 211

211 is a helpline (dial 2-1-1) and an online resource to connect with community, social, and non-clinical health and government services. Help is available in over 100 languages.

www.211ontario.ca

ConnexOntario

ConnexOntario is a hotline and online resource that offers free and confidential health services information for people experiencing problems with alcohol and drugs, mental illness or gambling.

www.connexontario.ca

Books & Journals

McGibbon, Elizabeth Anne. Oppression: A Social Determinant of Health. Winnipeg: Fernwood, 2012. Print.

Cornish & Russworm: Freedom's Journal (First Issue)

Poole, Jennifer. Behind the Rhetoric: Mental Health Recovery in Ontario. Halifax, N.S.: Fernwood Pub., 2011. Print.

Resources

Helpful Links

Below are some helpful links that participants wanted to share:

Advocacy

www.sse.gov.on.ca/mohltc/ppao/en/default.aspx

www.communitylegalcentre.ca/referrals/Mental_Health.htm

www.patientscanada.ca/index.cfm?id=65350

<http://www.ohrc.on.ca/en>

www.yourlegalrights.on.ca

Determinants of Health Resources Information

www.mcmasterhealthforum.org/hse

www.homelesshub.ca

www.statcan.gc.ca/eng/health/index

‘How to’ Information

www.nccdh.ca/resources/entry/health-equity-impact-assessment-heia-online-course

www.health.gov.on.ca/en/pro/programs/heia

www.self-help-alliance.ca/wp-content/uploads/2012/02/Advocating-for-Your-self-Manual.pdf

www.coyotecom munications.com/stuff/promote.shtml

www.wrapcanada.org

Mental Health & Addictions

www.caledoninst.org/Publications/Detail/?ID=1061

www.ccim.on.ca/default.aspx

www.ccsa.ca

www.findings.org.uk

Consumer/Survivor & Peer Initiatives

www.empowermentcouncil.ca/index.html

www.trueself.ca/index.php

www.multiculturalmentalhealth.ca

www.opdi.org

www.madstudentsociety.com

Non-Profits and Government Organizations

www.addictionsandmentalhealthontario.ca

www.mindyourmind.ca

www.acrossboundaries.ca

www.oologen.org

www.communitylegalcentre.ca/default.htm

www.opdi.org

www.schizophrenia.on.ca

www.povnet.org/find-an-advocate

www.legalaid.on.ca

www.prcontario.ca

www.ccla.org

www.johnhoward.on.ca

www.ontario.cmha.ca

www.eenet.ca

www.cmho.org

www.pcmh.ca

www.sickkids.ca

www.camh.ca

www.torontocas.ca

www.jfandcs.com

www.nativechild.org

www.moodd disorders.ca

www.excellenceforchildand youth.ca

www.cwhn.ca

www.who.int/social_determinants/publications/en

Government Sites

www.lhins.on.ca

www.health.gov.on.ca/en

www.children.gov.on.ca

www.edu.gov.on.ca/eng

www.tcu.gov.on.ca/eng

www.attorneygeneral.jus.gov.on.ca/english

www.mcscs.jus.gov.on.ca/english/default.html

www.citizenship.gov.on.ca/owd/english

Glossary

Health Inequities

The unfair and avoidable differences in health status seen within and between populations.

(Source: www.who.int/social_determinants/sdh_definition/en)

Stigma

Negative attitudes and the negative behaviours they produce including: fear and misinformation, labels, and stereotypes.

(Source: www.mentalhealthcommission.ca/English/issues/stigma)

Stereotypes

Refers to generalizations about perceived physical, social, emotional or cultural characteristics of a group.

(Source: Elliott & Fleras, 1992, Eagleton, 2007)

Recovery

A process in which people living with mental health issues and illnesses are actively engaged in their own journey of wellbeing.

(Source: www.mentalhealthcommission.ca/English/mhcc-newsletter-may-2014-recovery)

What else needs to be defined in this kit? Tweet us at [@SISC_Connect](https://twitter.com/SISC_Connect) with the hashtag [#HealthEquity](https://twitter.com/HealthEquity).

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It was such a tremendous privilege to set the tone for the day at the From the Margins to the Middle event. The importance of meaningful engagement between service providers and the people they serve cannot be overstated. It is essential for service providers to continually endeavour to hear the voices of service users. Everybody's voice matters and it is critical to keep this in mind.

—Aerissa Roy-Dupuis, Keynote Speaker