



# Creating a Framework for a Mental Health Strategy for Canada

## Assessing the Engagement Process: A Case Study

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# Executive Summary

## *Assessing the Engagement Process: A Case Study*

In 2008, the Mental Health Commission of Canada (MHCC) launched a two-pronged public and stakeholder engagement process to inform the development of a framework for its Mental Health Strategy for Canada initiative. This case study assesses the design, implementation and effectiveness of this engagement strategy (Regional Dialogues and Online Consultation - RDOC). Additionally, this article examines how the consultation results impacted the Commission's framework document - *Toward Recovery & Well-Being: A Framework for a Mental Health Strategy for Canada*. The sources for this case study include a review of selected public participation literature, key informant interviews with MHCC senior staff and the public documents associated with the MHCC consultations. The paper was written by Tristan Eclarin as part of his University of Victoria MPA internship with Ascentum and the views expressed do not purport to represent the views of the MHCC or Ascentum.

As part of its assessment of the RDOC process, the paper discusses the importance of the concept of "engagement," and how it is understood in this context. In this case study, engagement is more specific than the traditional concepts of "participation" and "involvement"; it reflects an effective partnership between citizens, stakeholders and decision makers that encourages, facilitates and accounts for informed participation in policy development. Recounting the inherent challenges associated with assessments of engagement strategies, the paper identifies the high fluidity involved in public / stakeholder engagement and the need to pay particular heed to context. It also notes that consensus around assessment methods and criteria remains somewhat elusive. The paper provides a rationale for employing a comprehensive assessment framework that is carefully tailored to context - in this case the mental health context in Canada. By trying to understand these concepts and challenges first, the author asserts that any assessment is ultimately strengthened.

This case study uses a conceptual framework created by Julia Abelson and Francois-Pierre Gauvin as a starting point for conducting the assessment. Drawing on this source, as well as other prominent themes in the literature, the paper zeros in the following focus question to ground its assessment of the RDOC process: what can be reasonably concluded about the context, process and outcomes of the Commission's stakeholder and public engagement process? Its heightened emphasis on context, and on the complex interrelationships and interplay between context, process and outcomes, helps distinguish this assessment approach from others in the public participation evaluation literature.

The assessment of any engagement strategy should begin with context analysis, which helps establish a more nuanced understanding of the broader issues and challenges involved. This front end work will strengthen process and outcomes

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assessment to be conducted later. In the case of the RDOC process, there were a number of important factors to consider. The deficiencies of Canada's mental health policy, programs and services gained national prominence as a result of the 2006 *Out of the Shadows at Last* report, and the MHCC was established with the responsibility for addressing the full range of mental health issues in Canada. As a new organization with many highly experienced and dedicated individuals, the MHCC stepped into a receptive socio-political environment that included many actors who embraced the need for change in the mental health system, and were largely supportive of engaging the public and stakeholders in achieving that transformation. As a result, the issue, organizational culture, and socio-political factors were, for the most part, presented a positive context within which the MHCC could deliver an effective engagement strategy.

Assessment of the process factors involves a review of the methods used to engage the public and stakeholders in policy decisions. This includes a number of elements, such as participant recruitment, process design and implementation, analysis of findings and final reporting. The public engagement literature identifies numerous process assessment criteria; and this case study focuses on the following five: representativeness and inclusiveness, early involvement, incorporation of values and beliefs into the discussion, dialogue/deliberation and participant satisfaction. Careful examination of the RDOC's strategy's design and implementation provides ample evidence of each criterion. For example, representativeness and inclusiveness was achieved largely because of the use of robust complementary online and in-person engagement methods. The in-person sessions were designed to facilitate value-based discussion on the Commission's draft framework, and skilled facilitators were used to ensure that the sessions fostered meaningful, generative dialogue between the Commission and its many stakeholders.

The assessment of outcomes, or impacts that can be attributed to an engagement process is a critical and challenging task. Since this is essentially a results-oriented analysis, it tends to be the preferred form of evaluation for practitioners and policymakers. However, because outcomes related to policy and broader society are by nature difficult to measure (and even more difficult to link to a specific engagement process), this type of assessment is perhaps the most arduous of the three. This problem is compounded by the fact that Phase I represents the earliest stages of the MHCC's overall work, which ultimately limits the conclusions that can reasonably be made on longer-term outcomes. That being said, there is considerable evidence that the outcomes of the RDOC process did have a significant impact on the revision of its foundational Framework document and is likely to influence future MHCC efforts, especially because the organization practices a high level of strategic responsiveness in relation to participant feedback. As stated in much of the literature, the RDOC also makes the case that a good process is the key for making a legitimate link between an engagement strategy and its wider impact.

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In conclusion, the focus question can be addressed through five lessons, which are intended to provide some useful insights for public officials, practitioners and organizations interested in effective engagement:

1. Comprehensive assessment is key to understanding the success of public/ stakeholder engagement initiative.
2. Give context the attention it deserves.
3. Use multiple modes of participation to help gain a broad diversity of perspectives.
4. Recognize that diverse participants offer the real added value in any strategic engagement initiative.
5. Informed participation results in higher quality participation and results.

# Foreword

## *Assessing the Engagement Process: A Case Study*

Between January and April 2010, I worked as an intern at Ascentum Inc., a consulting firm that specializes in public /stakeholder/employee engagement and social media. As a Master of Public Administration (MPA) student who had just completed the first semester of course work, I did not have extensive knowledge in either field. But once I started my internship, I quickly realized that public and stakeholder engagement is an increasingly prevalent strategy for informing public policy.

This case study was written during my internship at Ascentum, and reviews the engagement strategy employed by the Mental Health Commission of Canada (MHCC) during Phase I of its *Mental Health Strategy for Canada* initiative in 2008-09. It should be noted that this case study was conducted as an independent project for my co-op internship. As the sole author of this case study, I wish to stress that this paper does not purport to represent the views of the MHCC or Ascentum.

The purpose of this case study is to give readers a sense of the critical dimensions of an effective engagement strategy, with particular emphasis on context. But more broadly, I hope this helps demonstrate the real value proposition that stakeholder and public engagement offers for public policy development and implementation.

One of the most significant challenges involved in this case study was developing a meaningful assessment framework. As noted in much of the public participation literature, the process of engaging citizens can be affected by a wide range of factors, many of which are outside the control of practitioners and government officials. With this in mind, the focus of this case study is to identify some best practices, not to provide a rigorous formal evaluation.

Since writing this case study I have resumed my full-time studies, and am currently taking a course on civic engagement and deliberation. In this class, we have explored a number of public engagement initiatives, both within Canada and abroad. In doing so, I've been reminded of a very important lesson: public engagement can be a very difficult process to manage. It is very easy to conduct a 'bad' engagement initiative and not even realize it, as many practitioners have discovered for themselves. More often than not, the challenges are not only related to a lack of political will, but also to poor process design.

I would like to thank both the MHCC and Ascentum for their valuable contributions towards this case study. These are very busy organizations that took the time to help me understand a very large-scale engagement process. More specifically, I would like to express my gratitude to Mary Pat MacKinnon and Manon Abud, who provided me with continuous support throughout the writing process.

Many thanks, Tristan Eclarin, August 2010

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## 1.0 INTRODUCTION

### *Mental Health Commission of Canada, A Case Study*

### 1.1 Purpose

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The purpose of this case study is to assess the public and stakeholder engagement strategy employed by the Mental Health Commission of Canada (MHCC) ([www.mentalhealthcommission.ca](http://www.mentalhealthcommission.ca)). The focus is on the Commission's process to inform the development of a framework and goals for a mental health strategy for Canada – more specifically its series of in-person and online consultation processes used to obtain input from a wide range of individuals and organizations. The Commission hired Ascentum Inc., a third-party consulting firm, to collaboratively develop and then implement an engagement strategy for Phase I (Framework and Goals). In particular, this case study will describe and assess how the engagement process was conducted, and how outcomes were reflected in the Commission's Framework goals. The sources used for this case study were varied, including selected public participation literature, key informant interviews with the Commission's senior employees, and public reports on Phase I consultations.

This case study begins with a discussion of two important conceptual frameworks: defining public engagement and assessing the impacts of an engagement strategy. In this section, relevant themes from public participation literature are provided to help contextualize the assessment discussion. To help set the stage, background is provided on the creation of the Mental Health Commission of Canada and the launch of its Regional Dialogues and Online Consultation (RDOC) process. Following this is an assessment of the Commission's online and in-person consultations. The assessment draws on analytical approaches prominent in the public engagement literature. The case study concludes with a set of important lessons learned from this experience. It is hoped that the document offers some useful insights for practitioners and policy makers interested in using public and stakeholder engagement to help inform their decision-making processes.

### 1.2 Conceptual Frameworks

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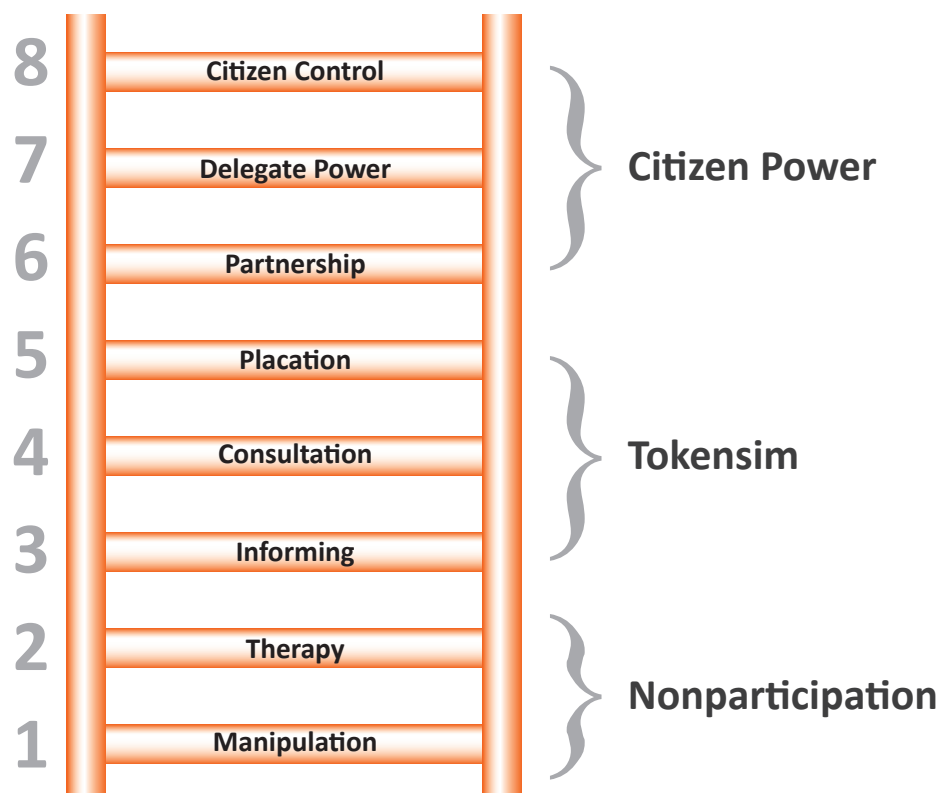
#### 1.2.1 What Does “Engagement” Mean?

The rationale for focusing on engagement is simple: public and stakeholder engagement are embedded in both the Commission's and Ascentum's mandates. However, the term is often used interchangeably with other similar terms, such as “involvement,” “participation,” and “consultation.” These terms are often used as synonyms in public participation literature. It is beyond the purview of this case study to establish a rigorous distinction between these terms. However, a brief, theoretical explanation of how they are being used within this discussion is in order.

In this context, “participation” and “involvement” are used generically to represent a wide range of approaches. In contrast:

*The term “engagement” is more specific, and refers to a heightened level of participation that is “...far more active than traditionally passive public consultation in its recognition of the capacity of citizens to discuss and generate policy options independently.”<sup>1</sup>*

Ultimately, engagement reflects an effective partnership between citizens and decision makers that encourages, facilitates and accounts for informed participation in policy development. Sherri Arnstein’s “Ladder of Citizen Participation” (now several decades old but nonetheless frequently cited in the literature) helps illustrate the different levels of public involvement.



**Fig. 1 : Arnstein’s Ladder of Citizen Participation**

Source: Primer on Public Involvement, 9.

This figure illustrates citizen participation as it exists on a continuum. Each level represents a different approach that can be used to get the public involved. Essentially, the higher the approach on the “ladder,” the more that citizen engagement is truly achieved. An organization that successfully implements an engagement strategy has made the proper “...distinction between forced minimal inclusion and proactive beneficial inclusion of the general public.”<sup>2</sup>

It should also be noted that the literature emphasizes “public engagement,” which focuses on the role of the citizen. But as stated earlier, a major component of the Regional Dialogues was stakeholder engagement. In general terms, a stakeholder is an individual that represents a more prescribed interest

in an issue, usually through professional and/or organizational association or affiliation. In the RDOC stakeholders represented a wide range of government, professional, research, advocacy, consumer, and illness or issue-specific organizations.

Much of the public participation literature tends to assume that public and stakeholder views are often conflicting, or at least very different. To a large degree, this did not occur in the RDOC. As stated in the Commission's Public Consultation Report:

*"...the congruence in results across qualitative and quantitative feedback, and across the in-person and online consultation streams, is striking. While there are nuanced differences in perspectives on some issues...the overall messages heard for each goal, and for the 8 goals taken together, is extremely consistent, unequivocally pointing to a consensual basis for moving forward."*<sup>3</sup>

A note on the role played by third-party consultants in supporting effective engagement is warranted. Employing professional, experienced, neutral third-party organizations with relevant expertise can be effective in helping to achieve a credible and effective engagement strategy. Bringing in external expertise can be more efficient from a cost and resource perspective, and it can help to legitimate the process by bringing in a third-party to oversee it. However, consultants need to exercise a high level of neutrality for engagement. For example, engagement processes should be framed in such a way as to foster open and unconstrained discussion. Third-parties that support best practices will challenge organizations that use consultations as an opportunity to try and bring the public's opinion in line with its own. Without organizational independence on the part of the consultants, the assertion of "engagement" can be misleading. As Jon Pierre states it:

*"Consultants could certainly, to some extent, be said to provide both information and legitimacy, but...their main role is not so much to challenge policy makers' ideas about what should be done but rather to legitimate those actions by their involvement in the policy process."*<sup>4</sup>

### **1.2.2 How Do We Assess Engagement?**

Much of the public participation literature emphasizes the inherent difficulties involved in assessing engagement initiatives. This is not a new phenomenon. Even with the breadth of evaluation frameworks set out in more recent literature, there is still much concern over the lack of a formal consensus. Judy B. Rosener identifies four key elements of this challenge.

1. "Public participation" is a highly fluid concept: it is complex, value-laden and has multiple purposes, meanings, and levels.
2. There is no widely held criteria to judge the success or failure of initiatives.

3. There are no widely held evaluation methods for initiatives.
4. Reliable measurement tools in the field are scarce.<sup>5</sup>

These challenges are important to consider when designing and implementing an engagement strategy. Nonetheless, this does not diminish the political importance of involving the public in policy decisions, especially in democratic societies. According to James Fishkin, there is a certain level of “incompleteness” involved in public engagement, which is useful for how we ultimately assess it. He suggests that, “in practical contexts a great deal of incompleteness must be tolerated. Hence, when we talk of improving deliberation, it is a matter of improving the completeness of the debate and the public’s engagement in it, not a matter of perfecting it...”<sup>6</sup> In this sense, the capacity to conduct meaningful engagement processes requires continuous practice. Additionally, new online technology presents an even greater opportunity for organizations to reach a broader and more diverse range of citizens. In this sense, the future of public engagement should be viewed as an evolving field that holds much promise.

One of the major issues addressed in this case study is the effect that context has on an initiative’s overall effectiveness. This is an important consideration because “...the ability to measure the institutional and societal impacts of the process which can take many years and may be difficult to disentangle from other events that are influential to the policy process may be limited.”<sup>7</sup> Context will be discussed at greater length later. Suffice here to note that it is problematic to try to apply a “one-size-fits-all” assessment framework – what is more useful is an assessment framework that has been carefully tailored to account for context.

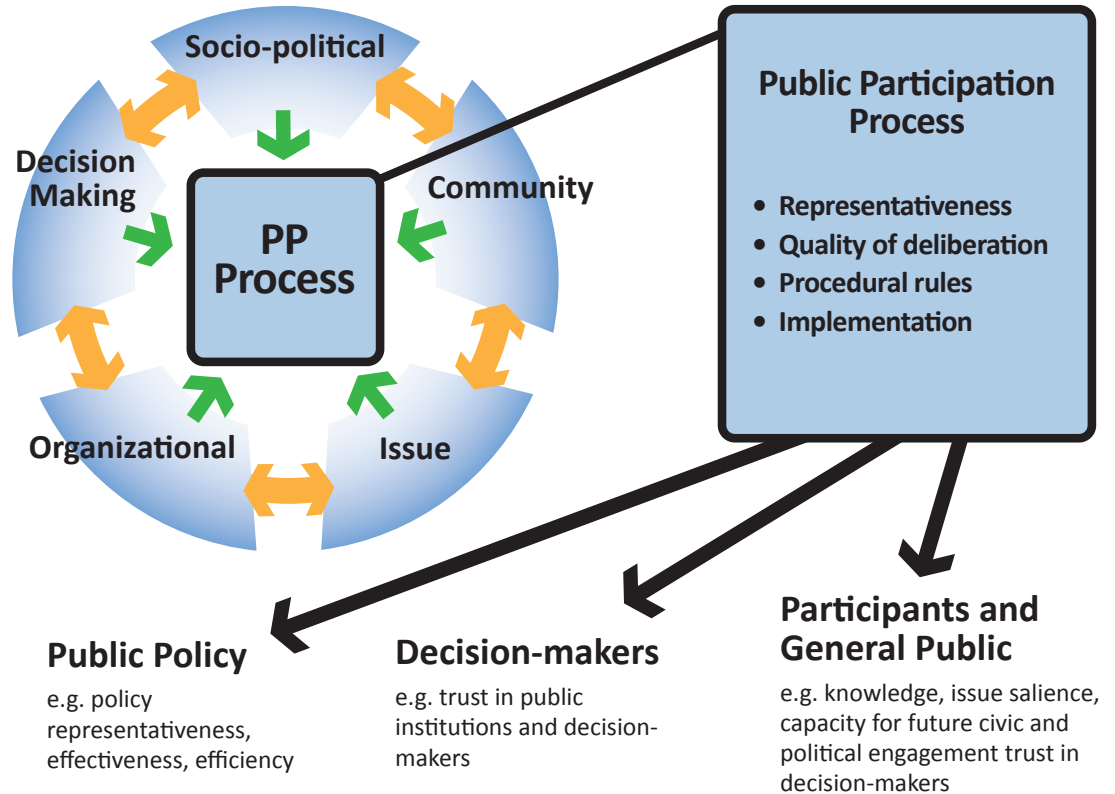
Although there is no formal consensus on the best approach to public participation evaluation, there is general consensus on the indicators that should be included in any evaluation framework. However, it is beyond the purview of this case study to formulate a formal evaluation model. The focus here is on assessment, which public participation literature identifies as the less rigorous alternative to evaluation. Gene Rowe and Lynn J. Frewer explain the difference as, “...the former [evaluation] referring to the structured process of establishing the success or otherwise of an exercise against preset criteria, the latter [assessment] referring to the relatively unstructured analysis of an exercise without preset effectiveness criteria, as occurs in the conducting of descriptive case studies.”<sup>8</sup>

In light of Rowe and Frewer’s distinction, this case study applies a fairly structured assessment model for the RDOC project. This model is informed by Julia Abelson’s and Francois- Pierre Gauvin’s “Conceptual Map of Public Participation Evaluation.”

The focus question for this case study is:

*What can be reasonably concluded about the context, process and outcomes of the Commission’s stakeholder and public engagement process?*

Abelson and Gauvin focus on these three broad evaluation groups. In relation to other public participation literature, they place an increased emphasis on two aspects: **the importance of context**, and **the complex interrelationships between the three groups**. They developed the following conceptual map to illustrate their approach.



**Figure 2: Conceptual Map of Public Participation Evaluation**  
Source: Abelson and Gauvin, 2006.

## 2.0 MENTAL HEALTH REGIONAL DIALOGUES AND PUBLIC CONSULTATION: BACKGROUND

### *Mental Health Commission of Canada, A Case Study*

#### 2.1 Issue Definition

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In May 2006, the Standing Senate Committee on Social Affairs, Science and Technology published a report entitled, *Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada*. The report revealed many significant issues regarding mental health in Canada, starting with the fact that Canada is the only G8 country with no comprehensive mental health system in place. Rather, there is only "...a fragmented patchwork of programs and services, many of which face a constant struggle to find adequate resources to meet ongoing demands."<sup>9</sup> This represents a very costly, inefficient and unsustainable approach over the long term. According to former federal Health Minister Tony Clement, mental health issues cost the Canadian economy 30 billion dollars every year, which is about half of the budget of the province of Ontario. Ultimately, the country's mental health system needs fundamental transformation.

As a result, the federal government created the Mental Health Commission of Canada in March 2007, and gave it the following mandate:

*"... [to] create a space and process to enable the coming together of all those involved in mental health issues or affected by mental health illnesses, to build common ground, generate synergies and move towards a common set of goals that will help drive the desired change."*<sup>10</sup>

In August 2008, the federal government announced that it would commit a total of \$140 million over the Commission's 10-year mandate.

A key task of the Commission is to facilitate the process for developing a comprehensive national mental health strategy. The Commission recognizes that for any such strategy to be sustainable, it needs to be both evidence-informed and value-based. This is especially true for complex and value-intensive issues, such as mental health care. This task presents several challenges for the Commission.

1. Fundamental change requires more effective collaboration between various levels of government, which is a challenging task for any organization. The absence of a coherent national mental health strategy is largely related to the jurisdictional responsibilities entrenched in the Constitution. The planning and delivery of health care and social services delivery is largely a provincial responsibility, which makes the creation of a comprehensive national strategy particularly challenging. The mental health system is not really a system: programs, services and supports are not uniformly available and there are many gaps and inconsistency in services. For example, in "most jurisdictions, there are limited if any ties between the 'formal' mental health and addiction system and self-help initiatives that have taken root in communities nationwide."<sup>11</sup>

## Mental Health Commission of Canada, A Case Study

2. The nature of the Commission’s mandate presents limitations in terms of authority and implementation. It is not directly responsible for the organization, funding or delivery of mental health services and support.<sup>12</sup> Nor is it intended to be a watchdog organization. Rather, it is a catalyst and facilitator. The challenge involved in this is effectively summarized by the Commission’s former President, Michael Howlett. He states that, “... [the Commission] cannot impose its vision on anyone. This means that when it comes to implementing the national strategy, we will need to convince all stakeholders...In order to succeed, we need to build that support as we go.”<sup>13</sup> As a result, the Commission is directing a strategy that it has no formal authority to dictate or implement.
3. Third, and most importantly for this case study, is the challenge of designing an effective engagement strategy. The Commission needs to engage individuals living with mental health issues, their families, health care/social service providers and representatives from many stakeholder organizations. Public engagement is essential for a truly comprehensive and inclusive approach because it seeks to reach out and engage all interested parties to create and implement a pan-Canadian strategy.

Recognizing the complexity and scope of their task, and the need for external assistance, the Commission collaborated with Ascentum to design a two-phased engagement approach. As noted, this case study focuses on Phase I, which dealt with WHAT a transformed mental health system would look like. More specifically, the purpose of Phase I was to facilitate meaningful reflection and discussion on what might be the goals of a pan-Canadian mental health strategy.

Phase I was launched by the development of a framework document entitled *Towards Recovery and Well-Being: A Framework for a Mental Health Strategy for Canada*. The framework elaborated on eight proposed high-level goals for a transformed mental health system in Canada (outlined below). These goals were meant to be relevant for all demographics in Canada, as well as consistent with all mental health contexts.<sup>14</sup>

1. The Hope of Recovery is Available to All
2. Action is Taken to Promote Mental Health and Well-Being and to Prevent Mental Health Problems and Illnesses
3. The Mental Health System is Culturally Safe, and Responds to the Diverse Needs of Canadians
4. The Importance of Families in Promoting Recovery and Well-Being is Recognized and Their Needs are Supported
5. People of All Ages Have Equitable Access to a System of Appropriate and Effective Programs, Services and Support that is Seamlessly Integrated Around Their Needs
6. Actions are Based on Appropriate Evidence, Outcomes are Measured and Research is Advanced

7. Discrimination Against People Living with Mental Health Problems and Illnesses is Eliminated, and Stigma is Not Tolerated
8. A Broadly-Based Social Movement Keeps Mental Health Issues Out of the Shadows – Forever.

An initial draft version of this document was developed by the Commission, and underwent an extensive internal review by the Commission’s broader “family” (i.e., Consumers’ Council, Board of Directors, and Advisory Committees), as well as by federal/provincial/territorial officials. A revised draft was then released for public input in January 2009. The feedback obtained from the public and stakeholder consultations that followed was used to revise the framework, and to inform Phase II of the Commission’s approach, which will articulate HOW the shared vision will be achieved.<sup>15</sup>

## 2.2 The Engagement Strategy

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The purpose of engagement was to gather input from as broad a range of citizens and stakeholders as possible. The participant recruitment methods for the Regional Dialogues relied heavily on extensive contacts through existing networks, key informants and internal knowledge within the organization. This process was guided and supported by the Commission’s Advisor on Stakeholder Relations, Philip Upshall.

In collaboration with the Commission, Ascentum designed an engagement strategy that consisted of two processes: Regional Stakeholder Dialogues and Online Public and Stakeholder Consultations. The rationale for using both is effectively explained by Dr. Howard Chodos, the Commission’s Vice President, Mental Health Strategy:

*On Regional Dialogues: “The advantage of a face-to-face dialogue is that you’re in conversation with people, so that it’s something that you can probe, you can develop, you can see there’s a dynamic that happens in the room, you can answer people’s questions on the spot and test out those answers.”*

*On Online Consultations: “On the other hand, online every individual had the chance to express themselves across the full range of goals, whereas in the regional dialogues people were limited.”*

### 2.2.1 Regional Stakeholder Dialogues

Regional Dialogue participants were chosen by the Commission to represent a diversity of perspectives and concerned groups. People were invited to attend one of the 15 full-day, in-person dialogue sessions that were held in St. John’s, Halifax, Montreal, Toronto, Thunder Bay, Winnipeg, Regina, Edmonton, Vancouver, Whitehorse, Yellowknife and Iqaluit. Each dialogue involved 25 to 35 participants – 450 in total. Additionally, three of the sessions were “focused

consultations” held in Ottawa: their rationale was to explore the perspectives of three specific groups: First Nations, Inuit and Métis organizations; federal departments responsible for policy making in fields related to mental health and illnesses, and national organizations in related fields.<sup>16</sup>

Prior to each Regional Dialogue, participants were urged to read the draft framework to gain background knowledge on the issue. Each session was conducted as follows.

1. **Introductory presentations:** the Commission’s Vice President, Mental Health Strategy, Dr. Howard Chodos, and other Strategy team members provided participants with key relevant information (i.e., the role of the Commission, the state of the mental health system in Canada, guiding principles for strategy development and the rationale for the proposed framework).
2. **Pre-test voting:** participants assessed each goal in the draft framework using electronic keypad voting software. They rated their level of agreement with each goal, in relation to its inclusion in a national mental health strategy and then an overall assessment (“To what extent do you agree or disagree that the 8 goals taken together describe the direction of change needed to transform the mental health system across the country.”) This allowed participants to assess how well the goals represented a truly comprehensive approach.
3. **Small group work/plenary discussion:** activities were designed and guided by facilitators from the Commission and Ascentum. Each group was assigned to discuss three or four of the proposed goals in the framework. They discussed the merits, concerns, omissions and ways to improve them. The purpose was to provide an opportunity for informed, constructive and open dialogue. Groups then reported and discussed their findings in plenary.
4. **Post-test voting:** using the same format for measuring their initial views, participants assessed each goal again and rated the goals collectively. The purpose was to determine whether the small group work and plenary discussion had affected opinions on the draft framework.
5. Participants completed an **evaluation** form that probed process and content dimensions of the session (open- and close-ended questions).

### **2.2.2 Online Stakeholder and Public Consultations**

To increase the engagement strategy’s overall effectiveness, an online component was used to address some of the limitations inherent to in-person consultations. Michael X. Delli Carpini suggests that, “in addition to significantly lower costs for organizers and participants, online deliberation enables more long-term deliberation, flexibility in when individuals participate, more timely deliberation on emerging issues, and, perhaps most significantly, the possibility of a much larger scale.”<sup>17</sup> On the other hand, a limitation of the online participation (along with basic literacy and computer access) was the lack of opportunity for interaction.

Participation in the Online Consultations was open to both the general public and stakeholders. As a result, two distinct (but parallel) processes were designed. Participants were recruited in various ways, including a broad e-mail campaign, promotion during the in-person consultations, media coverage, and word of mouth within the mental health community.<sup>18</sup> The online consultations ran from February 11 to April 19, 2009. In total some 1700 members of the general public and 300 stakeholder groups provided feedback on the Commission’s framework – a response rate that exceeded the Commission’s expectations.

**Individuals participated in two ways**

- 1 The online workbook, which was open to both the general public and stakeholders. Its structure was similar to the Regional Dialogues. After a brief introduction of mental health issues in Canada, participants could provide feedback on each goal by answering a combination of close- and open-ended questions. The sections for each goal included:
  - a brief overview describing the goal;
  - a set of statements related to the goal (with participants indicating their level of agreement for each); and
  - space for additional comments (qualitative input).

At the end of the online workbook, participants could provide more general feedback by responding to two open-ended questions. Similar to the Regional Dialogues, the workbook also measured entry and exit views of participants (pre- and post-test).

Table 1 categorizes participation for the online workbooks. As noted in the August 2009 public consultation report, both citizens and stakeholders demonstrated a very high completion rate.<sup>19</sup>

	Started*	Completed**	Completion Rate
Public	1575 (27% anonymous)	1289	82%
Stakeholders	199	179	90%

**Table 1: Online Consultation – Total Workbook Entries**

Source: Public Consultation Report, 10.

\*Completed at least 3 questions, excluding demographic and evaluation questions.

\*\*Completed at least 1 of the last set of close-ended questions (post-test).

- 2 “Free-form” qualitative feedback on the draft framework or mental health issues in general. Through this forum, citizens could share their personal stories or ideas within a 500 word limit. If they chose to do so, they could share their submissions with others on the public consultation website. Representatives of stakeholder groups could also provide up to 1000 words of comments. But due to the length of submissions, these were not shared publicly.

## 3.0 MENTAL HEALTH REGIONAL DIALOGUES AND PUBLIC CONSULTATION: ASSESSMENT

### *Mental Health Commission of Canada, A Case Study*

### 3.1 Context

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An assessment of any engagement strategy should begin with context analysis. In most cases, this will strengthen both process and outcome assessment by establishing a more nuanced understanding of the broader issues and challenges involved. Abelson and Gauvin conclude that:

*“...there are diverse contexts within which public participation may be implemented and these contexts can exert considerable shaping effects on the outcomes of the process and its participants.”*<sup>20</sup>

However, much of the public participation literature tends to focus solely on *process* and *outcomes*. In this view, effectiveness is often equated with how an initiative was conducted and the results that came out of it. While this is obviously critical, this approach is somewhat incomplete because it neglects the underlying and changing circumstances that can affect how public policy issues are understood and addressed. Analysis of context should be considered an essential component of any assessment of the design and impact of a stakeholder/public engagement strategy. The lack of focus on context tends to be a significant research gap.

In Figure 2, context represents the “first stage” of evaluation, where it is assessed before process and outcome factors are even considered. Abelson and Gauvin identify the different contexts that can shape any given engagement strategy. In the RDOC context was especially important. The following factors exerted a heavy influence on both process and outcomes: **issue**, **organizational culture**, and **socio-political factors**. These different contexts will now be assessed.

#### 3.1.1 Issue

In 2006, *Out of the Shadows at Last* revealed the deficiencies of Canada’s approach to mental health, giving the issue a high level of national prominence. The report demonstrated the extent and scope of mental health issues and challenges throughout the country. One of the most encapsulating claims was particularly powerful:

*“...each year, one in five Canadians will experience a mental illness, virtually all Canadians will be affected, directly or indirectly, by mental illness and/or addiction. Mental Health is truly of national concern.”*<sup>21</sup>

The report was person-centred and community focused, including many personal stories and anecdotes from individuals living with a mental illness, their families and friends. By bringing the issue out into the open, drawing attention

to it, and effectively personalizing it, the Standing Senate Committee made clear that the current mental health system did not meet the needs of Canadians.

Overall, the report stimulated public interest in the issue and helped remove some of the stigma surrounding it. This helped build political support for the creation of a national mental health commission (commitment announced in 2007) and set the stage for a national dialogue across diverse perspectives.

In addition to its high salience, the Hon. Michael Kirby helped frame the issue as a non-partisan one as well. This meant that, with a dedicated effort, significant progress could be made at the Parliamentary level. Kirby suggested that, “the Conservatives agreed (with the findings of the 2006 report) that it didn’t matter who supplied the services that the role of government was essentially as an insurance company...”<sup>22</sup>

Soon after the creation of the Commission, Dr. Howard Chodos, Vice-President, Mental Health Strategy – who had served as the Research Director for the Senate Committee on Social Affairs, Science and Technology, was lead author of *Out of the Shadows at Last* and worked closely with Kirby to get the Commission up and running – engaged Ascentum to help develop and implement an engagement strategy. In previous years Ascentum had worked with the Standing Senate Committee the development of *Out of the Shadows at Last* to bring in the voices and perspectives of people with the lived experience of mental health problems and illnesses, using online and in-person methods. Through these experiences, relationships, shared knowledge, and significant levels of trust were built.

### 3.1.2 Organizational Culture and Philosophy

*Out of the Shadows at Last* emphasized that there was no organization, at any level, with the mandate and resources necessary to address the full range of mental health issues in the country. Ultimately, the Mental Health Commission of Canada was created in 2007/08 to resolve this organizational deficit.

Key informant interviews with the Commission’s Mental Health Strategy team staff revealed some challenges associated with being a new organization, including potential conflict over resources with organizations in related fields and start up challenges. On the other hand, the Commission also benefitted from its recent establishment. Gillian Mulvale, a Senior Policy Analyst in the MHCC, suggested that as a small and growing organization, they were willing and able to listen quite carefully to what people had to say during the RDOC.<sup>23</sup> They could commit significant time and resources to the engagement processes because their organizational culture was not as entrenched as more mature organizations. Their culture included a high level of receptiveness towards the newer strategies for facilitating engagement, such as online methods of engagement.

The interviews also revealed that the Commission’s senior leadership provided meaningful direction and commitment to the organization’s overall goal, as well as the engagement processes. As noted, a key individual is the Hon.

Michael Kirby, the Commission's Chair. In addition to being a former Senator and serving in several senior positions within the public service, Kirby had "...a distinguished history as a crusader for change in Canada's health-care system."<sup>24</sup> As former head of the Standing Senate Committee on Social Affairs, Science and Technology, he gained extensive knowledge of health care issues. In addition to *Out of the Shadows at Last*, he co-authored a 2002 report entitled *Reforming Health Protection and Promotion in Canada: Time to Act*. This eventually became known as *The Kirby Report*, which aimed at improving the overall management and coordination of health resources across Canada. Dr. David Goldbloom, who sits on the Commission's Board of Directors, stated that Kirby, "...has become the Energizer bunny of mental health...He is making this a very public issue, getting governments to the table and continuously thinking what he is going to do next."<sup>25</sup>

As noted, another key individual is Dr. Howard Chodos. Similar to Kirby, Dr. Chodos was engaged with the issue even before the creation of the Commission in 2007. In addition, Dr. Chodos had worked with Ascentum during the *Out of the Shadows* study and provided valuable insights for this case study. In commenting on the relationship between the Commission and Ascentum, he noted:

*"We were very fortunate...that the team at Ascentum and our team meshed as well as they did...we had a common enterprise that we were engaged in and everybody really took it seriously and I think that people probably would have been hard pressed at times to know who was a member of our team and who was a member of the Ascentum team from the outside."*<sup>26</sup>

The importance of organizational leadership is discussed in a three-year, comparative analysis of the public involvement approaches used by five regionalized health authorities (RHAs) across Canada. The purpose of the study was to help the RHAs improve their methods for obtaining public input, with the broader goal of enhancing their decision-making processes. One of the organizational constraints affecting these cases was changing leadership, as "...some decision makers had already moved on to new and more pressing matters within their organizations, or into new positions...resulting in a sharp decline in interactions between the research team members and decision-maker partners."<sup>27</sup> In contrast, the MHCC individuals leading the RDOC have remained highly involved throughout the project. This continuity of leadership and commitment helps ensure sustained efforts.

### 3.1.3 Socio-political Factors

Canadian health departments and organizations can encounter difficulties when trying to involve citizens in public policy decisions. As stated by Abelson and Gauvin, these challenges include the following: mobilizing the public, political interference in the process, very short deadlines, complex and emotional policy issues (e.g., reforms such as system restructuring, hospital closures and shifts to ambulatory care), and the lack of resources.

These kinds of issues can lead citizens to develop attitudes of frustration, cynicism and reluctance towards public engagement. Lori Turnbull and Peter Aucoin argue that:

*“...[negative perceptions] have had the effect of ‘poisoning the well,’ as many citizens too easily suspect that all public involvement exercises are for show, that governments are more concerned with scoring political points than they are with learning about citizens’ needs and priorities...”*<sup>28</sup>

In contrast, there is little evidence to suggest that Canadians are hostile to public engagement. According to the Commission key informant interviews, citizen reluctance was not a significant issue in most of the regional sessions, although there was noticeable scepticism (even cynicism) in some of the focused regional sessions. This ultimately relates to the issue itself. Mary Bartram, the MHCC’s Senior Advisor on Government Relations stated that, “...there is just such a huge appetite in the mental health stakeholder community for change that people are willing to come out whether they feel sceptical or hopeful...”<sup>29</sup> Therefore, negative attitudes towards public engagement may prove to be relatively insignificant if a given initiative is addressing a compelling public issue of high salience.

There is evidence to suggest that citizens want to be involved in government decision making, even if they are highly critical of it. In 2005, EKOS Research Associates conducted a public opinion poll, which suggested the following:

*“...85% of Canadians would feel better about government decision making if they knew that government regularly sought informed input from average citizens. In addition, 68% of Canadians feel that there are too few citizen engagement exercises on public policy.”*<sup>30</sup>

Another survey conducted by SES Research, the Public Policy Forum and the Crossing Boundaries National Council (2005) gave similar results. It found that three in five Canadians wanted more opportunities to be directly involved in government decision making. Additionally, the more traditional methods of public engagement, such as public opinion polls, were becoming less and less popular when used in isolation.<sup>31</sup> A real challenge for organizations is to engage the public in more direct, meaningful and transparent ways, particularly with the use of social media.

To recap the key points about context: it is important to integrate an understanding of context throughout the entire life cycle of a public engagement initiative. In the initial stages, context assessment can reveal underlying factors that should be addressed early in the design of a process. In the latter stages of an initiative, reviewing the context can help one develop more realistic expectations. Additionally, context can help explain any unintended consequences that emerged from the initiative and better interpret the outcomes.

To temper an over-emphasis on context, Abelson suggests that, “...a generic

public participation method can be successfully implemented, to some degree, independent of context. Context exerts fostering and inhibiting influences that contribute to more (and less) successful implementation. Some aspects of context matter more than others.”<sup>32</sup> The next sections explore the role of process and outcomes.

### 3.2 Process

Process assessment involves scrutiny of the range of methods used to involve the public in policy decisions. This includes a number of elements: participant recruitment, process design and implementation, analysis of findings and final reporting. Public participation evaluation experts Lynn J. Frewer and Gene Rowe developed a list of process evaluation criteria (Table 2), which was synthesized from their review of 30 public participation evaluation studies.

Process Criteria	
<ul style="list-style-type: none"> <li>• Representativeness</li> <li>• Inclusivity</li> <li>• Participation rate</li> <li>• Early involvement / Obtaining input early in planning process / Continuous involvement</li> <li>• Process fairness</li> <li>• Process flexibility</li> <li>• Subjective assessment of previous evaluators</li> <li>• Perceived openness of process</li> <li>• Transparency</li> <li>• Structured decision making</li> <li>• Resource accessibility</li> </ul>	<ul style="list-style-type: none"> <li>• Task definition</li> <li>• Independence</li> <li>• Interaction</li> <li>• Continuity</li> <li>• Comfort</li> <li>• Convenience</li> <li>• Satisfaction</li> <li>• Deliberation</li> <li>• Fairness</li> <li>• Competence</li> <li>• Identification of common good</li> <li>• Incorporation of values/beliefs into discussion</li> <li>• Effectiveness of method process</li> </ul>

**Table 2: Process Assessment Criteria**

Source: Abelson and Gauvin, 2006.

This is not an exhaustive list for process assessment, but it does illustrate the wide range of criteria that has been identified in the literature. Some criteria will be considered more important than others, depending on the issue and ultimately, how an organization defines its overall goals. In this case, the overarching goal of the Commission was the development of the goals for a truly comprehensive mental health strategy that would be embraced by stakeholders and the public.

In this case study, Table 2 has been used as a guideline to determine the most relevant criteria for assessing the process of the Mental Health Dialogues. Five criteria have been selected and are discussed below.

1. Representativeness and Inclusiveness

2. Early involvement
3. Incorporation of values and beliefs into the discussion
4. Dialogue/Deliberation
5. Participant satisfaction

### **3.2.1 Representativeness and inclusiveness**

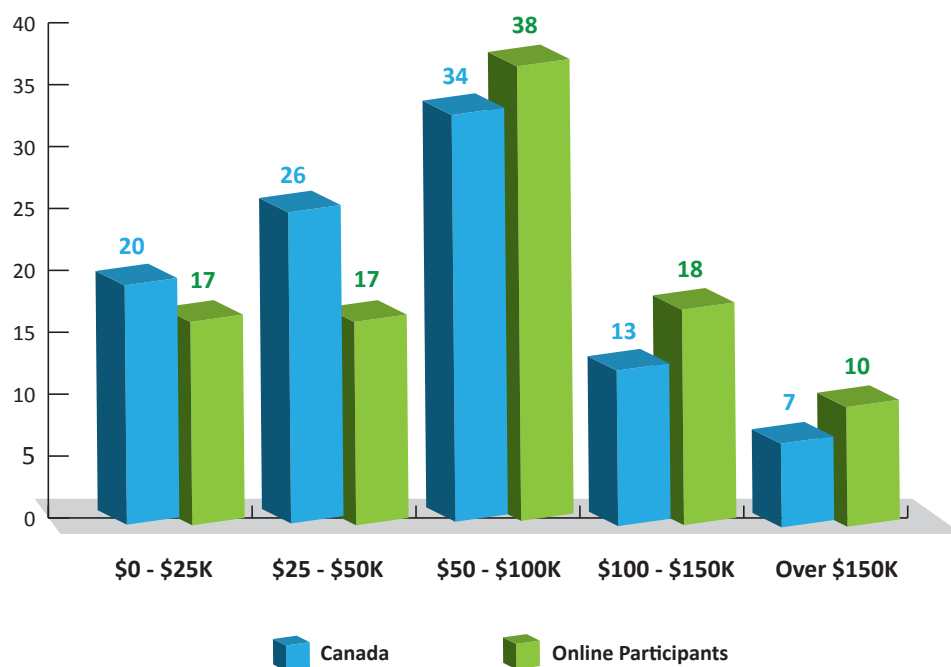
These were major goals for the Commission and exerted heavy influence on the overall design of the consultation process. The draft framework stated that, “we are a highly diverse country and a mental health strategy must be flexible enough to respond to diversity in all its forms, in every region of the country.”<sup>33</sup> The Commission wanted to ensure that all who wanted to participate could do so.

Representativeness and inclusiveness were achieved with the use of two complementary engagement methods. Each method had its own strengths and both were used to improve the overall comprehensiveness of the engagement process. Analysis of participation rates revealed some differences in audiences reached. The Regional Dialogues had a slightly higher representation of health and social service workers, advocates, academics and government officials. In contrast, the Online Consultations drew more participation from persons living with a mental health illness, their families and those who self-identified as “concerned citizens”<sup>34</sup> (see Charts 1-3). According to Dr. Chodos, the fact that the Regional Dialogues were less representative than the Online Consultations was both an expected and intended consequence.<sup>35</sup>

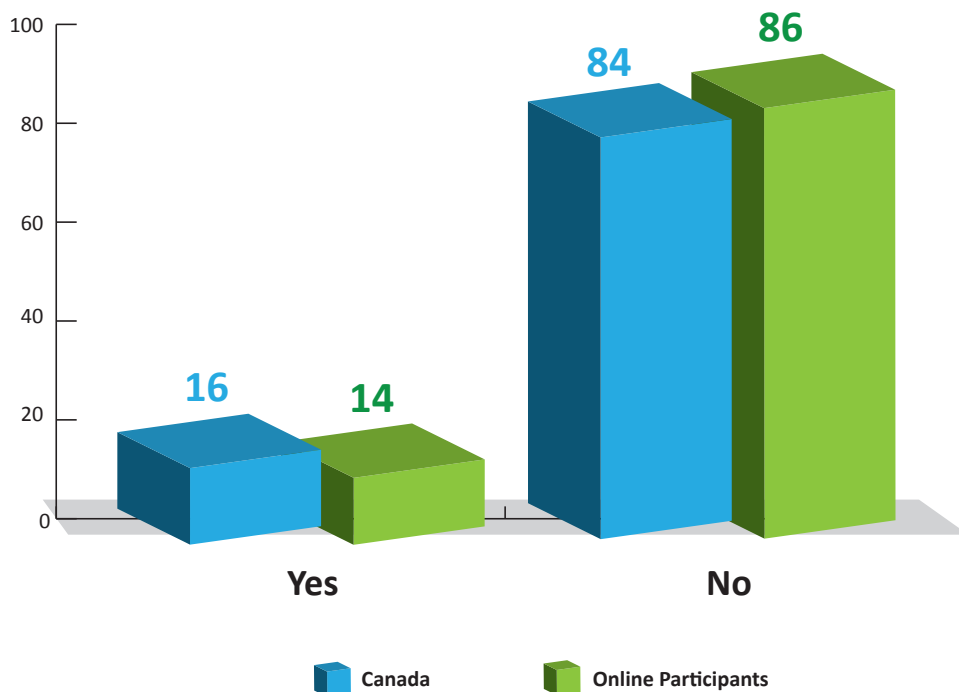
The Regional Dialogues engaged representatives from many stakeholder organizations. There was some concern that stakeholders, who often represent fully developed organizational positions, may have inhibited new thinking and open dialogue. However, MHCC key informants noted that this was not a problem, noting that stakeholder position-taking was not a major problem, though it may have been present at times. This was largely a factor of the nature of the draft framework. Dr. Chodos suggested that, “...because it was a high-level vision document, I think there was probably less of an incentive for people to put on a specific organizational hat.”<sup>36</sup> In addition, informants noted that representatives tended to be aligned with their organization’s position. Therefore, there did not seem to be a significant gap between participants speaking personally and speaking on behalf of their organization. Stakeholder representatives had the opportunity to also represent their organization in the Online Consultations and this may have had the effect of encouraging more open and free flowing discussion at the regional sessions.

In the Online Consultations, the profile of participants generally reflected the population of Canada. Charts 1-3 compare online participation rates with the population distribution across three dimensions: annual household income, rural and urban distribution, and ethno-racial heritage. Given the fact that participants were self-selected, and not randomly recruited, the engagement process achieved a fairly high level of representativeness and inclusiveness.

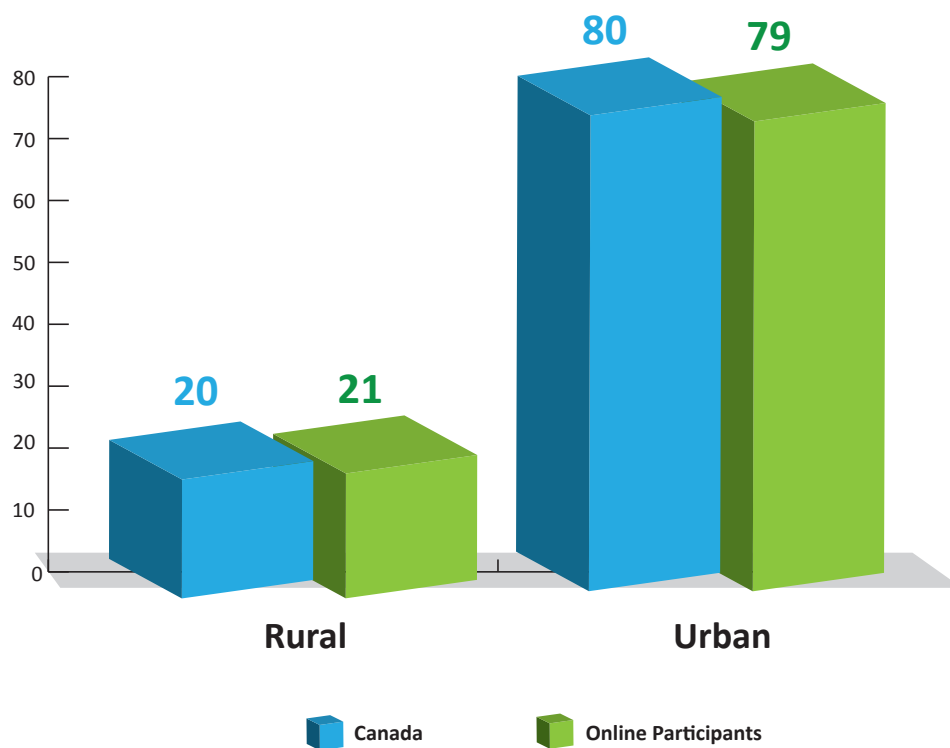
*Mental Health  
Commission  
of Canada,  
A Case Study*



**Chart 1: Public Online Consultation: Annual Household Income**  
**Consultation: Ethno-Racial Heritage**  
 Source: Public Consultation Report, 14



**Chart 2: Public Online**  
 Source: Public Consultation Report, 13.

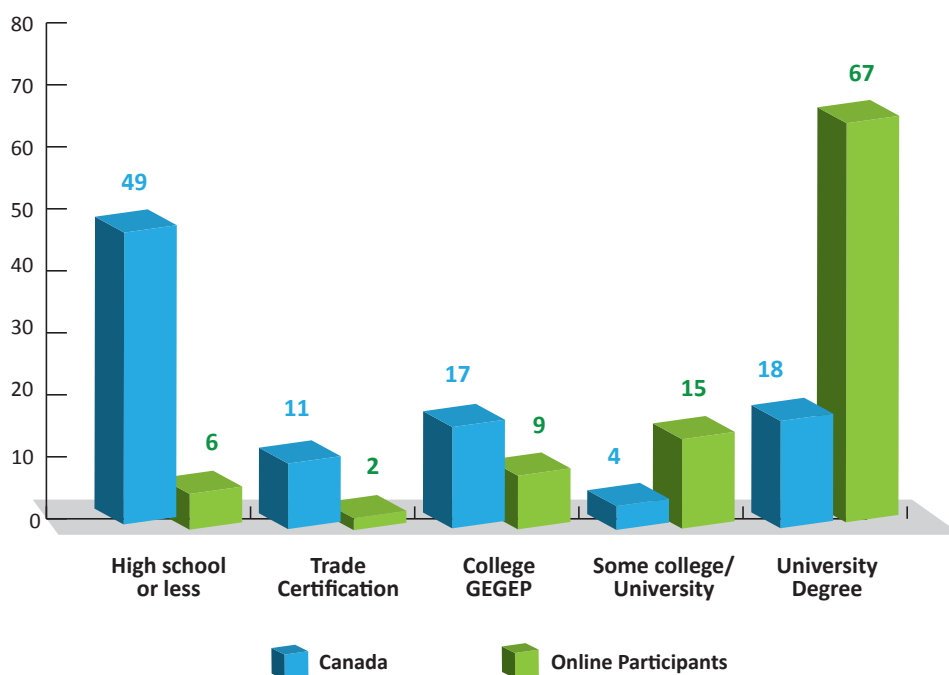


**Chart 3: Public Online Consultation: Rural/Urban Dwellers**

Source: Public Consultation Report, 13.

Notwithstanding, it is important to recognize the gaps in participation, especially with the Online Consultations. While the process engaged a broad range of Canadians, certain groups were underrepresented. All provinces and territories were represented (except Nunavut), but participation was disproportionately high in British Columbia and low in Quebec. In fact, only 8.3% of participants were from Quebec, even though the province represents close to a quarter of the country's population. One of the key informants suggested that more could have been done to engage Francophone minorities outside of Quebec.

There was also significant underrepresentation of individuals with lower levels of educational attainment, as shown below in Chart 4. According to the 2006 Census, the highest level of education for nearly half of the Canadian population was high school completion or less. However, only 6% of participants in the RDOC belonged to this group. In contrast, individuals with a university degree or higher had disproportionately high rates of participation. Although civic engagement is strongly correlated with higher levels of education,<sup>37</sup> it would be important to develop a strategy that could address this participation gap for future consultations.



**Chart 4: Online Public Consultation: Educational Attainment**

Source: Public Consultation Report, 14.

Aboriginal representation is also an important issue to consider. Although their participation rate (4%) closely reflected the national population distribution (5%), a higher rate of participation would have been desirable given the relevance of the issue to this population. It should be noted, however, that in addition to a focused consultation with national Aboriginal organizations, several regional dialogues had good representation from Aboriginal groups and individuals. For example, participants in the Thunder Bay and Edmonton consultations brought important Aboriginal perspectives to the discussions. In doing so, they highlighted many of the issues that Aboriginal communities deal with on a regular basis, and placed them within the scope of the Commission’s work. Given this, while higher levels of Aboriginal representation would have been helpful, it was not seen to be a major obstacle in gaining the important insights from Aboriginal communities. Overall, Aboriginal participants demonstrated strong, consistent support for the goals in the draft framework.

Dr. Chodos observed that the Thunder Bay regional session provides an important lesson for participant recruitment. He stated that: “...you have to do it in places where there’s a little bit of natural affinity. Because of the importance of that population in the region we were able to attract a greater number to that particular dialogue.”<sup>38</sup>

### 3.2.2 Early and Continuous Involvement

An effective engagement process requires much more than representativeness and inclusiveness. Participants should be informed and involved early enough to influence both the scope and direction of the Commission’s work. In a

comparative analysis of watershed management projects in the U.S., the 64 project managers that were surveyed agreed that "...while participation can be included in any stage, watershed contacts perceive it as most helpful in outreach and identifying/prioritizing issues."<sup>39</sup> Although this survey involved a different context, the notion that public participation is most valuable during the early planning stages of an initiative is noted in the literature as well.

Early involvement is a major factor in distinguishing meaningful engagement processes from those that simply seek to co-opt public support for policy decisions that have, more or less, already been made at a higher level. The choice to conduct the RDOC is evidence that the Commission considered early and continuous involvement essential for achieving their ultimate goal, which is the development of a comprehensive mental health strategy for Canada. The Regional Dialogues and Online Consultations represented the first steps towards this.

Given the Commission's focus on building consensus around the draft framework, early and continuous involvement was especially useful for two reasons. First, the Commission's task was to facilitate policy development in a "vacuum." The Hon. Michael Kirby had a similar sentiment when asked about his role as the Commission's Chair. He suggested that, "...I got noticed more in some senses as an advocate because nobody ever stood up and talked about reform for the mental health system. We had stepped into a void."<sup>40</sup> This meant that, with little in the way of a legislative or institutional framework, public and stakeholder opinion was a major source for guidance on the issue. In situations lacking a central authority, early involvement increases the impact of public and stakeholder involvement simply because many formal decisions have yet to be made and policy directions can therefore be shaped by public/stakeholder input.

Second, mental health is a public policy issue that involves high personal stakes for many individuals and their families and circles of support. In light of this, affected individuals should have opportunities to express their personal experiences to decision makers. However, the engagement process needs to be initiated early enough to give their input meaningful impact. If it is initiated in an untimely manner, then the individual's role is largely reduced to observing and commenting on the issue, rather than actively contributing to it. This is an important consideration for issues like mental health, because emerging policies will have a significant personal impact on many individuals. Furthermore, Rowe and Frewer recommend that, "the public should be involved as early as possible in the process as soon as value judgements become salient."<sup>41</sup> In this view, early involvement is an important component to value-based discussion, which is addressed in the next section.

Additionally, the RDOC demonstrate continuous public involvement. At the time of writing, the Commission has embarked upon Phase II, which consists of roundtable discussions on a variety of key topic areas. These are being conducted in a similar manner as the Regional Dialogues in Phase I, with participants representing a wide range of stakeholders. Upon completion of the roundtables, the next steps are to determine priorities by topic area, and across topic areas. By late 2011/early 2012, the Commission is expected to move towards a comprehensive plan for a national mental health strategy.

### 3.2.3 Incorporation of Values and Beliefs into the Discussion

Values often underlie public policy decision-making and priority-setting processes. To ensure that public policies truly take account of public values, public and stakeholder dialogues are often designed to uncover both deep personal and collective values. Although value-based discussions may not be necessary for every engagement process, in most cases incorporating this element is useful for organizations dealing with highly sensitive issues. In the case of RDOC, incorporating value-based discussion into the engagement process was essential for building common ground. Thomas Webler et al. share a similar view, as they consider the search for common values to be one of five discourses for “good” public participation processes. They suggest that, “those ascribing to this view see the salient policy issues as ideological...they see the process as a deliberation about values, not information.”<sup>42</sup>

As demonstrated by *Out of the Shadows at Last*, Canadians possess strong beliefs on what needs to be done to transform Canada’s mental health system. However, the task of gathering input presented a significant challenge for the Commission. The diversity of personal experiences and circumstances meant that a wide range of values would be expressed; all of which needed to be accounted for in the engagement process. Furthermore, the inadequacies of the current mental health system not only affect individuals and their families, but also present a challenging resource dilemma for governments, health organizations and service providers. As stated in the draft framework:

*“...despite the hard work, dedication and compassion of the thousands of Canadians who work in the mental health system...only 1/3 of those who need mental health services in Canada actually receive them.”*<sup>43</sup>

Both the Regional Dialogues and Online Consultations were designed to facilitate value-based discussion on the Commission’s draft framework. The discussions were framed to revolve around the draft framework, which outlined eight high-level goals, each consisting of a set of value statements. Each goal required participants to reflect deeply on their own values, which helped bring different viewpoints to the discussion.

For example, Goal 3 (“The Mental Health System is Culturally Safe, and Responds to the Diverse Needs of Canadians”) required participants to reflect on their own values regarding culture and diversity. Overall, there was strong agreement on all the value statements included in this goal. However, unpacking what this means in concrete terms is not so easy. The conclusion that the mental health system needs to be culturally sensitive needs further exploration and definition. Fortunately, the RDOC were designed to allow for a more nuanced exploration of the issue. For example, in the public consultation, one of the value statements garnering the highest levels of support was, “*In trying to address diversity, we must not neglect mental health services that benefit everyone.*” This emphasized the notion that, in the course of ensuring diversity in the mental health system, there still needs to be a focus on the interests of Canadians as a whole.

Additionally, value-based discussion helped reveal potential biases and omissions in the draft framework. For instance, a number of participants recommended that the following terms be reassessed.

- *Cultural safety: consider alternative terms, such as cultural sensitivity/ understanding, cultural competence or diversity. This term was highly valued by some groups, but unknown to others.*
- *Recovery: clarify and nuance the use of the term to incorporate notions of well-being, resilience and “journey” of recovery.*
- *Family: broaden the definition to include terms such as family of choice, circle of support, or extended family.*

These revisions illustrate that many of the tensions around the draft framework were essentially value-based. Simply put, concepts can mean different things to different people. Addressing this direction, the Commission revised these terms in the final draft of the framework to enhance its overall inclusiveness, accessibility, definitions and rationale.

Values were effectively contextualized in the engagement process to enable participants to identify their primary experience with mental health issues. These identifications helped the Commission understand the different perspectives better and ultimately, establish meaningful conclusions of how they could be accounted for in the wider strategy. For example, an overreaching theme that emerged from the consultations was the, “...inherent tension between a) families as critical partners in prevention, promotion and recovery and b) the right of the individual to determine who his or her ‘family’ is comprised of and the extent of their involvement.”<sup>44</sup> This refers to the fact that families can have both positive and negative effects on individuals living with a mental illness. Individuals living with a mental health illness may have different priorities for a national strategy than their family or friends. Deep value-based discussions are worthwhile because they encourage participants to express and explore complexities and nuances that may be overlooked by policy makers.

On the other hand, a challenge of value-based discussions is that they are inherently laden with assumptions, personal beliefs and emotions. Conducting a meaningful engagement process takes skill and sensitivity when conflicting views become salient. This can complicate efforts in managing expectations and accounting for the range of values expressed by participants. However, it should be noted that this was not a significant problem in the RDOC. As noted, high support for the draft framework was generally consistent across all participants. The next section focuses on a crucial factor for addressing values during the process – dialogue facilitation.

### 3.2.4 Dialogue/Deliberation

“Dialogue” and “deliberation” are interrelated, but not identical concepts. Martha L. McCoy and Patrick L. Scully explain the distinction between the two, pointing out that dialogue is about constructive communication, which involves

listening to and understanding different perspectives. Deliberation has a slightly different focus, which is the use of critical thinking and reasoned argument by citizens to impact public policy decisions. McCoy and Scully suggest that these two concepts are often combined in the engagement process to bridge the gap between personal and political domains, in what they call “deliberative dialogue.”<sup>45</sup>

In many ways, this type of dialogue is at the heart of the engagement process. However, it is important to recognize that Phase 1 was primarily a “generative dialogue,” although it did include some deliberative elements. Participants did engage in internal and external deliberation to assess the relative merits and importance of sub-elements of goals. The Commission’s task was to facilitate discussion and identify common ground on high-level principles and goals, not to have participants choose from among the eight goals.

As the Commission moves forward in developing priorities and strategic directions, the costs and tradeoffs involved in formalizing a national mental health strategy will become much more evident. This means that future consultations should shift from generative to deliberative dialogue.

Oleg Gunnlaugson explains the concept of generative dialogue as:

*“...sensing the source of the stream of shared meaning of what is trying to emerge through the greater dialogue group as people share their contributions...there is a shift from reflective inquiry into our tacit assumptions to learning to engage with future not-yet-embodied possibilities...”*<sup>46</sup>

The use of generative dialogue as a starting point for the MHCC served to establish an environment conducive for iterative relationships between the Commission and its many stakeholders. If conducted effectively, this type of dialogue can function as an informative precursor for future work on priority-setting. In the case of the Commission, Phase I helped the Commission establish the right direction for and scope of high-level goals. By taking the time to identify salient values early on, the Commission enhanced the sustainability of its efforts in moving forward. This is what makes dialogue a worthy investment for any organization.

However, developing and conducting an engagement process is not, in itself, a guarantee for productive discussion. Organizations need to recognize that *skilled facilitation* is a key factor to effective dialogue, as it creates the conditions and atmosphere for participants to truly listen to others, stay on task, and work towards a common goal. Skilled and experienced facilitators practice a high level of impartiality and real appreciation for the process. They respect the centrality and equality of participants within the dialogue process.

In the Regional Dialogues, facilitators demonstrated this conduct. In addition to supporting open conversation among participants, their role was to actively listen and record what was said, while synthesizing for clarity and probing for meaning, and not to insert their own interpretation or preferences in the

process. This allowed participants to voice their true opinions without having to worry that their views would be overlooked or misconstrued.

Additionally, the facilitators emphasized notions of fairness and constructiveness. During the opening presentations, they explained the essential purpose of dialogue to participants. They adapted the following table from a 2005 Canadian Policy Research Networks (CPRN) workbook on the “National Dialogue for Young Canadians.”

Dialogue vs. Debate	
Dialogue	Debate
<ul style="list-style-type: none"> <li>Assumes there is one right answer (and you have it)</li> </ul>	<ul style="list-style-type: none"> <li>Assumes that others have pieces of the answer</li> </ul>
<ul style="list-style-type: none"> <li>Attempts to prove the other side wrong</li> </ul>	<ul style="list-style-type: none"> <li>Attempts to find common understanding</li> </ul>
<ul style="list-style-type: none"> <li>Objective is to win</li> </ul>	<ul style="list-style-type: none"> <li>Objective is to find common ground</li> </ul>
<ul style="list-style-type: none"> <li>Listening to find flaws</li> </ul>	<ul style="list-style-type: none"> <li>Listening to understand</li> </ul>
<ul style="list-style-type: none"> <li>Defends personal assumption</li> </ul>	<ul style="list-style-type: none"> <li>Explores and tests personal assumptions</li> </ul>
<ul style="list-style-type: none"> <li>Criticizes others’ point of view</li> </ul>	<ul style="list-style-type: none"> <li>Examines all points of view</li> </ul>
<ul style="list-style-type: none"> <li>Defends one’s views against others</li> </ul>	<ul style="list-style-type: none"> <li>Admits that others’ thinking can improve one’s own</li> </ul>
<ul style="list-style-type: none"> <li>Searches for weakness and flaws in others’ point of positions</li> </ul>	<ul style="list-style-type: none"> <li>Searches for strengths and values in others’ positions</li> </ul>
<ul style="list-style-type: none"> <li>Seeks an outcome that agrees with your position</li> </ul>	<ul style="list-style-type: none"> <li>Seeks and outcome that creates new common ground</li> </ul>

**Table 2: Dialogue vs. Debate**

Source: CPRN, National Dialogue for Young Canadians, 2005

Clarifying the difference between dialogue and debate provided participants with a monitoring and recalibration tool during their discussions (e.g., checking to see if they slip into adversarial debate mode and forgetting to actively listen to unfamiliar or uncomfortable views).

Skilled facilitation also helps maintain productive discussion in light of the disparities and power imbalances between participants. For Lynn M. Sanders, this is one of the major critiques for dialogue exercises, as they require, “...not only equality in resources and the guarantee of equal opportunity to articulate persuasive arguments but also equality in ‘epistemological authority,’ in the capacity to evoke acknowledgement of one’s arguments.”<sup>47</sup> While this is a valid concern, there are ways to ensure that the effect of inequality is minimized. For example, facilitators can establish a set of ground rules for participants. Additionally, they can employ several techniques to “level the playing field” as much as possible. This involves encouraging less vocal participants and engaging with the more dominant ones to ‘share the air time.’

Participant evaluations indicated that the Commission was effective in providing

a positive environment for discussion. Ninety-five percent of Regional Dialogue participants felt that they could express their values freely. Emphasizing the notion of understanding also helped sustain long-term interest on the issue in general. Seventy-six percent of public participants and 81% of regional dialogue stakeholder participants stated that, based on this experience, they intend to stay connected with the Commission's work.<sup>48</sup>

### 3.2.5 Participant Satisfaction

Participant satisfaction is relatively easy to measure. With the use of a poll or participant feedback form, organizations can gain a fairly accurate assessment of participants' experience with their engagement process. In the case of the Regional Dialogues, participant satisfaction was measured on two fronts: the draft framework and the consultation process.

In regards to the draft framework, it was found that, "...reactions to the eight goals outlined in the Framework, and to the eight goals taken together as a Framework, were on the whole very positive and stood the test of the participants' scrutiny." While this is not an indicative measure of the *process* directly, high levels of satisfaction are still informative. After all, the Commission designed Phase I as an exploration and validation process for the draft framework.

In assessing satisfaction around the consultation process, most participants rated their experience highly. This was true for both Regional Dialogues and Online Consultations. Over 95% of participants 'strongly agreed' or 'agreed' with the following:

- *the dialogue agenda was relevant (focused on the right topics);*
- *they felt they could express their views freely;*
- *they valued this opportunity to contribute to the creation of a mental health strategy for Canada; and*
- *they enjoyed participating in the meeting.*

It should be noted that some participants had concerns relating to the diversity of people in the room and the amount of time allotted for informed discussion. However, both of these issues were only *relatively* lower in terms of satisfaction – they were still rated positively overall. Additionally, most participants thanked the Commission for this opportunity in their comments. Taking this into consideration, there is much evidence to suggest that participants were generally satisfied with Phase I.

Notwithstanding this positive assessment, some public participation literature considers participant satisfaction to be a problematic assessment criterion. A key reason for this unease stems from the inconclusiveness of the results. Reports of satisfaction may be related to factors unrelated to the engagement process (for example, a participant may just be pleased that the majority agreed with their views). Simply put, satisfaction does not necessarily equate to a good process.

One author suggests that participant satisfaction “...is at best a relatively unimportant criterion, since it does not equate with the quality or effectiveness of a regulatory policy, and because focusing on participants’ opinions can easily lead one to overlook the broader public’s interests.”

While this is a reasonable concern, it only applies if participant satisfaction is used as the sole assessment criterion. Otherwise, it is just one of the many considerations necessary for a comprehensive process assessment. The real challenge is discerning the *meaning* behind participant satisfaction levels. Organizations can do this by developing a feedback mechanism (either a poll or participant feedback form) that breaks down process assessment into several areas, such as quality of discussion, fairness and convenience. This can help them identify areas of improvement more precisely, which gives them valuable information for the design of future consultations. In the case of the RDOC, the Commission used participant feedback to continuously improve their consultation processes.

### 3.3 Outcomes

Outcome assessment is another key focus of public participation literature, as it is essentially a results-oriented analysis. In general terms, outcomes refer to the overall impact of an engagement strategy, and whether or not it achieved the intended results. Abelson and Gauvin suggest that it, “...is a desirable form of evaluation for policy makers interested in answering the question of whether public participation has produced its intended program effects such as influence on public policy or improved participant learning.” In this view, an accurate outcome assessment can provide a clear indication of how effective an engagement strategy was. Frewer and Rowe developed a wide range of criteria for outcome assessment (Table 3).

Outcome Criteria	
<ul style="list-style-type: none"> <li>• Policy / Decision Influence</li> <li>• Time to develop regulations</li> <li>• Reduce / eliminate judicial challenges</li> <li>• Agency responsiveness to participants’ policy demand</li> <li>• Public views incorporated into decision-making</li> <li>• Influence on public</li> <li>• Social impact</li> <li>• Impact on general thinking</li> <li>• Effect on public and plan support</li> <li>• Participants’ values / opinions changed</li> </ul>	<ul style="list-style-type: none"> <li>• Interaction with lay knowledge (impact on lay learning)</li> <li>• Effect on staff and planning process</li> <li>• Impact on training (learning of knowledge personnel)</li> <li>• Staff awareness</li> <li>• Conflict resolution</li> <li>• Restoring public trust in public agencies</li> <li>• Perception of consultation by MPs, public, media (e.i., perceived success/failure)</li> <li>• Effectiveness and cost effectiveness</li> <li>• Procedural impact of the mechanism</li> </ul>

**Table 3: Outcome Assessment Criteria**

Source: Abelson and Gauvin, 2006

It can be difficult to design an outcome assessment that produces meaningful insights. Similar to process assessment, it depends largely on how the sponsoring organization defines its overall goals. Furthermore, there are three additional challenges involved with measuring outcomes.

1. It requires a higher level of flexibility than process assessment because organizations have far less control over outcomes.
2. Applying an appropriate timeframe for outcome assessment is difficult, as the effects of an engagement strategy are not always clear and/or immediate.
3. Many of the outlined criteria are, by nature, immeasurable. Part of this challenge is the difficulty in linking an engagement strategy to a specific set of outcomes.

These challenges are discussed in greater detail in this section.

In developing an approach for outcome assessment, Table 3 is used as a guideline to determine the most relevant criteria for the Mental Health Dialogues. Overall, four criteria have been chosen.

- 1. Policy/decision influence**
- 2. Agency responsiveness to participants' policy demands**
- 3. Wider impact**
- 4. Participants' values/opinions changed**

The rationale for selecting these is to provide as broad a discussion on outcomes as possible. With these four criteria, the impacts on policy, decision makers, participants and the general public are all accounted for. However, it is important to remember Phase I represents the earliest stages of the Commission's work overall. This means that there are limitations in what can be reasonably assessed in terms of outcomes for this case study. Additionally, due to overlap in some of the items listed, one of the criteria listed above ("Wider impact") is a synthesis of several items in Table 3.

### **3.3.1 Policy/Decision Influence**

This is one of the standard measures for assessing outcomes because it helps substantiate if an engagement initiative achieved its essential purpose, which is to bring the public into formal decision-making processes. However, one of the major challenges is applying an appropriate assessment timeframe, which will vary depending on the issue at hand. For instance, if a high-level issue is involved, decision makers may need to apply more flexible timeframes, since it could take some time for proposed changes to work their way through the policy cycle. As Abelson and Gauvin suggest, "tracking internal processes within government organizations can be difficult at the best of times but trying to identify how and when influence occurs is even more challenging."<sup>49</sup>

It is difficult to assess the policy influence of Phase I because it is an

intermediate step in a longer term process that will culminate in policy influence, albeit the degree of policy influence cannot be known in advance. The Commission's goal of moving towards a comprehensive national mental health strategy is a high-level, long-term policy objective that requires significant changes in how mental health legislation, policies, programs and practice are developed, interpreted and delivered by the provinces and territories. To be clear, Phase I was about issue framing and consensus-building around a framework and goals—a very important but nonetheless interim outcome. Since it is just the beginning of what needs to be done, it is just too early to judge policy outcomes.

However, Phase I may have had an indirect policy influence in regards to long-term implications. As the Commission moves forward, many of the issues raised by participants will be discussed in greater detail. These issues will likely factor into the more concrete policy recommendations emerging in the future.

### **3.3.2 Agency Responsiveness to Participants' Policy Preferences and Contributions**

This is perhaps the most important criterion for outcome assessment, as it indicates an organization's level of commitment to engagement. Genuine commitment means that feedback from the public or target group is implemented (or *at least* adequately considered) within the organization's decision-making process. Camilla Stivers suggests that responsiveness is the key to sustainable decision making, "by helping bureaucrats to deepen their understanding of complex situations, distinguish the impossible from the merely difficult, develop more nuanced problem definitions, and synthesize as well as they now analyze."

The challenge involved in responsiveness is determining the extent to which feedback ultimately influences decision making. This concern underlies many of the general arguments against public engagement. Some researchers believe that an increase in organizational openness conflicts with the interests of maintaining authority and efficiency. Stivers suggests that despite democratic considerations, "...administrators and scholars alike tend to treat responsiveness as at best a necessary evil that appears to compromise professional effectiveness, and at worst an indication of political expediency if not outright corruption."

While these are valid concerns, they should not be seen as particularly overwhelming ones. First, public agency responsiveness is never absolute; it is a matter of degree. Even when an organization obtains highly useful information from an engagement initiative, it is still responsible for completing its mandate (which usually includes additional evidence, analysis and formal decision making). In this view, the argument that responsiveness compromises professional effectiveness is slightly overstated, as it cannot hijack the policy process entirely. Second, concerns relating political expediency and corruption are not entirely unfounded, but they should not be generalized. In practical terms, we cannot expect organizations to respond to everything they hear,

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especially with limited time and resources in-house. There will always be the temptation for organizations to leverage engagement initiatives solely to gain “political points.” However, these issues do not undercut the inherent value in increasing organizational responsiveness.

In fact, organizations should be optimistic when using a responsive approach. As Stivers suggests:

*“...responsiveness is constructive rather than reactive: public institutions take their shape partly as a result of how people at the intercept between agency and environment listen to and respond to one another. In this sense, the challenge for administrators is not whether or not to be responsive, but to whom they will respond and to what ends.”*<sup>56</sup>

In this view, the key is being *strategically* responsive. This includes a variety of considerations in terms of project design and planning, such as identifying the appropriate audience, framing the issues properly, asking the most constructive questions and keeping the public or target group up-to-date on the process and outcomes. In developing an effective response, organizations should effectively analyze and synthesize the feedback they receive (whereby the major themes and issues are identified), manage expectations for the process, and develop a realistic implementation strategy.

In Phase I, the Commission demonstrated strategic responsiveness in many ways. *First, responsiveness was built into the Commission’s mandate as an independent organization.* With the mandate of guiding the development of a consensus-based, national mental health strategy, the Commission was created in part with an exploratory purpose in mind. For this reason, the Commission was not constrained to the same extent as others in adhering to political influence or bureaucratic guidelines. At this stage, the Commission has more freedom to respond than a traditional line department. However, this may change when the process moves towards an implementation strategy with concrete policy recommendations. Additionally Dr. Chodos suggested that they were mindful of the expectations that participants may have had, suggesting that the Commission “...displayed certain humility with respect to where we were at. We were offering something to people but never communicated, and we certainly didn’t want to communicate, that the product we had was somehow the final word...”

*Second, the Commission conducted a fairly thorough engagement process that allowed them to respond to feedback quite accurately.* Both the Regional Dialogues and Online Consultations gave participants the opportunity to provide feedback on each of the goals (and sub-goals) outlined in the draft framework. The in-person component had an additional value proposition, as participants could discuss the goals openly with one another. Overall, this made it much easier for the Commission to identify priority areas and recurring issues or concerns. As shown in the following table, the goals in the draft framework were all changed to a certain degree in the final version.

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Draft Framework Goal	Changed to:
The hope of recovery is available to all.	People of all ages living with mental health problems and illnesses are empowered and supported in their journey of recovery and well-being.
Action is being taken to promote mental health and well-being to prevent mental health problems and illnesses.	Mental health is promoted, and mental health problems and illnesses are prevented wherever possible.
The mental health system is culturally safe, and responds to the diverse needs of Canadians.	The mental health system responds to the diverse needs of all people in Canada.
The importance of families in promoting recovery and well-being is recognized and their needs are supported.	The role of families in promoting well-being and providing care is recognized, and their needs are supported.
People of all ages have equitable access to a system of appropriate and effective programs, services and supports that is seamlessly integrated around their needs.	People have equitable and timely access to appropriate and effective programs, services, treatments and supports, that are seamlessly integrated around their needs.
Actions are based on appropriate evidence, outcomes are measured and research is advanced.	Actions are informed by the best evidence based on multiple sources of knowledge, outcomes are measured, and research is advanced.
Discrimination against people living with mental health problems and illnesses is eliminated, and stigma is not tolerated.	People living with mental health problems and illnesses are fully included as valued members of Canadian society.
A broadly-based social movement keeps mental health issues out of the shadows – forever.	<i>Goal dropped, replaced by: A call to action.</i>

It should be noted that the high degree of congruence across all participants made it much easier for the Commission to be responsive. If there was a lack of consensus, this would have been a much harder task.

*Lastly, the results of Phase I had a significant impact on defining Phase II.* In reviewing the feedback that was obtained, the Commission was able to identify some key topic areas for the in-person consultations in Phase II. For example, a number of participants suggested that issues such as the mental health/health system, mental health prevention and promotion, and recovery and well-being required more attention. As a result, Phase II Roundtable discussions were designed to focus on these and other issues identified in Phase I.

### 3.3.3 Wider Impact

This criterion looks beyond the tangible goals of an engagement strategy (for example, a transformed mental health system – revamped legislation, policies, programs and practice), and focuses more on its broader effect. Wider impact is a synthesis of three items listed by Abelson and Gauvin in Table 3: “Influence

on public,” “Social impact,” and “Impact on general thinking.” These items have been combined to avoid analytical repetition: while they are not identical concepts, they are interrelated and connected.

The challenge in assessing the wider impact is similar to that of policy influence, but is arguably much more daunting. Establishing the correlation between an engagement process and a set of outcomes is difficult, and for outcomes that are harder to measure, there can be an even higher level of inferential reasoning required. Simply put, how can you demonstrate that a particular engagement strategy led to, for example, increased public interest on an issue? After all, this kind of outcome is likely to be a result of many external factors, such as political will, economic conditions and cultural issues. These factors are so complexly interrelated that it is difficult to be precise about the full impact that each one has. Beth Longstaff addresses this challenge, suggesting that “the gap between intervention or ‘input’ and the expected outcomes is therefore so large and involves so many other factors that it is very hard to design effective evaluations.”<sup>58</sup>

In assessing the RDOC, it is important to remember that Phase I was the outset of what is expected to be an eight to ten year plus process. Given this, it is premature to try to thoroughly assess its wider impact at this juncture. According to MHCC Chair Kirby, “it’s probably going to take a decade from the creation of the commission until mental health is firmly in the public consciousness and won’t return to the shadows.”<sup>59</sup>

However, the Commission’s ongoing efforts (i.e., Phase II and beyond) will likely have a very extensive, long-term impact on Canada. Given the prevalence and severity of mental health problems and illness in Canada, getting people to identify with the issue is not seen to be a major challenge. The focus is to provide Canadians with an effective rallying point, whereby they could express and channel their concerns in a legitimate way and be confident that there would eventually be some real results. This is a key driver for the Commission’s grassroots approach. With more public and stakeholder consultations planned over the next few years, the Commission wants to engage different demographics, perspectives and regions. *If the Commission is successful, its work will help raise awareness and advocacy to the levels necessary for sustaining a national dialogue and having decision makers acknowledge mental health issues as a priority.*

It is important to consider how the wider impact can be assessed in the years ahead. Similar to context and participant satisfaction, it should not be viewed in isolation. Abelson suggests that there “...is a strong association between the broad acceptance of the decision outcomes and processes in which agencies are responsive, participants are motivated, the quality of deliberation is high, and the participants have at least a moderate degree of control over process.”<sup>60</sup> *In this view, a good process is a key factor for establishing a legitimate correlation between an engagement strategy and its wider impact.* In other words, the better the process, the more evidence there is to suggest that a positive wider impact was a direct outcome. But with the potential effect of external factors,

it is important to remember that the wider impact is not an entirely conclusive outcome. It is only one component of a comprehensive approach that should be employed when assessing any engagement strategy.

### 3.3.4 Participants' Values/Opinions

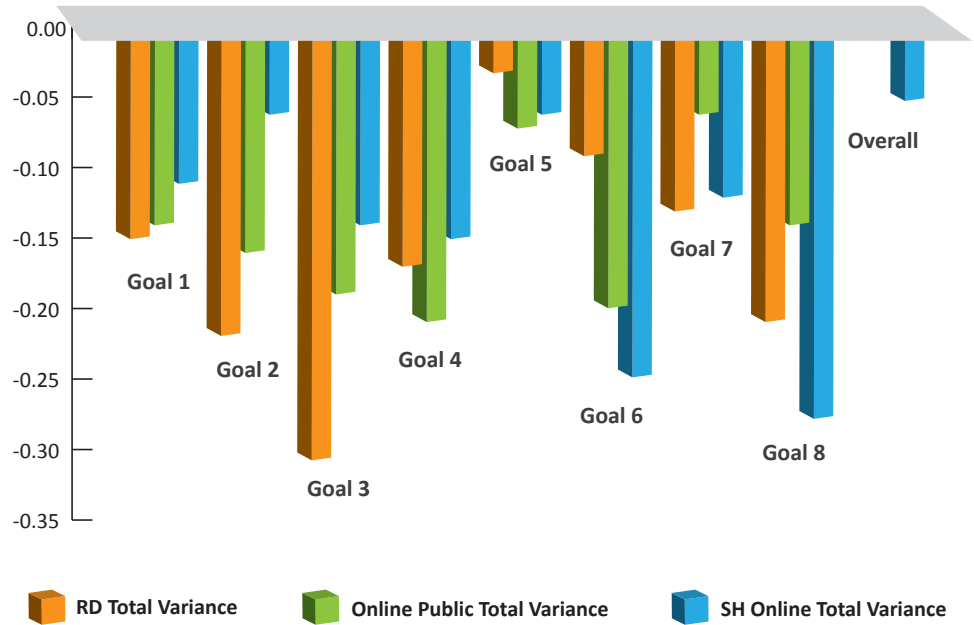
Comparing participant attitudes before and after an engagement process can help assess and understand its impact in a fairly measurable way. Although external factors still contribute to particular outcomes, this type of assessment tends to be a fairly accurate representation of what an engagement process has achieved. Daniel Yankelovich, an experienced and highly regarded public engagement expert, explains how deliberative dialogues can foster attitude change:

*“...people’s opinions about recent events are often unstable: Responses are drastically altered by minor changes in question phrasing, and responses to the same question can change substantially over a short period of time... citizens need to have the time and effort to think through complex social issues so as to bring their opinions in line with their deeply held values... this process can be expedited if people participate in carefully constructed discussions (e.g., deliberative dialogues).”*<sup>61</sup>

An effective engagement process gives participants sufficient relevant information pertaining to an issue, which they can absorb and consider in light of their own values and priorities. The purpose is to broaden the participant’s understanding and perspective, which can allow them to articulate a more informed opinion on the issue. For example, in a series of deliberative dialogues conducted in the U.S. on “Who is College For?” 468 participants were asked about their views on access to higher education. One of the reasons that these dialogues were so effective was the recognition of “the bigger picture.” It allowed participants “...to gain a greater understanding of access to college writ large...citizens will be better prepared to consider not only a single current issue (e.g., affirmative action), but also other relevant issues of importance (e.g., the reciprocal relationship between the local economy and educational attainment).”<sup>62</sup>

It is important to understand that effective engagement does not necessarily lead to a change in participant values or opinions. It may be that it helps people clarify and deepen their views and values. A shift in attitudes does not tell us everything we need to know: in itself, it is neither positive nor negative because it depends on the issue and participants involved. There are a number of reasons that participants may change their minds. As Bowman suggests, “...people who alter their views after the dialogue might be more open-minded, more willing to listen, and/or more able to take others’ perspectives. On the other hand, changing one’s opinions might be construed as yielding one’s own independent beliefs and/or not having thought about the issue previously.” Therefore, the value in measuring pre- and post-test attitudes is not simply a matter of *change*. The important thing is explaining the rationale behind the variance, regardless of its magnitude.

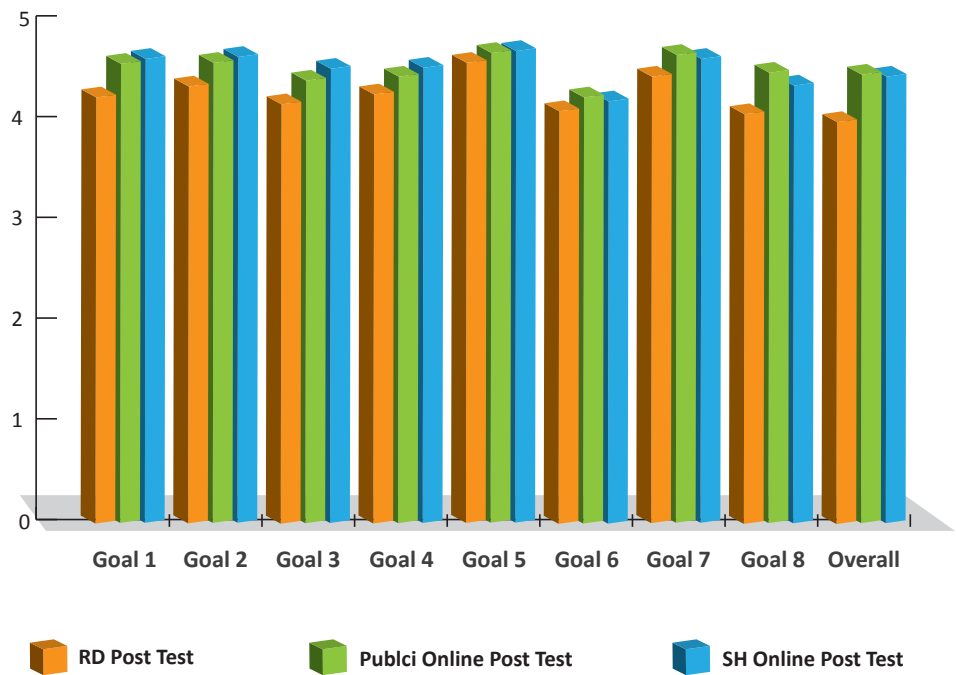
The RDOC is a good example of this, as pre- and post-testing was intentionally used to understand participants' perspectives. In a comparative analysis of attitudes before and after the engagement process, reactions to the framework were relatively stable. Even after an in-depth examination, participants still rated each goal and the overall framework positively. The lack of variance is shown in the chart below.



**Chart 5: Pre/Post-Test Variance**

Source: Public Consultation Report, 17.

Additionally, the following chart also shows the remarkably high degree of congruence across all participants.



**Chart 6: Post-Test Results**

Source: Public Consultation Report, 17.

Overall, this signals a strong consensual basis for moving forward with the draft framework. It should be noted that these types of trends are not directly indicative of a good engagement strategy. For example, a lack of variance in pre- and post-test attitudes could mean that participants learned very little from the process, or were not influenced by new information. In the same manner, high levels of consensus around an issue are encouraging, but it does not necessarily mean that participants feel as positive about the organization's strategy.

However, there is strong evidence for a good engagement process in light of other criteria previously assessed. The lack of variance in pre- and post- test attitudes, in combination with high levels of satisfaction, suggests that the engagement process was well received by participants. This is further supported by the participants' feedback: most of them agreed that they could express their views freely, and appreciated the opportunity to contribute, and, based on their experience, intend to stay connected with the Commission's work. Participants' feedback and attitudes can tell us a lot about an engagement process, as long as we consider them within the context of a comprehensive assessment approach.

## 4.0 LESSONS LEARNED

### *Mental Health Commission of Canada, A Case Study*

In conclusion, let's return to the focus question posed in the introduction section:

*What can be concluded about the **context, process and outcomes** of the Commission's stakeholder and public engagement process?*

In answering this question, I draw five lessons. I hope that these will provide some useful insights for public officials, practitioners and organizations interested in effective engagement.

**1. Comprehensive assessment is the key to understanding the success of the public/stakeholder engagement initiative.**

As stated throughout this case study, an engagement process can be affected by a number of factors. Often times, these are so complexly interrelated that it makes it difficult to discern the true impact that an initiative has had. For example, a negative outcome is not necessarily associated with a bad process, for any number of reasons and vice versa (i.e., a positive outcome does not necessarily mean a good process). External factors needed to support the initiative, such as political will or organizational funding, may have been lacking.

A comprehensive assessment approach gives an organization a more accurate impression of how effective an engagement strategy was. Abelson and Gauvin's 'Conceptual Map of Public Participation Evaluation' (Figure 2) is a useful framework for this purpose, as it takes into account the close interrelationships between context, process and outcomes. In most cases, weighing and unpacking as many factors as possible makes it easier to isolate the different impacts that each has had. Though this may not always provide a perfectly accurate assessment, it will provide more supporting evidence for the conclusions reached regarding the engagement strategy. As Abelson and Gauvin suggest "... process evaluations are often used as surrogates for outcome evaluations with the justification that if the process is found to be effective by whatever criteria it is judged against, then the outcome is likely to be 'better' than one that was informed by bad process."

It is true that organizations can face significant time and resource constraints, which can limit their capacity to carry out these types of assessments. However, public engagement strategies require significant investment as well. Depending on the scale of an initiative, developing and administering a comprehensive assessment may be worth the potential costs (financial, political, and social) of implementing an engagement strategy that has not been assessed thoroughly. In practical terms, the goal is to be as comprehensive as possible.

**2. Give context the attention it deserves.**

This means doing research *first*, and learning as much as you can about the different contexts relating to the engagement strategy. It's important to be mindful of context because it often represents significant external factors that

can “make or break” any initiative before it is even implemented. The value in understanding context is that it provides organizations with the background knowledge on the issue and audiences they need to focus on, which usually places them in a better position to design and implement an effective engagement strategy. Additionally, an assessment of context may reveal some key resources (such as key organizations, government officials or advocates) that can support engagement efforts.

In this case study, the issue, organizational culture and socio-political factors were shown to have significant, positive effects on Phase I of the Mental Health Dialogues and the Commission’s work in general. To illustrate this point, consider the circumstances prior to the engagement strategy’s design. In May 2006, *Out of the Shadows At Last* helped expose the high prevalence of mental illness in Canada. This led to the creation of the Commission in March 2007, which was given the mandate and resources to act as the lead organization in developing a national mental health strategy. Additionally, the Commission built its team around highly qualified individuals that were committed to mental health issues in Canada.

Overall, these different contexts helped establish the conditions conducive to push mental health issues into the mainstream. The Commission and Ascentum seized this opening and designed a comprehensive and wide-ranging public engagement strategy. A less supportive context would have likely limited their approach. In this view, assessing the context helps set realistic parameters for an engagement strategy.

**3. Using multiple modes of participation helps you gain a broad diversity of perspectives.**

To be clear, not every engagement strategy needs extensive and ongoing online and in-person participation from the public and stakeholders. For example, an employee engagement initiative only needs to target a specific company’s workforce. However, issues that involve a wide societal impact, or potential impact, usually require some basic level of consensus or societal acceptance to move forward in terms of policy, not to mention public/stakeholder wisdom and knowledge. In these cases, diverse participation can be really beneficial. This is a crucial consideration for engagement in particularly sensitive issues (mental health) and areas with great regional diversity (Canada).

One of the best ways to capture a broad diversity of perspectives is through multiple modes of participation. In Phase I, this was done through two complementary processes: in-person and online consultations. This made participation much more accessible, which allowed the Commission to engage a wide range of demographics, perspectives and jurisdictions.

**4. Recognize that diverse participants offer the real added value in any strategic engagement process.**

At all levels, public engagement requires real commitment on the part of organizations. To truly engage the public and stakeholders, they should be recognized as the essential component of any engagement strategy. Ultimately,

their input can contribute to the sustainable, consensus-based solutions that organizations are looking for. While this is somewhat of an obvious statement, it is fairly easy to conduct a ‘bad’ engagement processes. In the RDOC, the perceived credibility of the Commission as the host organization was critical in obtaining quality participation.

An essential feature of any good process is active listening. The use of skilled facilitators to lead the discussion is one of the ways to ensure this. Public and stakeholder dialogues bring together diverse individuals with genuine concerns in relation to the given issue. In light of this, good facilitators will work to ensure that there is free, fair and productive conversation among all participants. Additionally, the process should be designed around exercises that encourage participants to share their knowledge, experiences and ideas constructively and creatively. In the Regional Dialogues, the use of both small group work and plenary discussion ensured that participants could discuss their ideas with others, identify potential areas of agreement/disagreement, and report these back to the wider group. Ideally, no participant contributions are lost in the process. Good documentation can help ensure this. Participants should also be given adequate feedback mechanisms that allow them to comment on the engagement process and offer suggestions on how to improve it.

#### 5. **Informed participation results in higher quality participation and results.**

To get the most value out of a public engagement exercise, participants need to be able to discuss their thoughts and concerns in a meaningful way. To help achieve this goal, practitioners need to empower participants by providing them with relevant and well framed questions and balanced information needed to understand the issue at hand. This helps establish a reasonably ‘**level playing field**’ for everyone and facilitates more productive discussion. Additionally, providing information helps diminish the impact of false assumptions and biases on the overall process.

Informed participation was a central component of the RDOC. Prior to the consultations, the MHCC released the *Toward Recovery & Well-Being* framework document to the general public. Participants were encouraged to read this before attending the regional stakeholder dialogues. Additionally, MHCC staff made presentations at each consultation to unpack the document further, which helped set the tone for the day’s discussion. Online participants were provided with a workbook, which allowed them to have a similar experience on a customized participation website.

These are just some of the process requirements that can help organizations get the most from their participants. These are crucial considerations because positive outcomes largely depend on a good process. As Dr. Chodos suggests:

*“There is a really strong relationship between the process you employ and the ultimate result. There is a real connection there...if you approach this kind of engagement as a pro forma kind of thing...you’re missing the boat entirely. It really is a value-added process, especially in the work we’re doing in trying to build a stakeholder consensus around some complex issues.”*

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