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Creating Community Governance: A View from the Inside

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Introduction

Given the current economic, environmental and social challenges facing the nonprofit sector the need for new ways of thinking about governance is even more evident. As Paul Light (2008) suggests the risks of discourses about efficiency, metrics and economies of scale driving out ones about civic engagement and democracy are increasing in the current climate. While at the same time, he sees opportunities to reinvent the sector through transformation if we can marshal a commitment to certain core tasks such as giving voice to the less powerful, advocacy, collaboration and flexibility. Margaret Wheatley (2008) describes this is an era of “powerful possibilities” but these possibilities at the level of community require new mindsets, breaking cycles of distrust, critical thinking and learning how to learn. We suggest that only by sharing stories of how we are engaging with these challenges can we collectively learn and build the seeds for transformation.

In that spirit, in this paper we reflect on practice and experience as the basis for an extrapolation of and contribution to theory. It is based on work that was done over the past few years by board and executive of the Whitby Mental Health Center (WMHC) to become a catalyst for community governance within southern Ontario in Canada. The paper is a collaboration between the Board Chair, the CEO and an outside consultant/academic and it represents our attempt to integrate our learning and share it in order to contribute to an understanding of what David Renz (2006) calls “community governance”. If there is one common characteristic of the three authors it is our shared

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commitment to looking at governance beyond the boundaries of the single organization and a comfort with seeing systems and networks. Drawn together by this world view and by a passion for making a difference we have written this paper to contribute to an emerging dialogue.

The domain of nonprofit governance is one that can be characterized as being vibrant, creative and adaptive as well as challenging, threatened and frustrating. Non-profit/ public organization governance requires all of the rigor and duty of corporate governance plus the obligations to public good and societal broad objects. Many people are generating new insights on governance by either describing innovations occurring in the field or by creating new governance practices that respond to the rapidly changing and increasingly demanding context of nonprofits (e.g. Freiwirth & Letona, 2006). Efforts to move away from the generation of normative models describing one best way of creating a board have lead to suggestions that a contingency approach (a matching of the governance model to other contingent factors such as the external environment, the organizations size or the ideology of the organization) informs best practices (Bradshaw, forthcoming). Another exciting change is the suggestion that if we move to see governance from a higher level of system (beyond the boundaries of the single organization to the interorganizational level of a community) we can actually recognize governance as it is already currently taking place in many contexts and also envision new opportunities. This paper describes the efforts of the leaders of one community based organization to reframe governance at the community level and describes the challenges that thinking this way can generate.

Community governance according to David Renz (2006) is a phenomenon that can only be observed by making two important conceptual shifts; (1) separating “governance” as a function from the “board” as a context or setting and (2) moving from a focus on the single free standing organization to a network of interorganizational alliances. Renz points out that he is not talking about “networked organizations” but of “networks as organizations” or non-hierarchical systems that link multiple constituents to work on matters of shared interest. If fully implemented community governance means that boards of single organizations have limited sovereignty, less control and boundaries become blurry as each organization focuses on democracy, strategic alliances and collaborations. Community governance is ideal for dealing with complex, diffused issues that span different sectors and constituencies and that need some form of broader leadership and governance. Governance at this level requires a conceptual shift to thinking about it as Lowndes and Skelcher (1998) do when they call it a mode of social coordination or order rather than a function of a single board. Provan and Kenis (2007, p. 231) also talk about what they call “network governance” in which governance is shared by the organizations that comprise the network. They define networks as “groups of three or more legally autonomous organizations that work together to achieve not only their own goals but also a collective goal” and for which coordination and governance become critical. While typologies and definitions are still in development for this type of interorganizational dynamic in this paper we are talking about something closer to the participant governed network as described by Provan and Kenis rather than their “lead organization governed network” or ones with a “network administrative organization”. The next sections of the paper describe the Whitby Mental Health Centre and the steps

taken. We conclude with reflections on what we learned and implications and recommendations for theory and practice.

Organizational Context

The Whitby Mental Health Centre (WMHC) is a standalone psychiatric hospital founded in 1919 and operated by the Ministry of Health and Longterm Care of Ontario until 2006 when responsibility for its governance and management was transferred to a community based board of directors. WMHC provides a range of specialized mental health services in both hospital and community programs for a service area with a population of close to 3 million people. With over 1000 staff, 329 inpatient beds and several satellite locations in the community WMHC is a significant provider of mental health services in the region.

A unique opportunity was available in 2006 when simultaneously a number of things happened. Most importantly the new corporate entity was established and for the first time in the hospital's almost 100 year history, a Board of Directors with local decision-making authority for setting the organization's direction and vision, and accountability for performance outcomes was created. At the same time there was a new environmental context with the transformation of Ontario's health system and the concurrent introduction of regional planning and funding bodies called Local Health Integration Networks (LHIN). These were established with the mandate for broadly based healthcare system planning and funding. The legislation also provides direction for community engagement and processes to integrate healthcare delivery. Part of the changing environmental context was also an expectation locally, provincially and nationally for

increasing levels of service for mental health yet a climate of scarce resources exists, in both funding and human resources.

Commitment to Leadership

The challenge for governance and leadership within Whitby Mental Health Centre (WMHC) was how to maximize the opportunity while recognizing the turbulence within which this organization functioned. Seeing these changes as an opportunity and believing that there was a mandate for everyone to work collectively at the level of the system the leadership framed what they defined as “community governance”. Many people including some board members of the hospital, misunderstood the intention of the process that was developed and framed “community governance” as key stakeholders coming together to tell the board of the hospital what they see as key strategic priorities for the hospital to address in order to meet the needs of the community (See Table 1). In that model, community governance is seen as a type of consultation process but each stakeholder and community group remains independent and autonomous at the level of operations, strategy as well as governance although some operational collaborations and sharing of information may be possible. What the leadership at WMHC is actually thinking about when they describe community governance is much more transformational, systemic, interdependent and difficult for people to grasp. They are willing to give up some of their autonomy to make decisions, to set direction and to control outcomes in order to seek what is best for the community broadly defined. They are hoping to identify mutual interests beyond conflicting interests and to be more outwardly focused in thinking about governance. They do not see this as abdicating conventional governance responsibilities but rather adding to them responsibilities to

think about what is also good for the community and the broader system including other service providers.

Table 1: Competing Views of “Community Governance”

Dominant View of “Community Governance”	Proposed View of “Community Governance”
<ul style="list-style-type: none"> - each organization remains autonomous and independent in traditional ways so that they retain distinct boundaries and mandates - organization gets involved in community and stakeholder “consultations” on strategic priorities - goal to make each organization more effective and responsive to the community by sharing work and defining respective accountabilities, dialogue ensures people do not fall through the cracks and that redundancies in services are reduced (type of rationalization) - exclusive approach - “shareholder” is the individual patient - define independent interests, how they conflict and how to negotiate to resolve conflicts and avoid potential power struggles 	<ul style="list-style-type: none"> - each organization surrenders some of their autonomy and moves toward interdependence, power sharing, blurred boundaries and shared mandates - goal to pull together as organizations to bring collective knowledge and experience to the task of improving the system; governance is both for the benefit of the community and the benefit of the organization - beyond collective thinking to collective action - move beyond “our numbers and our books” to be inclusive and look at mutual interests and dependencies - balances individual organizational survival and effectiveness with community and system health - “shareholders” are the patients and their families, other agencies and organizations

This led the Board Chair and CEO to consideration of a fundamental question:

What additional value can governance add? Dynamic tensions existed and were identified as:

- We have an entrepreneurial “new entity” but a hundred year culture of service
- We need to become part of a system of organizations and agencies with a mandate for providing mental health services and we have previously been seen as insular from the rest of the health system
- We remain local providers and a distinct corporation for visioning and strategic direction setting but a new regional entity dedicated to system level planning has been established

- There are individual provider-funder accountability mechanisms and legal accountability agreements yet dependency on contributions from multiple sectors and agencies is necessary for mental health recovery
- Today's public Boards need to serve both traditional fiduciary of care and adopt a purposeful and powerful orientation to the community good.

Leadership at WMHC was committed to a systems view of both the organization's role and the governance responsibilities. They wanted to set high performance expectations, create a culture that enabled and encouraged innovation and excellence and generate collaborative strategic alliances. They asked themselves how to do this while being motivated equally by system results and organizational goals and a simultaneous focus on consultative engagement, action-orientation and reflective learning.

Chronology of Moving towards Community Governance

As part of its efforts to improve governance at WMHC the board decided to explore the possibility of expanding its role from the traditional internally focussed functions (such as exercising its fiduciary responsibilities, strategic planning and reviewing the performance of the CEO) to also look at possible roles it could play in helping the region move into more "community governance". While the idea of "community governance" (Renz, 2006) was still new it provided interesting possibilities for engaging the community to enhance the provision and coordination of mental health services in the region.

The process of attempting to move toward community governance involved a number of steps which will be described here. As a first step in this process the board had interviews conducted to see how stakeholders view WMHC and to explore what possible roles they might see the board playing in the future. One of the strongest themes from the interviews was that key stakeholders were aware that many positive changes had

happened at WMHC since divestiture. Many people gave examples of how they were working well with staff, at all levels, on collaborations of various kinds that were productive and constructive. Several people felt that the change had been a challenge for everyone involved and yet they liked the way that WMHC was looking beyond traditional boundaries and trying new approaches. They reported that the Centre was being less insular and more proactive and willing to set up to the plate when approached by others in the community. At least one person expressed a “wait and see” attitude. The final theme was captured by a person who used a metaphor and said “when an elephant rolls over in bed the little guys get nervous”. A small number of people expressed concerns about the directions of the changes and the implications for smaller community agencies. For example, one person said “I have a concern that they want to branch out and offer other community services. That could be a conflict; hospitals should focus on their core business. What we need are solid partnerships not a take over of services. Use consultation and education.” Another person from an agency said that “there is fear in the system; turf battles, we as agencies and other parts of the sector are invisible. There is competition and we need collaboration.” These opinions were not supported by others who said that these are long standing fears in the system overall and that people who expressed them “should just get over it” and everyone should “focus on the client and who ever is in the best place to provide services should do it”.

A Community Meeting was held with Executive and/or Chairs from key stakeholders. Objectives of the meeting were to generate ideas to inform a proactive and generative model of community governance for the WMHC, to involve key members in the community in the generation of a new model and to energize the community around

governance as the WHHC moves to its next stage of development and tackles the challenges of mental health and the implementation of its strategic plan. About thirty people attended this meeting from the Board and a variety of groups including the local health integration body, the police, small agencies, and partners of the WMHC. The day generated interesting dialogue and the WMHC Board followed up with a meeting and then a retreat to explore the implications of the feedback they received. As reflected in the following table the board asked themselves questions about their mindset and the ways they might need to adjust their board focus, practices and structure in order to move ahead with community governance (See Table 2).

Table 2: Comparison of Mindsets about Governance

Old Mindset	New Mindset
<ul style="list-style-type: none"> • Maintenance focus • Single organization • Short term • Responsive to government -reactive • Past orientation • Scarcity assumptions • Incremental change • Simple • Traditional leadership • Telling and Selling • “Either – or” thinking 	<ul style="list-style-type: none"> • Generative/learning focus • Community/multiple organizations • Long term • Proactive – opportunity focussed • Build for Future • Abundance assumptions • Incremental looking for discontinuities • Complex/ systemic • Distributed and new leadership models • “Both- and” thinking • Co-leading in the creation of a community voice • Partnerships

Other topics discussed by the board included:

- Governance structures (e.g. committees, taskforces) – does a new function require a new structure?
- Board composition and selection criteria for new members
- Relationships between board and staff

- Agendas of Board meetings
- Board Culture (values, rituals and disciplined practices)
- Strategic Planning Process (e.g. scenario planning and opportunity identification)
- Strategic Plan - Where we are positioned and the niche we fill
- Relationships with community members and other stakeholders (new partners?)
- Resource allocation
- Board Roles (moving beyond fiduciary responsibilities)
- Board Training and Orientation

This was followed up with on-going dialogues between the Board Chair and the CEO about how to move this project ahead, and concrete actions were taken.

- Board policy statements on System Integration and Community Engagement were adopted in 2008/09 (see Appendix A copy of System Integration Policy)
- Two Traditional Finance/resources and Performance/Quality committees were merged to foster an approach to consider ‘value for resources utilized’
- Board agendas were structured to regularly include time for “Board Dialogue Item” to foster generative discussion on topics such as partnership development, mission development, impact of system-level changes.
- Board Development opportunities were scheduled to meet, exchange ideas with system stakeholders and other providers, as well as the use of clients’ stories were introduced for example
- Balanced scorecard is being modified to track indicators of system results as well as organization’s indicators and operations results.
- Governance committee is increasing attention to orientation of Board members, and activities to understand the client experience/ client condition beyond the services at this provider.
- Board recruitment seeks candidates who display system-level interest.
- Strategic plan written to include long term site plans that enable new community uses of the land – while don’t know now who might join us on this land or for what partnerships we do expect we will not be on the space alone and that complimentary uses will be combined via new partnerships. The long term site plan creates the ground for new possibilities.
- Mission redefinition is in progress, with attention to satisfying need in system rather than purpose defined as a particular product or service.

Service integration planning to address seamless transitions as clients move from one provider to another is growing more commonplace at an operations level. These governance practices were developed to create a climate of support and an expectation of “community governance” – but without blurring the governance/ management roles and responsibility.

Conclusions and Implications:

In this paper in addition to describing the process we want to explore the implications of efforts moving toward community governance both for governance practice and theory. While there is a growing consensus that there is no one normative ideal guiding governance it is less clear what the implications of extreme uncertainty, complexity and turbulence are for governance and leadership (Chait, Ryan and Taylor, 2005) and how nonprofit boards can play a role in creating new approaches and models at the level of the community. In reflection we concluded some of the following.

- We need new skill sets for Board Chairs and members and in particular new mindsets (Wheatley, 2008) that include systems thinking, facilitation skills, chaos and complexity science theory knowledge and ways of thinking critically. The shifts in approach outlined in Tables 1 and 2 are much more difficult for people to grasp than we had originally anticipated. Terms like “community governance” meant different things to different people and as a result communications were challenging. Keeping this goal alive was also hard given board member turn over. New board members did not share a history of the development of the approach and for example did not share the experience of the retreat with community stakeholders and had not struggled to develop a shared language and framework based on ideas of chaos theory and complexity science (Westley, Zimmerman & Patton, 2007). While the leadership of the WMHC worked diligently to develop new mindsets it was hard to find people leading other boards at a similar stage. As a result, board development and training on new ways of thinking, setting of agendas to ensure a community focus, monthly CEO reports on community partnerships and new alliances, in-person stories of patients who had complex

needs that could only be met with systems approaches were going on within the WMHC but we learned they were not being done similarly or consistently in other parts of the system. We suggest there is an opportunity for Board member training programs at a systems level and a need for education in new models, skills, language and mindsets. Perhaps we need to think about certification of board members (that is different from current corporate governance certification programs) and even compensation so we can get greater continuity and commitment from board members to lead and embrace these directions.

- When representatives of other organizations and stakeholders were invited to retreats at the WMHC to explore these ideas they often came with suspicion about motivation. The champions of the changes were seen with distrust when they talked about partnerships and mutuality. As Provan and Kenis (2007) hypothesize shared network governance will be most effective when trust is widely shared but we found that building that level of trust was challenging. Leadership must come from more than one part of the system, the CEO and Board Chair of one organization can do a lot but they cannot do it all. Protection of turf and territoriality are natural but will not allow for system transformation (Light, 2008). In the Ontario context the Local Health Integration Networks (LHIN) have a role to play but are balancing a desire for local agencies to come forward with their own solutions and trying to coordinate partnerships with them in a directing function. Both approaches demonstrate room for the sophisticated and visionary role of a catalyst for community governance. Given LHIN are so new they are being observed with suspicion by everyone. Some see them as being on a power

trip, as having body language that says “I am in charge” and as exerting a form of subtle hierarchy even while espousing a flatter system. Such contradictions are reinforcing the fears and suspicions the systems changes have introduced. It will not be possible to move to community governance, for example, if the LHIN’s become bureaucratic in their approach, write manuals on “how to partner” and demand accountability through completion of a form every time one board meets with another board. Community governance is about emergence, trust, mutuality and innovation not about control and mandated results. The organic and the mechanistic cannot be combined and expected to lead to transformation. Metrics or measurement systems have not yet been developed so people involved in creation of community governance can assess success and know if they are making progress. Without linear causality it is hard to measure what is emerging and where the small changes are creating big or discontinuous impacts.

- Within the WMHC board there was also a caution that there was increased risk, if failing to adequately address traditional governance functions and fiduciary responsibilities. In a broader context where change was not celebrated it was threatening for many to envision letting go of control as a traditional leader. New board structures and ways of allocating responsibilities are needed so that the board can take on more leadership and governance at the level of the system. For example, if the Audit and Executive Committees have expanded oversight functions including risk management, control functions and accountability for the internal organizational operations and reported on their oversight then the board could be assured that their core functions were being performed and their focus

could also move to the system. Such changes will need to be embraced by board members.

- During all this it is still important for the board and the Executive officer/management to deal with the internal management and governance of the organization. There needs to be comfort with Board direction and greater involvement in the “business”; clarity in roles and function that separates involvement in governance leadership that is distinct from involvement in operations is still needed and the board must set expectations and be innovative in setting performance criteria for assessing the effectiveness of the CEO and the board itself. “Both/and” thinking is essential so the board does not abandon internal issues but they cannot overtake the systems wide focus. Boundary definitions can become confusing and sometimes it is not always clear about what is inside the organization and what is outside. What is part of the mission of the organization and what is not? The board must also give the Chair and CEO their full support as they go out and become the public face for the organization in ways that are new within the system. The actual implementation and negotiation of partnerships is a staff function and while the Board creates the context of partnerships, allocates resources to them, rewards their creation and sets a positive climate for them to happen with other Boards the actual negotiation of the MOU’s is a staff role.
- We have learned that strong partnerships externally are not possible without strong partnerships between the Board Chair and the CEO. Also sometimes an external consultant/academic can give legitimacy, validation, confidence and a

tone of celebration to changes and innovations (Bradshaw, Hayday and Armstrong, 2007). Especially in a climate where expectations for more corporate models of governance are high and making change is so exhausting such permission giving and enthusiastic encouragement can be helpful.

- There are real challenges in collaboration and system focus within an environment of scarce resources. Such a context naturally generates fear and threat to existence and diminishing growth. Distrust was evident from the first interviews in 2006 where the metaphor of the elephant was introduced and this continued with suspicion of motives and fears of sector consolidation. While there was a desire for voluntary collaborations and bottom up change there was also the old mindset of top down design and control active in the system. Discourses about accountability are common as resources got scarcer and times more uncertain during a global economic recession. At the same time demand for mental health services was increasing. How others frame the action of the organizational leaders as they attempt to engage partnerships is interesting and in this case varied from WMHC being seen as a threatening take over agent to a benevolent rescuer to a viable and effective partner.

While there is not yet much being written about systems governance there is a long history and wide literature in community development and organizational behaviour (e.g. Gary, 1985). Renz (2006) taps into this literature and we think more of this will need to happen but is beyond the scope of this paper. There may be a life cycle at work in term of stages in the collaborative processes (e.g. Lowndes and Skelcher, 1998) that we have not yet been able to identify and various contingencies

that impact effectiveness (Provan and Kenis, 2007). Overall we would like to conclude with a sense of optimism and hope for new models of community governance. As individuals it may be hard not to get discouraged, with little evidence of success and no way of tracking outcomes. To maintain enthusiasm it is critical to see change as taking place across systems levels, and remain open and collaborative. At the operational level it is often easier to move ahead with partnerships and to see things happening in new ways. At the governance level we can embed the space for possibility and create the context for community governance. When one level is harder to move ahead on we have been able to shift our focus and energy, adapt and at times back off. Resistance springs up in sometimes unexpected places and we do not know where our efforts may lead in the process of “getting to maybe” (Westley, Zimmerman & Patton, 2007). As Vangen and Huxham_(2003) point out the “small-wins” approach to building trust in collaborative initiatives is a good strategy as well as managing risk. We hope that in sharing this story and what we have learned we can help others to dialogue about community governance and to examine what the possibilities for change are. These times call for new mindsets.

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Appendix A

Whitby Mental Health Centre
Board of Directors
Policy Manual

SECTION NUMBER: XX

TITLE:

POLICY NUMBER: XX

TITLE: BOARD PRINCIPLES FOR SYSTEM INTEGRATION

PURPOSE:

The Whitby Mental Health Centre Board of Directors is committed to promoting system integration at all levels – individual, organizational and across sectors.

Prioritization of integration opportunities is based on and focuses on gaps in service to clients in the health and social service sector, and those seeking access to care.

Management is directed to work with communities, government, Local Health Integration Networks, health providers, and social services to promote meaningful and practical systems of integration that will result in improved services to the client, family and community.

POLICY

System integration is based on the building of individual and organizational relationships.

System integration should be based on building of new alliances as well as strengthening existing mental health services across the continuum of care.

Integration initiatives should also focus on linkages to the entire health care system as the treatment of mental illness often requires multiple interventions related to medical and psychiatric care.

System integration should be focused on the key areas required by our clients for successful integration into the community. Consideration should be given for particular focus on local service gaps within our primary service area, comprised of the CE LHIN, Central LHIN, Toronto LHIN and Muskoka-Simcoe LHIN. Examples of such gaps may include housing, vocational services and crisis intervention along the continuum of care.

Whitby Mental Health Centre should also be a key proponent for actions related to the emerging system integration issues on a provincial and national level. Key integration activities related to better client outcomes should receive focused attention.

WMHC will act to achieve service integration in our immediate service delivery role, within the accountabilities as a healthcare provider; and in a broader context, will promote system integration at provincial and national networks, within our role as advocate to advance mental healthcare.