

Towards Meaningful Engagement with Clinical Advisors

Lessons Learned Co-Creating a Digital Mental Health Tool

Iman Kassam MHI

Program Officer, Krembil Centre for
Neuroinformatics, Centre for Addiction
and Mental Health (CAMH)

Charlotte Pape MHI

Project Analyst, Krembil Centre for
Neuroinformatics, Centre for Addiction
and Mental Health (CAMH)



Team Members & Funders

Gillian Strudwick RN, PhD

Jessica Kemp MHI

Matthew Tsuda MScOT

Tara Pearcey MScOT

Rabia Khokhar MScOT

Crystal Chan MScOT

Melissa Giovinazzo MScOT

Jori Jones MSW, PhD

Dave Summers MSW

Esther Yoo-Parlan MSW

Melissa McCormick MSW

Lindsay Sinclair MScOT

Wenjia Zhou MHI

Amos Adler MBA

MEMOTEXT



camh
mental health is health

Presentation Objectives

- 1 Learn about a co-designed text-based program (BeWell) to support clinician mental health at CAMH
- 2 Present the lessons learned from co-designing the BeWell program with clinician advisors
- 3 Describe future approaches to meaningfully engage clinicians in designing digital health tools.

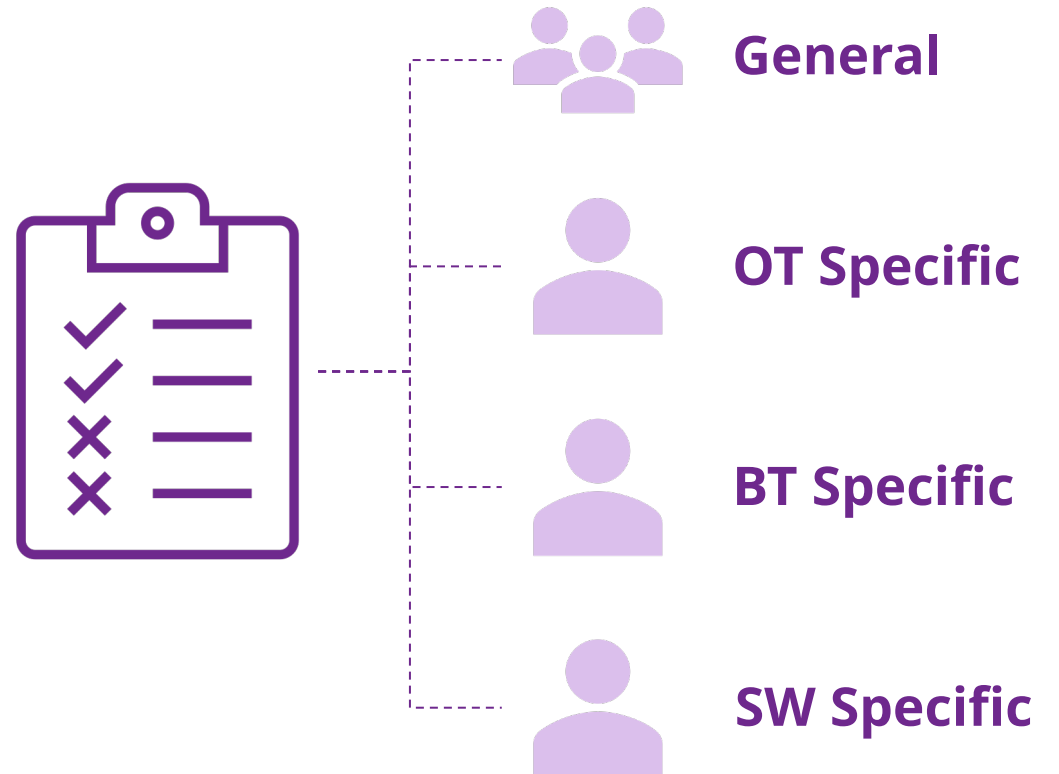
Objective 1a

Understanding the rationale for clinician well-being supports, like BeWell

Why BeWell? Health Disciplines I-CARE Survey

In 2022, the I-CARE Health Disciplines Benchmark survey was deployed to CAMH clinicians.

The purpose of the survey was to **understand the experiences of staff using CAMH's EHR** across various health disciplines.



Why BeWell? Health Disciplines I-CARE Survey

Survey Section 4: Burnout and General Feedback About I-Care

Rates of burnout was measured across disciplines, percentage of survey participants experiencing burnout is shown below:

35%
General Survey
(n=15/42)

49%
Social Work
(n=19/39)

23%
Occupational
Therapy
(n=3/13)

14%
Behavioural
Therapy
(n=1/7)

Reducing Clinician Burnout at CAMH

Many internal efforts are underway to reduce clinician burnout, some of which include improving I-CARE to reduce EHR-related documentation burden



BeWell was intended to serve as one of many approaches towards supporting clinician well-being at CAMH

Objective 1b

**Designing BeWell for Clinicians
(SWs and OTs) at CAMH**

BeWell at CAMH

Launched May 2023 - Concluded Oct 2023

BeWell was a 12-week SMS text-based program which aimed to support clinician well-being by connecting clinicians to:

Wellness Resources

Supportive Messages

Wellness Strategies

Learning Opportunities

All SWs and OTs (and other health disciplines if interested) were eligible to enroll in BeWell.

BeWell

at CAMH

Co-designed with an advisory group of **5 OTs** and **5 SWs**

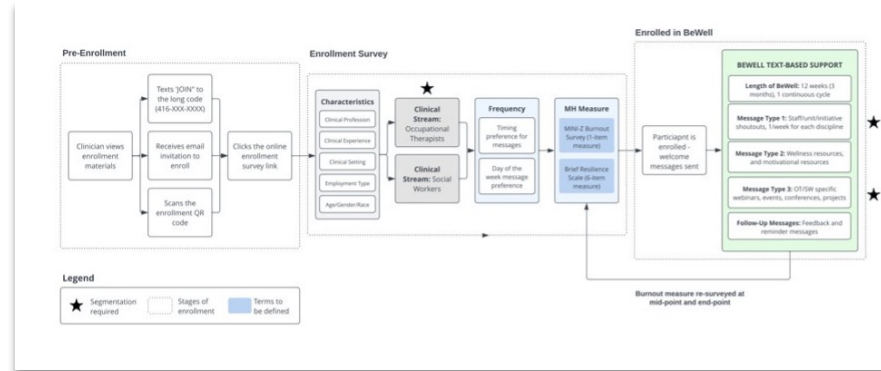
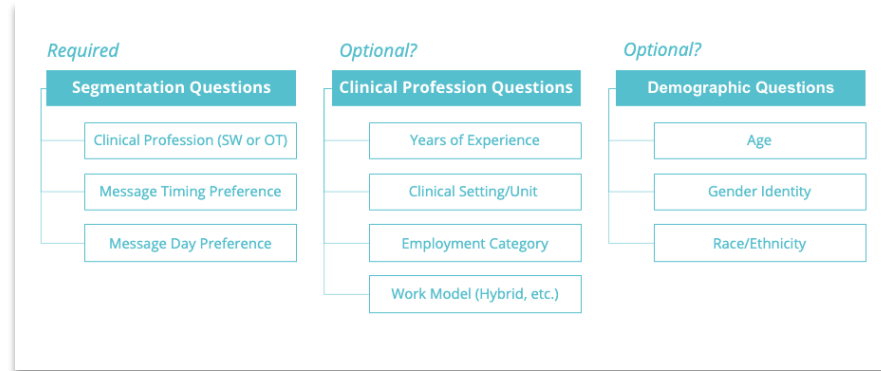
Co-Designing BeWell

- 1-hour lunchtime virtual advisory meetings held bi-weekly between Jan 2023 – Nov 2023
- \$25 gift cards provided at each meeting
- Each meeting tackled a specific design objective – i.e., determining the program structure, content & messages, implementation approach, etc.



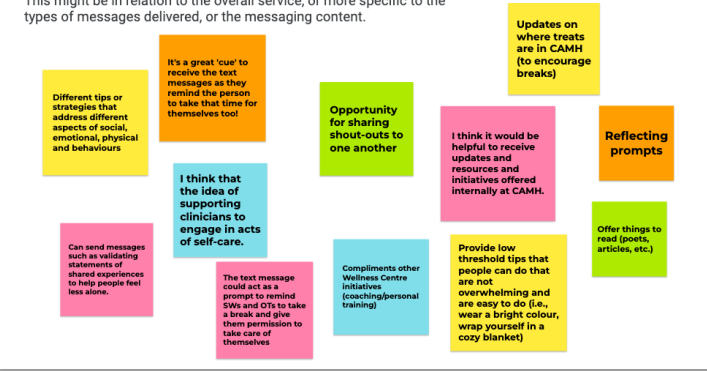
Co-Designing BeWell

Designing the enrollment structure



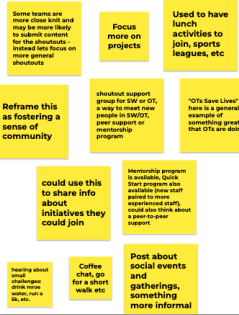
How do you envision BeWell, being helpful to OTs and SWs at CAMH?

This might be in relation to the overall service, or more specific to the types of messages delivered, or the messaging content.

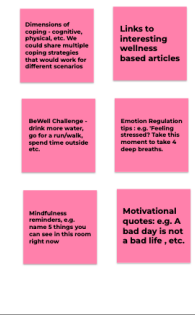


Brainstorming messaging content

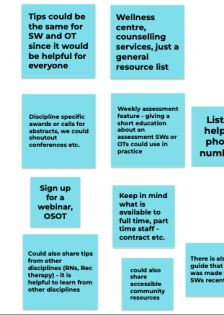
Message Type 1: Shoutouts & Highlights (Staff, Units, Projects/Initiatives, etc.)



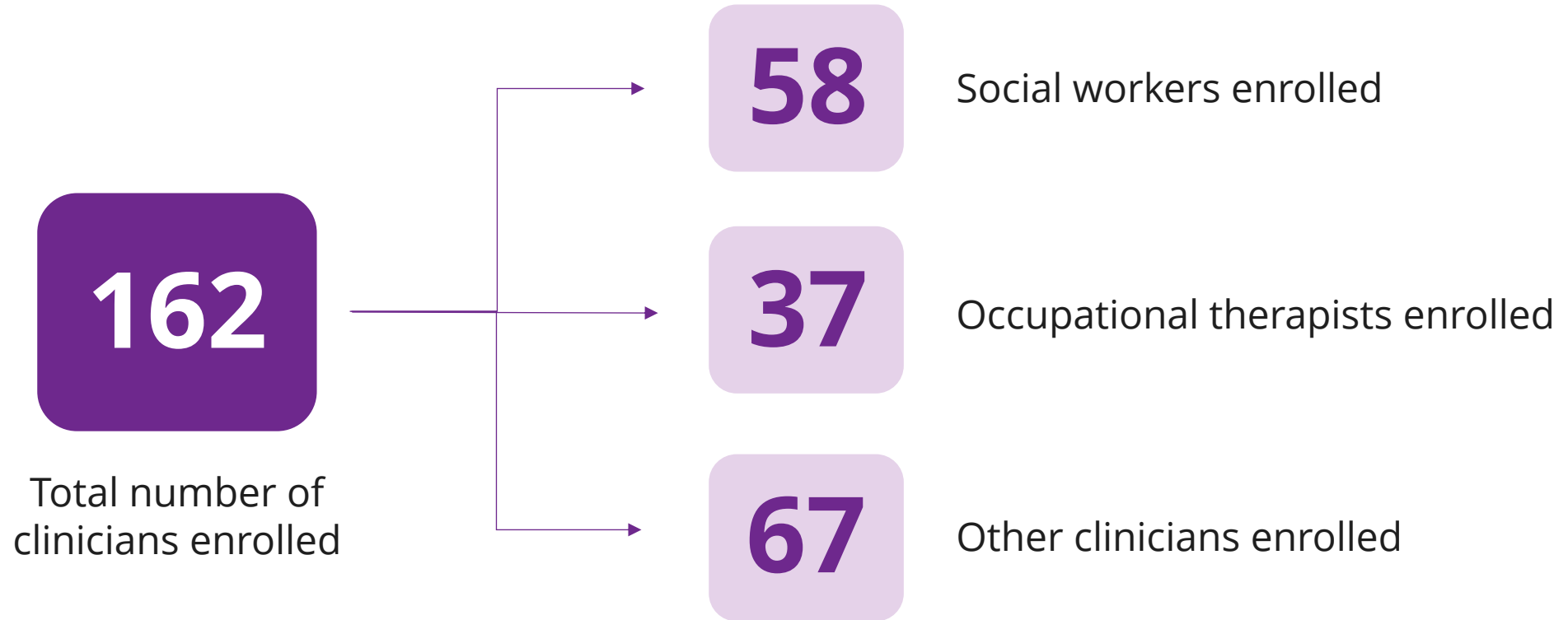
Message Type 2: Motivational and Wellness Resources



Message Type 3: Discipline Specific Resources & Tips



Clinician Enrollment (May – Oct 2023)

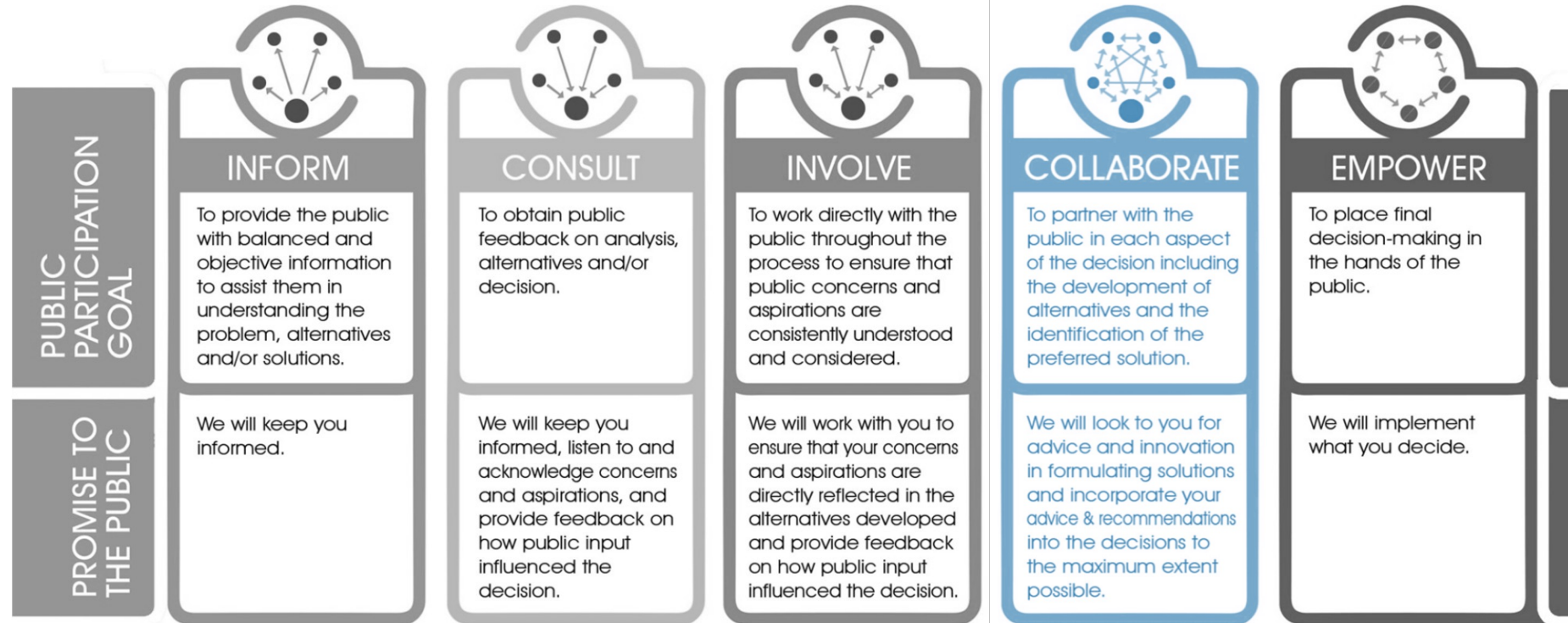


* Of the 162 clinicians, 16 clinicians dropped out of the program. Equating to **146 clinicians**

Objective #2

**Lessons Learned Co-Designing BeWell with
Clinician Advisors**

Engaging Clinicians in the Design of BeWell



What Did We Learn?

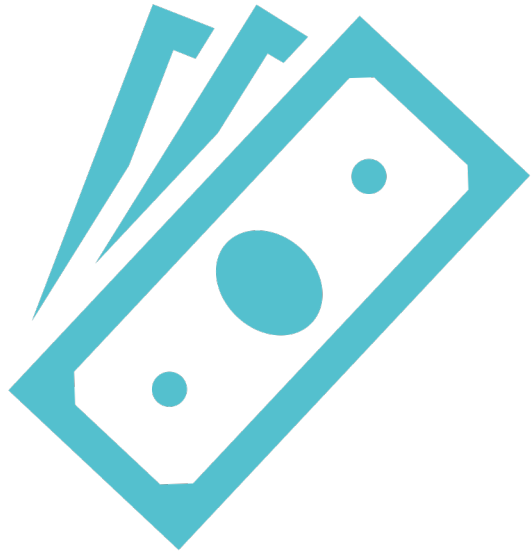
Factors which supported the co-design process:



Relying on and leveraging
knowledge user expertise

What Did We Learn?

Factors which supported the co-design process:



Providing compensation
and incentives

What Did We Learn?

Factors which supported the co-design process:



Establishing a diverse and interdisciplinary team of clinicians

What Did We Learn?

Factors which supported the co-design process:



Utilizing a flexible
participatory design
approach

What Did We Learn?

Suggestions to improve the co-design process:



Balance group dynamics
and conflicting feedback

What Did We Learn?

Suggestions to improve the co-design process:



Consider the workload and time constraints of clinician advisors

What Did We Learn?

Suggestions to improve the co-design process:



Increase the frequency of follow-up with clinician advisors

What Did We Learn?

Suggestions to improve the co-design process:



Navigate expectations
between the project funder
and project timelines


Objective #3

**Recommended approaches to
meaningfully engage clinicians in the
design of digital health tools**

Clinician Engagement Recommendations

Adopt a “nothing about us without us” mentality

- Be flexible and dynamic
- Provide compensation
- Maintain open communication
- Balance diverse perspectives



Implement organizational policy to promote clinician engagement in enterprise projects, QI and research

Thank You!

Contact Information:

Iman Kassam (iman.kassam@camh.ca)

Charlotte Pape (charlotte.pape@camh.ca)



digitalmentalhealthlab.ca