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Understanding Child and Youth Mental Health New Hire and Retention in the South Fraser SDA

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Abstract

This report provides an overview of the research and engagement activities conducted with Child and Youth Mental Health (CYMH) staff in the South Fraser Service Delivery Area (SDA). This study was conducted by student researchers at the University of British Columbia (UBC) in partnership with the Ministry of Child and Family Development (MCFD). This project aimed to understand the new hire experience and address organizational concerns around retention and training for CYMH staff in the South Fraser SDA. This study began with a review of relevant literature surrounding employee satisfaction, training, retention, and burnout among mental health clinicians. This information was used to inform a survey that went out to all CYMH staff in the SDA. After this survey was completed, four staff were interviewed as a follow-up to the employee survey. This study found a number of significant strengths and concerns that CYMH staff have in their roles. Most staff show tremendous passion for their work and believe in the larger goal of CYMH. However, there are some areas of concern that make it difficult for staff to complete their work as they would like. Some of these concerns are related to the need for greater clinical supports and guidance, as well as increasing access to necessary trainings for staff. There are also concerns related to a lack of standardized practices in both onboarding and training staff in these roles. Finally, there are some larger tensions that staff feel with the administration at CYMH regarding some of the policies and expectations that create ethical concerns for many of these clinicians. This report concludes with a list of recommended actions that CYMH could take as a way to respond to the issues brought up by this project and to improve their staff experiences.

Keywords: Children and Youth Mental Health (CYMH), South Fraser Service Delivery Area, Worker Retention, Worker Training, New Hires

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Introduction

The Ministry of Child and Family Development (MCFD) offers important health services to communities across the province of British Columbia (BC). Child and Youth Mental Health (CYMH) provides children and youth, along with their families, support through a range of clinical mental health services. This project focused on the South Fraser Service Delivery Area (SDA) which is the largest SDA in BC. CYMH has identified an issue with staff retention and believed that a lack of comprehensive onboarding support of staff may be a contributing factor. For this project, CYMH proposed that the staff experience be captured and paired with established literature to make recommendations to address these identified organizational challenges.

The topic of staff training and retention is relevant to the larger field of clinical work. Literature reviewed for this project showed this to be a global issue that affects clients in need of valuable mental health treatment in many communities. This demonstrates that this is a shared problem that could have a tremendous impact if thoroughly addressed. Furthermore, high staff turnover takes a toll on clinicians and service agencies, which can impede the quality of care provided. For example, frequent changes in staffing can place uneven stress on workers as caseloads fluctuate. This issue also presents financial risks as hiring and training new staff can be costly for agencies. Finally, frequent change in caseworkers can disrupt clinical relationships and progress with clients who are trying to access these services.

At the beginning of this project, the researchers identified three main research questions that this project would seek to answer: (1) What are the factors contributing to high rates of staffing turnover in CYMH? (2) What are the consistent and diverse experiences of new hires to MCFD across the South Fraser SDA? (3) What are the external factors that have influenced workforce trends in CYMH? Based on the preliminary research for this project, the hypothesis was determined to be: that there would be identifiable correlations between staff orientation, job satisfaction, and job retention.

Literature Review

Recruitment and retention are significant issues in the field of mental health, not just in Canada but globally. Current literature on this topic proves that it is a challenging and multi- faceted issue with no simple answers. Workplaces will continue to see these issues if they do not change, but they face significant challenges on the path towards enacting these changes.

Clinician Recruitment

When exploring how to recruit mental health clinicians, the relevant literature emphasized the importance of understanding why people enter the mental health field in the first place.

Slaughter & Hoefer (2019) conducted a study that explored factors that influenced social work students in the U.S. to join the mental health field. The results showed five main themes for this decision among students: 1) attraction to mental health (personal experience), 2) professional experience (internship), 3) impact capacity (desire to make a difference), 4) develop social work skills, and 5) intern preparedness (need to feel confident). Even with significant limitations in sample size and the diversity of respondents, this study still produced relevant information that was reflected in other pieces of literature. Two other studies confirmed the importance of internships and mentorship opportunities in recruiting clinicians (Curtis, Wikaire, Stokes, & Reid, 2012; Fox, Miller, & Barbee, 2003).

Job Satisfaction

Scanlan and Still (2019) sought to identify the link between several factors which impact turnover and burnout which further affects service user outcomes (clients) negatively. On the basis of their research, they identified that "[j]ob satisfaction has also been associated with support from colleagues and supervisors and lower workload pressure" (p. 2). This study used the Job Demands-Resources model of burnout and confirmed their hypothesis that turnover and burnout are negatively associated with job satisfaction (Scanlan & Still, 2019).

Managerial Supports

This theme was further explored in the link between managers and employees. Campbell et al. (2013)

focused on the effects of managerial justice and support on employee turnover and burnout. The study found it important for managers to treat employees fairly and to be viewed as a supportive resource for employees. Further, if managers are viewed as a support and can identify an employee who is exhibiting exhaustion early on, they can aid them in coping which will prevent "subsequent withdrawal" (p. 776). This can be beneficial in supporting the longevity of staff. These results encouraged the project researchers to explore support structures for CYMH.

Staff Training

Studies have also suggested that a lack of proper training is another main reason why clinical staff leave their positions (Boyd, 2015; Fox, Miller, & Barbee, 2003). Literature that was reviewed for this project spoke about some of the universal skills that are often deemed necessary for mental health clinicians. This involves experience in conducting assessments, screening clients, various forms of counseling, diagnosing, cultural awareness, and community engagement (Boyd, 2015; Hohenshil, Amundson, & Niles, 2015; Pasca & Wagner, 2011; Slaughter & Hoefer, 2019).

One main theme was the importance of training staff on Indigenous health practices. This was an identified principle for success in recruiting Indigenous workers (Curtis, Wikaire, Stokes, & Reid, 2012) and was demonstrated in a case study by Hutt-MacLeod et al. (2019). In this case study, community mental health workers on a First Nations reserve in Nova Scotia were trained to offer services based on Western and/or Indigenous frameworks. These "Two-Eyed seeing" methodologies proved to be an effective method for engaging Indigenous youth because the clinicians listened and responded to the needs of their community. This case study applies to the present research study by encouraging researchers to explore the ways that CYMH works to engage diverse populations in their community.

Organizational Structure

The literature reviewed for this project also placed an importance on studying the structure and culture of an organization to find and solve issues of staff turnover. One of the main themes that was highlighted throughout the literature was the importance of staff autonomy and involvement in organizational decisions. One study on social workers in the U.K. found lack of autonomy, or "decisional latitude", in their role to be a main source of job dissatisfaction (Evans et al., 2006). The researchers acknowledged this study's limitations in that the time that they conducted the survey was in the midst of larger national uncertainty for mental health social workers, as well as a small sample size for their survey.

However, this theme was still prevalent in other literature reviewed for this project. Black's study (2019) found that employees are less likely to leave "when they are actively engaged in finding solutions to increase the productivity and profitability of an organization." The main component of this type of an organizational structure is trust: the importance of trusting leadership and feeling trusted by leadership (Black, 2019). The Public Child Welfare Certification Program (PCWCP) report described a similar need for employers to focus on autonomy involvement, and thus worked to change their staff roles accordingly (Fox, Miller, & Barbee, 2003).

This literature review focused on a number of topics that encouraged the researchers to explore how employees at CYMH are recruited and trained for their positions, and how the current workplace structures are building or corroding employee satisfaction.

Theoretical and Conceptual Framework

After reviewing the literature surrounding these topics, the researchers decided that it would be best to place this project within a structural framework as a way to meet the project's main objectives. This means that while the project would be looking at individual staff experiences in CYMH, all of those experiences would be theoretically contextualized within the larger framework of all Canadian mental health services. As the foundation for addressing

systemic change, this underlying framework dictates that any issues existing within CYMH teams in the South Fraser SDA are representative of the larger system, rather than any individual.

Conceptually, this will inform all of the responses received in the project and applied to address potential concerns about support, workload, or team composition with the South Fraser SDA. This moves the project away from focusing on any interpersonal conflict between staff and shifts the focus to addressing the environmental factors that are contributing to the staff's concerns. This project is about partnering with staff to create organizational change and make sure that staff have involvement in the recommendations that inform this change.

Methodology

Sampling and Recruitment

The researchers chose to use Grounded Theory as the primary methodology for this study. Grounded Theory seeks to draw conclusions to hypotheses and generate theory "that is grounded in the data" (Chun Tie, Birks, & Francis, 2019). The researchers chose this method due to its exploratory nature. Since the topic of this study has not been explored previously in this region, the researchers felt it was important to employ a methodology that would provide the space to identify different themes that might emerge during the coding process. Conducting this study in Grounded Theory will begin with purposive sampling of the study population, followed by data collection and analysis through various levels of coding. The researchers also chose to let Grounded Theory apply to the interview process as a way to not let these interviews by shaped by the researcher's preconceptions.

The population of the project is the Child and Youth Mental Health (CYMH) clinicians in the South Fraser SDA within the Ministry of Family and Child Development. All clinicians employed with CYMH at in February 2021 were invited to participate in the survey; those excluded from participating were employees who had left CYMH and any non-clinician staff. The population size overall was 90 employees, noting that in the time that the survey was open the staffing numbers might have fluctuated by one or two either way although not substantially impacting the overall sample. Throughout the length of the project and with such a large number of staff we invited anyone who fit the inclusion criteria to complete the survey and they also could volunteer for an interview. Student researchers aimed to reach a 30% survey response rate and to complete three to five individual interviews with CYMH staff. All survey participants were given the chance to volunteer for the interview at the end of the survey. These volunteers responded to a separate survey so that they could not be connected back to their survey answers.

The interview volunteers were then collected on a list and five participants were selected with the use of a random number generator. Out of the five participants who were selected and contacted for interviews, four responded and completed interviews.

In particular, when focusing on the exclusion criteria, it is a clear gap in knowledge when researching retention that we were unable to interview or survey any past employees from CYMH. This is a perspective that is missing from the research, and with the timeline and scope of this project it was not possible to expand the criteria to include employee's that have moved on from their position. Additionally, this was the first project to focus on retention and training within CYMH in the South Fraser SDA which left the student researchers with no previous data to guide the initial process.

To add more narrative to the CYMH employee experiences, the project team interviewed four CYMH staff who had completed the initial survey. These four interviews took place in late February 2021. Each interview was conducted over Zoom and ranged from 30–45 minutes in length. The interviews were all recorded with consent from the interviewees and were then transcribed. The researchers made sure to remove any identifying information from these transcripts, such as employee or team names, or information about their past positions or work experience. After these transcriptions were created, the interview recordings were permanently deleted.

Data Collection and Analysis

The data was collected through use of two tools: a matrix survey that included open- ended questions with very section and interviews with randomly selected participants. Initially student researchers had also hoped to have access to the different orientation and onboarding documents throughout the district but ultimately were unable to access them within the time frame of this project. The open-ended questions within the survey were heavily utilized, having answers rage from a few concise sentences to several hundred words. In the latter half of the survey, the average length of response ranged from 60 to 80 words which encapsulates the few words of additional context and the long and informative insight into respondent's feedback.

The survey data was primarily collected as aggregate, meaning that the results were displayed as a whole. This prevented the researchers from being able to single out individual responses which would support staff anonymity. This also allowed the researchers to find overall themes in the survey data, which could then be supported by interview data. The interviews were recorded and then transcribed. The transcripts where then studied using a thematic analysis, noting the supporting data from the surveys, as well as any different narratives.

Matrix questions ranged from strongly disagree to strongly agree. Researchers made note of trends, making specific note of any questions that elicited an extremely negative or extremely positive reaction. The researchers noted that some of the responses to questions had larger response rates, although throughout the survey there were inconsistent response rates with the matrix questions – causing them to be less reliable in some sections. Any data included in the finding were answered by 95% of participants or more. All written or transcribed responses were analyzed thematically, using common words and topics to connect the wide range of answers into prominent threads of feedback from clinicians.

Findings and Discussion

The project survey was open three weeks in total. At the end, 37 CYMH staff consented and completed the survey. The number of active staff in the South Fraser SDA fluctuated slightly during the three weeks that the survey was open, which means that the sample size changed. With the population size of 90 active staff, allowing for a small fluctuation within the 3-week time period of the survey, the response rate was 40.2% to 42%. Of this sample size, approximately 67% of respondents reported working at CYMH for 0 – 3 years in total.

The four staff interviews provided more individual narratives of staff at CYMH. The researchers found that the themes from these interviews supported many of the main results from the employee survey. After coding and analyzing the data collected from the staff surveys and interviews, there were four main themes that emerged from the results. These four main themes were: (1) Passion and Connection to the Mission of Child and Youth Mental Health. (2) Balancing Clinical Work with Administrative Requirements. (3) Advancement and Training Opportunities within MCFD. (4) Organizational and Structural Changes for Child and Youth Mental Health. The following sections will provide further explanation and discussion around these themes, with supporting evidence from the employee survey and interviews.

(***1) Passion and Connection to the Mission of Child and Youth Mental Health***

The first theme that emerged from this process was the tremendous passion that staff showed for their work at CYMH. When survey respondents were asked why they had gone into this field of work, 76% of staff reported their reasoning to be a strong desire to help children, youth, families, and the broader community. More specifically, many staff explained how their roles aligned with their personal values. These values included the desire to work with marginalized communities, to practice traditional ways of knowing, and to be an advocate in the community.

When asked if they felt that their job makes a positive difference in the community, 90% of survey respondents said that they agreed with this statement (see Figure 1).

Figure 1. *Survey Responses to Feelings of Making a Positive Difference in Community (n = 35)*

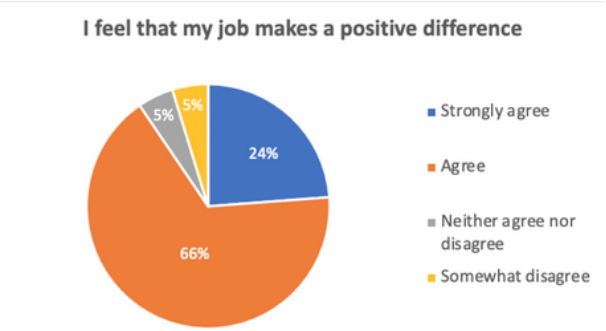


Figure 2. *Survey Responses to Positive Feelings toward Co-Workers (n = 35)*

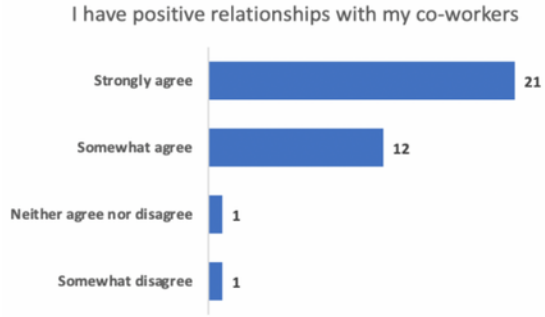
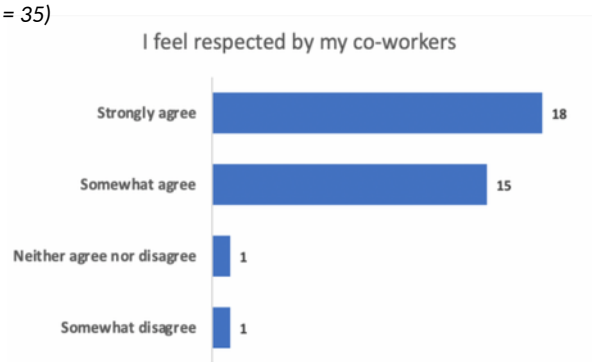


Figure 3. *Survey Responses to Feelings of Respect from Co-Workers (n = 35)*



On the other hand, 76% staff reported that they feel a sense of fulfilment in their current position:

> One of the things I really appreciate about the mission of CYMH is that it is a place to get free services. The community I work in… is a very marginalized and impoverished community. Every one of the children we work with would not be receiving services if they weren't receiving them for free. I think that is a really important part of it (Interview Response).

This dedication to their communities is further demonstrated by an interview respondent when asked why they work at CYMH:

> So, we are not paid commensurate to what is standard in the field so there needs to be some other reason for why we are doing what we are doing. So definitely for me and for other people I know have worked in CYMH, that being able to provide services for people who would otherwise be unable to get it is a huge draw of the mission (Interview Response).

This brings forward an important discussion about what keeps people working in these roles and how CYMH may better be able to support their staff in their professional growth and personal passion for working with their communities and providing free necessary services. As was evidenced in the literature reviewed for this project, workplace satisfaction and supports are important factors in retaining clinical staff.

One main form of support that staff identified came from their co-workers. Figures 2 and 3 display some survey responses in which the majority of CYMH staff identified having positive and respectful relationships with their co-workers. During the employee interviews, most staff also identified their co-workers as being a significant source of support in their positions and a large part of their desire to stay in their positions.

(2) Balancing Clinical Work with Administrative Requirements

The second main theme that emerged from this study was about the difficulties that CYMH staff face in balancing the clinical and administrative requirements of their positions. "The most difficult part of my job is not the actual clinical work but all the CYMH requirements that go along with it (e.g., paperwork, initial report). I have not been affected by staff turnover on my team." - Survey Response.

Clinicians who work within CYMH work with vulnerable and high-risk clients who cannot receive services elsewhere. Clinicians reported that the clients are often the reason they do this work, while the more onerous portion of their work surrounds organizational policy, administration and bureaucracy. These factors are reported to often be at odds with their professional or personal ethics. The research team aimed to explore what is working for clinicians and what they would need to address these concerns. "It is difficult to communicate directly with upper management making

the decisions, and even when I get the chance I feel like they do no[t] understand my questions or concerns because they do not have a clinical background" (Survey response).

CYMH staff perform several complex tasks in their positions. One interview respondent described the average full-time generalist CYMH clinician as having a case load of 20-25 clients open at a time. On top of regular meetings with these clients, staff are expected to maintain detailed treatment plans, document every interaction, perform client intakes, and attend other relevant appointments. Staff also need to attend various trainings and supervision as a means of clinical support and professional development:

> [Supervision] recently moved to a model where it's on demand, rather than scheduled. That I am not finding as helpful. Because having it be scheduled, be predictable, you have to get together for this amount of time and you have to find something to fill that time. I find that there's never a lack of things to talk about, we work in mental health, like, there's always more to talk about than there is time to talk about it. So the idea that 'we can just do it on the fly as necessary' means that you only get to talk about things when there is a crisis. Or when there's something that forces you to fight for that time (Interview Response).

While there was no direct survey question about clinical supervision, there were a notable number of survey respondents who referenced a need for better clinical supervision in their responses. Staff talked about this as a form of support often unavailable in the way that they need. This was further explored in the interviews, in which all four participants stated that clinical supervision is an asset to their work, but has been lacking in their time at CYMH.

Throughout the survey, many respondents expressed that the 'generalist' nature of their roles creates an expectation that they must have enough knowledge to treat all children and youth with any diagnosis. Many staff believe this to be an unreasonable expectation. This presents ethical concerns for many of these clinicians because the expectation to treat any child or youth, regardless of presentation and diagnosis, forces them to operate outside of their scope of practice. One interview respondent summarized this concern in this way:

> One of the big parts for us is do no harm and to be very aware of your scope. So if there's something, a presentation or client that's outside my scope, ethically, I'm supposed to either get the training or supervision that's required, which is not provided or acknowledge the fact that it's outside my scope and refer a client on board and not provide treatment. That's not an option. We're not able to do that. So that does often - and I don't think saying often is a stretch - it forces us to work in ways that really are unethical (Interview Response).

Understanding which administrative policies and pressures impact clinicians in their practice is key to moving forward with this concern. Working within a largely generalist framework is presenting ongoing ethical concerns as well as pressure on clinicians to perform outside of their training and capabilities. This is not only at odds with the clinician's ethics, but it also does not provide the clients with the best support possible. "It is expected that clinicians be able to treat any mental health presentation from birth- 19 years of age. This is the equivalent of expecting a physician to be specialized and capable of treating every illness" (Survey Response).

The final topic that was shared by respondents was regarding the float system. There was an expressed concern with maintaining a clinical relationship when the clinician is unsure of how long they will be in a position. The lack of certainty in how long a float clinician will be in any role can make it difficult to create and maintain a treatment plan ethically:

> I think you should be able to feel a sense of groundedness in the fact that you'll get to stay for the entirety of the mat leave position that you've been placed in versus walking on eggshells and never quite knowing when they're going to yank you out and throw you in another position. Right. Whereas like even short term, even short term positions, so say a four month medical leave, if you know it's a four month medical leave, that looks really different (Interview Response).

Further feedback about being a clinician in the float pool surrounded their prioritization for trainings, which is something that impacts the clinician's ability to serve their clients. Staff reported incongruencies in how certain people in the float pool were prioritized over others for trainings. Some staff felt that the current

system did not seem logical in determining these prioritizations, such as whether it was based on seniority or specialization. These staff asked for more transparency on how certain staff in the float pool are prioritized for trainings.

The concern with the weight that the clinical dichotomy presents is the moral distress it can put on clinicians which can lead to them burning out in their positions faster. The dichotomy is caused by the policies of CYMH conflicting with the clinician's ethics boards, both of which must be abided by. Moral distress is present when one's ethics, personal or professional, are at odds with the work a clinician is expected or asked to do. Balancing the clinical and organizational demands is incredibly tricky which is why having the dedicated time for clinical supervision was suggested by several respondents.

The separation of clinical and administrative supervision might assist in meeting these needs. Administrative supervision focuses primarily on aspects such as wait lists, closed cases, case loads, treatment times, and more. There are times that these administrative aspects are the primary focus instead of the purely clinical question of: "what is the best for the client?" These pressures to close cases and get to people on the waiting list are understandable, although they appear to put weight on the clinicians' shoulders, which can be an heavy demand on top of the difficult work they already do.

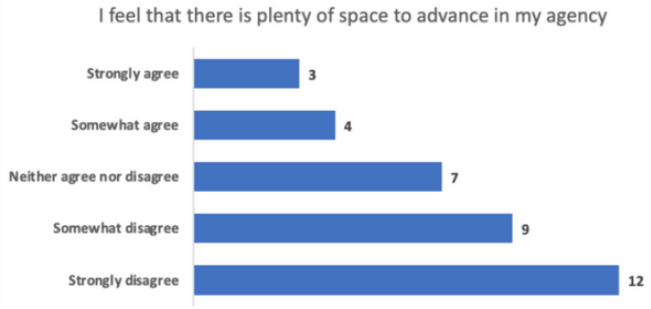
> What I wish I would have more of is just very pure clinical supervision. Like even once a month, or once every biweekly, to sit with someone to talk clinically. I do get some supervision but it seems to be strange because your clinical supervisor is also your administrative supervisor which then creates this kind of weird dichotomy (Interview Response).

(3) Advancement & Training Opportunities in MCFD

When staff were asked if they felt that there is space to advance within CYMH, 60% of respondents disagreed, indicating a lack of opportunities to grow professionally within the agency (see Figure 4). This was further explained in interviews and in the written answer questions.

The respondents expressed frustration that they cannot advance without leaving behind any direct work

Figure 4. *Survey Responses to Feelings of Advancement within MCFD (n = 35)*



with clients. Then if they do advance, there is only one other clinical position of a Team Lead available before they enter into upper-level management positions. Figure 2. I feel that there is plenty of space to advance in my agency "… upper management positions only being open to social workers with child protection experience, which essentially excludes anyone with a clinical/mental health background." - Survey Response.

For those who want to move into those upper-level management positions, staff shared that applicants are expected to have child protection experience, which few of the clinicians at CYMH possess. This was one of the few places where staff described a divide between clinician's roles and MCFD social workers. Clinicians shared that they are not represented in the upper management due to these barriers, thus the policy and supports provided do not always meet their needs.

When speaking of their professional development, clinicians shared in the survey and in interviews that there are barriers to them accessing ongoing training for professional development. Concerns ranged from knowing it would be unlikely to be paid for by CYMH, to getting turned down for one of the limited spots for unknown reasons. Many staff described a need for greater transparency in this because they did not understand the process for determining eligibility and priority for trainings.

Another relevant theme was the desire for more trainings to address the expansive mental health concerns and age ranges that staff often work with:

> I cannot stay at CYMH because I am early-career, and when I look forward, there is no way to make the positive changes that I see are needed. It is difficult to communicate directly with upper management making the decisions, and even when I get the chance

> I feel like they do no[t] understand my questions or concerns because they do not have a clinical background. I can advance one step to a team leader position… and that is it. I am not eligible to move up because I do not have a child protection background, despite having invested eleven years of post-secondary education and training in the mental health field. It is incredibly disheartening to know you can only be promoted once in your entire career here. That is why I cannot stay" (Survey Response).

These described the barriers to further education, advancement and understanding communicate an overarching sense of disempowerment and lack of appreciation in staff. This further impacts the ability for clinicians to stay in their positions or with CYMH if they are looking for growth and advancement:

> Upper management has minimal understanding of counselling ethics and policies due to the fact that no one in upper management is a counselor. This results in policies and procedures that ultimately are damaging to clients and families and result in counsellors being forced to act in ways that directly contradict their code of ethics (Survey Response).

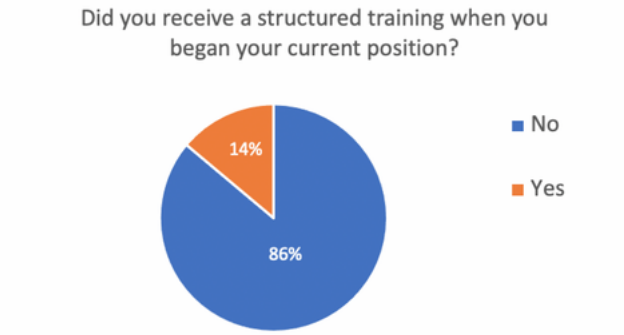
Not having space to advance or grow in their careers can impact the long term investment staff have in their agency. This can mean that staff leave frequently because they "top out" at their level and want something new, different or challenging. This turnover puts the stress on the staff that remain in their positions, by being forced to take on a larger caseload while a new person is found and trained. This can lead to burnout for those who have been in their positions longer and might influence them to leave their positions, which further perpetuates this cycle.

(4) Organizational and Structural Changes for Child and Youth Mental Health

The final theme that came out of this project focused on some structural issues that may need to be addressed on an organizational scale.

Many staff believe it is CYMH's responsibility to ensure that clinicians meet the professional requirements for their roles, but there appears to be some discrepancies in how this occurs. According to survey data, 86% of staff indicated that they did not receive a structured orientation when they started their position at CYMH. This was further affirmed by the staff interviews. "Again, this is something that I think is very much lacking. I don't think I received any type of formal orientation" said one interview participant. Another interview participant shared this sentiment in describing how they had been left on their own to set up their technology and learning about team operations.

Figure 5. *Survey Responses to Receiving Structured Training (n = 35)*



Of the few survey participants who reported receiving a structured training, there were mixed results as to how well the training prepared staff for their positions. Two out of four respondents indicated that the training had helped prepare them for their position, and the remaining respondents neither agreed nor disagreed with that statement. The survey did not specify what qualifies as a "structured training", so it is important to note that staff may have different expectations for what this training should include. However, this discrepancy in expectations and experiences provides further insight into what staff need.

Most staff pursue ongoing training and education in their positions as a way to expand and maintain their skillset. It is the employee's perspective that CYMH should provide opportunities for staff to complete these requirements, but the results from this project show a variance in this access to ongoing education. As has been mentioned previously, many staff experience difficulties accessing training through CYMH due to the current system that prioritizes certain staff over others. While this prioritization is due to limited training capacity within CYMH, the unintended consequence is that it causes many staff to wait long periods of time before they are approved. This creates difficulties for staff specifically in the float system:

> I seem to get the lowest priority with training

> opportunities due to my float designation which does not help with supporting my clients and team. Within the past redacted years I have not received any of the core training offered (Survey Response).

To make up for this, staff reported seeking out additional trainings in their own time and at their own cost as a way to make sure that they were meeting the professional requirements for their ongoing caseloads.

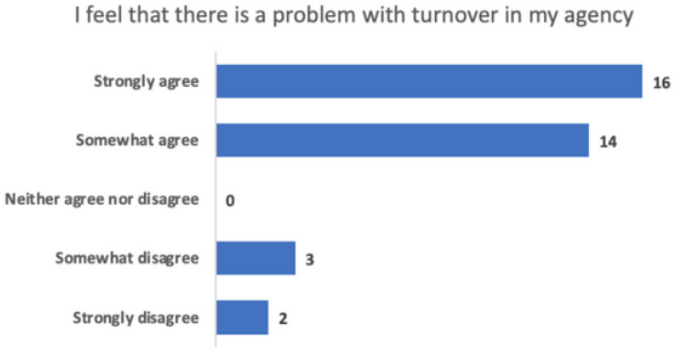
Based on this, it is important for CYMH to further explore how they can support their staff in this training process, ensuring that staff have the proper training they need, and that they are not operating outside of their scope. Part of this could include exploring how to make trainings more accessible to staff at all levels within the agency or finding alternative ways to access trainings outside the agency with minimal cost to their employees.

Another main theme that came out of this project was the difference in team policies and operations. Based on the survey and interview responses, CYMH clinicians identified a lack of uniformity around operations between the ten teams in the SDA. Having a less uniform orientation and training process can allow for teams to personalize this process to meet their own specific needs, which could certainly be a strength. However, it does not ensure that all clinicians are receiving the same support and training when they begin with CYMH:

> The work environment has been challenging. Compared to clinicians who have come from other CYMH teams, our team has less structure. Ex- We do not use a standardized safety plan for clients [clinicians can make their own as they see fit], we do not have a standardized assessment template [clinicians can make their own] (Survey Response).

Staffing retention and turnover is another are to be addressed on an organizational level. When asked about the topic of turnover in CYMH, 86% of survey participants reported feeling that there was a problem with turnover in the agency. When asked about the effect this may have had on employees, 62% of staff reported that they have been negatively affected by turnover, while 24% reported that they had not been negatively affected by it (see Figure 6). One survey

Figure 6. *Survey Responses to Agency Turnover Problem (n = 35)*



respondent described the effects of staffing turnover in this way:

> High staff turnover means the system and our team is overburdened. It's hard on clinicians that have to go and come, but also those that are left behind. More turnover means more falls on the plates of those left in the job. Due to this turnovers many practices and trainings are not as substantial as they should be as it would be impossible to do robust training constantly throughout the year [which is required given the revolving door of clinicians] (Survey Response).

Several survey respondents indicated that they would have appreciated receiving a more structured training on administrative aspects of their role such as: the Community and Residential Information System (CARIS), local resources, assessments, and intake procedures. Some survey respondents pointed out that due to the differences in how teams operate, some experience more efficiencies in certain areas than others. Therefore it could be helpful to explore these areas between teams as a way to share insights.

The last main finding from this project relates to how staff relate to the larger institution of CYMH. Earlier, it was referenced that many staff align with the mission of their agency, which is different from how they feel about their agency itself. When asked if the staff felt valued by their employer, there was a split between staff who agreed and those who disagreed with this statement. 43% indicated that they agreed with this, 40% disagreed, and 17% neither agreed nor disagreed. This mix of experiences was an important detail to highlight, as it accounts for the range of feelings that many staff hold (see Figure 7).

Figure 7. *Survey Responses to Feelings of Value by Employer (n = 35)*

However, a more uniform trend that did emerge from these results was the experience of many CYMH clinicians not feeling understood by MCFD and upper management. A number of survey and interview participants explained how some of the decisions and policies made by administrators do not seem to align with best clinical practice. Frustrations experienced by the staff were expressed by the respondents:

> The top management does not have clinical experiences or training and they are making decisions that are based on balancing the budget rather than focusing on the best and ethical practice (Survey response).
>
> I believe that upper level management does not understand what CYMH does and does not value the work that I do. As upper level management has no training or experience working in mental health they cannot offer support to me as a staff and they don't show appreciation for the work done with clients (Survey Response).
>
> I struggle with MCFD's understanding of mental health and I don't get the sense that there is a lot of value placed on the work we do. Lots of the decisions that get made from an upper management or executive level do not make sense from a clinical perspective… (Survey Response).

Based on this feedback, it is important for CYMH to recognize the need for more clinical representation in the organization's decision-making roles. Staff wish to be more represented by other clinicians who are shaping policies that affect the day-to-day work of all CYMH staff and clients.

Limitations

One of the main limitations for this study is the lack of representation from employees who have left CYMH. For a study on staff retention, current employees may have a different perspective than employees who have left. Unfortunately, this study was unable to collect data from past employees. To try and address this limitation, project researchers made an effort to ask current employees about their understandings of why staff leave CYMH.

Staff capacity is another limitation for this study. The researchers acknowledge that CYMH staff have complex roles with many demands. Because of this, staff may have had limited capacity to take part in a survey, an interview, or both. In preparation for this, the researchers designed both the survey and interview so that they could be completed by staff in thirty to forty minutes. Participants also had the ability to skip any questions in both the survey and interview as a way to shorten the process further.

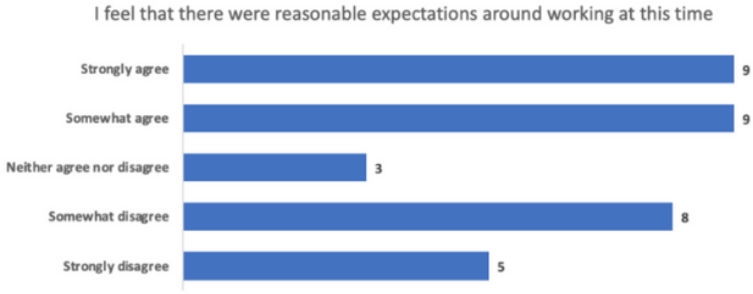
Another limitation for this study was the sensitive nature of the topics that were addressed. Some of the survey and interview questions brought up grievances that staff have with their superiors and colleagues, which could have presented a personal bias or made staff less likely to answer. As a response to this, the researchers made an effort to maintain their role as a neutral third-party in receiving, analyzing, disseminating the responses from this study. The responses were all made entirely anonymous so that no data could be traced back to the employee.

Another main limitation for this study is the timeframe that researchers had to collect survey and interview data within. Unfortunately, this was a larger limitation of the project that the researchers had little control over. In the end though, they were able to extend the survey response period by a week to allow for additional responses.

Finally, it is important to acknowledge the larger context that this project took place within. The COVID-19 pandemic has impacted everyone in the last year, and it would be reasonable to expect that CYMH staff and the clients they serve may have experienced some level of stress from this. Therefore, the

researchers acknowledge that COVID-19 may have impacted all staff either in a personal or a professional manner. The project researchers wanted to acknowledge this in their survey and interviews and do their best to capture employee experiences both pre and post COVID-19. This was reflected in the survey and interview guide. Figure 8 shows the range of sentiments that employees shared when asked about the agency expectations of working during the COVID-19 pandemic.

Figure 8. *Survey Responses to Agency Expectations during COVID-19 (n = 35)*



Recommendations

The researchers for this project were working in partnership with MCFD but were still independent of MCFD. Therefore, the following recommendations are not representative of MCFD in any way.

Based on the present findings, there are a number of ways that clinical and administrative staff at CYMH could respond. The following recommendations were created to provide some options to acknowledge and address the topics that have been highlighted.

1. Create pathways to place more clinicians in upper-level management

As shown in the current findings, staff at CYMH felt that many organizational policies were not made with best clinical practices in mind. Staff expressed a desire to see more clinicians in the decision-making roles at CYMH. Some ways to achieve this could be reassessing the criteria for required experience in management or creating more opportunities for clinicians to advance into these management and policy roles.

2. Mandatory exit interviews with staff leaving CYMH

It is recommended that CYMH prioritize conducting exit interviews with staff when they are leaving the organization. This will provide CYMH with an ongoing stream of feedback about staff experiences in the organization. This could be used by teams to make appropriate changes when necessary and would also support future research on turnover and retention within CYMH.

3. Re-examine the CYMH 'float system' to ensure transparency and security for positions

Findings showed that many staff have difficulties with the 'float system' at CYMH. In clinical work, there is an expectation for consistency when building and maintaining a therapeutic relationship, so the inconsistency that many staff experience with the float system has been a barrier to client success. Staff asked for greater transparency and security for positions in the float system. It is recommended that CYMH re-examine this system and try to find ways to provide more details about the duration of positions to better prepare clinicians and clients.

4. Form an Ethics and Policy Working group to explore incongruencies between different professional ethics boards

Clinicians at CYMH identified a disconnect between their professional ethics guidelines and certain CYMH policies. These incongruencies have caused moral and ethical distress for some employees. It is recommended that CYMH form a working group with clinicians to explore staff experiences of these incongruencies to better understand and respond to them.

5. Form a Standardization & Policy Working group for standardizing team practices across the SDA.

Staff expressed concerns about differences in policies and operations between teams across the SDA and recommended that establishing more standardized practices between teams would be helpful to ensure best practices. It is recommended that another working group be formed to look at topics such as staff training and supervision, as well as client onboarding, intakes, referrals to establish more common protocol across teams. This would also allow for smoother transitions as staff transition between teams.

6. Provide more opportunities for staff to inform team or agency operations.

The survey highlighted several ideas and concerns that staff at CYMH have for their individual teams and the agency overall. It is recommended that CYMH create more opportunities to hear and incorporate staff feedback. This would contribute to the level of

autonomy that staff feel in their positions, which is an important factor for retaining staff. One way to achieve this could be to create a specific tool for frontline clinicians to anonymously or non-anonymously provide feedback that will be reviewed.

Conclusion

The Ministry of Child and Family Development (MCFD) offers essential services for communities throughout British Columbia. As a main part of MCFD, Child and Youth Mental Health (CYMH) aims to support children, youth, and families, with free clinical and wraparound services. This project focused on staff in the South Fraser Service Development Area (SDA), the largest SDA in the province. The goal of this project was to explore the factors affecting training and retention among CYMH clinicians in the South Fraser SDA. This project aimed to capture the experiences of clinical staff in the SDA, and to use these experiences to inform recommendations to the larger organization as a means for addressing these issues. The primary goal of the project was to encapsulate the clinician's voices and collate them into recommendations for their branch; therefore this project relied on the clinician's expertise in their work environment and professional needs within that context.

Overall, this project was an initial look into retention, training and organizational considerations. It is recommended that the branch continues to explore this topic with direction from clinicians. Completing a project specifically on training and orientation within CYMH may assist the initial idea for the project. While this project was unable answer all of its original research questions in the end, it can be a helpful start the process of voicing concerns and finding solutions from clinicians and the literature to improve employee experiences and services. The researchers are hopeful that this project provided a basis for future exploration of retention and training at CYMH.

We want to give a special thanks to those who chose to take part in this project and those who supported us along the way. We appreciate the ongoing guidance from our Professor Simon Davis, as well as our ministry partners: Chipo McNichols, Daniel Sheriff, and Meaghan Gilbert.

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Appendix A

Additional Survey Results Tables

Q2: How long have you worked in your current position?	Percentage	Count
Less than 1 year	32.43%	12
1 - 3 years	35.14%	13
4 - 6 years	16.22%	6
7+ years	16.22%	6
Grand Total	**100.00%**	**37**

Q5 Did you receive a structured training when you began your current position?	Percent	Count
No	86.11%	31
Yes	13.89%	5
Total	**100.00%**	**36**

Q8 Please rate the following statements (Agree to Disagree) about your **current position** at CYMH:						
Option	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Total
I feel that the expectations for my position are reasonable.	2	13	2	3	1	21
	10%	62%	10%	14%	5%	100%
I feel a sense of fulfilment in my current position	7	9	2	3	0	21
	33%	43%	10%	14%	0%	100%
I feel that my job description matches my current duties	5	9	3	4	0	21
	24%	43%	14%	19%	0%	100%
I feel that my job makes a positive difference	5	14	1	1	0	21
	24%	67%	5%	5%	0%	100%
I have experienced burnout in my position	8	9	1	2	1	21
	38%	43%	5%	10%	5%	100%
I have made positive connections with my clients	12	6	2	1	0	21
	57%	29%	10%	5%	0%	100%
I have been negatively affected by staff turnover	6	7	3	3	2	21
	29%	33%	14%	14%	10%	100%
Overall, I feel satisfied in my current position	3	8	5	5	0	21
	14%	38%	24%	24%	0%	100%

Q10 Please rate the following statements (Agree to Disagree) about your work environment						
Option	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Total
I feel respected by my co-workers	18	15	1	1	0	35
	51%	43%	3%	3%	0%	100%
I have positive relationships with my co-workers	21	12	1	1	0	35
	60%	34%	3%	3%	0%	100%
I feel valued by my employer	5	10	6	7	7	35
	14%	29%	17%	20%	20%	100%
I feel that there is plenty of space to advance in my agency	3	4	7	9	12	35
	9%	11%	20%	26%	34%	100%
I feel that there is a problem with turnover in my agency	16	14	0	3	2	35
	46%	40%	0%	9%	6%	100%
I feel that I will stay with my employer for a long time (10+ years)	4	4	11	5	11	35
	11%	11%	31%	14%	31%	100%
I would recommend this job to others	1	11	12	4	7	35
	3%	31%	34%	11%	20%	100%

Appendix B

Survey Questions

Q1 What team are you currently a part of at CYMH?
(Drop down menu of South Fraser SDA teams)

Q2 How long have you worked in your current position?

- Less than 1 year (1)
- 1 - 3 years (2)
- 4 - 6 years (3)
- 7+ years (4)

Q3 What attracted you to this field?

Q4 What attracted you to this position?

Q5 Did you receive a structured training when you began your current position?

- Yes (1)
- No (2)

Q6 Please rate the following statements (Agree to Disagree) about your **training experience** for your current position at CYMH:

	Strongly agree (6)	Somewhat agree (7)	Neither agree nor disagree (8)	Somewhat disagree (9)	Strongly disagree (10)
The training process helped prepare me for my position. (1)	○	○	○	○	○
The training process was relevant to my job duties. (2)	○	○	○	○	○
My employer equipped me to do my job well. (3)	○	○	○	○	○

Q7 Do you have any additional comments about your **training experience**?

Q8 Please rate the following statements (Agree to Disagree) about your **current position** at CYMH:

	Strongly agree (6)	Somewhat agree (7)	Neither agree nor disagree (8)	Somewhat disagree (9)	Strongly disagree (10)
I feel that the expectations for my position are reasonable. (1)	○	○	○	○	○
I feel a sense of fulfilment in my current position. (2)	○	○	○	○	○
I feel that my job description matches my current duties. (3)	○	○	○	○	○
I feel that my job makes a positive difference. (4)	○	○	○	○	○
I have experienced burnout in my position. (5)	○	○	○	○	○
I have made positive connections with my clients. (6)	○	○	○	○	○
I have been negatively affected by staff turnover. (7)	○	○	○	○	○
Overall, I feel satisfied in my current position. (8)	○	○	○	○	○

Q9 Do you have any additional comments about your **current position**?

Q10 Please rate the following statements (Agree to Disagree) about **your work environment**:

	Strongly agree (1)	Somewhat agree (2)	Neither agree nor disagree (3)	Somewhat disagree (4)	Strongly disagree (5)
I feel respected by my co-workers. (1)	○	○	○	○	○
I have positive relationships with my co-workers. (2)	○	○	○	○	○
I feel valued by my employer. (3)	○	○	○	○	○
I feel that there is plenty of space to advance in my agency. (4)	○	○	○	○	○
I feel that there is a problem with turnover in my agency. (5)	○	○	○	○	○
I feel that I will stay with my employer for a long time (10+ years). (6)	○	○	○	○	○
I would recommend this job to others. (7)	○	○	○	○	○

Q11 Do you have any additional comments about your **work environment**?

Q12 Please rate the following statements (Agree to Disagree) about your agencies response to **COVID-19**:

	Strongly agree (1)	Somewhat agree (2)	Neither agree nor disagree (3)	Somewhat disagree (4)	Strongly disagree (5)
I feel that my agency took my safety into consideration. (1)	○	○	○	○	○
I feel that there were reasonable expectations around working at this time. (2)	○	○	○	○	○

Q13 What, if anything, would have better prepared you for your current position?
Q14 Do you have any additional comments to make about the experiences of new hires at CYMH?

Appendix C

Interview Guide

Section A: Introductions

Thank you so much for agreeing to meet with us. We especially appreciate you giving up some time in what I know is a very unusual and busy time with COVID-19.

As you know, this interview is part of a study that aims to understand the new hire experience and address staff concerns around retention and training for CYMH staff in the South Fraser SDA.

Participating in this conversation is entirely voluntary. You may skip any question you do not want to answer, and you may end the conversation at any point. We also we will not identify you in any way – your responses are anonymous and we will be pulling themes only. Any responses that could be linked back to you or your team will be coded in the final analysis to protect your anonymity.

We also know that the pandemic may have changed your experiences and needs in the last few months. We ask that when you answer these questions, try to acknowledge if your answer would be different before COVID-19.

Section B: Interview Questions

1. Tell us about your current role at CYMH.
    a. What is your role?
    b. What are your responsibilities?
2. Tell us about your history at CYMH.
    a. How long have you worked there?
    b. What drew you to this work?
    c. How do you relate to the mission of CYMH?
3. Tell us about your experiences of success and stress in your position.
    a. What do you find *rewarding* about your position?
    b. What do you find *challenging* about it?
4. Tell us about your training for your current position.
    a. What training did you receive when you began this position?
    b. Did you feel equipped to perform your job successfully?
5. Tell us about the support you have received in your time at CYMH.
    a. How have your needs for support been met?
    b. How have your needs for support not been met?
6. Tell us about your observations of staff retention.
    a. Do you believe CYMH faces any challenges with retaining staff? If so, how? If not, why not?
    b. What do you believe are the main reasons for why staff leave CYMH?
7. If there is a retention issue, what would keep staff here longer?
8. Thank you for your participation in this conversation. Are there any final comments you would like to make about your experiences with the topics that were discussed in this interview?