

# Exploring Senior Leadership in the Canadian Mental Health Association

An Interview with:

**Clark MacFarlane**

Executive Director, Canadian Mental Health Association –  
Cochrane-Timiskaming Branch



Interviewed by:

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*Clark MacFarlane has over twenty years of experience in the health care sector, and is currently the executive director of the Canadian Mental Health Association (CMHA) – Cochrane-Timiskaming Branch, in northern Ontario. CMHA branches provide direct service to people who are experiencing mental illness, and to their families. They are in the process of implementing a new service delivery model, which shifts from traditional treatment methods to a recovery approach.*

*In this interview with Queen's IRC, Clark discusses the funding challenges of being an incorporated charitable organization almost completely dependent on government funding, the difficulty in building the talent pipeline in northern Ontario, and the struggles that come with leading an organization with multiple sites. He opens up about the rewards and challenges of managing in a unionized environment, the cultural shift that happened when the union came in, and the lessons learned in the first round of collective bargaining. Clark talks candidly about what they could have done better in change management, and the steps he takes to create a healthy work environment with happy and engaged employees.*

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**What education and work experience led you to the position of executive director?**

I'm a bit of a platypus really. Academically, I have a Master's degree in Political Studies from Queen's University, an Honours B.A. in Political Studies and Psychology from Queen's University, and I also have a Master's of Social Work from the University of Toronto.

I initially came up to Timmins with a two to five year plan, working as a senior health planner for the Cochrane District Health Council. Then the health councils were reorganized - we went from 33 to 16 and the Cochrane office was pretty much decimated. We went from a staff of six down to one, and that person had to be bilingual, which I wasn't.

I went out on my own and consulted for about five years. I was able to do a lot of interesting work, and had a great time doing that. During this time we started our family; after our second daughter arrived I thought it was probably best to get back into the salaried workforce, given that I was the sole income for the family.

I got a position with Community Care Access Center (CCAC) as client service manager, and worked there for a few years. I was then approached by the CMHA to compete for the position of director of operations. I competed and won that position; then the year after I started here, the executive director went off on long-term disability. First I became the co-executive director, with the director of corporate services, and then, acting executive director. I was the acting executive director for about two and a half years, until it was determined that the executive director couldn't come back. I then competed for and became the executive director. That's my patchwork.

**As the executive director of the Canadian Mental Health Association – Cochrane-Timiskaming Branch, how do you spend your time?**

One function of the executive director is to be the link between the board and the organization. I spend a portion of my time supporting the board in their governance function and decision making. I identify issues that they need to deal with, frame those issues for them, bring issues forward and support them in their development as governors. That is one piece.

Another substantive piece is at the systems level. I sit at various planning tables and systems tables working with partners in the health care system to improve the system, deal with issues that may arise, and looking at how we can close the gaps that exist.

Then at an organizational level there's always that design piece. Always assessing the environment and essentially asking the question, where do we need to be and what do we need to do to get there? What changes need to be made? What do we need to do more of? What opportunities are there and how can we leverage them? In response to some of those questions, we draw on the resources within the organization to set things in motion, to take us where we need to be.

**How does a branch of the CMHA function in relation to the organization as a whole?**

The CMHA is an interesting organization. We are a national organization, sort of a federation. We have a national office and we have provincial offices. In Ontario, we have branches as well – it changes at a local level from province to province. We used to have 35 branches, but there have been some amalgamations. I believe there are now 31 branches in Ontario.

What we share in common is a brand which reflects a set of core values and a passion for community mental health. National office owns the CMHA brand, and it charters the provincial divisions, which means it gives them permission to use the brand. Then the provincial division – for us it's Ontario – charters the branches. If you want to become a branch of CMHA in Ontario you would apply to the Ontario Division. Then you would receive your charter if accepted. Across the nation, each CMHA is individually incorporated. It's an interesting dynamic, in a way. We're actually undergoing a review at the national level to look at our structure and how we can better align ourselves.

We do work closely together. In Ontario, for example, I co-chair the Executive Director Network. All the executive directors from across the province meet quarterly with the Ontario Division. We share information and we look at emerging issues and opportunities within the field, and how we can collaborate together to affect some change and better assist the population that we serve. There is a lot of collaboration amongst branches, but there is no formal reporting relationship between any of the levels.

**Do you feel that unionization changes the way you manage?**

It's interesting because we're a relatively new unionized environment. We were unionized about five years ago, and we're now negotiating our first renewal of

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our collective agreement. Unionization was quite a cultural shift for the organization. The union came in on a very narrow margin. It wasn't an easy road, on a number of levels; at an emotional level for the organization, especially for those employees that have been around a long time, it was a significant change. It was going from a "we" to an "us and them."

We started off very small with, I think, a twenty-thousand dollar grant. We are now in excess of a \$13-million budget. It started off as a very tight, small organization, more like a family. With the union coming in, the culture did change. That was seen as a negative, in that a division was created. However, I think in terms of impact on management, it did force a certain discipline on our management team. There were some positives in that. We manage much more professionally in this environment because there is a formality that comes into place with unionization. You have to become comfortable with that and navigate through that.

Sometimes the formality that comes with working in a unionized environment can feel like it gets in the way of labour relations, but we're learning the ropes and maturing. I mentioned that shift from "we" to "us and them." I have worked in other unionized environments, like the CCAC, which had a very mature unionized environment. People knew what to expect and how to be most productive within the framework. I think we're still learning that, both management and union members. We're learning new roles. We're learning a new language and we're learning new rules of engagement. We will, and are, becoming more skilled at them. I think we're on a good footing to have a very positive, healthy relationship, between management and the union.

**As executive director, are you part of the collective bargaining team?**

Yes, that's how we're structured. I am part of that team. In our first round we probably had too small of a team. We just had senior management on there. Actually, at the time I was the acting executive director, and we had a director of corporate services, and the acting director of operations. We didn't have any direct service managers on the team. We were probably a little thin on the ground.

In this renegotiation and contract renewal, we have expanded the team. There is the senior management team, myself, director of operations and director of corporate services plus we have three direct service managers. We have representation from the Violence Against Women Program, a direct service manager from our Timmins office (because we're a multi-site organization), as well as someone from our Timiskaming offices. We have the capacity to take decisions at the table. We also have the direct service detailed information. If we get into some nitty gritty issues at the table, we have that capacity too. Interestingly, as a result of my Negotiation Skills training from Queen's IRC, it has really helped the process. The concept of establishing a mandate for the bargaining team has been very helpful. In the first round of bargaining everybody was new to this. Each side had a professional negotiator, and relied heavily on them.

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From my first experience, one challenge was the communication and linkage with the Board of Directors. Negotiations are very fluid and you don't want to be giving a play by play from the table. You are also conscious that you want to mitigate any risk of any information leaking out too. There is tension - the Board had an expectation of more information, and that was challenging. After I went through the Negotiation Skills course, I was able to propose to the Board the concept of a mandate. We said, "These are going to be the parameters. This is what you can expect in terms of communication. This is how we'll do it." That really put the Board's mind at ease, and put my mind at ease. Everybody knew what was expected of each party. It's worked quite nicely.

**As an incorporated charitable organization, under the management of a volunteer Board of Directors, CMHA receives the majority of its funding from the government. How does this impact you?**

We are pretty much wholly funded through the provincial government, aside from some monies from the United Way we get in donations. Having such a disproportionate percentage of our funding come from the government, 95% or more, we are very sensitive to shifts within the government. That can have a definite impact on us. If we had a more diversified funding base to fulfill our mandate and the objects of our corporation, we probably wouldn't. We'd still have to be wary, but it is kind of like having a diversified stock portfolio. If one dries up, you still have the others to keep you going. With changes of government we are very cognizant of their policy or position on mental health. What's their approach going to be to health care in general? We do have the capacity to collaborate across the province around elections and say, "We think we need to educate the government on this." We can do that through each branch meeting with local MPPs, and having the provincial office accessing the ministers and senior bureaucrats to reinforce the message. We can work in collaboration to influence policy as well. This is where there is definitely an advantage being a member of the CMHA. Because we are so reliant on government funding, we do invest in that.

When organizations such as ourselves become too reliant on government funding, you can start thinking of yourself as a government organization, and you have to be careful of not getting blinkered by the funding mandate. I often remind the managers and the board, that the objects of our corporation define our core purpose; the reason we exist. We go out and we seek funding to fulfill that purpose. Right now, our funding from the Ministry of Health for mental health services, has a funding mandate that's tagged or targeted to the seriously mental ill. In terms of the objects of our corporation, we simply serve those who live with mental illness, not just severe mental illness. Our challenge is to find funding that allows us to do all the other elements of that service – serving the moderately mentally ill, doing public education on mental health and mental illness. Hence, our potential for growth is huge. It can be a trap that you fall into that you limit yourself to the funding mandate, when really you have to look back at the objects of your corporation.

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**Recently, there seems to be an increased awareness about mental health. Has this higher state of awareness impacted CMHA?**

I think it has. For us, locally, it has brought people out of the wood work in terms of funding. Companies will often do charitable barbecues or fundraise, and they look for organizations to support. Because of mental health becoming a little more top of mind, I think we have benefited that way. They'll think, "Okay, Mental Health Association, let's give them a call. We'd like to help you." People are more willing and eager to be associated with the effort and drive.

**Your employees deal with all kinds of challenging situations on a daily basis. How do you create a healthy work environment?**

I think a big part of it – and it's true for any organization – is working on developing, maintaining, and improving good, healthy management practices. I think a manager can have a huge impact on a person's working life. We invest a fair bit in training, and I'm certainly very committed to developing our management team and just being the best we can be in that. We're a multi-site organization. We have three sites – our main site, one satellite site, and a 10-bed women's shelter – all in different locations. It's a two and a half hour highway drive from one end to the other. Having open communication has a huge impact on the health of an organization, and we work on that through various mechanisms.

We're also going through a major change process, moving to a recovery approach in our mental health service delivery. We send out a regular newsletter, and part of that is a suggestions, rumours and questions portion. We have an ongoing survey, or electronic suggestion box, where people can post a question, or a rumour, or make a suggestion. It's hard to be everywhere all the time, but having that electronic suggestion box is great. It helps; I really appreciate people using it, especially if they're hearing rumours, because rumours can really do damage. Rumours often play on anxieties, and those can just snowball until someone's perception becomes a very firm reality in some people's minds. It allows the most appropriate person, whether it be myself, directors or a manager, to answer the question in the next issue of our newsletter. We're trying to build in as much transparency as possible.

**You mentioned your new service delivery model is a recovery approach. What does that entail?**

Currently, our mental health system is more deficit-based. It is focused on a person's diagnosis, and disabilities. The system identifies the deficits and tries to fix that problem. The recovery approach flips that on its head and it looks at the person's strengths. What are your abilities? What are your hopes and dreams? And how do you want to achieve those? It's based on a very strong set of values and principles not least of which are hope and choice. It really brings the person to the forefront, and does not allow the illness to define the person. People live with mental illness; they are not their mental illness. It's quite a powerful approach. I think it's becoming a leading practice in mental health. You'll find the same approach called by different names in other sectors; you might hear more

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“client-centered” or “person-centered” care in the developmental sector, but really, it's putting that person first, respecting their choices and engaging them more in a partnership. One of the tag lines is, the professionals are “on tap, not on top.” It's a completely different approach to what predominates in our current system. Our challenge is to create a service delivery model that really supports recovery, and to ensure we live out the recovery values and have a culture that reflects them. One example of a small change that we have made is that in the job ads that we run, we now list that living with a mental illness is an asset. We see that as a benefit to us. Someone has to be far enough along in the recovery that they're able to perform in a workplace, but we definitely see it as a benefit.

### **How do you manage workplace relationships and keep your employees engaged?**

We had a situation where one of our teams was not in a good place. They needed some work on the working relationships, because they were deteriorating. I asked a consultant whom I respect in terms of her work in this area, and she gave me some advice in terms of how to go about this. It was very simple advice.

I met with every single one of the staff, and asked them three basic questions. They were:

1. What do you need at work to allow you to do a good job, and go home with some energy left at the end of the day?
2. What are you willing to continue to do, or do differently, to personally contribute to a healthy work environment?
3. How should we resolve issues in the future?

I went through and asked everybody the same questions and just took down the information, then I went through and compiled the common themes, and wrote it up as a contract. I met with the team and said, "This is what you told me you want to work, how you want to be treated, how you want to treat others, and how you want your workplace to look and feel." It was all their words. And then everybody signed off on that, so they basically contracted with one another. I was the executive director at the time, so I went in as sort of a neutral party. Also, it was to signal how important a healthy work environment was, to have the executive director take a personal interest. There's a certain symbolic role to a senior manager that I think you need to leverage sometimes.

What I found really interesting is that there was no dissemination of policies and procedures prior to me asking the questions, but what they came up with was such a close match to our code of conduct. In the Queen's IRC Managing Unionized Environments course, one of the instructors said, "People don't come to work just to do a lousy job today. They come to work wanting to be productive and wanting to have a pleasant environment, and go home and have a life too." The consultant's process was beautifully simple and effective. We all want the same thing, sometimes it's a challenge getting there, but in the end, we all want the same thing.

### **What other challenges has your organization faced?**

I think where we've had some challenges, and we've taken steps to improve, is in change management. We've learned the hard way. We implemented a new database a number of years back, and it wasn't a great process. We didn't work out some of the bugs as well as we should have, and our communication wasn't as strong as it should have been. Something like a new database, in an organization like ours, touches every single direct service staff member, because everybody works with the database. It's like the pebble in the shoe. So you can imagine, if you move to a new database, and previously, you could do something that you knew how to do in two minutes, and then the new one shows up and it's different, and you're not quite sure... And so suddenly, a two-minute process becomes a 20-minute process. It's aggravating. Unfortunately, I have to admit, as a management team, we took a hit when that happened. We had to rebuild some of our credibility, to be honest.

Another challenge we face, which is not unique to us, but probably common to multi-site organizations, is managing across distance. Trying to maintain consistency and quality of service across all sites, while recognizing that some sites are going to need to do things just slightly differently, whether because of size of community, or the resource configuration in that particular office, is certainly a challenge. We try to overcome the distance – we're fairly heavy users of the Ontario Telemedicine Network or OTN – so we video conference every day, with administrative meetings, and clinical meetings, with client meetings, with psychiatry, or whoever, that's just a daily event. I also do check-ins with some staff, so I'll meet with them on a quarterly basis, and either I'll meet them by site, or by team, or with all the employees, and have conversations with them, update them on things, and then they can ask me whatever they like as well.

### **What strategies do you use to retain and build the talent pipeline at CMHA Cochrane-Timiskaming Branch?**

We do have an issue with recruitment of certain regulated professionals. I think it's fairly typical of northern Ontario. Degreed social workers are hard to come by here. We have diploma social service workers, and we have a good relationship with the college in town, but degreed social workers are fewer and farther between, and difficult to recruit. In terms of attracting them, we haven't really come up with a full-blown strategy to do that. We do want to develop more relationships, closer relationships with universities, and get more placements. We've been very successful with supporting a college with placements, and would like to see if we can do something similar with universities, and get people to come up north and give it a try.

### **What is your relationship with your HR department?**

I'd have to say it's evolving, because an HR department is a relatively new thing for us here. Previously, our director of corporate services, who was also a chartered accountant, was responsible for HR. It was something that was just handed to him when he came on. It's not that he had an HR background, but it was something that had to be done. I would wager that, in organization development, that's probably fairly typical.

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As you grow in size and complexity, there's a need for greater sophistication in your HR. That's what we are experiencing right now. We have 105 employees, a \$13-million budget, with multiple sites. We're not huge, but we're not small, we're sort of mid-sized, so there was a need for a greater capacity, especially with the union coming in. A number of years back, an HR assistant was hired and that position was created to assist the director. We are, as an organization, learning how to use that position, and I think that person would say she has experienced some frustration in the learning process, too. We're in that developmental spot where we are figuring out what HR means for us, and how best to use it and develop it. I think we are also coming to appreciate the need for professionally-trained HR people too. I would like to use that department as an expert resource to get an HR perspective on things.

**What advice do you have for someone who is pursuing a senior leadership role?**

I think working in direct service for a period of time is a very valuable experience to bring into an executive role. I come from a family of teachers and social workers, so I have an appreciation and respect for the clinical skills. However, to have that on-the-ground experience gives you a touchstone when you're in an executive position, to reach back and to reach out to direct-service workers and speak to them. I would encourage people not to run up the ladder too quickly. You need experience in a management position, but I think you also really need to know yourself. It helps to have a level of maturity where you know and accept both your strengths and your weaknesses. You want to make sure that you're not getting in your own way when you're trying to manage or lead people, so you can define issues and problems correctly, and deal with them appropriately. Take your time, get a variety of experiences in direct service. If you're eventually looking at senior leadership, get to know the business from many angles, and it will serve you well when you get into a senior position.

**Thank you very much for your time and insights.**

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### **Clark MacFarlane**

Clark is the Executive Director of the Canadian Mental Health Association Cochrane-Timiskaming Branch. Over the past twenty years he has seen the health care sector from a variety of perspectives. Prior to coming to the CMHA, Clark served as a Senior Health Planner with the Cochrane District Health Council, a Client Services Manager for the Cochrane Community Care Access Centre, as well as owned and operated his own consulting company, Collaborative Consulting, for a number of years. Clark holds a Master of Arts degree in Political Studies from Queen's University, a Master

of Social Work degree from the University of Toronto, and an Honours B.A. in Political Studies and Psychology also from Queen's University.



## **The Canadian Mental Health Association (CMHA)**

The Canadian Mental Health Association (CMHA), founded in 1918, is one of the oldest voluntary organizations in

Canada. Each year, they provide direct service to more than 100,000 Canadians through the combined efforts of more than 10,000 volunteers and staff across Canada in over 120 communities.

As a nation-wide, voluntary organization, the Canadian Mental Health Association promotes the mental health of all and supports the resilience and recovery of people experiencing mental illness. The CMHA accomplishes this mission through advocacy, education, research and service.

CMHA branches across Canada provide a wide range of innovative services and supports to people who are experiencing mental illness and their families. These services are tailored to the needs and resources of the communities where they are based. One of the core goals of these services is to help people with mental illness develop the personal tools to lead meaningful and productive lives.

The Cochrane-Timiskaming Branch staff comprises a diverse and highly skilled multi-disciplinary team of qualified social workers, social services workers, nurses, occupational therapists, and clinicians. Together, they deliver a wide range of programs and services to the community.

For more information, please visit [www.cmhact.ca](http://www.cmhact.ca).



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