

MAKING A DIFFERENCE ...

# **Faith** in the Goodness of People

Gail Donner, in conversation with Karen Minden

**K**aren Minden is a founding board member and first chief executive officer (CEO) of the Pine River Institute, a residential treatment and outdoor leadership centre northwest of Toronto, Ontario, which aims to heal young people ages 13–19 who are struggling with mental health issues, particularly substance abuse. In 2010, Minden was awarded the Order of Canada for Social Service. Her background is in research, public policy, philanthropy and international relations, and she has a special interest in Chinese-Canadian relations. Her past work has included being CEO of the Walter and Duncan Gordon Foundation and vice-president of research at the Asia Pacific Foundation of Canada. Karen has a PhD from York University and an MA from the University of California at Berkeley, and she's an adjunct professor at the University of Toronto.

Recently, Gail Donner, member of the Board of Trustees of The Hospital for Sick Children, in Toronto, had a chance to chat with Karen about her work with Pine River Institute.

**GD:** I'll start by saying thank you very much for agreeing to let me come into your home and talk to you; and congratulations on the Order of Canada – what a wonderful recognition of all your hard work.

**Before we talk about Pine River, tell me a little bit about Karen Minden.**

**KM:** When I started university, I was very determined to study something that I didn't know anything about. I was already good in English, art and humanities, but I didn't know anything about political science, and I didn't know much about China. I chose those two areas to study. What I am passionate about is building bridges internationally and fostering understanding between two very different cultures.

So, I learned a language that opened an entire world; I learned about a culture and it became a passion. I spent a year in Beijing as an exchange student. I came back from that experience and continued my training to become a professor of Chinese politics, with an interest in international trade relations and business and a focus on medical modernization and technology transfer.

**GD: What was next?**

**KM:** In the early '80s through the mid-90s, I taught political science at the University of Manitoba, and later I taught in the business faculty. I then went on to be vice-president of research at the Asia Pacific Foundation; it was a new position, and the challenge was to build a think tank on Canada-Asia relations. I had a small budget and a small staff, and it forced me to be resourceful and to set up a virtual think tank that took advantage of the little pockets of expertise all across this country, not just in academia – also in business, in government and in the



arts. I realized that partnerships with people who had complementary strengths were absolutely critical. That helped set the tone for how I did things and continue to do things.

**GD: How did you later juggle working and having a family?**

**KM:** As it turned out, it was a blessing in disguise because I had a much more interesting and varied career than the straightforward path. Working at the Asia Pacific Foundation was an incredible four years, but it required that I be away from home a great deal. By the end of it, I was really quite homesick and my children and husband missed me.

**GD: How did you make the transition from that position to working in children's mental health?**

**KM:** Actually, one of my children was really struggling in her early adolescence, and I realized that I needed to put my full attention on how we were going to get some help for this. I took a leave for a while, and we focused on family. It was at that point that we discovered that the best treatment options were in the United States, and so we spent close to a year going back and forth between Winnipeg and Utah. It was a very exciting, challenging year for the whole family. All four of us also did an Outward Bound course. In many ways, it was a gift that allowed all of us to grow as individuals and to become a very strong family unit. We moved to Toronto, where I had a series of jobs, including at Sussex Circle, which was a consulting practice out of Ottawa and Toronto; and then I took on the leadership of the Walter and Duncan Gordon Foundation.

Really, through those few years, the most compelling thing for me was my volunteer work, which I'd started when we were in Winnipeg, and that was to change public policy around child and youth mental health and to improve services.

**GD: So that was the genesis of the Pine River Institute?**

**KM:** Yes, and it was an uphill battle. I worked very hard to find somebody or some agency I could support that would

actually carry out this vision. I offered in a number of places: “We will raise the money; we will do whatever it takes to make this happen,” and there were no takers.

**GD: Where did you turn?**

**KM:** I took three weeks and went out to the west coast to a place called the Haven Institute on Gabriola Island. I really thought long and hard about what made sense for me to do next and where I could make a contribution, because frankly when you’re approaching your 50s – as I was at the time – you start thinking about mentoring, about giving back, and not so much about building your resumé. It was already pretty full, so this wasn’t about achievement. I talked to my husband and said, “I think I should get a PhD in psychology so that I can do this really well,” and he laughed. He said, “You can hire psychologists to work with you; look at what you do. You have executive leadership skills.” I realized that if it took me six years to do a PhD in psychology, that would be another six years of troubled kids sleeping out in the cold, and I couldn’t bear the thought; so the faster, the better.

**GD: I gather you were influenced by your father, who was a professor of psychology at York University.**

**KM:** Yes, and I had heard him talk about his profession for many years. My mother was in early childhood education and both my sisters are psychotherapists, so I understood that language. I knew from my father where many of the gaps were, and they were about children and young people, and couples and parenting – family. I know that had an influence.

**GD: So you didn’t go back to school at that point?**

**KM:** No. I negotiated that I would work part-time to leave myself at least a day a week to do my volunteer work because it took more than evenings or weekends. I was on the founding board of what became Pine River Institute. My job was to find the first CEO after laying this groundwork, and we struck a search committee and started looking around. We worked with an executive search firm and, after some months, the chairman of the board called me and said, “Will you do this? There is nobody else who has the motivation or the skills that we’re looking for. Will you do it?” So I thought about it again, and then I said, “Okay, I will do it for 18 months.”

**GD: And when was that?**

**KM:** Six years ago. We opened four and a half years ago. I took Pine River through start-up. It was very exciting building it. It was very high risk. We had no building, no staff, no track record, and we raised \$4 million in 18 months on a vision. Those of us who spoke about it, and that includes my family members and others, were so passionate about it that you couldn’t help feeling inspired.

**GD: Was it a success right from the beginning?**

**KM:** No. At the end of a year, it looked like we might not make it. There was no market for private-pay services, and we couldn’t afford to subsidize everybody who came in. This is very expensive, intensive residential treatment. The Ministry of Health and Long-Term Care was funding people to go to the United States, but the policy was such that they couldn’t fund people to come to Pine River in Ontario. The parents of our students lobbied the government. Some leaders in government learned about our efforts, and the Ministry of Health and Long-Term Care called us and said, “We need to talk.” It was at that point that some very creative civil servants came up with a solution. They made us a pilot project. They demanded of us what we were already doing, so we were very much in collaboration. We were committed to measuring our outcomes and had a logic model before we had a building.

**GD: Things were happening, but they were happening backwards?**

**KM:** Our board and founders are very committed to contributing to the evidence base for adolescent mental health and substance abuse treatment. We heard from so many families who could not find effective treatment in this country, and there were no outcome data on what approaches or programs worked. There was strong anecdotal evidence about programs in the United States that were working, so we focused on developing an explicit model, with clear measures of success. We had a research director before we had a clinical director. We started collecting data before the kids walked in the door; but before we opened, we also had done a tremendous amount of consultation in the professional community and among consumers, parents and youth, as well as a review of the international literature. We consulted with over 800 individuals before we opened. We reviewed 33 programs in the United States and looked for what we thought were the best, and then we visited 12 programs and asked, “Can you advise us? What would you do differently if you were starting up again? What is it that makes you successful? What do you do?” We cherry-picked from the organizations we thought could be helpful.

**GD: So you opened your doors in 2006 and started helping adolescents and building evidence?**

**KM:** We were very clear on what we thought we were treating. We were very clear on what our outcome indicators would be. What does success look like? I was much influenced by the research of my husband, Dr. Harvey Schipper, on quality of life in cancer care. He was one of the pioneers in this field. The Functional Living Index for Cancer was my bible when we looked at how we were going to do our outcome evaluations. What were the indicators? Can you get up in the morning and dress yourself? That’s what you would be looking for if you were someone living with cancer. What would be the equivalent for an adolescent

struggling with mental health and addiction? The program was very much informed by that, and we started to collect our data. We produced comprehensive reports on our program and outcomes every six months, which far exceeds any standard for accountability, but we are driven by self-accountability.

**GD: Are there other Pine Rivers in Ontario? In Canada?**

**KM:** Pine River is a very comprehensive program and provides the continuum of services from crisis through aftercare. There are still young people who need access to programs in the United States, and I think it's really important to keep that door open.

**You can talk yourself into or out of anything; but at the end of day, if you didn't give it your best shot ... why leave this world with regrets?**

**GD: Absolutely.**

**KM:** That said, we need more capacity here. We're at a point where we could grow; but what's really important to us is whether we can contribute to a better use of existing capacity in the system by developing the knowledge base through knowledge mobilization, which means collaborative research, conferences, symposia and training. We've had a number of interns do their placement at Pine River, and we see that as an opportunity for them to influence the delivery of services where they're going to work.

We also received accreditation with the Council on Accreditation, which is based in New York and has accredited some major mental health programs in Canada and in Ontario.

We've been tracking our outcomes, and we joined an international research consortium, where we collaborate with several dozen other programs aggregating our data so that we can do some comparative analysis.

**GD: Great. Have you linked with and learned from similar programs in Canada?**

**KM:** We partnered with the Community Health Systems Resource Group at The Hospital for Sick Children, under Bruce Ferguson. We partnered with Debra Pepler at York University; she's a distinguished research professor of psychology. We've worked very closely with the Provincial Centre of Excellence on Child and Youth Mental Health at CHEO, the Children's Hospital of Eastern Ontario. Its mandate is to build capacity for outcome evaluation, and they've been incredibly helpful to us, as have our research advisors and collaborators. We have four and a half years of data, which isn't a huge number; but compared with any other program, it's making a major contribution to outcome data in this field.

**GD: Tell me what success looks like. Maybe tell me about one of the kids.**

**KM:** We had our first alumni reunion this summer. One of the girls who is studying neuro-psychology at university now couldn't come to the reunion. She's with Canada World Youth in Cambodia. That just gives you an example of the kind of achievements some of our graduates are capable of.

If it were your child, what would you do? If I wouldn't send my child to Pine River, then Pine River's not good enough. That's really what motivates me. What are the success indicators? Are these kids doing what normal adolescents would do? Are they in school and achieving? These are some things that are pretty easy to measure. How are their relationships with their families? Are they living at home safely? We look at crisis indicators. Are they still being hospitalized for drug-related or mental health-related issues? Sixty-five percent of the kids who come in have diagnosed suicidal ideation or had suicide attempts. We measure their quality of life, and one of the indicators for quality of life that's most compelling for us is future orientation. Those children who come in with no future orientation, which is 99% of them, leave with a very significant hopefulness for what they want to do in their life.

**GD: Are all the kids involved with substance abuse?**

**KM:** Yes. All of our kids have more than one thing going on.

**GD: You have a whole multidisciplinary group of people working at Pine River?**

**KM:** Yes. We have a psychologist, who is our clinical director, social workers, psychotherapists, teachers, recreation therapists and creative arts therapists.

**GD: You've used the word crisis to describe what's going on with these kids. Why do you say it's a crisis?**

**KM:** If we don't intervene with these children, they will either have chronic morbidity or they will die. It's not just the children who are suffering. It is also the parents, the grandparents, their siblings, their extended family, their friends. Everybody is impacted by this. If you talk to health economists, they can tell you what lost productivity is like, and it's not just the lost productivity of the child. The parents can't work either. I know that this is the case from the work we do, and I know from experience.

**GD: What's going to be next for Pine River?**

**KM:** Pine River continues to fine-tune and develop our research capacity and to build collaborative relationships with other researchers because knowledge mobilization is really important for us. We also continue to refine our program internally, and we monitor outcomes rigorously. We have had consistently about an 80% success rate.

We received a very generous grant from the RBC Foundation

last year to develop the aftercare component. That's an area that we want to develop further so that young people – whether they're in Toronto or anywhere else in the country – have the kind of community support to reintegrate. You don't want to take away the scaffolding from a young person too soon.

**GD: Any other plans?**

**KM:** We are contemplating expanding the number of beds to a limited degree, but what's most important for us is that existing capacity in the system be rejigged so that it can deliver impactful interventions. We champion the uptake of program, process and outcome evaluation. We are working with partners to make that happen.

**GD: What's next for Karen Minden?**

**KM:** I am ready to hand over the leadership of Pine River Institute to the next generation, who can take it to the next level of research excellence and service excellence. I will move to exclusive leadership of the Pine River Foundation, and that will build an endowment to provide bursaries so that no student is turned away for financial reasons. We have the immediate challenge of a capital campaign where we need to buy our facility, which we currently lease. Those are my challenges now.

**GD: It's been quite a journey for you. Have you found it fulfilling?**

**KM:** Now that my head is above water, and it has been for some time, I'm very grateful. And it's an opportunity to look to the future and look at the horizon – what can we do? It has been so exciting to meet people like Dr. Mary Jo Haddad, president and CEO of the Hospital for Sick Children; Dr. Catherine Zahn, CEO of the Centre for Addiction and Mental Health (CAMH); Deb Matthews, our minister of health and long-term care; Donna Duncan, the new head of Hincks-Dellcrest; Helen Burstyn at CAMH; Ian Manion at CHEO; Dr. Simon Davidson, CHEO's chief psychiatrist; and Michael Wilson, former chairman of the Mental Health Implementation Taskforce for Toronto and Peel, who has really been a pioneer in putting mental health on the map. It's an exciting group of people, who I think are on fire about child and youth mental health in this country. I feel really lucky to be involved in the field at this time.

**GD: I want to try to capture what lessons you can teach other people. You had a personal experience and that showed you that you couldn't get the help your family needed. But not everybody who sees the need and even feels strongly about the need does anything about it. What do you tell people who feel they could help, but don't know how to get started?**

**KM:** There are several parts to this. The first is, if you see something that you think needs to be changed and you want

to do something about it, you may decide quite rationally that you don't have the ability to lead the charge at that particular time – for whatever reason. It may be because you're still needed by your young children, or you're still in the upwards trajectory of your career, or you don't have the skills that you think are required. There are many leaders who would hugely benefit from your help. You know, I did not do this myself.

**GD: No, of course.**

**KM:** There were people who came along and said, "I can help you." Just yesterday a real estate executive came to my office and said, "I want to help you get your property. I have the skills to help you with that." There are many ways to help. I can tell you that it feels better to do something than to keep walking past the problem. So for very personal gratification reasons, there's a good motivation to do it.

It's a typical Canadian response to say, "Government should be doing this." There are many ways to make things happen so that you give government the ability to support an initiative later. Governments are not usually meant to be innovators. They should champion an innovation in an area that is of great need to them.

I guess the final test, when making a decision about whether or not to do something, is to imagine sitting on a rocking chair and you're 86 years old; you're looking back on your life where you wish you had done something. If you come to that conclusion, then just do it, because it's not a dress rehearsal. We only get to go around once. You have to do what you're compelled to do and what you believe in. You can talk yourself into or out of anything; but at the end of day, if you didn't give it your best shot ... why leave this world with regrets?

**GD: It's wonderful advice. So who sustains you? What sustains you?**

**KM:** It's a really good question. In my immediate life, in my day-to-day life, my daughters and their partners, and my husband and my mother, my sisters and my extended family are hugely important to me. I have enormous family warmth and support around me. I have a faith that there is a divine presence and that somehow when we need it, we get strength to do things that seem insurmountable. I do have a faith in the goodness of people. I see it every day. I see my staff deal with the most disheartening, difficult issues. They are slapped in the face by people who are difficult and don't have gratitude, and they keep pouring love into the kids and into their families; and then they get results. It's not just their professional expertise; it's the very loving way in which they care for people who they serve.

**GD: Thank you so much for taking this much time to talk to me.**

**KM:** It was such a pleasure. **HQ**