



We are transforming mental  
healthcare in his name

**Graham Boeckh Foundation**

# Research Paper #23

**Graham Boeckh Foundation**  
Phase I: Portrait of the Foundation,  
from its creation to nowadays  
Exploratory research

Tareq Hardan

Montreal  
September 2020

[philab.uqam.ca](http://philab.uqam.ca)

 #PhiLabMTL

## PhiLab Network Description

The **Canadian network of partnership-oriented research on philanthropy** (PhiLab), previously called the Montreal Research Laboratory on Canadian philanthropy, was thought up in 2014 as part of the conception of a funding request by the SSHRC partnership development project called “Social innovation, social change, and Canadian Grantmaking Foundations”. From its beginning, the Network was a place for research, information exchange and mobilization of Canadian foundations’ knowledge. Research conducted in partnership allows for the co-production of new knowledge dedicated to a diversity of actors: government representatives, university researchers, representatives of the philanthropic sector and their affiliate organizations or partners.

The project’s headquarters are located in downtown Montreal, on the Université du Québec à Montréal (UQAM) campus.

The Network brings together researchers, decision-makers and members of the philanthropic community from around the world in order to share information, resources, and ideas.

### Quebec Hub

The Quebec Hub plays a distinct role within the larger PhiLab ecosystem. Not only are we the largest of the regional Hubs, but we are also unique in that our work is embedded within Quebec’s francophone and anglophone context. Our research projects, initiatives, and partnerships foreground the diversity of culture, experience, and strategy within Quebec’s philanthropic sector. We have a series of long-term established relationships with private, public, and community foundations of various sizes within the province, and we support collaboration between funders, grantees, and communities. PhiLab Quebec projects engage with issues related to social, economic, and ecological injustice, as well as the role that the philanthropic sector can—and should—play in creating a fairer and more equitable Canada. From concrete research around best practices to more critical theoretical work on philanthropy and power, our Hub is part of the movement to build a more democratic, just, and collaborative philanthropic and charitable sector.

## Résumé

Ce document est une présentation de la Fondation Graham Boeckh (FGB); une fondation familiale privée axée sur la santé mentale et basée à Montréal. La FGB s'est développée en deux phases. La première (de 1990 à 2008) a vu sa création et ses premières étapes, et la seconde (de 2009 à 2020) a vu l'intensification de ses activités pour avoir impact plus large. Cette deuxième phase a inclus le développement d'un mouvement pancanadien visant à transformer les services de santé mentale pour les jeunes par le biais de partenariats publics-philanthropes à grande échelle et la promotion de l'échange de connaissances. Parallèlement à ces activités pancanadiennes, la FGB a créé une collaboration pour aider à transformer le secteur mondial de la santé mentale.

## Mots-clés

Fondation Boeckh • Santé mentale • Jeunesse • Foundry • Colombie-Britannique  
• Innovation sociale

## Abstract

This document profiles the Graham Boeckh Foundation (GBF), a private, family foundation focussed on mental health and based in Montreal. GBF's developed in two-phases. The first (1990 -2008) entailed its creation and initial steps, and the second (2009 – 2020) involved the scaling up of its activities to have widespread impact. This second phase included the development of a pan-Canadian movement to transform youth mental health services through large-scale public-philanthropic partnerships and the fostering of knowledge exchange. In parallel with these pan-Canadian activities, GBF created a collaborative to help transform the global mental health sector.

## Key words

Boeckh Foundation • Mental Health • Youth • Foundry • British Columbia • Social Innovation

# **Graham Boeckh Foundation**

*Phase I: Portrait of the Foundation, from its creation to nowadays*

**Tareq Hardan (Ph.D. candidate)**

**McGill University**

**School of Social Work**

**Montréal**

**September 2020 (version 4)**

**PhiLab**





## Table of content

|   |    |
|---|----|
| Introduction  | 9  |
| Research collaboration and research team  | 9  |
| Methodology   | 9  |
| 1.0 Graham Boeckh foundation historical trajectory  | 10 |
| 1.1 Phase I (1990 – 2008): Graham Boeckh Schizophrenia Research Chair                         | 10 |
| 1.2 Phase II (2006 – 2020): Navigating Integrated Youth Services and International Leadership | 11 |
| 1.2.1 Developments in the Mental Health Sector: 1960s to the Present                          | 11 |
| 1.2.2 The Focus on Youth Mental Health  | 12 |
| 1.2.3 ACCESS Open Minds   | 13 |
| 1.2.4 Provincial Integrated Youth Services  | 14 |
| 1.2.5 Partnership with Bell Let's Talk  | 19 |
| 1.3 Pan-Canadian Collaboration and Knowledge Exchange   | 20 |
| 1.4 Global Collaboration  | 20 |
| 1.4.1 GBF's Global Leadership in Mental Health  | 20 |
| The International Alliance of Mental Health Research Funders                                  | 20 |
| 1.4.2 Transform: International Knowledge Exchange on Integrated Community Care                | 21 |
| 1.5 Organization and Finances of the Foundation   | 22 |

|            |  |           |
|------------|--|-----------|
| <b>2.0</b> | <b>GBF, COVID-19 and Recent Developments</b> | <b>22</b> |
| <b>3.0</b> | <b>Synthesis</b>                             | <b>23</b> |
| <b>4.0</b> | <b>Analysis and learnings</b>                | <b>24</b> |
|            | <b>References</b>                            | <b>26</b> |

## Table of acronyms

|                   |  |
|-------------------|--|
| <b>ACCESS OM</b>  | Adolescent/Early Adult Connections to Community-driven, Early, Strength-based and Stigma-free youth services – Open Mind |
| <b>CAMH</b>       | Canadian Centre for Addiction and Mental Health  |
| <b>CAP</b>        | Québec Coalition for Access to Psychotherapy   |
| <b>CIHR</b>       | Canadian Institutes of Health Research   |
| <b>FRQS</b>       | Québec Fund for Health Research  |
| <b>COE</b>        | New Brunswick Centers of Excellence  |
| <b>GBF</b>        | Graham Boeckh Foundation   |
| <b>IAMHRF</b>     | International Alliance of Mental Health Research Funders   |
| <b>ISD</b>        | New Brunswick Integrated Services Delivery   |
| <b>IYS</b>        | Integrated Youth Services  |
| <b>MH &amp; W</b> | Canadian Mental Health and Wellness Affinity Group   |
| <b>MSSS</b>       | Ministère de la santé et des services Sociaux du Québec  |
| <b>NCE-IKTP</b>   | Canadian Networks of Centers of Excellence -International Knowledge Translation Platforms competition                    |
| <b>PFC</b>        | Philanthropic Foundations Canada   |
| <b>PSSP</b>       | Ontario Provincial System Support Program  |
| <b>SPOR</b>       | CIHR's Strategy for Patient-Oriented Research  |

|                  |   |
|------------------|---|
| <b>TRAM</b>      | Transformational Research in Adolescent Mental Health |
| <b>TRANSFORM</b> | Transnational Forum on Integrated Community Care      |
| <b>YWHO</b>      | Youth Wellness Hubs Ontario                           |

## Introduction

This document profiles the Graham Boeckh Foundation (GBF), a private, family foundation focussed on mental health and based in Montreal. GBF's development in two-phases. The first (1990 -2008) entailed its creation and initial steps, and the second (2009 – 2020) involved the scaling up of its activities to have widespread impact. This second phase included the development of a pan-Canadian movement to transform youth mental health services through large-scale public-philanthropic partnerships and the fostering of knowledge exchange. In parallel with these pan-Canadian activities, GBF created a collaborative to help transform the global mental health sector.

GBF identified critical gaps in the mental health sector and decided to address these gaps with a collaborative approach to philanthropy. This collaborative approach links various government agencies, private foundations and other actors in the mental health sector around specific visions, followed by development of large-scale collective impact projects, and finally comprehensive support to maximize impact (Leland, 2017). This applies across GBF's global and Canadian activities. In Canada, GBF embarked on a comprehensive program to transform youth mental health services which led to a dynamic pan-Canadian movement called 'integrated youth services' (IYS). In addition, GBF initiated other collaboratives in Canada to foster knowledge exchange and partnerships across the mental health sector, notably among foundations and senior policy makers. At the global level, GBF developed a collaborative of mental health research funders and multi-lateral organizations such as the World Health Organization with the goal of transforming mental health services through more effective research funding.

## Research collaboration and research team

This research represents a collaboration between a team from PhiLab Québec under the direction of Jean-Marc Fontan (UQAM, sociology) and Ian Boeckh, Director and President of the Graham Boeckh Foundation (FGB).

The collaboration covers exploratory research activity conducted by the PhiLab team in collaboration with GBF staff. The PhiLab research team includes Lucie Dumais (UQAM, École de travail social), Jean-Marc Fontan (UQAM, sociologie) and Tareq Hardan (McGill, Social work, doctorate student)

The research activity will be in two phases. The first, covered by this document, provides a concise portrait of the Foundation, from its creation to the present. The second will be a case study of one of the foundation's projects: the British Columbia integrated youth services initiative known as Foundry.

## Methodology

Information for this document was collected between January and March 2020. Sources are the Graham Boeckh Foundation's public website, other related websites, in addition to internal documents shared by the foundation President. Other documents that were integrated into the analysis include webpages, reports, annual reports, newsletters, and academic articles.

## 1.0 Graham Boeckh foundation historical trajectory

This descriptive presentation outlines the origin of the foundation as well as the two phases of GBF's evolution – its creation and initial steps, then its dual-track focus to transform youth mental health and foster collaboration and knowledge exchange across Canada and internationally. Thereby, in contextualizing key GBF initiatives, key actors, and its current state-of-affairs, this descriptive presentation highlight GBF's collaborative approach to philanthropy including development of large-scale public-philanthropic partnerships and initiatives to foster knowledge transfer and mobilization.

### *Family context*

J. Anthony Boeckh founded and built up BCA Research, a global financial market research and publishing company based in Montreal. Between 1968 and 2000, BCA Research became a substantial company with clients all over the world including hundreds of major financial institutions. BCA Research was sold in 2000 and the proceeds from the sale have been used to fund GBF. Anthony is the chair of GBF's board of directors. His two sons, Robert and Ian, are on GBF's board of directors along with four other non-family directors. Ian is also the current president of GBF.

In 1990, J. Anthony Boeckh and Raymonde Dana-Boeckh established the Graham Boeckh Foundation in honor of Anthony's son, Graham, who passed away in 1986 at the age 22 from schizophrenia-related medication complications (GBF 2019). For Graham's family, his death was an illustration of the incapacity of the health system to provide appropriate services for mental illness.

*The health system failed Graham as it has countless others: poor access, misdiagnoses and improper care and supervision. That's why our family is determined to improve how patients and families are treated.*

Through the establishment of a foundation, the Boeckh family wanted to help society to address the issue of mental illness. The official mission of the foundation is as follows:

Based in Canada and open to the world, the Graham Boeckh Foundation (GBF) is a catalyst for transformational changes that significantly improve the lives of people living with, or at risk of, mental illness (Source: GBF website).

## 1.1 Phase I (1990 – 2008): Graham Boeckh Schizophrenia Research Chair

Between 1990 and 2008, one of the main activities of the foundation was the creation, in 1996, of the Graham Boeckh Schizophrenia Research Chair at the Douglas Mental Health Research Institute which is part of McGill University. The chair was created with a donation of \$1.5 million from the Boeckh Family.

*After careful investigation of other Canadian centers, the Boeckh family chose McGill because of the synergy between McGill Department of Psychiatry, the Douglas Hospital, the Allan Memorial Institute and the Montreal Neurological Institutes brain imaging center, and because of the University's international tradition of excellence in research.*

Since 1998, two prominent schizophrenia scholars held the chair. The first chairholder was Dr. Guy Rouleau (1998 – 2004), a world-recognized neurologist and researcher whose work focused on the genetic causes of mental illness including schizophrenia. Later, Dr. Bruno Giros held the chair (2007 – 2017). He is “a pioneer in the molecular characterization, cloning, and study of a large number of dopamine and glutamate receptors and transporters” representing some of the main targets for commonly used psychotropic drugs.

## **1.2 Phase II (2006 – 2020): Navigating Integrated Youth Services and International Leadership**

Around 2006, the Boeckh Family made a strategic decision to create a more ambitious agenda for the foundation and to correspondingly expand the foundation's activities. At this time, Canadian society was starting to recognize the need to address mental health issues but governments had not yet taken significant action.

### **1.2.1 Developments in the Mental Health Sector: 1960s to the Present**

Starting in the 1960's, in Canada as well as in other developed countries, the discovery and subsequent widespread availability of psychotropic medications to treat severe mental illnesses enabled many of the patients in old-style mental health asylums to move into the community. At the time, many governments promised that community mental health services would be strengthened to adequately care for the newly released mentally ill. However, in general governments did not follow through on their pledges, and as a result, many of the mentally ill were neglected.

By the 1990s, society was starting to become aware of the high prevalence and cost of mental illness. Data became widely available that showed that the burden of mental illness is comparable to other major disease areas such as cancer and cardiovascular illness. The data also showed that this burden is driven, in part, by the fact that 70% of mental illness begins before age 25, and can lead to a lifetime of disability.

By the 2000's, society was also becoming more aware of the multiple inadequacies of the mental health care system. Problems in the system included disorganized systems of care, major gaps in care and long-wait times. In addition, the system had a focus on emergency and acute care with few resources to intervene early or support recovery. Finally, the system lacked the ability to deliver adequate psycho-social interventions which, in some cases, had been shown to be more effective and less costly than medication for some of the most common mental illnesses.

In particular, society was starting to wake up to the fact that important opportunities were being missed to intervene early, particularly for adolescents and young adults when mental illness often starts to be manifested. By the 1990's, an international movement started for early psychosis intervention (EPI). Eventually, the movement was able to show convincing evidence that intervening early in psychosis not only provided better outcomes for patients but was also highly cost effective. This evidence combined with the realization that most mental illness starts early and that the mental health services available for youth were significantly undersized, disorganized and highly fragmented created an impetus for change. By the 2000's, Australia started to go beyond EPI to create early intervention services for a range of other mental health issues particularly for mild to moderate cases. A new model for youth-focused services in the community was developed in Australia called 'headspace'. Dr. Patrick McGorry, a prominent Australian psychiatry who has been a pioneer in developing EPI services, was instrumental in the development of this new model.

Meanwhile, in Canada and around the world, the stigma surrounding mental illness was starting to be addressed in a concerted way, notably through initiatives such as Bell Let's Talk. This reduction in stigma, in part, unleashed a wave of help seeking which started to overwhelm emergency and in-patient departments of hospitals as well as community services throughout Canada.

All told, by the start of the 2010's a number of forces were converging that would create fertile ground for GBF and its partners to catalyze transformation of Canada's youth mental health care system.

## **The Burden of Mental Health**

The prevalence of mental health and substance use disorders places a substantial burden on Canadian society. In July 2018, youth aged 15 - 25 represented 19.2% (over seven million) of the Canadian population, (Statistics Canada Demographic Estimates Program, 2018). More than 70% of those who develop mental health disorders do so "by the age of 25" (GBF, 2019). Such a proportion has challenged the mental healthcare system that has also faced an increase in mental health "help-seeking". This surge in "help-seeking" resulted in a 75% increase in emergency visits and a 65% increase in hospitalization between 2006/2007 – 2016/2017 (CIHR, 2019, GBF, 2019). These challenges that have overwhelmed the Canadian mental health care system require timely and integrated mental health services.

### **1.2.2 The Focus on Youth Mental Health**

In 2010, the foundation became aware of an opportunity to partner with Canada's national health research funder, the Canadian Institutes of Health Research (CIHR). More specifically, the opportunity was to co-fund, with CIHR, a \$25 million pan-Canadian network with a focus on mental health and under CIHR's new Strategy for Patient Oriented Research (SPOR). Under SPOR, the network would need to have extensive patient involvement and involve practical research aimed at improving patient outcomes. After some initial discussions between GBF and CIHR, the two parties established a mutual interest in negotiating a partnership. While the negotiations were underway, GBF convened a group of experts from Canada and abroad. GBF put the following 'grand challenge' to the experts: given the



opportunity to fund a pan-Canadian network with \$25 million over 5 years, what should the network focus on to have the greatest impact on mental health within 5 – 7 years?

The experts responded with clear direction:

“The funded network should focus on youth and young adults and create a general system of care that could address a wide range of mental health and related issues.”

This advice was instrumental in informing the partnership with CIHR and the launch of a pan-Canadian call for proposals. This call was branded as TRAM (link): Transformational Research In Adolescent Mental Health and, out of the TRAM process, the ACCESS Open Minds Network (link) was funded. This in turn, informed the foundation’s subsequent work in youth mental health and eventually led to a pan-Canadian movement called ‘integrated youth services’ (IYS).

Thus, the decision of the foundation to focus on youth mental health came directly from the consensus that emerged when GBF convened a group of experts and asked them for advice on how the foundation could maximize impact.

### 1.2.3 ACCESS Open Minds

Under the SPOR umbrella, GBF and CIHR each provided half of the \$25 millions investment (GBF, 2019). This Pan-Canadian research-to-practice initiative marked the first Strategy for Patient-Oriented Research network (CIHR 2011). The aim of this Public - Philanthropic Partnership named “Transformational Research in Adolescent Mental Health (TRAM)” was to transform the youth mental healthcare system (Iyer et al., 2019). Immediately after launching the collaboration, the partnership announced the TRAM three-phase application process that allowed applicants to collaborate with other research teams and stakeholders and to engage youth in the development of the proposal (GBF 2019).

In 2015 “Adolescent/Early Adult Connections to Community-driven, Early, Strength-based, and stigma-free youth services” (ACCESS Open Minds) was launched. ACCESS OM’s six-fold<sup>1</sup> objectives to transform youth mental healthcare include: Early identification, Rapid access to care (initial assessment within 72 hours), Continuity of care, High-quality access, Appropriate, Timely, and Evidence-informed interventions, Engagement of Youth and their families in services design, and continuous evaluation (ACCESS Open Minds, 2020).

The ACCESS Open Minds network is made up of various stakeholders<sup>2</sup>, including youth, family members, caregivers, service providers, researchers, and policymakers from across Canada, all working together to transform youth mental health services (GBF, 2019). In the current 16<sup>3</sup> ACCESS OM community sites, youth and their caregivers can get rapid and barrier-free mental health access support based on their own goals and needs, where and when they want it (Malla, 2019). This provision of

1 <https://accessopenminds.ca/what-is-access/what-is-access/>.

2 <https://grahamboeckhfoundation.org/en/what-we-do/transform-mental-health/access-open-minds/>.

3 <https://accessopenminds.ca/2018-2019-second-annual-report/>.

evidence-based care is accompanied by research and evaluation that aim to inform policymakers, contribute to scalability, and ultimately improve mental health care across Canada (Malla, Iyer et al. 2019).

After launching ACCESS OM in 2014, the initial year focused on planning and the following years to establishing integrated youth services community sites (GBF, 2019). Despite site planning and funding, implementation timelines varied across sites due to site readiness and context.

*The first ACCESS OM site was opened in May 2016; with the expectation that sustainability would be achieved in most sites. Sites received limited funding to facilitate service transformation in conjunction with research and evaluation. Funding entailed: ACCESS OM clinician(s), research staff, youth space renovation/upgrading, youth and family engagement, local activities stipends and costs, and information technology (IT) infrastructure required to collect data. The ACCESS OM site funding model is based on up to 3 years of full funding, followed by two years of “sustainability” (reduced) funding, as enhanced services (e.g., clinicians) move to more sustainable funding streams. Each site was provided with an annual budget that ranged from \$290 000 - \$320 000 CDN. This range depended on existing funded services, served population size, and specific community needs (e.g., high prevalence rates of homeless among youth and indigenous communities). (Malla, Iyer et al. 2019)*

By the end of 2020, this 25\$ million GBF and CIHR joint venture, ACCESS OM, will have community service points in Quebec, Ontario, Manitoba, Alberta, Saskatchewan, Nova Scotia, and New Brunswick, and the Northwest Territories. In these seven provinces and one territory, ACCESS OM has initiated “16”<sup>4</sup> community sites that aim to transform youth mental health through developing an accessible, culturally relevant and evidence-informed integrative youth services (ACCESS OM, 2020)<sup>5</sup>. This Public – Philanthropic partnership includes continuous evaluation and measurement processes to guide quality-improvement, inform policy and, it is hoped, support scale-up.

#### 1.2.4 Provincial Integrated Youth Services

In 2013, after the launch of ACCESS Open Minds, the pan-Canadian IYS initiative, GBF organized a Canadian delegation to visit Australia with a focus on learning about youth mental health innovations including headspace the Australian youth mental health service. The delegation included other foundations, policy makers and care providers. Upon returning from Australia, GBF decided to try to develop systems of care in Canada that are inspired by the Australian headspace model. More specifically, GBF set the goal of developing these models in the four largest provinces, namely in

4 <https://accessopenminds.ca/what-is-access/what-is-access/>.

5 Alberta (Edmonton, University of Alberta, the Alex, Calgary). Saskatchewan (Sturgeon Lake). Manitoba (NorWest Hub). Ontario (Sarina, Chatham Kent). Québec (Montréal Nord, Dorval-Lachine, Laval, Mississauga, Puvirnituq). New Brunswick (St. John, Elsipogtog, Caraquet). Nova Scotia (Eskasoni). Northwest Territory (Aklavik, Ulukhaktok) (<https://grahamboeckhfoundation.org/en/what-we-do/transform-mental-health/integrated-youth-services/>).

British Columbia, Alberta, Ontario and Quebec. GBF realized that provincial IYS projects would be crucial to ensuring both scale-up and sustainability given that in Canada, the provinces and territories have primary jurisdiction over health and social services.

GBF then embarked on a plan to develop public–philanthropic projects with the four largest provinces to develop integrated systems of care for youth mental health (GBF, 2019). Like the Pan-Canadian ACCESS OM, these accessible, culturally relevant, and evidence-informed IYS projects aim to transform youth mental healthcare across each province<sup>6</sup> (GBF, 2019).

## What is Integrated Youth Services?

IYS<sup>7</sup> aims to “build effective, youth-focused, and integrated mental health and substance use services” (GBF, 2019). These services include youth and family peer support, primary care including sexual health, employment, educational and training support, social services (i.e., housing), and recovery-oriented programs such as recreation, arts, and life skills (GBF 2019)<sup>8</sup>.

Although IYS can be differentially modeled and implemented across jurisdictions and communities, the following guiding principles have shaped the Foundation’s work:

1. Youth and Family participation in service design and implementation.
2. Continuity of services across adolescent and young adult age groups (12 - 25 years old).
3. Identifiable, easily accessible community-based, integrated points of care (e.g., in hubs, safe spaces, schools, and universities.). This rapid access includes no service refusal, no referral needed, and high quality, youth-appropriate, culturally relevant, and evidence-informed mental health services.
4. Integrated stepped-care models to ensure that the right service is delivered by the right provider and at the right time.
5. Online portals and other technologies that facilitate alternative access to information and services.
6. Measurement, data collection, evaluation and research to enable continuous quality improvement<sup>9</sup> (GBF 2019).

These principles serve as focal points in GBF’s approach to developing IYS across Canada<sup>10</sup>.

---

6 <https://grahamboeckhfoundation.org/en/what-we-do/transform-mental-health/>.

7 <https://grahamboeckhfoundation.org/en/what-we-do/transform-mental-health/integrated-youth-services/>.

8 <https://grahamboeckhfoundation.org/en/what-we-do/transform-mental-health/integrated-youth-services/>.

9 <https://grahamboeckhfoundation.org/en/what-we-do/transform-mental-health/integrated-youth-services/>.

10 <https://grahamboeckhfoundation.org/en/what-we-do/transform-mental-health/integrated-youth-services/>.

## British Columbia IYS

In 2015, Foundry<sup>11</sup> was created as both an online and community-based IYS for youth across BC (Foundry, 2020). The Foundry Pathfinder<sup>12</sup> is a four steps online tool to help youth find personalized support options (Foundry Pathfinder, 2020). Simultaneously, Foundry community-based centers provide youth with a single centre to access a wide range of mental health, substance use, physical health and social services (Foundry, 2020). “All these centers deliver free, respectful, non-judgmental, and strength-based services in a youth-friendly space” (Foundry, 2020). Foundry was developed under the leadership of Dr. Steve Mathias, with support from GBF, the BC provincial government and other philanthropic organizations (GBF, 2019). Foundry’s model features service hubs that co-locate and integrate a variety of youth services<sup>13</sup> (GBF, 2019). In Foundry’s eleven<sup>14</sup> locations, IYS are offered in an accessible, culturally relevant, and youth-friendly location. Recently, Foundry has selected an additional eight community sites which will bring the total number of Foundry sites to 19.

## Ontario IYS

In 2017, Youth Wellness Hubs Ontario (YWHO) was created, an IYS initiative that was catalized by GBF in collaboration with the Ontario government, the CAMH Foundation, and other private donors<sup>15</sup> (GBF, 2019). With Joanna Henderson<sup>16</sup> as the project leader, YWHO has been supported by staff from the Provincial System Support Program (PSSP) at CAMH and the Ontario Centers of Excellence for Child and Youth Mental Health (YWHO, 2020). Like ACCESS OM and Foundry, YWHO aims to provide accessible, timely, and youth-focussed services as a critical step toward improving Ontario’s youth mental health and addiction services<sup>17</sup> (YWHO, 2020). Ten hubs<sup>18</sup> have been established to serve youth in a “one-stop-shop model of care”<sup>19</sup> to meet “their mental health, substance use, primary care, education, employment training, and housing needs”<sup>20</sup> (GBF, 2019).

---

11 <https://foundrybc.ca/>.

12 <https://foundrybc.ca/foundry-pathfinder/>.

13 <https://grahamboeckhfoundation.org/en/what-we-do/transform-mental-health/foundry/>.

14 (1) Foundry – Victoria, (2) Foundry - Campbell River, (3) Foundry – Richmond, (4) Foundry - Ridge Meadows, (5) Foundry - North Vancouver, (6) Foundry - Vancouver Granville, (7) Foundry – Abbotsford, (8) Foundry – Penticton, (9) Foundry – Kelowna, (10) Foundry - Prince George, (11) Foundry - Terrace (<https://foundrybc.ca/get-support/find-a-centre/>).

15 <https://grahamboeckhfoundation.org/en/what-we-do/transform-mental-health/ywho/>.

16 <https://youthhubs.ca/en/partners/>.

17 <https://youthhubs.ca/en/about/>.

18 (1) YWHO – Kenora, (2) YWHO - Chatham-Kent, (3) YWHO - Niagara, (4) YWHO – Malton, (5) YWHO - Central Toronto (6) YWHO - Scarborough, (7) YWHO - Toronto east (8) YWHO - North Simcoe, (9) YWHO – Halliburton, (10) YWHO - Cornwall (<https://youthhubs.ca/en/sites/>).

19 <https://youthhubs.ca/en/about/>.

20 <https://grahamboeckhfoundation.org/en/what-we-do/transform-mental-health/ywho/>.

With the emphasis on timely, integrated, co-located, and quality IYS, such hubs include peer support, outreach, and system navigation services (YWHO, 2020).

## Québec IYS

In 2018, Aire ouverte, a Québec IYS initiative, was created to provide a youth one-stop-shop service, where a wide range of health and wellness services are offered under the same roof. Aire ouverte centers are co-developed and co-designed with youth (Air Ouverte, 2020). The network is emerging as part of Quebec's ongoing youth mental health and addiction's continuum of care transformation (GBF, 2019). In various sites, Aire ouverte provides integrated youth health and social services that are youth-specific, such as mental health, sexual health, employment support, and other related services (GBF, 2019). Aire ouverte's initial demonstration project with three sites was a jointly funded collaboration between GBF, the Québec Ministry of Health and Social Services (Ministère de la Santé et des Services sociaux (MSSS)), the Québec Fund for Health Research (FRQS) and GBF (GBF, 2019). Through this joint project, the Québec IYS network was developed and implemented by the MSSS (GBF, 2019). The initial three<sup>21</sup> implementation sites in "Laval, Montréal-Nord, and Côte-Nord" were chosen to guide network scaling-up across the province (GBF, 2019). An additional four sites<sup>22</sup> in "Montréal, the Eastern Townships, Saguenay, and Gaspé" already have been announced and further expansion plans are anticipated to unfold (Aire ouverte, 2020). Throughout the development, design, and delivery process in the seven<sup>23</sup> sites, Aire ouverte aims to engage youth and families at every stage of the process.

Parallel to its engagement with the Aire ouverte initiative, GBF collaborated with others in the Québec mental health sector to improve provision of psychological services. Following the Quebec Health and Welfare Commissioner recommendation to improve access to psychotherapy, in 2013 GBF formed the Coalition for Access to Psychotherapy (CAP)<sup>24</sup> (GBF, 2019). The CAP is a group of organizations that support psychotherapy services to be provided within the public healthcare system for all those who have a mental illness. This support is fulfilled by working with government agencies to advance strategies that address this issue (GBF, 2019). Hence, in 2017, the Québec Ministry of Health and Social Services (MSSS) announced<sup>25</sup> a substantial investment to increase access to psychotherapy services in Québec (35 M\$) (Ministère de la Santé et des Services sociaux, 2017). However, as of 2020, the future of this initiative is uncertain.

---

21 <https://grahamboeckhfoundation.org/en/what-we-do/transform-mental-health/aire-ouverte/>.

22 <https://grahamboeckhfoundation.org/en/what-we-do/transform-mental-health/aire-ouverte/>.

23 (1) Aire Ouverte - Sept-Îles, (2) Aire Ouverte – Gaspésie, (3) Aire Ouverte – Saguenay, (4) Aire Ouverte – Laval, (5) Aire Ouverte - Montréal-Nord, (6) Aire Ouverte – Montréal, (7) Aire Ouverte – Canton de l'Est (<https://www.quebec.ca/en/health/finding-a-resource/aire-ouverte/>).

24 <https://grahamboeckhfoundation.org/en/what-we-do/collaboration-knowledge/cap/>.

25 <https://www.msss.gouv.qc.ca/ministere/salle-de-presse/communiqu-1448/>.

## **Other Provincial and Pan-Canadian IYS Projects**

Starting in 2017, GBF began to engage additional provinces to develop IYS projects. In particular, GBF has engaged with senior policy makers and mental health service providers in the provinces of Alberta, Manitoba, and Newfoundland and Labrador. As of July, 2020, projects are being planned in these three provinces. In addition, GBF has been working with the New Brunswick Department of Health to strengthen its youth mental health system and build off of the progress achieved with the Integrated Service Delivery model. In future, GBF and partners will be working to initiate projects in the remaining jurisdictions in Canada which are Saskatchewan, Nova Scotia and P.E.I. as well as the three territories.

GBF was also instrumental in the development of an organization called Frayme with a mission to foster pan-Canadian knowledge transfer and mobilization in youth mental health. Frayme was initially created under the Federal 'National Centres of Excellence' Program and with financial support from philanthropic organizations including GBF.

## **GBF's Strategy for Working with Provincial Governments**

GBF has become experienced in developing partnerships with governments, in this case to create integrated models of care for youth mental health. GBF has co-created and co-funded these multi-million dollars projects with several Canadian governments and government agencies. Through this work, GBF has developed knowledge on to how to engage governments and government officials around a specific vision, governance structure and co-funding model. This approach, in particular, has involved collaborations with mid-level provincial civil servants, often in Ministries of Health and/or other relevant ministries. GBF engages in a number of activities to facilitate these partnerships, including the following:

- Engagement and consultation with key youth mental health experts and organizations in the province
- Engagement and consultation with civil servants at a variety of levels and within a number of relevant ministries such as health, children's services, justice and social services
- Strategic advice on project design, governance and development of a government-philanthropic funding collaboration
- Funding

GBF has pursued a deliberate strategy of collaborating rather one centred on lobbying or advocacy. This strategic decision was made to maximize the foundation's impact. GBF rarely meets with elected political figures, and, when we do, we inform them of our work and offer strategic advice rather than pressure them to make particular decisions.



## 1.2.5 Partnership with Bell Let's Talk

In March 2020, GBF and Bell Let's Talk announced a strategic partnership to advance integrated systems of care for youth mental health across Canada. Through the partnership, GBF and Bell each committed \$5 million to accelerate and develop integrated youth services (IYS). Both organizations are also contributing their intellectual, communications and other resources to work toward the common goal.

More specifically, the partnership's activities will support the following broad priority areas:

- Catalyzing and developing provincial and territorial IYS projects;
- Improving the quality and strengthening the sustainability of IYS across Canada, for example by supporting professional training, service innovation and the measurement and evaluation of service quality;
- Fostering pan-Canadian collaboration, capacity building and knowledge exchange in IYS.

In addition, GBF and Bell will work together to create greater awareness of IYS and where youth can access these services.

## Strategic Goals and the Future of IYS

With the development of several provincial projects, IYS has developed into a pan-Canadian movement that holds considerable promise in terms of transforming youth mental health and related services. IYS has been implemented or is in development in around 55 communities to date and we expect that it will be developed in additional 65 communities over the next 2-3 years. The ultimate goal is to have IYS in over 300 communities across Canada. IYS, in fact, may be the largest and most comprehensive movement in Canada to transform mental health services.

IYS will need to continue to grow and strengthen for many years if it is to achieve its full potential. There is much more to be learned about how to best help youth as well as how to deliver services in the most effective manner. In particular, we expect that areas of future focus will be:

- Broadening service offerings including a greater range of psychological services for mental health and addiction, particularly for the more complex and serious illnesses as well as for services that are delivered virtually or from distance
- Improving systems for measurement, data collection and evaluation
- Scale up of IYS across Canadian jurisdictions including for Canada's Indigenous peoples

The ultimate goal is the creation of a 'learning health care system' with routine data collection and reporting to enable continuous improvement in service quality and patient outcomes.

### 1.3 Pan-Canadian Collaboration and Knowledge Exchange

As fostering collaboration and knowledge exchange constitute the cornerstone of its mission, GBF initiated and manages programs that foster collaboration and knowledge exchange between and among funders, researchers, policymakers, and community service providers<sup>26</sup> (GBF, 2019). Such initiatives complement projects aiming to “transform youth mental health service delivery, quality, and innovation” (GBF, 2019). On the Pan-Canadian Level, in 2013 GBF initiated a collaborative of foundations working in the area of mental health and wellness. The collaborative is known as the Mental Health and Wellness Affinity Group (MHWAG). The MHWAG is one of four affinity groups affiliated with Philanthropic Foundations Canada (PFC)<sup>27</sup> (GBF, 2019, PFC, 2020). As of June 2020, the MHWAG has about 30 members comprising both corporate and family foundations from across Canada.<sup>28</sup> Furthermore, since 2012, GBF has held an annual, one-day workshop for senior policy makers in mental health including representatives from provincial, territorial and federal governments. The goal of these workshops is to expose policy makers to innovations in mental health care that they can implement in their own jurisdictions as well as more generally to foster pan-Canadian collaboration in the transformation of mental health services.

### 1.4 Global Collaboration

Internationally, GBF established, with other partners, the International Alliance of Mental Health Research Funders (IAMHRF)<sup>29</sup>. As well, GBF and several major European foundations are supporting international knowledge exchange on community-centered primary and integrated care through “The Transnational Forum on Integrated Community Care” (TransForm)<sup>30</sup>. These collaborations and knowledge exchange initiatives have buttressed GBF’s effort to transform mental health services.

#### 1.4.1 GBF’s Global Leadership in Mental Health

##### The International Alliance of Mental Health Research Funders

In 2006, the Boeckh family made a decision to expand the foundation’s activities. The family then embarked on a process to carefully consider strategic options and sought advice from a variety of mental health experts. One option for the family was to fund research that could lead to new discoveries and novel treatments for serious mental illness. However, several experts noted that a considerable

26 <https://grahamboeckhfoundation.org/en/what-we-do/collaboration-knowledge/>.

27 <https://pfc.ca/about/>.

28 <https://grahamboeckhfoundation.org/en/what-we-do/collaboration-knowledge/mhwag/>.

29 <https://grahamboeckhfoundation.org/en/what-we-do/collaboration-knowledge/alliance/>.

30 <https://grahamboeckhfoundation.org/en/what-we-do/collaboration-knowledge/transform/>.



sum of money was already being devoted to mental health research but that benefits to patients from this research had been meagre. In addition, it was noted that the mental health research sector was much less organized than other major areas of health research such as in cancer and cardiovascular disease. From these conversations, the idea emerged that the foundation could have large-scale impact and address a critical need by working to increase the effectiveness of mental health research funding. Consequently, the idea emerged to create a collaborative of the leading mental health research funders from around the world. This collaborative would share knowledge on best practices for research funding, identify gaps and priorities in research funding and foster collaboration within the sector. The ultimate goal was to improve outcomes for patients through more effective research funding.

In 2007, the foundation put these ideas into action and convened a small group of the leading mental health research funders from around the world. This group embarked together on a mission to study how mental health research funding could be made more effective and how the sector could generally become better organized including through knowledge exchange and collaboration. Over the ensuing years, this collaborative, now known now as the International Alliance of Mental Health Research Funders (IAMHRF) has grown significantly under the leadership of the foundation. In 2020, it is a major initiative on the global mental health landscape and is a thriving collaborative of around 35 organizations including major multi-lateral organizations such as the World Health Organization and the European Commission. The Alliance is a well-organized platform that is undertaking important activities to improve the effectiveness of mental health research funding. See the Alliance's website for more information on its activities.

#### **1.4.2 Transform: International Knowledge Exchange on Integrated Community Care**

Since 2018, GBF has partnered with several European foundations in supporting the Transnational Forum on Integrated Community Care (TransForm), a joint European and Canadian initiative to place community at the center of primary and integrated care (GBF, 2019). TransForm engages policy makers, foundations, service providers and service users to promote knowledge exchange for integrated community care. To do so, TransForm<sup>31</sup> combines strengths-based and needs-based approaches (TransForm, 2018). These cross-sectoral, person-centered, goal-oriented and integrated models of care co-produces partnerships that empower local communities to develop relevant models of care (GBF, 2019). Integral to this model is the engagement of citizens and service users (individuals, families, and carers) to be part of integrated community care delivery (TransForm, 2018). TransForm's core principles are "aligned"<sup>32</sup> with the ongoing GBF IYS initiatives. Namely, Transform offers an opportunity to highlight integrated models of care for youth mental health and related issues (GBF, 2019). Transform is a partnership between GBF and several large European foundations including Compagnia di San Paolo, Robert Bosch Stiftung, Fondation de France, King Baudouin Foundation, the Network of European Foundations, and the International Foundation for Integrated Care.

---

31 <https://transform-integratedcommunitycare.com/>.

32 <https://grahamboeckhfoundation.org/en/what-we-do/collaboration-knowledge/transform/>.

## 1.5 Organization and Finances of the Foundation

As the foundation has expanded over the past ten years, its staff resources have also grown. The process began in 2007 when the foundation hired its first employee. This resource provided dedicated capacity to start the process of strategic planning and eventually, the development of the two strategic priorities, namely integrated youth services as well as global collaboration among mental health research funders. As of 2020, the foundation has eight staff divided into two teams to support the two priority areas.

In parallel with an increase in staff resources, the foundation has developed its governance processes. GBF is a registered charity under the Canada Revenue Agency. In addition, the foundation has a board of directors consisting of seven directors, three of whom are members of the Boeckh Family and four are non-family members. The board usually meets four times per year and is responsible for approving all major strategic and spending decisions. GBF is also an active member of Philanthropic Foundations Canada (PFC), a member association of Canadian grantmakers. This membership helps the foundation to ensure that it is implementing best practices in its governance and operations.

The foundation is funded by regular donations from the Boeckh family and the foundation does not have a significant endowment. Over the 11 years from 2009 to 2019, the average annual budget of the foundation has been approximately \$2 million.

GBF invests a significant portion of its annual budget in its own staff resources, which enables it to play a strategic role in creating and managing projects. This allows GBF to be a catalyst for other organizations to co-invest and leverages the foundation's financial resources. For example, the foundation's past outlays and future commitments for IYS amount to over \$20 million. These funds have largely been used to catalyze the demonstration phase of IYS projects and secure co-funding from government agencies and other philanthropic organizations. GBF's \$20 million in funding for IYS was instrumental in securing additional funding of around \$40 million from governments and other philanthropic organizations. Subsequent to the demonstration phases of these projects, considerably more has been invested by governments and philanthropy to scale up various projects, notably for Foundry in B.C. and Aire ouverte in Quebec as well as Frayme the pan-Canadian knowledge sharing platform.

## 2.0 GBF, COVID-19 and Recent Developments

### Overview of the situation

With the advent of the Covid pandemic in early 2020, GBF was unsure how its programs would be impacted. Society's primary concern has been to address issues that directly relate to the management and prevention of Covid. This focus along with social distancing requirements and economic impacts have created considerable disruption to social programs and charitable activity. However, during Covid, society has also been concerned with some of the indirect impacts of Covid including mental health and the plight of vulnerable and disadvantaged populations. In the area of mental health, the media have focussed extensively on the impacts

of social isolation and anxiety as well as the challenges of treating those with pre-existing mental health illnesses. So, overall mental health has remained high on the policy agenda of society including for governments and this has helped to ensure continued progress in GBF initiatives. Moreover, prior to Covid, GBF's initiatives had strong positive momentum and the foundation ensured that its major initiatives were well organized and had sustainable funding. Thus, overall, GBF's programs were well positioned to withstand the impact of Covid and even thrive in the new environment.

## **Impact on activities**

During Covid, work has continued to advance for both of the foundation's priorities. For youth mental health, the media has highlighted the vulnerability of youth to anxiety and depression during the pandemic. Integrated youth services has remained of high-interest to Canadian governments and GBF has been working closely with a number of provinces to develop new IYS projects, notably in Alberta, Manitoba and Newfoundland and Labrador.

The International Alliance of Mental Health Research Funders, which is managed by GBF, has also been advancing. One of the major work areas of the Alliance is the development of common measurements in mental health research on a global basis. Covid has highlighted inadequacies of health data and this has created impetus for the Alliance's work on common measures. Moreover, the Alliance is close to releasing the first landscape study on global mental health research funding including the identification of how much money is being spent and what types of research are being funded. The report will highlight five major inequities in mental health research funding and will also provide deep-dives into the funding ecosystems of six countries and regions including the global south. This eagerly awaited report promises to have considerable impact on future mental health research funding strategies.

Overall, GBF's programs have continued to advanced during Covid due to the foundation's efforts to develop high-impact, sustainable projects and the continued interest of society in mental health during Covid.

## **3.0 Synthesis**

Over the past decade, the Graham Boeckh Foundation (GBF), a Montreal-based private family foundation, has focused on two baskets of work: transforming mental health services for Canadian youth, and improving the effectiveness of mental health research funding worldwide (GBF 2019). The transformative strategy is mainly approached through initiating and comprehensively supporting large collective impact projects and by promoting collaboration and knowledge exchange within the mental health sector (Presnell 2018).

GBF's history from 1990 to the present (2020) can be divided into two periods.

The first phase of GBF (1990 – 2008) saw the creation of GBF and initial steps to honor Graham Boeckh, who passed away due to schizophrenia medical-related complications in 1986<sup>33</sup>. The McGill Schizophrenia research chair was the foundation's inaugural funding initiative.

In the second Phase of GBF (2009-2020), the foundation's strategy coalesced around two major activities: integrated youth services in Canada and fostering collaboration within the mental health sector in Canada as well as a worldwide collaborative of mental health research funders. This approach benefited from public-philanthropic partnerships that extended from collaboration with the Federal Canadian Institutes of Health Research (CIHR) to partnering with several provinces to create integrated youth services projects. All this occurred in concert with other philanthropic organizations. The most recent initiative is the strategic partnership between GBF - Bell Let's Talk to develop IYS across Canada including \$5 million of funding from each organization (Bell Let's talk, 2020). GBF has walked the extra mile to enrich Canadian collaboration with international philanthropy.

## 4.0 Analysis and learnings

This report has discussed GBF's major accomplishments as well as the operating strategies that have helped the foundation to achieve impact. Below, we highlight three of these strategies that distinguish GBF's approach to philanthropy.

GBF is an exemplar of how a small foundation can have outsize impact through strategic philanthropy. This strategic approach includes clear areas of focus, a long-term commitment and the pursuit of a variety of deliberate strategies to maximize impact.

GBF is a leader in collaborative philanthropy and has created numerous and varied initiatives that reflect this approach. These initiatives involve different types of funder collaborations that range from knowledge sharing and relationship-building, to the co-funding of projects, and to the creation of strategic funding alliances. The latter type of collaboration is exemplified by the Foundation's partnership with Bell Let's Talk. This partnership involves a commitment from both organizations to align efforts in addressing an important societal issue across Canada including, for both organizations, the leveraging of both organizations' intellectual, funding and communications capabilities.

The integrated youth services projects that GBF has co-funded and co-created involve multi-sector collaborations. They can be categorized as large, collective-impact projects that bring together different actors within the mental health sector to transform youth services. These actors include youth, family carers, services providers, researchers, policy makers and philanthropy.

GBF has become effective at developing partnerships with governments, in this case to create integrated models of care for youth mental health. GBF has co-created and co-funded these multi-million dollar projects with several Canadian governments and government agencies. Through this work, GBF has developed knowledge on to how to engage governments and government officials

---

33 <https://www.cbc.ca/news/canada/montreal/mental-health-help-for-youth-needs-radical-reform-says-advocate-tony-boeckh-1.2886256>.

around a specific vision, governance structure and co-funding model. This approach, in particular, has involved engagement with provincial civil servants, often in Ministries of Health and/or other relevant ministries. GBF also assists provincial governments by engaging non-governmental leaders in provincial mental health sectors as well as offering strategic advice and funding. GBF has deliberately focussed on a strategy of collaborating with governments and offering strategic advice rather than focussing on lobbying or advocacy.

The Boeckh family's willingness to work on the issue of mental health is very relevant to the current priorities of Canadian governments and society. As the Foundation's team reminds us, one person in five experiences a mental health problem, only one person in three receives appropriate treatment and 70% of mental illness begins in childhood or adolescence. Faced with this challenge, the "Canadian health care system" is failing. It is to the challenge of improving Canada's system of services for young people with mental health problems that the Foundation has dedicated its mission.

The historical portrait that we have produced was intended to be descriptive in the sense that it was first necessary to situate the major aspects of the initiatives carried out by the Foundation. Once that was done, this description raised a series of questions about the foundation's methods. Some elements are currently missing from this study and would be important to address in future.

## References

- ACCESS Open Minds (2020). “What is ACCESS Open Minds?”. Retrieved March 12, 2020, from <https://accessopenminds.ca/what-is-access/what-is-access/>.
- Bell Let’s Talk Foundation, (2020). “Bell Let’s Talk initiative extended to 2025, Bell’s total funding target for Canadian mental health grows to \$150 million” Retrieved March 12, 2020, from; <https://letstalk.bell.ca/en/news/1242/bell-lets-talk-initiative-extended-to-2025-bells-total-funding-target-for-canadian-mental-health-grows-to-150-million>.
- Boeckh, A., & R. Boeckh (2012). “The Boeckh Investment Letter”. Retrieved March 12, 2020, from <http://www.boeckhinvestmentletter.com/>.
- Boeckh, J. A. (2010). *The great reflation: How investors can profit from the new world of money*, John Wiley & Sons.
- Canadian Institute for Health Information (2019). “Child and youth mental health in Canada — Infographic”. Retrieved March, 19,, 2020, from <https://www.cihi.ca/en/child-and-youth-mental-health-in-canada-infographic>.
- Canadian Institute of Health Research (2011). *Canada’s Strategy for Patient-Oriented Research - Improving health outcomes through evidence-informed care* Canada. Ottawa, Canadian Institute of Health Research.
- CBC News (2014) “Youth Access To Mental-health Help ‘absolutely Shocking,’ Says Dad Calling For Reform”. Retrieved Apr 22, 2020, <https://www.cbc.ca/news/canada/montreal/mental-health-help-for-youth-needs-radical-reform-says-advocate-tony-boeckh-1.2886256>.
- Dorvil, H., Guttman, H.A., Ricard N. et A. Villeneuve (1997). *Défis de la reconfiguration des services de santé mentale, pour une réponse efficace et efficiente aux besoins des personnes atteintes de troubles mentaux graves*, Québec, Gouvernement du Québec, ministère de la Santé et des Services sociaux.
- Dubé, A., Iancu, P., Tranchant, C. C., Doucet, D., Joachin, A., Malchow, J., ... & Bourque, J. (2019). “Transforming child and youth mental health care: ACCESS Open Minds New Brunswick in the rural Francophone region of the Acadian Peninsula”. *Early intervention in psychiatry*, 13, 29-34.
- Foundry (2020). “Who We are”. Retrieved March 14, 2020, from <https://foundrybc.ca/who-we-are/>.
- FRAYME (2020). “Our Approach”. Retrieved March 12, 2020, from <https://www.frayme.ca/approach>.
- GBF, (2019). “About Us - Mission, History, Board of Directors, Staff”. Retrieved March, 12, , 2020, from <https://grahamboeckhfoundation.org/en/about-us/>.
- GBF, (2019). *Building Strength: Transformational Research in Adolescent Mental Health - A public-philanthropic partnership between the Canadian Institutes of Health Research and the Graham Boeckh Foundation*: p. 1- 3.



- GBF, (2019). “Graham Boeckh Chair in Schizophrenia Research”. Retrieved March 12, 2020, from <https://grahamboeckhfoundation.org/en/what-we-do/collaboration-knowledge/graham-boeckh-chair-in-schizophrenia-research/>.
- GBF, (2019, Sep, 2019). “Transforming Mental Health”. Retrieved March 12, 2020, from <https://grahamboeckhfoundation.org/en/what-we-do/transform-mental-health/>.
- GBF, (2019). “What is Integrated Youth Services?”. Retrieved March, 12, 2020, from <https://grahamboeckhfoundation.org/en/what-we-do/transform-mental-health/integrated-youth-services/>.
- International Alliance of Mental Health Funders (IAMHF), (2019). “IAMHF Terms of Reference.” Retrieved March 12, 2020, from [https://iamhrf.org/sites/iamhrf.org/files/uploads/page/files/iamhrf\\_terms\\_of\\_reference\\_june\\_2019f.pdf](https://iamhrf.org/sites/iamhrf.org/files/uploads/page/files/iamhrf_terms_of_reference_june_2019f.pdf).
- IE Staff, (1999). “TD Bank purchases Greydanus, Boeckh & Associates Inc. Will be merged with TD Asset Mangement”. Retrieved March 12, 2020, from <https://www.investmentexecutive.com/news/industry-news/td-bank-purchases-greydanus-boeckh-associates-inc/>.
- Iyer, S. N., Boksa, P., & Joobar, R. (2019). “How youth mental healthcare is being transformed in diverse settings across Canada: Reflections on the experience of the ACCESS Open Minds network”. *Early intervention in psychiatry*, 13, 8-11.
- Iyer, S. N., Shah, J., Boksa, P., Lal, S., Joobar, R., Andersson, N., ... & Hutt-MacLeod, D. (2019). “A minimum evaluation protocol and stepped-wedge cluster randomized trial of ACCESS Open Minds, a large Canadian youth mental health services transformation project”. *BMC psychiatry*, 19(1), 273.
- Leland, Olivia (2017). “A New Model of Collaborative Philanthropy”. *Stanford Social Innovation Review*. Retrieved april 23, 2020, from [https://ssir.org/articles/entry/a\\_new\\_model\\_of\\_collaborative\\_philanthropy](https://ssir.org/articles/entry/a_new_model_of_collaborative_philanthropy).
- Mallah, Ashok (2019). “ACCESS Open Minds 2018-2019 Annual Report”. Retrieved March 12, 2020, from <https://accessopenminds.ca/2018-2019-second-annual-report/>.
- McGill University, (1997). “McGill establishes important chair in schizophrenia research”. Retrieved march 12, 2020, from <https://www.mcgill.ca/newsroom/channels/news/mcgill-establishes-important-chair-schizophrenia-research-9516>.
- Ministère de la Santé et des Services sociaux, (2017) “Santé mentale – Le Gouvernement du Québec annonce la création d’un programme public de psychothérapie”. Retrieved march 12, 2020, from <https://www.msss.gouv.qc.ca/ministere/salle-de-presse/communiqu-1448/>.
- Morrison & Peterson (2017). *Story of Transformation in Youth Mental Health in the Province of New Brunswick*. Fredericton, University of New Brunswick.
- NeuroScience Canada (2007). “Annual Report 2007”, Retrieved March 12, 2020, from <https://braincanada.ca/wp-content/uploads/2017/09/07-EN.pdf>.

- Philanthropic Foundations Canada (2017) “Grantmakers and Governments: The possibilities of partnership”. Retrieved April 20, 2020, from <https://pfc.ca/wp-content/uploads/2018/01/pf-10-web-eng-grantmakers-guide-2017.pdf>).
- Philanthropic Foundations Canada (2020) “Groups Directory - Mental Health and Wellness Affinity Group”. Retrieved March 12, 2020, from <http://affinitygroups.pfc.ca/groups/mental-health-funders-group/> and <https://pfc.ca/about/>.
- Presnell, D. (2018). Graham Boeckh Foundation - Engagement Findings. Signals Design Group: p. 4.
- TransForm (2018). “Transnational forum on integrated community care”. Retrieved March 12, 2020, from <https://nefeurope.files.wordpress.com/2019/09/transform-leaflet-1.pdf>.
- Statistics Canada (2019). “A Portrait Of Canadian Youth: March 2019 Updates”, Retrieved April 22, 2020, from <https://www150.statcan.gc.ca/n1/pub/11-631-x/11-631-x2019003-eng.htm#a1>.



