



CALGARY'S
MENTAL HEALTH+
ADDICTION STRATEGY

A community of connections

**Calgary Mental Health and Addiction Community
Strategy and Action Plan 2021–2023**

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WHAT WE HEARD

Throughout these pages you will read some of the valuable insights gained from our engagement sessions held with the many caring stakeholders who helped develop this strategy and action plan.

LAND ACKNOWLEDGEMENT

In the spirit of respect and truth, we acknowledge the original inhabitants of this land that Niitsitapi have called Moh'kinsstis since time immemorial. We honour the signatories of Treaty 7: the Blackfoot Confederacy, including the Siksika, Kainai, and Piikani nations, the Iyârhe Nakoda of the Chiniki, Wesley and Bearspaw nations, and the Tsuut'ina nation. We acknowledge the members of the Métis community and specifically, the Métis Nation of Alberta Region Three. In the spirit of reconciliation and because we are all treaty people, we also acknowledge all Calgarians who make our homes in the traditional Treaty 7 territory of Southern Alberta.

Creating hope and strengthening connections



To Calgarians,

For thousands of years, people have been coming to this place where two rivers come together. Citizens from every corner of this earth continue to come here seeking hope, opportunity and connection. Too many of us, though, don't feel that connection, and live lives below our potential.

Mental health is a universal issue; nearly all of us live in a family where those closest to us have struggled with mental illness or addiction, and all of us will have challenges with our own mental health over our lives.

The stigma around mental illness and addiction have made many people reluctant to ask for help. Even after you make that courageous choice, it is often difficult to find the help you need.

The past several years have been challenging for Calgarians. Mental health and addiction issues do not occur in a vacuum, and we have seen how any one of us can experience vulnerabilities related to income, housing, social belonging, and connection. It is not an exaggeration to say that we are now in the midst of a mental health and addiction crisis.

Like many of us, I too struggled with helping someone close to me connect with the services he needed to get better. Even with the resources at my disposal as Mayor, I found the system hard to access and hard to move through. I didn't know what help was available, or even what kind of support to provide.

That is why I was so pleased when City Council endorsed my call for a new strategy, and why I started with a basic objective: to create a "Calgary model" based on a systemic view of mental health and addiction, putting the citizen at the centre of our work.

We have been working with an extraordinary stewardship group on a Mental Health and Addiction Community Strategy and Action Plan for the past 18 months, and I am proud to present this strategy as a result of that work.

Building on science, evidence-informed programs and services, and understanding the development of our brains, we can ensure that we build the connections between harm reduction, treatment and recovery.

We can create hope for every single one of us to recover and live a life of dignity. That is the core of this strategy: being well, getting help, and staying safe.

In other words, by working together we can build a community where every Calgarian has access to resources that support mental health and recovery throughout their lifetime, where those in need of assistance can find what they are looking for in a simple, culturally appropriate and timely manner, and where we all feel safe and secure, in community with each other.

We have also purposefully left space for an Indigenous-led mental health model. Through our work, we began to better understand the mental health needs of Indigenous people and the requirement for a model that is created and led by people within the community, centred on an Indigenous world view.

When we understand how our earliest experiences can affect our lifelong well-being, and how our life circumstances can lead to individuals, families and communities becoming more or less vulnerable, we can work together to make life better. When we hear each other's stories, we reduce the stigma associated with mental illness and addiction because we know that we aren't alone. When we meet each other along the journey, we understand that recovery is a lifelong exercise in compassion and courage.

Taking Immediate Action

Change Can't Wait! Is our innovative fast pilot experiment in which we asked Calgary organizations to test new ideas to begin making a difference right now. The idea here was fast to market, fast to fail, fast to succeed and fast to scale up. This was a critical design for creating this strategy, as well as for making change now. Using City and partner resources, we successfully funded 29 pilots. Several of these have already been scaled up and our community is a better place because of it.

One example: Catholic Family Service received funding for a collaborative idea to connect Calgary's communities with affordable and barrier-free access to phone or video counselling sessions. Jessica Cope Williams, Co-CEO of Catholic Family Service, shared the importance of "being brave not perfect" when implementing their idea. The collaboration, called Community Connect YYC, has now increased from 6 to 12 agencies.

Taking Jessica's lead, we can all improve our mental health by being brave not perfect and taking immediate action. These actions can be large (like accessing and seeking help in the system of care when needed) or small (like sharing the story of what we are struggling with among supportive peers and family). We can be brave together, and make a difference in the lives of individual Calgarians, their families, and our communities. All of us will benefit from this approach.

As Mayor of Calgary, I extend my gratitude to so many people and organizations. To Bloomberg Philanthropies and Michael Bloomberg personally for the chance to participate in the Bloomberg Harvard City Leadership Initiative. To the eight individuals who kicked us off in this groundbreaking cross-sector collaboration work representing lived experience and advocacy as well as our partners, including Alberta Health Services, Calgary Police Service, the Calgary Homeless Foundation, and the United Way of Calgary and Area. The results of their learning has influenced not only our strategy, but how we have developed our strategy with our community.

I also extend my sincere thanks to everyone involved in the development of this strategy, and to all those who will move forward together to implement it. Whether you helped by participating in engagement sessions, shared your time and expertise as a Core Program Team member, are a community funder, or were among the individuals and organizations who bravely tested innovative ideas through our Change Can't Wait! fast pilots: you gave us the focus we needed to make. I appreciate the time and passion you gave to address a very complex issue.

We can all be proud of the strategy and action plan we have created together, knowing that our work for the good of Calgarians has only just begun.

While this is a community-based strategy, we will need to work with colleagues at other government agencies in order for it to be truly successful, and we look forward to working with the Governments of Alberta and Canada moving forward.

To our incredible stewardship group for their marvelous thought Leadership, I am grateful. And particularly to our magnificent co-chairs, Ms. Karen Gosbee and Dr. Chris Eagle. Both Karen and Chris have expended an enormous amount of energy, and somewhat unexpected months of time for this strategy and action plan. Your leadership has given us confidence and hope. Thank you.

It will take all of us to create hope and strengthen support for Calgarians, their families, and communities experiencing mental health and addiction issues.

We will all help each other connect the dots along the journey towards mental health, towards a stronger, more resilient, and more compassionate community.

Sincerely,



Naheed K. Nenshi

Mayor of Calgary on behalf of
Dr. Chris Eagle and Karen Gosbee
Co-chairs, Community Action on Mental Health and Addiction Stewardship Group

MEMBERS OF THE STEWARDSHIP GROUP:

Karen Gosbee,
Community Advocate, Co-chair

Dr. Chris Eagle,
Community Advocate, Co-chair

Naheed Nenshi,
Mayor of Calgary

Diane Colley-Urquhart,
City Councillor, Ward 13

David Duckworth,
The City of Calgary

Dr. Valerie Taylor,
Alberta Health Services and University of Calgary

Dr. Karla Gustafson,
Alberta Health Services

Janet Chafe,
Alberta Health Services

Katie McLellan,
Calgary Police Service

Steve Hardy

Nancy Mannix,
Alberta Family Wellness Initiative, Palix Foundation

Karen Young,
United Way of Calgary and Area

Joanne Pitman,
Calgary Board of Education

Andrea Holowka,
Calgary Catholic School District

Debbie Bruckner,
University of Calgary

Dr. Paul Arnold,
Mathison Centre for Mental Health Research & Education, University of Calgary

Dr. David Park,
Hotchkiss Brain Institute, University of Calgary

Dr. William Ghali,
Vice President Research, University of Calgary

Bryan de Lottinville,
Benevity

Kerilee Snatenchuk,
ATB Financial

Whitney Issik,
MLA, Government of Alberta

Jim Gibson,
Thin Air Labs

Mark Fitzgerald,
PETRONAS Canada

MEMBERS OF THE BLOOMBERG HARVARD CITY LEADERSHIP INITIATIVE CALGARY TEAM:

Yared Belayneh

Scott Boyd

Janet Chafe

Nancy Close

Karen Gosbee

Melanie Hulsker

Diana Krecsy

Lori Roe

Mental health affects all of us

Mental health¹ is more than the absence of mental illness². All people, whether they have a mental illness or not, experience times when their mental health is good, and other times when it is poor. There are things we can do as individuals to improve our own mental health, just like there are ways we can improve our physical health through our diet, exercise habits, sleep routine and other measures.

Our mental health can also be affected by things beyond our control. For example, the COVID-19 pandemic has impacted the mental health of many Calgarians. People worried about their own health and the health of family members, experienced the stress of working or going to school from home, and struggled to balance the demands of work and child care.

When a person's mental health gets worse, they may find they have ways of coping and improving their mental health. They may be able to improve their mental health through seeking support from friends, family members and others in their community.

WHAT WE HEARD

Many of us feel that we don't have a coordinated, seamless system that can offer help when and how we need it. Programs and services do exist to meet our needs, but sometimes the design and cost of services means they are not accessible to people who need them over a long time.



- 1 The World Health Organization defines mental health as "A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community."
- 2 According to the Canadian Mental Health Association, mental illness refers to "a variety of mental disorders that can be diagnosed. Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior associated with distress and/or impaired functioning." "Mental illnesses can be treated effectively."

Early experiences are critical

The Brain Story³ describes how our ability to cope with adversity is influenced by how early experiences affect the developing brain. It helps us to think about how our brains can be changed by experiences. This also provides hope that recovery is possible. By understanding more about the brain and how it works, Calgarians can get the help they need from their family members, friends, and the community. Further support is available from community organizations and health services when needed.

The Alberta Family Wellness Initiative has also developed a Resilience Scale that recognizes the role that both genetics and experiences have in affecting brain development. The Resilience Scale provides a way of understanding the complex interplay of protective factors, risk factors, and individual skills and capacities, and how they can lead to a person's increased or decreased ability to respond in a positive way to adversity.⁴ These factors include supporting responsive relationships between children and adults,

strengthening core life skills, and reducing sources of stress in the lives of children and families.⁵

It starts with talking about mental health

People struggling with poor mental health may also look for help from formal services like a help line, a family doctor or a counsellor. Formal health services can also help to identify if a person has a mental illness in addition to having declining mental health.

It is important that Calgary is a community where people can talk about their mental health and can ask for help from family, friends, community members, and professionals when they need it.

3 <https://www.albertafamilywellness.org/what-we-know/the-brain-story>

4 <https://www.albertafamilywellness.org/what-we-know/resilience-scale>

5 Centre on the Developing Child at Harvard University (2017). *Three Principles to Improve Outcomes for Children and Families*.



Addiction is in our homes and on our streets

Most individuals will use some kind of psychoactive substance in their lifetime. Some of the most common in Canada include alcohol, tobacco, prescription medications (such as opioid painkillers or anti-depressant drugs) and cannabis. A smaller number of Canadians use other drugs such as cocaine, heroin, ecstasy and methamphetamine. In recent years, the potential harms from drug use have been made worse by a drug supply that is often contaminated with synthetic opioids like fentanyl. Young people aged 15 to 24 are more likely to experience mental illness and/or substance use disorders than any other age group.⁶

We know that people use substances for a lot of different reasons, including for personal enjoyment, to relax, socialize, or to cope with pain, stress or other problems. Most will do so without causing harm to their health or well-being.

When substance use becomes a problem

Problems occur when substance use causes harm to an individual, their family and friends, or their communities. Substance use disorder is a chronic, relapsing disorder characterized by compulsive drug seeking and use despite adverse consequences. It is considered a brain disorder because it involves functional changes to brain circuits involved in reward, stress and self-control. Those changes may last a long time even after a person has stopped taking drugs.⁷

Addiction is a lot like other diseases, such as heart disease. Both disrupt the normal, healthy functioning of an organ in the body, both have serious harmful effects and, in many cases, both are preventable and treatable. If left untreated, they can last a lifetime and may lead to death. Substance use disorder is a health condition. One in 10 Canadians, from all walks of life, is struggling with problematic substance use today.⁸ It is not a choice, and can be treated successfully.



Getting the help they need

There are many service providers that provide programs and services for mental health problems, mental illness and addiction. However, these programs are funded by and report to several different organizations, sectors and orders of government. People with mental illness and addiction can have trouble getting the information and help they need in a coordinated way.

WHAT WE HEARD

We need to find ways to create better connections between grassroots groups and more formal organizations and services so that we can effectively address the needs of Calgarians in their homes, schools, workplaces and community.

6 Pearson, Janz and Ali (2013). Health at a glance: Mental and substance use disorders in Canada. Statistics Canada Catalogue no. 82-624-X.

7 NIDA. (2018, July 20). Drugs, Brains, and Behavior: The Science of Addiction <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction>

8 Canadian Centre on Substance Use & Addiction, 2017

This strategy and action plan is about helping Calgarians to live well. We all need help and support at various times throughout our lives. While one in five Calgarians both young and old alike will experience a mental health issue or prolonged illness in their lifetime, five in five Calgarians can help make life better. This strategy views health in a holistic way; including body, mind and spirit; knowing that belonging and connection are vital to our health.



All our community partners are committed to working together to improve mental health and addiction outcomes for Calgarians. We proceed with confidence, knowing this strategy and action plan is dynamic. That just like the world around us changes, it will be adjusted as new evidence and emerging issues are brought forward.

This strategy and action plan has a single purpose:
to create hope and strengthen support for people, families and communities in Calgary living with mental health and addiction issues.

Our goal is to improve quality of life for all Calgarians.

When asked to describe what creating hope and strengthening support means to them, Calgarians use words such as:

Belonging and acceptance.

Knowing where to get help as soon as you need it.

Having ways to cope with problems.

Feeling safe in the community.

Being safe and getting the help you need in a crisis.

A Strategic Framework for working together

Developed with stakeholders, our work has been guided by a strategic framework as shown in the diagram below. At its core is our overall goal: creating hope and strengthening support for everyone. This will be achieved through three themes, or sets of actions: being well, getting help and staying safe. The remainder of the strategic framework describes **how we will act** together and **the resulting benefits** for Calgarians.



BEING WELL Wellness at home, at school, at work and in the community

- 1 Help communities to become places where all people belong and support each other
- 2 Share information in schools and in the community to help people understand what mental health and addiction are and how to support themselves and others
- 3 Promote approaches to positive mental health in workplaces

GETTING HELP What you need, when, where and how you need it

- 4 Establish a coordinated network of mental health and addiction services so that people can easily get the help they need when they need it.
- 5 Transform a system of early access to mental health and addiction services through schools.
- 6 Transform a system of early access to mental health and addiction supports and services through workplaces.
- 7 Build capacity of local organizations to meet the mental health and addiction needs in the community through convening around common actions.

STAYING SAFE Security at all times, especially in a crisis

- 8 Strengthen existing crisis supports.
- 9 Transform how to respond to people and families in crisis and prevent future crises.

The Calgary Mental Health and Addiction Community Action Plan

It's About Us

We all have stories — unique experiences with mental health and addiction about ourselves, our family members, friends and communities. Some of those stories are about times we have tried to prevent our mental health from getting worse or have looked for help for a mental health problem. Often, we felt like the systems that are supposed to help us are only seeing part of the picture.

It is important that we tell our stories of mental health, mental illness and addiction. We can reduce stigma and shame by understanding these issues affect us all; that healing and recovery is possible. This strategy and action plan has been built on a foundation of listening to and learning from the stories of Calgarians and their experiences with the aim of improving outcomes in the future.

BEING WELL

Wellness at home, at school, at work and in the community

What this will mean for Calgarians:

- Help to prevent mental health and substance use problems before they start.
- People feel like they belong and are accepted at home, at school, at work and in the community.
- People have ways to cope with uncertainty and challenges for themselves and others, including ways to connect to help and support from each other as early as possible.

What we will do:

Support individuals, families and communities in Calgary to thrive at home, at school, in the workplace and in the community while coping with uncertainty and challenges.

How we will do this:

- Help communities to become places where all people belong and support each other.
- Share information in schools and in the community to help people understand what mental health and addiction are and how to support themselves and others.
- Promote approaches to positive mental health in workplaces.



Why are we taking this approach?

Taking preventative action is important to a community-wide mental health and addiction strategy because:

38 per cent of Canadians, 15 years and older, had at least one immediate or extended family member with either a mental health, emotional or substance misuse problem.

Approximately 25 per cent of children and youth have felt sad, hopeless or lonely for a long period of time.

Between the pre-teen years and late adolescence, the percentage of boys who are happy drops from 87 per cent to 63 per cent, in comparison to girls which drops from 93 per cent to 69 per cent.

45 per cent of Calgarians do not feel connected to their community.

Approximately 30 per cent of older Canadian adults are at risk of becoming socially isolated.⁹

Families, and their children, benefit when they are supported by caregivers, community supports/programs and the structural environment because these can strengthen family skills to enhance development. What is crucial for children and youth is access to sufficient positive supports to optimize development.

The community is uniquely positioned to make decisions appropriate to local needs and interests, and is well positioned to support public investments in health and well-being.

75 per cent of people with a mental illness develop symptoms before age 25.

Almost 29 per cent of children and youth do not reach their developmental milestones.

Seventy per cent of mental health problems take root in adolescence. However, only 20 per cent of children who need help receive mental health

support, setting the stage for challenges to follow them into adulthood.

The school setting (in person or online) provides a point of access for most school-aged children to information and community resources.

Eight per cent of Canadians are reporting increased stress.¹⁰ There is heightened interest and urgency due to the stress, anxiety and grief related to the COVID-19 pandemic for employers to provide, and increase awareness of, mental health supports and services that benefit employees and their families.

A Stats Canada survey of Canadians in spring 2020 found since the pandemic began, 28 per cent of participants reported high stress levels and 88 per cent experienced at least one anxiety symptom in the two weeks prior. Almost two-thirds of youth aged 15 to 24 reported worsening mental health since physical distancing began, and 41 per cent reported symptoms consistent with moderate or severe anxiety.¹¹

Traditional offerings of employee and family assistance programs typically engage less than 10 per cent of employees. Employer benefit plans do not cover the full cost of mental health treatments.

Employers lack timely data and measurable impact on solutions that address mental health needs, deliver effective treatments and produce health and productivity outcomes.

Three out of five employees have experienced mental health issues in the past year because of work.¹²

Two out of three of those facing mental health challenges do not access help.¹³

9 Government of Alberta, n.d., p.1 <https://open.alberta.ca/dataset/44824bfa-f675-40ea-902d-b240c30708a3/resource/6d04591b-26e5-47f3-a68c-1e6603a4ecbe/download/sh-seniors-social-isolation-card.pdf>

10 Morneau Shepell 2020 Mental Health Index

11 <https://www150.statcan.gc.ca/n1/daily-quotidien/200527/dq200527b-eng.htm>

12 Mental Health at Work Report, National Employee Mental Well-being Survey Findings, 2017 (UK)

13 Statistics Canada (2003), Canadian Community Health Survey (mental health and well-being)

Investing in our communities

Natural Supports are healthy supportive relationships that are informal in nature and sustained over a period of time.¹⁴ Naturally supportive communities are comprised of individuals, organizations, groups, businesses and others who help each other achieve a sense of belonging and connectedness. These communities help people to cope with the stress of life at home and in the community.

“Well-being is more likely when children and youth are safe, are physically and emotionally supported, experience connection to community and culture and have opportunities to develop their potential.”¹⁵ “Low-cost preventive approaches that are universal and/or targeted at a community level have a positive return on investment because they reduce the likelihood of behavioural and developmental problems associated with exposure to adversity.”¹⁶



Ripple effects

This long-term investment in youth has ripple effects for the community as a whole with the opportunity for multi-generational impact. Helping to ensure a support system is available for people outside of the formal health system will reduce the health system burden.

Health promotion and prevention programming gives people the tools and information they need to build resilience, cope with life’s challenges and support family and friends to be well. They can contribute to preventing the onset of mental health and addiction.

Building on the success of school programs

Maintaining the current universal health promotion programming that is available in schools and beyond, creates the foundation from which mental health and substance use education and services are built upon. Building on the success of mental health literacy and peer support programs in schools, the expansion of these education opportunities into community will help build continuity between what children and youth are learning in school and what they are hearing in community from their formal and informal support networks.

By targeting both service providers with Alberta Health Services’ Go-To Educator Professional Training and youth within those organizations with the Canadian Mental Health Association’s Community Helpers program, Mental Health Awareness workshops and YouthSmart Initiative, these complementary approaches reinforce one another.

The 2020 Deloitte UK Report on Mental Health noted that interventions that achieve higher returns on investment tend to have the following characteristics:

- Offer large-scale culture change or organization-wide initiatives for all employees.
- Focus on prevention.
- Use technology or diagnostics to tailor supports for those most at risk.

14 Tough S, Reynolds N, Walsh JL, Agius M. Call to Action: The Opportunity of Natural Supports to Promote Well-being and Resiliency in Alberta. Document of the Connections First Max Bell Foundation and Burns Memorial Fund Policy Fellowship, December, 2019. Available at the All Our Families, Max Bell Foundation, and Connections First websites.

15 <https://www.connectionsfirst.ca/guide>

16 Ibid.



KAREN GOSBEE Community Advocate, and Co-Chair of CAMHA

"I often think of the line in the minister's eulogy to George about 'coaxing the darkness of mental illness into the light of day to heal' and of how a true human community welcomes 'the whole person, the broken parts and the whole'. It's up to all of us to carry it through."

Karen's husband and father of their three children, well-known investment banker George Gosbee, died by suicide in November 2017. Her family's personal story has led to her advocacy in support of improving the lives of those impacted by mental health and addiction. Karen is also a member of The Province of Alberta Mental Health and Addictions Advisory Council.

1 Help communities to become places where all people belong and support each other.

Use an evidence-informed community development approach to encourage and enable the creation of naturally supportive¹⁷ communities¹⁸ that foster well-being and resiliency¹⁹ within children, youth and young adults.

A Share information to increase community education and knowledge and to reduce stigma about mental health and addiction

TIMELINE	YEAR	PARTNERS
Develop a broad communication strategy with key messages and actions for a coordinated dissemination of information.	2021	University of Calgary (UofC), Alberta Health Services (AHS), City of Calgary (CoC), Alberta Addiction Services Providers
Implement a communication strategy starting in targeted communities where state of readiness has been determined and/or need has been identified. The communication strategy will need to be adapted to specific community context in consultation with community stakeholder group.	2022-2023	TBD depending on community need and state of readiness



¹⁷ Natural supports are healthy, supportive relationships that are informal in nature and sustained over a period of time. Naturally supportive communities are comprised of individuals, organizations, groups, businesses and others who promote a sense of belonging and connectedness, which help people to cope with the stress of life at home and in the community.

¹⁸ In this context, "community" refers to geographic communities, communities of affiliation (e.g. ethnocultural or religious communities), and communities of interest (e.g. clubs or interest groups).

¹⁹ Resilience is a process of responding to stresses and strains in a particular context when faced with adversity. The outcome of resilience is positive change and growth.

B Support mobilization of communities in building naturally supportive environments

Residents and other community stakeholders are the experts in their community and are best positioned to identify the most effective actions needed to create a community that is naturally supportive. To support communities in this important and sometimes intensive work, a formalized structure and process informed by research, tools and guidance help to ensure the work moves forward in a timely and sustainable manner.

TIMELINE	YEAR	PARTNERS
Identify community stakeholders to lead this work and be accountable to the CAMHA Implementation Team for this action. Members of this group would be decision-makers within the organization or community group they are representing and would have the ability to mobilize community-level stakeholders to move the work forward on the ground.	2021	CoC, UofC, United Way (UW), AHS, Calgary Board of Education (CBE), Calgary Catholic School District (CCSD), and other key stakeholders as identified
Identify the process/structure by which the support will be provided to communities.		
Pilot a natural supports approach in one community with support from the University of Calgary and The City of Calgary and identify lessons learned to help inform the drafting of the process/structure referred to above.		
Form community-level stakeholder groups in targeted communities where state of readiness and/or need has been identified and using the process/structure and communications strategy support the community in identifying a coordinated response. Community-level stakeholders will be different in each community to ensure they reflect the community they are representing.	2021 -2022	CoC, AHS, UW, CBE, CCSD and other key stakeholders TBD
Implement community-level strategies to enhance natural supports ²⁰ and create naturally supportive environments.	2023 and beyond	CoC, AHS, UW, CBE, CCSD and other key stakeholders TBD

C Leverage learnings from the COVID-19 pandemic about the importance of connection and sense of belonging

The pandemic has shown people that connections with others are critical for good mental health. For some, staying close to home has helped to strengthen connections with neighbours, local businesses and others. Parks and open spaces have contributed to opportunities to connect and socialize safely. There is an opportunity to build on this recognition to support community building and strengthen informal relationships.

²⁰ Natural supports are healthy, supportive relationships that are informal in nature and sustained over a period of time.

TIMELINE	YEAR	PARTNERS
Identify and invest in community strategies that create a “critical mass of familiarity” – neighbours coming together frequently are more likely to feel connected. These strategies could include monthly or quarterly neighbour day type events, intentional connections between local businesses and interest groups (e.g. sports groups, faith communities, etc.), increased access to neighbourhood recreation facilities, etc.	2021 - 2022	CoC, CBE, CCSD and others TBD
Communicate the value of access to parks and open spaces to promote positive mental health, and having public buildings in community open and accessible to all residents (community centres, schools, etc.) using a cost benefit analysis. Identify the levers needed to open doors for community connection.		

Expected outcomes

PROCESS OUTCOMES:

- Collaborative relationships have been formed to address the issue of improved community resilience.
- Any fast pilot projects that have demonstrated success in increasing community resilience and/or reducing stigma and that have potential to be successful when scaled up have been identified.
- Resources have been committed by community organizations to address the issue of community resilience.

SHORT TERM (UP TO 6 MONTHS):

- Communities²¹ identify strategies and approaches that increase the likelihood that residents access resources, experience belonging and psychological safety.
- Communities identify approaches that decreases stigma related to mental health problems, mental illness, substance use and addiction.
- Communities and their components, such as service organizations, businesses and residents, identify approaches to improve natural supports and member sense of belonging.
- Communities identify mechanisms to increase natural supports to assist Calgarians in coping with stresses and strains of daily life at home and in the community.

MEDIUM TERM (6-24 MONTHS):

- Calgarians experience their community as a setting that supports positive mental health and psychological safety.
- Calgarians experience their community as a setting that decreases stigma related to mental health problems, mental illness, substance use and addiction.
- Calgarians have knowledge and language about mental health, mental illness, how to support positive mental health and when to seek help.
- Communities, including service organizations and businesses have common knowledge, and language about the value of natural support approaches to influence positive mental health.
- Children, youth and their families in Calgary have common knowledge and language about mental health, mental illness, how to support positive mental health and when to seek help.

LONG TERM (2-5 YEARS):

- Calgarians are able to cope with the stresses and strains of daily life at home and in the community and have natural supports available to provide assistance when needed.

21 As defined above, as geographic communities, or communities of affiliation of interest.



ANILA LEE YUEN CEO, Non-Profit Organization, Living with chronic depression and anxiety

“I would love to see an end to the stigma, the end to the blaming, the end to the belief there is something wrong with the individual, and not only with mental health but addiction as well. For me, I would like to see open, honest conversations and that nobody is fearful anymore about losing their jobs. I am hopeful that Calgary will be on the map as an inclusive society where everyone feels safe to be themselves.”

Anila’s experience with mental health in Calgary has been a roller-coaster ride. At the high points she has felt supported, especially by her mother. But there have been low moments where she felt so much stigma in the community that it was difficult to get any type of support. When she reached puberty, Anila knew she was very different from everyone else, though others just chalked it up to teenage angst. It wasn’t until university when the anxiety and panic attacks started that Anila was diagnosed with chronic depression and anxiety. That began her 23-year journey of taking anti-depressants.

2 Share information in schools and in the community to help people understand what mental health and addiction are and how to support themselves and others.

Coordinate, sustain and expand health promotion/prevention programming that is being successfully implemented in schools and the broader community that focuses on being mentally and physically healthy.

Scale up and expand evidence-based programs, tools and approaches that enhance the skills of individuals as natural supports and increase mental health literacy to promote a shared understanding and use of common language to help reduce stigma.

A Coordinate and sustain existing evidence-based health promotion/prevention programming that is being successfully implemented in schools and the broader community that focuses on being mentally and physically healthy		
TIMELINE	YEAR	PARTNERS
Sustain the school-based Mental Health Literacy education provided to school staff, parents and students. This allows for evidence-based training in the foundational understanding of mental health, mental illness and pathways to care. This includes: mental health promotion through mental health literacy for youth, educators and families; training for teachers, student services providers, and primary care providers, with knowledge upgrading for mental health professionals, to facilitate early identification, prevention and intervention; and processes for coordination and collaboration between schools and their communities.	ongoing	AHS, CBE, CCSD, Canadian Mental Health Association (CMHA), UofC
Sustain health promotion programming that educates about wellness, substance use and prevention.		

WHAT WE HEARD
 We need to show compassion and courage when interacting with people in crisis. Every single one of us is someone’s daughter or son.



B Expand the reach of mental health literacy training and education programming to wider audiences targeting service providers and community groups who work with youth

TIMELINE	YEAR	PARTNERS
Review community engagement, systems mapping and other available data and consult with partners sharing information in action 1A to identify which population groups have identified a need for increased mental health knowledge and decreased stigma.	2021	AHS, CMHA
Identify youth-serving organizations that work directly with population groups identified in the data and work with them to assess state of readiness for adopting and implementing the approach within their organization. This may include sports organizations, faith communities, or other communities of interest or affiliation.		
Provide train-the-trainer sessions for key staff and training and education sessions for youth volunteers and youth participants in organizations assessed as being ready to implement the approach in their organization.	2022 2023	
Convene and host opportunities for community groups and organizations that produce and distribute mental health and addiction education and resources to enable continued alignment and collaboration among initiatives focused on understanding and enhancing mental health, reducing stigma related to poor mental health or mental illness, and knowing how to seek help for oneself and others when needed.	2021- 2023	CAMHA Leadership Group, The City of Calgary

Expected outcomes

PROCESS OUTCOME:

- Collaborative relationships have been formed to coordinate the delivery of mental health literacy information and programming.

MEDIUM TERM (6-24 MONTHS):

- Children, youth and their families in Calgary experience their school environments as places that support positive mental health and psychological safety.
- Children, youth and their families in Calgary experience their school as a setting that

decreases stigma related to mental health problems, mental illness, substance use and addiction.

- Children, youth and their families in Calgary have knowledge and language about mental health, mental illness, how to support positive mental health, and when to seek help.

LONG TERM (2-5 YEARS):

- Calgarians are able to cope with the stresses and strains of daily life at school and have access to supports and services when needed.

3 Promote approaches to positive mental health in workplaces.

A Take action to support individuals and families to enhance their mental health in the workplace

TIMELINE	YEAR	PARTNERS
<ul style="list-style-type: none"> Form an alliance of corporate sector leaders that support and enable collective action on employee mental wellness. Develop a three-year operating plan featuring an accelerator model to rapidly research, assess and prototype collective solutions for mental health and well-being in the workplace. Engage members through a commitment to taking action toward common outcomes. 	2021-2023	Alberta Leadership Table on Mental Health and Well-being
Convene and host opportunities for local employers from the not-for profit, private and government sectors to enable continued alignment and collaboration among initiatives focused on enhancing mental health in the workplace.	2021-2023	Leadership Group, CoC

Expected outcomes

LONG TERM (2-5 YEARS):

- Calgarians experience their workplaces as settings that promote positive mental health and psychological safety.
- Calgarians experience their workplaces as settings that decrease stigma related to mental health problems, mental illness, substance use and addiction.



GETTING HELP

What you need, when, where and how you need it

What this will mean for Calgarians:

- People can get help for mental health issues and problems, substance use and addiction issues where and when needed: at home, school, work, and community.
- Earlier access to services and supports for Calgary youth in schools and adults in workplaces.
- A faster and more seamless connection to the help Calgarians need from both primary care and community supports and services.
- An efficient, reliable and sustainable system of supports and services that help to improve quality of life for Calgarians experiencing mental health and/or addiction issues.

What we will do:

- Design and build, from the ground up, ways for Calgarians to find the help they need from organizations and systems in ways that maximize the mental health and quality of life of people, families and communities.
- Develop and sustain collaborative partnerships across not-for-profit social service agencies, Primary Care Networks and Alberta Health Services Addiction and Mental Health to improve access to and navigation of programs and services.

These actions involve communicating and connecting across large systems, questioning how we have done things in the past and being open to try new approaches. This work can take time, but with the investment of time comes the possibility of transformative change.

How we will do this:

- Establish a coordinated network of mental health and addiction services so that people can easily find the help they need when they need it.
- Transform the system of early access to mental health and addiction services through schools.
- Transform the system of early access to mental health and addiction services through workplaces.
- Build capacity of local organizations to meet the mental health and addiction needs in the community through convening around common actions.



Why are we taking this approach?

Facilitating access to mental help for mental health and addiction issues through improved system access and navigation will enable faster access for mental health issues, which will in turn decrease stress for caregivers and family members. To improve system access and navigation, we need to increase the service coordination and integration, including data sharing, between the many health and social services that serve Calgarians. We also need to let people know how they can access this help when they need it. This will help to ensure a continuum of care is available in a timely manner that is holistic, client-centered and appropriate for their needs.

Interventions in schools are critical

Mental health interventions in schools are critically important as this is the most reliable and consistent point of access for children and youth, while workplace programs offer a consistent point of access for adults.

75 per cent of people with a mental illness develop symptoms before age 25.

Almost 29 per cent of children and youth do not reach their developmental milestones.

Seventy per cent of mental health problems take root in adolescence. However, only 20 per cent of children who need help receive mental health support, setting the stage for challenges to follow them into adulthood.

The school setting allows us to catch kids where they are and intervene before crisis.

Schools do not have the mandate and resources to address student mental health on their own. Collaboration with other community partners is needed.

Watchful waiting – involvement when concerns are first identified to enhance protective factors for youth and identify if school supports can guide through or refer on if necessary.

Schools already provide upstream, universal supports which address the well-being of all students and students with the most severe mental health challenges or crises often enter the health care system. In contrast, there is a crucial gap for students with early symptoms of mental health issues. Further support and development of targeted prevention in this area of focus is needed and requires a collaboration of efforts between schools, healthcare providers and the broader community to support a seamless pathway through care.



TAMARA SCHROEDER Mother,
Living with Post-Partum Depression

“What is giving me hope is recognition that there is so much more that needs to be done. It is important that connections are available and easy to access. Timely and ongoing mental health support should not be a privilege or luxury only accessible to those who can afford it. Key is understanding where to go before the mental health challenge reaches a crisis point.”

Tamara’s personal experience with maternal mental health started when her newborn daughter was only three months old. A family history of depression had been passed on to Tamara, but she had always managed it on her own — until she suffered her first panic attack. It was terrifying. With the help of her family physician and a newfound love of running, Tamara has spent the last twelve years building the skills and tools she needs to live with the ongoing effects of post-partum depression.

Barriers to getting help

Calgarians who seek access to mental health and/or addiction services may experience barriers to accessing the services in a timely manner, receiving the services they need, or accessing follow-up services. It is unclear for those who seek help and report their needs were unmet whether the underlying problem is the existence of appropriate services or the barriers to accessing and navigating services and the gaps in continuum of care throughout a person's journey.

A complex web

Calgary has a wide range of programs and services to address people's social and health needs, from prevention and cure to chronic issue management. These programs are offered by government, non-profit agencies and businesses. In most cases, individuals and families are left on their own to navigate a

complex web of programs and services with limited or no support. Most of the programs and services are driven by government and funder priorities, and/or the mandate of the organizations delivering them, often resulting in fragmentation in the system of care.

There is often little sharing of client data between service providers, so clients must explain their situation at each care transition. A holistic, human-centred system of care that is data-driven, and that recognizes the multi-dimensional nature of the issues affecting individuals and families will greatly improve the well-being of Calgarians.

The actions taken above will allow Calgarians to tell their story once in order to get the help they need. Organizations will have the data sharing and referral processes in place to improve the experience of Calgarians accessing all the help they need from multiple sources.



4 Establish a coordinated network of mental health and addiction services so that people can easily find the help they need when they need it.

A Community Information Exchange

The Calgary Community Information Exchange (CIE) is a community-based collaboration that will facilitate client movement toward mental health and addiction recovery through shared data and client information. It will support person-centred and trauma-informed care for Calgarians at any stage in their recovery journey, and be focused on creating seamless transitions between civil society organizations and programs and services in other sectors.

TIMELINE	YEAR	PARTNERS
<ul style="list-style-type: none"> Identify initial population profile as people with multiple or complex needs including mental health and/or addiction. Secure funding and project management/change management resources. Develop pilot project plan. Engage technical team to develop data platform. 	2021	Distress Centre Calgary, CUPS, Aventa, Fresh Start, The Alex, Catholic Family Service, Calgary Homeless Foundation, AHS, CoC
<ul style="list-style-type: none"> Implement pilot project. Evaluate pilot. 	2022	
<ul style="list-style-type: none"> Adjust design based on pilot evaluation. Develop sustainment plan. Explore expansion to other organizations and Alberta communities. 	2023	

WHAT WE HEARD

People need choice in the services they access, how they recover and how their story of health, illness and recovery is told. People also need to grieve in order to heal and grief is best shared. We need to find ways to connect and decrease isolation and stigma.





BRAD MORRISON Outreach Worker,
Lived Experience with Addiction and
Homelessness

“I am so glad that I am able to work in addictions and mental health now because I get it. I know people need to be connected. Getting out of treatment, or getting out of detox, getting out of hospital and going back to the original way of life again isn't working. We see the same people back in the hospital all the time.”

Brad grew up in a family with violence and alcoholism and struggled to get the resources and support he needed to live a healthy life. He spent years going back and forth to detox centres and in and out of addiction and homelessness on Calgary's streets. After finally being offered help for both his mental health and addiction at the same time, he now excels in his career helping others connect to the help they need to follow their own journey of wellness.

B Community Collaboration Initiative

A common barrier to successful treatment and support of people with mental health needs is a persistent lack of coordination across service sectors. The Community Collaboration Initiative began in 2019 with an initial in-person symposium in November 2019 that included representation from a variety of organizations who have a primary role in providing addiction and mental health assessment, treatment and support. Attendees included AHS Addiction and Mental Health teams, Primary Care Networks and 42 community agencies. The focus of the collaborative is to discuss, plan and problem solve how to work together across service sectors to improve coordination and build on existing partnerships to benefit clients and patients.

The goals of the initiative are to:

- Improve system planning, navigation and access to addiction and mental health services.
- Enhance coordination and communication between organizations to improve care and the patient and client experience.
- Advance the use of common tools to support care transitions.
- Support cross-system consultation and professional development.

Initial work focused on mapping services using a tiered model of care. Detailed mapping work continues both within AHS and with community organizations. AHS has started to implement the Level of Care Utilization System (LOCUS) (using a phased approach) to help improve system navigation and ensure patients are connected to the level of care they require. Information on the LOCUS was shared at the second Community Collaboration Initiative symposium in November 2020. The hope is to role this out more broadly over a number of years. In addition, the second symposium had a focus on how organizations work collaboratively together and the principles that support strong working relationships.

Unfortunately, as a result of the intense focus needed on COVID-19 throughout 2020, progress on the goals has slowed. Work is continuing, with the intent to be fully re-established by the end 2021.

TIMELINE	YEAR	PARTNERS
PLANNING PHASE: <ul style="list-style-type: none"> • Establish Steering Committee. • Outline goals and objectives. • Initial in-person Symposium November 2019. • Second Virtual Symposium November 2020. 	2019-2020	AHS, Primary Care Networks (PCNs), and community organizations with a primary focus on providing addiction and mental health assessment, treatment and support.
IMPLEMENTATION PHASE: <ul style="list-style-type: none"> • System Mapping by levels of care with AHS and community organizations. • Start of phased role out of LOCUS within AHS. • Regroup and relaunch the initiative in 2021 as movement forward has been delayed as a result of COVID-19. 	2021-2022	
EVALUATION/EXPANSION/GROWTH PHASE: <ul style="list-style-type: none"> • To be developed as part of the relaunch plan. 	2022 – 2023 and beyond	

C Integrated Health and Social Services

This action aims to increase the service coordination and integration between health and social services to offer individuals and families a continuum of care that is holistic, human-centred and appropriate for their needs in a timely manner.

This goal can be achieved over several years, starting with a short-term pilot project based on work successfully implemented in other jurisdictions. A **working group, comprised of representatives from social services and health care sectors will provide the vision and oversight for the development and implementation of the pilot project in one geographic area** (e.g. a primary care network), and focusing on one issue (e.g. mental health/addiction). Integrating the activities of non-profit social service organizations with the health care delivery system is expected to address needs and lead to improved outcomes for Calgarians. Knowledge gained from the pilot project may be used to develop further work to spread and scale the integration of the two sectors with a focus on additional issues (e.g. positive child development) and geographic areas.

TIMELINE	YEAR	PARTNERS
CONCEPTUAL PHASE: <ul style="list-style-type: none"> Complete an e-scan of integration projects in other jurisdictions. Convene a multi-sectoral project team to explore the integration. Commitment from project team to commit resources (time, expertise, information etc.) Shared understanding of the vision. Expand the project team, based on focus area. 	Q2 2021 – Q1 2022	CoC, PCNs, AHS
DESIGN PHASE: <ul style="list-style-type: none"> Use existing data to identify a geographic area for the pilot. Confirm the geographic area, focus area based on available data (population and/or issue specific), with a view to develop a scalable model. Design a solution(s) for testing. Identify funding and in-kind resources for project management and change management. Design the evaluation plan. Engage users to provide input in all aspect of the design. Test, collect data, analyse. 	Q2 2021 – Q1 2022	
ANALYSIS AND SUSTAINMENT/SCALING UP: <ul style="list-style-type: none"> Explore possibilities to modify or scale up the model based on the evaluation findings. 	Q2 2022 – Q4 2023	

Expected outcomes

LONG TERM (2-5 YEARS):

- To increase the service coordination and integration between health and social services in Calgary to offer individuals and families a continuum of care that is holistic, human-centred and appropriate for their needs in a timely manner.

5 Transform the system of early access to mental health and addiction services through schools.

A Develop, from the ground up, a way to identify and access mental health and addiction services for children and adolescents in schools as early as possible.

Develop and implement a mental health intervention structure for publicly funded schools in Calgary targeting children and adolescents (12-18 years) experiencing early symptoms of mental health issues to help prevent mental health disorders.

TIMELINE	YEAR	PARTNERS
Systematic Literature Review to identify priority outcomes, followed by engagement of school-based practitioners to rank key outcomes and provide direction for outcome measurement, testing of interventions and a framework for a Youth Mental Health Strategy.	2021	UofC, CCSD, CBE
Determine the most suitable candidate interventions for further testing and evaluation based on the results of the systematic review and ranking process. A framework for a Youth Mental Health Strategy will be established, including method of data collection to test effectiveness of the targeted approach.	2022	UofC, CCSD, CBE, AHS, CoC
Implementation of framework for the Youth Mental Health Strategy with a targeted approach for students, aged 12-18. Interventions will be piloted in selected schools. Data will be collected, reviewed and analyzed to determine effectiveness and inform practice moving forward and development of a district-wide plan.	2023	UofC, CCSD, CBE, AHS, CoC

Expected Outcomes

LONG TERM (2-5 YEARS):

- Calgarians are able to cope with the strains of daily life and have access to supports and services at school.





JENNY LI (*they/them*) Post-secondary student, living with clinical depression and anxiety

"I struggled in silence until I was 18 years old. My hope for the future is 'youth integrated services'. I am concerned that current public systems (health, justice, education) have a lack of communication across departments and service providers. It is so frustrating and exhausting to repeat your story over and over when you seek a new service."

Jenny has been living with mental illness for the majority of their young life. Not knowing where to turn for help and information, they struggled largely in silence. When they turned 18, Jenny moved out to attend university in Nova Scotia. Before returning home at the end of their first year, a counsellor and a physician referred them to a mental health service in Calgary. After being on a waitlist for three months, Jenny was diagnosed and provided support for clinical depression and two anxiety disorders.

6 Transform the system of early access to mental health and addiction services through workplaces.

A In alignment with Action 3A, take action to support individuals and families to find help through their workplace when they need it.

TIMELINE	YEAR	PARTNERS
<ul style="list-style-type: none"> Form an alliance of corporate sector leaders in that support and enable collective action on employee mental wellness Develop a three-year operating plan featuring an accelerator model to rapidly research, assess, and prototype collective solutions for mental health and well-being in the workplace Engage members through a commitment to taking action toward common outcomes 	2021-2023	Alberta Leadership Table on Mental Health and Well-being
Convene and host opportunities for local employers from the not-for profit, private, and government sectors to enable continued alignment and collaboration among initiatives focused on enabling access to mental health and addiction services.	2021-2023	CAMHA Leadership Group, CoC

Expected outcomes

LONG TERM (2 TO 5 YEARS):

- Calgarians are able to access the help they need for themselves and their families through their workplaces with more convenience.



7 Build capacity of local organizations to meet the mental health and addiction needs in the community through convening around common actions.

A Build capacity of local organizations to meet the mental health and addiction needs in the community through convening around common actions.

TIMELINE	YEAR	PARTNERS
Convene and host opportunities for local service providers from the not-for profit, private and government sectors to enable continued alignment and collaboration among initiatives focused on improved access and navigation of mental health and addiction services.	2021-2023	Leadership Group, The City of Calgary

WHAT WE HEARD

Our families, employee and student colleagues are an important focus. Mental health and addiction services are usually focused on the individual. Family members have sometimes found it hard to get the support they need. Increased awareness, education, skills to cope and skills to reduce stigma are needed. Actions that are culturally appropriate and informed by lived and living experience is critical. We can learn to help ourselves and one another. All of us need self-care.



STAYING SAFE

Security at all times, especially in a crisis

What this will mean for Calgarians:

- Improved well-being of Calgarians through an equitable and effective crisis response system.
- People and families in crisis situations are connected to effective help in a timely manner.

What we will do:

- Strengthen existing crisis supports.
- Create a new model for how to respond to people and families in crisis and prevent future crises through the implementation of the Community Safety Investment Framework.

How we will do this:

- Expand existing community crisis response programs.
- Transform how to respond to people and families in crisis and prevent future crises.

Why are we taking this approach?

In mental health or addiction crisis situations Calgarians should know how and where to access support. When a Calgarian calls 911, there should be an option to access mental health support as well as fire, police, or ambulance. There are increasing demands to have community-based options to respond to people in crisis instead of having police being the main first responders. Appropriate services, including consideration of partners who have not been first responders until this point, should be available to help manage mental health and addictions related crisis as well as offer help to solve the underlying issues that led to the crisis, which will reduce future problems. If mental health and addiction services are available for people when they need it, and they know how to access help, this early intervention will reduce the number of people who end up in mental health crisis and require emergency services.

The City of Calgary's Anti-Racism hearings in 2020 revealed stories highlighting the impact of systemic and structural racism on our mental and physical well-being. The City of Calgary's Public Safety Taskforce has revealed similar stories of the impact of adverse community experiences and the impact of trauma on our mental and physical well-being. The City of Calgary and Calgary Police have taken these experiences into account in the development of the Community Safety Investment Framework, which was approved by Calgary City Council in November 2020. The development of a coordinated response to mental health and addiction crisis for people, families, and communities in Calgary is being implemented through this framework.

WHAT WE HEARD

There is worry and concern about our first responders and caregivers and their mental health needs. There is worry and concern about the pandemic leading to a wave of mental health needs.



8 Strengthen existing crisis supports

A Strengthening Existing Crisis Supports

Scaling up Calgary's current crisis response programs and services, including partnership models, outreach services and case management.

TIMELINE	YEAR	PARTNERS
<ul style="list-style-type: none"> Increase the availability of non-emergency support and outreach services 	2021	CoC, Calgary Police Service (CPS), Calgary Police Commission, Government of Alberta, Government of Canada
<ul style="list-style-type: none"> Increase access to case management services Increase capacity of support networks Increase access to community and peer support programs 	2022-2023	

Expected outcomes:

SHORT TERM (UP TO 6 MONTHS):

- To increase access to improved crisis triage, integrated case management and increased availability (24/7) of non-emergency support and outreach services for Calgarians experiencing crisis related to mental health and/or addiction.

LONG TERM (2-5 YEARS):

- To increase the service coordination and integration between health and social services in Calgary to offer individuals and families a continuum of care that meets their immediate needs and supports movement towards recovery.
- Improved well-being of Calgarians through an equitable and effective crisis response system.





BOBAN STOJANOVIC Refugee Newcomer

“From an immigrant perspective, I would be happy to see different approaches to mental health issues. Sometimes mainstream services are not immigrant sensitive. We come from cultures that even the smallest mental health issues mean being expelled from your community. We need a bigger understanding of refugee trauma.”

Boban and his partner moved to Canada four years ago. Similar to other refugees, he experienced many challenges — adapting to a new country, a new culture and a new language. Being a protected person, he wasn't allowed to travel home when both his parents died. Passing away just 40 days apart, his mother had succumbed to health issues while his father to suicide. For the very first time in his life, Boban found himself breakable and vulnerable. He reached out for mental health counselling support.

9 Transform how to respond to people and families in crisis and prevent future crises.

A Transforming Calgary's Approach to Persons in Crisis

Create a comprehensive plan for a sustainable solution to crisis response in Calgary.

TIMELINE	YEAR	PARTNERS
<ul style="list-style-type: none"> Build an evidence base, including best practice research, analysis and stakeholder engagement to identify opportunities to transform crisis prevention and response. Invest in sustainable solutions through the development and implementation of a funding plan for system transformation, including: <ul style="list-style-type: none"> Improving triage processes for people experiencing crisis related to mental health and addiction. Increasing access to court diversion options. 	2021-2023	CoC, CPS, Calgary Police Commission, Government of Alberta, Government of Canada

Expected outcomes

MEDIUM TERM (UP TO 2 YEARS)

- Improved crisis triage.
- Integrated case management.
- Increased availability of 24/7 non-emergency support and outreach services.
- Increased capacity of support networks.
- Increased access to community and peer support programs.
- Increased access to court diversion programs.

LONG TERM (MORE THAN 2 YEARS)

- Improved service to Calgarians in crisis situations.
- Increasing Calgarians' ability to prevent future crises.
- Improved well-being of Calgarians through an equitable and effective crisis response system.

WHAT WE HEARD

We all want our loved ones who are in crisis to be connected right away to the help they need. It is critical that people are not put on a waiting list or sent home from an emergency room without an immediate connection to a support or a service that can help with recovery.

Taking Action

We have not waited to take action in response to community need. As this strategy and action plan was being developed, the following actions were taken:

- Community programs for the prevention, early intervention and targeted intervention of mental health and addiction issues received a total of \$6 million over two years (2019-2020) to meet emerging community needs.²² Additional bridge funding has also been allocated for the first half of 2021.
- Through the Community Investment Table, six local funders and foundations²³ provided funds for local groups and organizations to test 29 new, innovative ideas through Change Can't Wait! fast pilots.
- The City of Calgary allocated \$1 million to take action to improve community safety near Calgary's Supervised Consumption Service site.
- The strategy and action plan includes some actions that are already underway through the leadership and support of community partners, and will be further sustained, coordinated or scaled up over the 2021-2023 period.

With the completion of this strategy and action plan, and having established effective ways of working together across organizations and systems, we are now prepared to move from a phase of strategy development to implementation.



²² Funding was provided by The City of Calgary through funds earmarked for the Community Action on Mental Health and Addiction strategy and according to the Prevention Investment Framework with Mental Health and Addiction Lens.

²³ The City of Calgary earmarked \$1 million for testing new initiatives through a fast pilot process called Change Can't Wait!. Community organizations participated in the funding by adding a combined \$275,000.00. These organizations, together with The City, form the Community Action on Mental Health and Addiction Community Investment Table. They are: Calgary Foundation, Calgary Health Trust, Hunter Family Foundation, United Way of Calgary and Area, and Viewpoint Foundation.

Governance

Central to the development and implementation of the Calgary Mental Health and Addiction Community Strategy and Action Plan is the public value statement of *creating hope and strengthening support for people, families and communities living with mental health issues and addictions in order to improve quality of life.*

The scope, orientation toward collaborative action, and high-level outcomes identified in the Community Action on Mental Health and Addiction Strategic Framework will continue to guide the Calgary Mental Health and Addiction Community Strategy and Action Plan in implementation as it has in its development. The diagram below represents the implementation model for the 2021-2023 period.

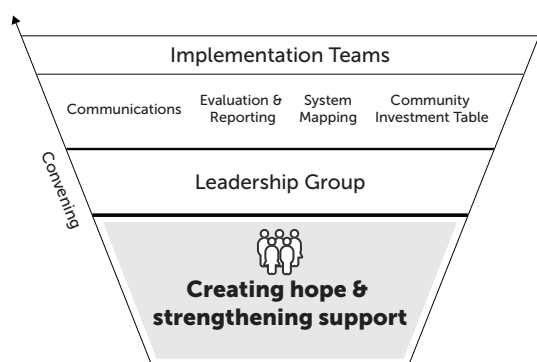
As a community strategy, no single group or organization is responsible for the actions and outcomes in the strategy and action plan. Accountability will be shared among partners who implement actions through Implementation Teams, those who fund actions through the collaborative Community Investment Table, and those who provide leadership of the strategy as part of the Leadership Group. Principles are being developed that make explicit the ways that partners are committed to working together.

The City of Calgary will maintain a role as convener of the strategy and action plan in the 2021-2023 period. This role involves:

- Supporting **coordination, integration, and reporting** processes among all project teams to facilitate effective implementation.
- Facilitating **opportunities for organizations and sectors to convene** regularly and identify how each is contributing to shared outcomes, how we are working together to do so, and using data to identify where gaps, duplication and inefficiencies can be addressed.
- Supporting Implementation Teams to **consult with people with lived experience** as needed to ensure that actions taken address the needs of Calgarians.

In addition to its convening and internal project communication and reporting role, The City will also have clearly articulated roles in implementation, including contributions to:

- Shared operational actions (e.g. as identified within core program strategy recommendations).
- Sharing data with an external evaluator (in collaboration with other partners).
- Inter-governmental advocacy as required.
- Reporting to Calgary City Council as required.
- Contributing (alone and as a member of the Community Investment Table) to the funding of actions identified in the Calgary Mental Health and Addiction Community Strategy and Action Plan 2021-2023.





DR. CHRIS EAGLE Health Care Leader and Co-Chair of CAMHA

“Individuals’ and families’ experiences with mental health and addictions are often wrought with isolation and shame. When the need is greatest, a caring voice is often hard to find. Working together provides our best hope to decrease this suffering.”

When Chris left his leadership role at Alberta Health Services, he felt there had been little progress made in the care of individuals with mental health and addictions problems. This became a major focus for him over the following years. The untimely suicide of his only, younger sister from a drug overdose in 2019 provided the ultimate validation that things needed to change.

The **Leadership Group** will provide direction and be accountable for the implementation of the strategy and action plan. Membership will include organizational leaders who are able to ensure accountability for actions taken, and people with lived experience to maintain the person-centred focus. Once the Leadership Group has been established, members will develop a memorandum of agreement that outlines shared accountability for the actions and outcomes within the strategy and action plan. The Leadership Group is also responsible for developing a plan for capacity-building over the 2021 to 2023 period to prepare for a possible transition from The City's role as convener to a different model from 2024 onward. This would include the identification of organizations that could take on this role, and a resourcing plan to enable a successful transition and ongoing support for the implementation of the Calgary Mental Health and Addiction Community Strategy in the community.

Implementation Teams will be convened or identified for each action within the strategy and action plan. Members of each Implementation Team will be responsible for implementation of a particular action, and each Implementation Team will include at least one person who holds direct or delegated accountability for the action as described in the strategy and action plan for 2021-2023. Implementation Teams report to the Leadership Group.

As a community strategy, many stakeholders will have key roles in the implementation of Community Action on Mental Health and Addiction. It is recommended that a distinction be made between the roles and responsibilities of various partners in the implementation of the strategy:

- A **strategic partner** is one that holds shared accountability for progress towards and reporting on shared outcomes as identified in the strategy and action plan. Key partners may hold various roles, including:
 - Leadership roles on the Leadership Group
 - Action mobilization roles on implementation teams
 - Roles in collaborative funding on the Community Investment Table
 - Roles in coordinating external communications
 - Roles related to shared data collection, evaluation and reporting.
- An **operating partner** is an individual, group or organization whose actions contribute to one or more outcomes identified in the strategy and action plan, and who may or may not receive funding to complete those actions and/or report on their contributions to shared outcomes.



A collaborative **Community Investment Table** will leverage funds from local funders and foundations to allow for increased collaboration and coordination of funding in the mental health and addiction sector. Membership on the Community Investment Table will include those who provide funds for collaborative investment and those who provide subject matter expertise to guide funding decisions. To ensure coordination with the Leadership Group, one member of the Community Investment Table will be a Leadership Group member that has funding experience in the mental health and/or addiction sector.

A **System Mapping** project, contracted through an external partner, will develop a visual map of services and supports in Calgary related to mental health and addiction and the pathways and barriers that Calgarians experience moving through these systems. The systems map will be dynamic and able to be replicated over time. The external partner will report on the development of the map to the collaborative Investment Table, and will work closely with the Leadership Group, Implementation Teams, and the Evaluation and Reporting team to ensure that the systems map includes all relevant elements, provides useful data for Implementation Teams, and is compatible with (and does not duplicate) the project evaluation.

A network of evaluation specialists from among strategic partners will be convened as the **Evaluation and Reporting** team. This team will consult with an external evaluator to support the development and implementation of a shared measurement and evaluation framework. As mentioned above, the Evaluation and Reporting team will also consult with the Systems Mapping project and evaluation consultant to ensure compatibility and avoid duplication between these two initiatives, to coordinate reporting through a community-wide, periodically-updated map or dashboard.

A network of communicators from among strategic partners, as the **Communications** team, will develop shared external communications guidelines for how decisions are made about shared messaging and how shared messaging is used and by whom throughout the 2021-2023 implementation period. Communications will feature plain, common and non-stigmatizing language that encourages more open discussion about mental health and addiction.



Indigenous Approaches to Mental Health and Addiction

A local network of Indigenous Elders called the Elders Knowledge Circle is working with the United Way of Calgary and Area, the University of Calgary and The City of Calgary to create a mental health model that is rooted in Indigenous worldviews, knowledge and practices.

Mental health among Indigenous peoples, as well as experiences of stigma or lack of trust between Indigenous peoples and Western-focused mental health services is influenced by the history of colonization in this country and region.

An Indigenous-centred mental health model developed by Indigenous people is needed in order to better meet the mental health needs of Indigenous people and communities and work towards reconciliation. The development of the model is scheduled to take place between May 2021 and April 2022. This will be followed by a process of validation through Indigenous ceremony and knowledge sharing and mobilization, including a townhall hosted by The City of Calgary to explore how the model aligns with this strategy from 2023 onward.

WE NEED TO CREATE SPACE FOR AN INDIGENOUS CREATED MODEL AS PART OF THIS STRATEGY

WHAT WE'VE HEARD

We need to work with Indigenous elders to create an ethical space, a cross-cultural understanding and interpretation of how best to take on these challenges. We all deserve to live a good and happy life, to have friends, to help others, to reduce our stress.



Keeping Current

The Calgary Mental Health and Addiction Community Strategy and Action Plan 2021-2023 was developed based on the current context and information available at this time. It is important that as the action plan is implemented, we are able to respond to emerging issues, changing circumstances or new information. We plan to do this in the following ways:

- Include roles on the Leadership Group to advise on emerging research and trends. The Leadership Group will consider emerging research in light of municipal and provincial policy trends and operational capacity of local organizations to respond to emerging needs.
- Through The City's convening role, facilitate communication between project teams, facilitate communication between stakeholders involved in actions that include data sharing and analysis with the Research and Reporting team and the Leadership Group to identify and analyze emerging trends.
- Innovate and test new ideas that come forward through Change Can't Wait! fast pilot proposals.
- Advocate for changes needed as a result of emerging issues that are outside of our sphere of influence as a community.

Evaluation

Both strategy and implementation process and outcomes will be monitored. The evaluation findings will help us tell the story about the development of the strategy, improve implementation by incorporating learnings along the way, and illustrate what difference implementation has made. Data collection for the evaluation will be ongoing, so results can be used to inform strategy development and implementation.

Strategy partners will co-design the development of the evaluation plan during the first six months of implementation. Partners will collect and provide evaluation data related to key indicators to inform regular reporting and demonstrate collective accountability to shared outcomes. Information will be regularly collected from and shared with stakeholders, along with recommendations, to maximize utilization of results.

In addition to evaluating results from individual organizations participating in the strategy, data on population-level indicators will be needed. This may include data from sources such as Statistics Canada or Alberta Health Services, or new data may need to be collected to measure broader key indicators.

Monitoring Progress

Results of evaluations will be reported to Calgarians in two ways:

1. The Leadership Group will provide direction to the Evaluation and Reporting and Communications teams to work with the external evaluator to produce a report to the Calgary community on an annual basis.
2. Key strategic partners will report through their own organization's reporting processes on the progress of actions and/or impact of resources assigned to actions that they are directly accountable for. This includes City Administration reporting to Council on the outcomes achieved from City of Calgary investments in actions.

WHAT WE HEARD

Many stories include devastated families and how they didn't know where to go for help. That help needs to be embedded in our communities, schools and workplaces.

A community of connections

In 2005, Calgary adopted its 100-year vision, which reads as follows:

Calgary: a great place to make a living, a great place to make a life.

For thousands of years, people have met at the confluence of two vital rivers to imagine and realize their futures. Together, we have built a city of energy, born of a powerful convergence of people, ideas and place. Together, we continue to imagine a Calgary and a community where:

We are each connected to one another. Our diverse skills and heritage interweave to create a resilient communal fabric, while our collective spirit generates opportunity, prosperity and choice for all of us.

We are each connected to our places. We treasure and protect our natural environment. Magnificent mountain vistas and boundless prairie skies inspire each of us to build spaces worthy of our surroundings.

We are each connected to our communities. Whether social, cultural or physical, these communities are mixed, safe and just. They welcome meaningful participation from everyone, and people move freely between them.

We are each connected beyond our boundaries. We understand our impact upon and responsibility to others. Our talent and caring, combined with a truly Canadian sense of citizenship, make positive change across Alberta, throughout Canada and around the world.

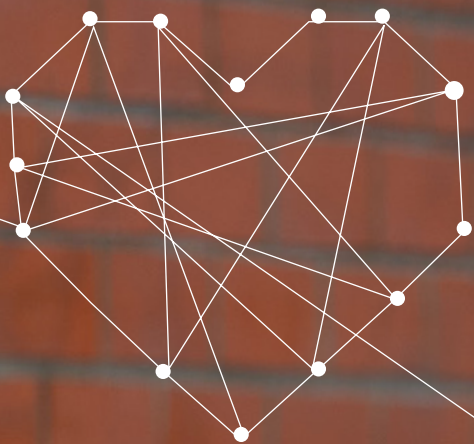
Calgary's vision is based on connection.

Our mental health crisis is about these connections being broken. Our strategy, therefore, is about rebuilding them. Connecting the dots means reconnecting each of us to one another, our places, our communities, and who we are in the world.

At the outset of this work, Mayor Nenshi issued a challenge: to create a new model, a Calgary model, that examines the entire system, that puts the human being at the centre, that helps everyone stay well and get better when they are not.

We know this strategy is not perfect. We know much work remains to be done. We know many cannot wait for more thinking and working; many need change now. But we are resolute. We can do better. We will do better. We may not be perfect, but let us all be brave.





Another person was to be profiled here, but withdrew due to a mental health crisis. We want to acknowledge and support their journey as well.

If you are in crisis, please contact:

**Distress Centre 24-hour crisis line:
403-266-HELP (4357)**

If you need support and resources, please reach out to **211** via phone, text or online chat. A Community Resource Specialist can work with you to see what community resources and services are available and work to get you connected with support.

Access Mental Health is a non-urgent service providing information, consultation and referrals for individuals with addiction and/or mental health concerns: **403-943-1500**