Community Action on Mental Health and Addiction

Phase 1 Report Back SUMMARY: What we Heard - May 2019

Engagement overview

In Phase One, 3,200 ideas were gathered from 80+ people including perspectives from over 40 organizations and five City business units. These included front-line workers, strategic or management staff, first responders, people with lived experience, peer-support workers/advocates and City staff. We held eight face-to-face workshops or interviews. These sessions happened from April 1 to April 18, 2019. The report for this phase does not include the verbatim (exact feedback as written by or noted from participants) as we committed to stakeholder privacy as the topic included personal and/or confidential information.

What we asked

We asked participants to describe the "mental health and addiction system" and what that phrase means. They identified local challenges and solutions or successes in Calgary or beyond. We asked them to share other resources and anything else The City should know to create this strategy.

- For a detailed summary of the input that was provided, please see the full engagement report back here on The City of Calgary's Research and Engage Library.

What we heard

From all we heard, there were 23 different themes about the system, its challenges and successes. The themes can be grouped into four high-level categories:

- **System collaboration** (4 themes);
- **Service access** by those who need support (9 themes);
- **Supports outside** the formal "system" (4 themes); and **Stigma and awareness** (6 themes).

We also heard suggestions about **strategic approaches** (21 themes) in building and executing this work.

Below are the detailed themes for each category, based on what participants shared with us.

DETAILED THEMES by CATEGORY – related to all participant input

CATEGORY: System-level collaboration – 4 related themes below	
THEME	**DESCRIPTION and EXAMPLES**
Collaboration and data sharing	Authentic and client outcome-based collaboration in service delivery, at multiorganizational tables, for funding applications. Data sharing about results of programs & to improve client outcomes. "Networks and collaborations among organizations are well-intentioned but not well resourced." "Need good data and measures." "Information sharing between agencies & organizations could be better."

Community Action on Mental Health and Addiction

Phase 1 Report Back SUMMARY: What we Heard - May 2019

System Cohesion	Cohesion of the system itself: organizations, levels of government and agencies to work in unison for clients and provide services with seamless transitions. "Not an integrated approach between mental health care and addictions" and "There is a continuum of care and funding but we need to streamline it and make it work better." "Design a system for the person with Lived experience or future experience in mind."
Funding structures as barriers for service providers	"Funding structure impacts organizations and clients because it limits what staff can do and it drains staff time away from client care to navigate the funding system." "We are artists of pulling together funding… but that takes time and resources… being asked to do something new to get funding – sometimes the current or ongoing work is successful and to come up with a pilot or something new is an inefficient use of resources, especially for short term funding (i.e. a one year pilot)."
Relationships between organizations	"Need trust between the services" and "helped to collaborate…please no more crosssectional committees, we need other ideas" "capacity, education and bringing people together"
CATEGORY: Service access – 9 related themes below	
THEME	**DESCRIPTION and EXAMPLES**
System Navigation	Information is difficult to understand for those who need service, for people's families trying to support and for staff/service providers who do not have clear info. "…hard to navigate a broken system"
Waitlists/lacking resources or programs	Needing more resources, concerns that accessing services takes too long. Need 24/7 services and more locations of services. "Coming forward to ask for help is so hard. Every person who asks for help should be able to access help immediately."
Families and care-givers supports	Care-givers and families need supports and information, both about and for their loved ones *in the system*. "We are used to, when dealing with adults, seeing them as a contained little bit. Almost none of us are. We are connected to family." "Families drop someone off and then pick them up – that's what I feel like. There's nothing else... need wrap around supports for those families just like everybody else."
General "barriers to access"	When only general comments were made about access or barriers to access. "Barriers to access" and "Accessibility"
Services that are ***culturally relevant***	"Cultural competency"; "acknowledge the value in non-traditional methods" and "Healing practices with cultural diversity considerations." and "language barriers and reduced availability of translators or translated material"
Eligibility	The complications and barriers that come from eligibility requirements to get services or supports. "…they will not meet the criteria for intake… then they will not get any service or support."; "admission requirements – clients are lost in this system if they are rejected by several agencies due to 'failing' the criteria."
Diagnosis/ ***Assessment***	The needs for diagnosis; accurate, accessible diagnostic services; and the complexity of diagnosis for different circumstances; and how it is critical to have accurate

Community Action on Mental Health and Addiction

Phase 1 Report Back SUMMARY: What we Heard - May 2019

	diagnoses for appropriate services. "Need to have professionals appropriately assessing."
Services that are personally relevant and client ***choice***	"Large focus on the Calgary downtown core, but chronic and acute issues also exist externally, vulnerability is city wide"; "Lack of choice is a challenge"; "a model that allows for structured, collaborative planning processes that includes all stakeholders and especially the client and client's family/social supports…" and "Service user
	choice is important… if you have a bad experience with one organization or person or it's not a fit, then that's it."
Cost	Cost as a barrier; mostly in the context of middle income households where people may be able to pay to reduce barriers to access but then run out of money and won't get what they need nor qualify for services beyond what they paid for. "Why are people made to pay when they are still in distress?"; "For middle income clients [facing] long waitlists, they can go to private services until they can't afford them…"
CATEGORY: Supports outside the formal system(s) – 4 related themes below	
THEME	**DESCRIPTION and EXAMPLES**
Natural and Community Supports	Relates to the individuals who are supportive in someone's network and to build upon it and value of the support of a general community. "Social connections are key in mental health, we need to leverage these more." and "We can all integrate into our everyday actions: kindness. This makes people feel seen, feel real..." and "Natural supports – having people in your life who are safe and stable, [and] balance that with services."
Basic needs being met first	Housing, food, transportation, skills, basic income, child care and meaningful activity too. "In the city the 'clinical piece' is not bad, but that formal piece is only 5% of someone's life – there's housing, food security, income, meaningful activity and all the other psychosocial time and space in someone's life that needs to be considered."
Risk Factors need to be considered – Trauma & Isolation	How risk factors trigger or compound the challenges of mental health, mental illness, substance use and addiction - most frequently: Trauma and Isolation. "compounded trauma" "if someone is experiencing one of these [risk factors] and still provides care to someone, that is an additional challenge" and other risk factors: "fatigue" , "feel overwhelmed", "psychological safety", "family history", "pain", "economic downturn… no job, money, power is cut off…", "recent refugees, survivors of ISIS", "nutrition."
Transitions	Follow-up, after-care in transition between/beyond systems. Ex. Hospital or jail to community, youth to adult to senior, secondary to post-secondary school, immigrant families intergeneration transitions or individuals from permanent resident to citizen, detox to treatment. Services change, no support, mental health and addiction can become more pronounced/active. "Transition points are challenges and if we can improve those places we can make a significant impact for people."

Community Action on Mental Health and Addiction

Phase 1 Report Back SUMMARY: What we Heard - May 2019

CATEGORY: Stigma and Awareness – 6 related themes below	
THEME	**DESCRIPTION and EXAMPLES**
Education, awareness and understanding	Education to improve services and help end stigma. "More education and understanding in general population and for people working in or needing the system" and "(These are chronic issues that can't be 'solved'. Provide the education to the first responders and support staff in how to manage that. Change the end goal… reframe and re-educate"; "Professional development training to align system on a common knowledge base… to allow the system to work better together."
Stigma, ***shame*** from others and societal discrimination	Lack of knowledge or pre-existing bias about addictions/substance use or mental health/illness has a strong negative impact. May have more stigma in different cultural communities to acknowledge mental health or addictions challenges or need for services. "Self-advocacy and system navigation – stigma has an impact on this and a person's experience" and "Think about framing the challenge in a way that removes stigma…"
Peer-to-peer (related to all four categories)	Importance, value and success of peer support. "Peer support model is based on international research" and "A compassionate system where peers help each other negotiate the system and create community."
Intersectional stigma/ discrimination	Stigma of other types of discrimination (class, education, income, racism, etc.) that are more of a barrier to receiving services than the mental health, mental illness, addiction, substance use stigma might be. "The stigma is more often about the person drinking (or using) than it it's about the addiction (or addiction in general)"; "Lack of intersectional approach."
Stigma as a barrier to access	When stigma or shame of the mental health, mental illness, substance use or addiction was mentioned as a barrier to accessing services in a general sense. "Stigma is a huge barrier" and "Stigma – reaching out for help can be difficult."
Self-stigma	Conditions, symptoms and causes of mental health, mental illness, and/or addiction that someone blames themselves for is a significant challenge for everyone and heightened for certain populations/individuals. "…if you go through the system and 'fail' you internalized that…" "Self-stigma is harder to beat than others... It's always present, the worst enemy."

STRATEGIC APPROACH CATEGORY – 21 related themes below	
THEME	**BRIEF DESCRIPTION and "EXAMPLE" from PARTICIPANTS**
Basic needs first	Meeting basic needs as 'preventative' and a way to set people up for success in treatment and good-health objectives. "Quality of life is very important."
City's role **–** suggestions	Leadership; advocacy to levels of government or other sectors; funding external programs; City programs and operational practices/policy; information, training and education; data and evaluation.

Community Action on Mental Health and Addiction

Phase 1 Report Back SUMMARY: What we Heard - May 2019

Consider the ***built environment***	"What our system looks like from a built environment tells us a lot about what it looks like functionally." "How do things like green spaces support mental health – how do we pinpoint our success?"
Client service as customer service	"When clients approach service, now is the time, not two days or two hours later." "Kindness... It's vital."
Collaborative and data sharing	Leadership and advocacy in bringing organizations together and looking for shared opportunities for funding, training, data collection/program evaluation, strategic planning at a "community-wide" level.
Community-based	"Create vibrant, inclusive communities… 'the opposite of addiction is connection.'" and "This is a social issue and needs to be solved collaboratively."
Flexible services to fit individuals- identity and empowerment	Goals and outcomes based on the individual (i.e. wellness is not the same for everyone) "Wellbeing is a goal. Mental health looks different for everyone." "Human rights approach."
Foster hope	Stigma-reduction through compassion, education and experience. "The stigma is more often about the person drinking than it is about the addiction…" "Outcome indicators – Hope as an outcome."
Involve others	Include other stakeholders and sectors in creating and executing this strategy. (List of suggestions in full report.)
Legal and judicial reform	Municipal advocacy for change or suggestions of specific changes.
Lived Experience & Peer support	People with lived experience should be consulted and it is important to leverage that experience in finding solutions. "Everyone wants peer support." "Peer to peer is preventative."
Like the ***physical health model***	Parallel structures and support including Emergency Mental Health. "Mental Health First Aid is working well." "The model of physical health system needs to be considered more."
Problem-solving orientation	"Problem identification is also a problem and we can have lots of solutions but may not know the real problems. What are the drivers?"
Use ***policy levers*** to promote action	There are many policies that could be changed to better promote mental wellness in the community. These include City policies or others – the latter The City could support changes to through advocacy.
Population-based approach	"Start with target populations and their needs over philosophy. There's been too much starting with philosophy and we miss opportunities." The populations mentioned were: Age-based populations (youth and seniors), income-based populations (low and middle income), Indigenous Peoples and communities, first responders, newcomers/multilingual communities, people with lived experience, specific to sex and gender identities, service provider organizations and staff, and those with high clinical needs (acuity).
Positive, proactive & informative	Action-based, concrete (not trends nor aspirational statements). Not a deficit approach, be preventative. "…lift people up and encourage positive and healthy behaviours…"

Community Action on Mental Health and Addiction

Phase 1 Report Back SUMMARY: What we Heard - May 2019

Public health and Community safety	"These are public health issues not criminal issues." "The focus is more on community safety rather than enforcement."
Realistic	Setting goals and expectations realistically. "We need to be realistic, we need to acknowledge that some suicides or mental illness will happen…"
Strategic, sustainable	Looking at the long term, strategic aspects. Need to use evidence-based actions. "One solution in isolation of the larger system or set of interacting systems can cause new problems…" "Design the system for the next 100 years."
Social determinants of health	"[It] is not just medical, it's as much about social determinants of health…" including strengthening community to counteract risk factors like loneliness and isolation.
Trauma-informed	Consider the risk factor and triggers of trauma for those seeking supports. "…need training to provide care in the right way."

Next steps

- The full report will be shared with Phase 1 participants and those who were invited to participate.
- There will be Phase 2 engagement in 2019 on more detailed opportunities and solutions for the Community Action on Mental Health and Addiction Strategy.