

COMMUNITY MENTAL HEALTH STRATEGY: Engagement Report

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Edmonton's Strategy for Community Mental Health

Equity Deserving Community Engagement Report

Prepared by pipikwan pêhtâkwan

Project Overview

The United Way of Alberta Capital Region and the Canadian Mental Health Association – Edmonton Region is co-leading the development of Edmonton's Strategy for Community Mental Health, with support from the City of Edmonton and enabled by the Community Safety and Well-being Strategy.

pipikwan pêhtâkwan was contracted to support outreach to and engagement of equity-deserving communities to support the development of this strategy between January to June of 2023. The scope for engagement included community-based, non-clinical mental health services and supports that can be implemented by agencies and workers of all backgrounds to support people to be mentally well, resilient and to flourish (Adapted from Community Mental Health Action Plan: Shared Wisdom for Supporting Mental Health in the Community, 2019). Services provided by Alberta Health Services, hospitals, and psychiatrists were not in scope.

This work has been guided by multiple locally developed strategies in amiskwâcîwaskahikan that have built upon each other to make changes in recent years, including the Community Mental Health Action Plan 2015-2022, Living Hope Suicide Prevention Strategy (2018-2021), Community Safety & Well Being Strategy (City of Edmonton), Crisis Pathway Transformation - CMHA - Edmonton, and CMHA - Edmonton's Strategic Plan. While significant work has been done to coordinate mental health services, the system of supports continues to be complex and challenging to navigate as a user, and there is a lack of coordination of services. The system is incredibly challenging for equity-deserving communities, including Indigenous and racialized individuals and communities.

Mental health is a shared, collective experience that matters to us all. Mental health, mental wellness, and mental illness are part of everyone's lives. They broadly impact diverse communities, which may manifest differently. This work began as an opportunity to build responses together.

Engagement Overview

Nearly 400 people were engaged in total as part of the activities of this engagement report. Over 100 people were engaged through virtual and in-person engagement conversations, with connections to over 40 organizations. Engagement activities included 2 broad sessions with service providers and 6 tailored community meetings. 273 people completed an online survey.

Purpose of Engagement

- To inform the development of a Community Mental Health Strategy with engagement that centres equity-deserving communities' perspectives and expectations alongside broader public engagement through a survey.

- To gather input on transforming the mental health system, which includes the community mental health sector and community-based services and supports.
- To centre lived experience in the strategy's development, with specific considerations for communities that typically face barriers in accessing mental health services or have been historically overlooked in engagement: equity-deserving and Indigenous community members and all their intersections.
- To support developing meaningful, ongoing relationships with the community about mental health, mental illness, and mental wellness, utilizing an Indigenous research methodology called *keeoukaywin* - "The Visiting Way" from Dr. Janice Cindy Gaudet.

Methodology

Grounding Principles for Engagement

keeoukaywin is a nehiyaw (Cree) word that translates to 'the visiting way.' This term was a gift to Indigenous scholar Dr. Janice Cindy Gaudet when conducting research with the Omushkego people living in Moose Cree First Nation. The foundation of this methodology is built on relationality—work explored by Shawn Wilson in *Research is Ceremony* (2009). "The Visiting Way" emphasizes the importance of interconnectedness between people and the act of research. It connects people through the sharing of knowledge and solutions. Building on relationality, Dr. Gaudet shares, "...at its core, keeoukaywin recentres Métis and Cree ways of being, and presents a practical and meaningful methodology that fosters miyo pimatisiwin, 'living and being well in relation.'"

Using visiting as an approach for engagement is more nuanced than typical Western understandings of the term, focusing on fostering co-creation and relationship building. "The Visiting Way" prioritizes relationships, then progresses to matters that impact governance, education, land, kinship, and community needs. The goal of this engagement will be to support the development and sustainability of these relationships by working transparently, in a good way, and centring these relationships beyond the life of any one project. The values of keeoukaywin will be centred using activities like meeting over meals and tea, gifting, multiple visits, and transparency.

The project team understood mental health and wellness as a shared, collective experience. It matters to us all. Mental health, mental wellness, and mental illness are part of everyone's lives, which is why a community-wide strategy is so important.

It also meant recognizing that supporting mental health in the community is complex work and occurs in complex environments where there are few "one-size-fits-all" solutions, given the diversity of individuals, families, communities and the issues they face (Adapted from *Community Mental Health Action Plan: Shared Wisdom for Supporting Mental Health in the Community*, 2019).

The project sought to centre equity-deserving voices in this engagement as groups that have not been adequately engaged in these conversations historically. Relationships were centred in this work to align with the intent of keeoukaywin. Care for these connections to the community was prioritized over the specific outcomes of this project, and agency to these communities meant it was respected when timelines did not meet their expectations, creating opportunities for communities to speak for and work within themselves and transparency about pipikwan pêhtâkwan's role in this specific part of the project. This also meant creating meaningful space for different types of knowledge and wisdom.

Approach

It was essential to the project team that “lived experience” be centred in the engagement. The project team considered a broad definition of individuals with lived experience of mental health or mental illness, including

- Individuals who have lived or are living with a mental illness or mental health issue (People who have lived or living experience with mental illness);
- Family members or caregivers of individuals with a mental illness or mental health issue
- Individuals who work within or are concerned about Edmonton’s community mental health system

pipikwan pèhtâkwan believes that, while the approach centres Cree and Métis understandings of relationships and community, that these concepts inherently create opportunities that are more equitable for all. It allowed the project to adapt to the diverse needs of many different communities

The team aspired to engage Indigenous and equity-deserving individuals and communities, knowing that these perspectives have been overlooked in previous iterations of mental health strategies in Edmonton. We sought to bring a decolonized approach to engagement that removes barriers to participation, incorporates Indigenous worldviews into the core of the work, and centres lived experience.

However, in practice, the approach to engagement needed to work within the 6-month timelines of the project, and thus the bulk of engagement was coordinated through and with service provider organizations. We specifically sought to connect with organizations with experience working with or led by Indigenous and equity-deserving individuals and communities.

Through the online survey, the broader public had an opportunity to share their thoughts.

Engagement activities included the following:

- An Online Survey for the Community at Large
 - Distributed by United Way through their networks, e-newsletters, social media, and to the community at large. There were 273 responses.
- Two (2) Broad Service Provider Engagement Sessions
 - These sessions focused on hearing from staff or volunteers connected to key organizations involved in providing community mental health supports and services. We heard from individuals in various roles, from front-line roles as program staff, therapists, counsellors, and social workers, to management and leadership.
 - One (1) in-person session targeted service provider staff from organizations receiving funding from the Family and Community Support Services Program (FCSS). Approximately 30 individuals participated.
 - One (1) online session was open to any service providers. United Way distributed the invitation. Approximately 30 individuals participated.
- Six (6) Tailored Community Meetings Focused on Equity-Deserving Perspectives
 - There were engagement sessions with six organizations that work with several equity-deserving populations. While not exhaustive, their perspectives are illustrative and provide important insights and considerations into understanding how to centre

lived experience of equity-deserving populations in the community mental health strategy.

- o Many organizations provided perspectives that intersect across multiple experiences and identities. Key perspectives included:
 - Youth-focused organizations
 - Seniors-focused organizations
 - Organizations focused on providing spiritually and culturally sensitive services
 - Organizations focused on serving newcomer (immigrant and refugee) families and individuals
 - Organizations serving Indigenous children, youth and families
 - Organizations serving African, Caribbean, and Black populations

15 organizations were contacted whose programs focus on equity-deserving individuals, including youth, seniors, 2SLGBTQ+ individuals, Indigenous individuals, Black individuals, and newcomer/refugee/immigrant/racialized individuals. We heard back from 6 of the 15 organizations. The project team collaborated with them to host tailored small group conversations in their spaces, either open to the public or just for their community, virtual and/or in-person.

Centring lived experience, equity-deserving, and Indigenous community input meant taking a visiting and relationship-based approach. We first met with key staff to ask how they would like to be involved and for their guidance on an appropriate and respectful way to gather perspectives from the communities they are connected to.

There was interest in participation from additional organizations, but timelines for reporting meant these opportunities weren't possible. pipikwan pèhtâkwan coordinated with United Way to identify these partners for future engagement opportunities as part of the development and implementation of the strategy and encourage an approach that continues to build relationships with these organizations.

Participants

This report reflects the voices of staff or community members who participated in several engagement sessions in April and May of 2023. This included program staff, cultural brokers, social workers, counsellors, therapists, and community members. Participants shared experiences based on their intersectional identities and relationships with the communities they work with and are part of.

Engagement Activity	# of Participants	Location*	Participants
Online Survey for the Community at Large	273	Online	Community at large
In-Person Engagement with FCSS-Funded Organizations	30	In-Person at United Way	Service-provider staff working for FCSS-funded organizations
Online Engagement with Service Providers	30	Online	Service-provider staff from 17 organizations

Africa Centre	12	In-Person at Africa Centre	Mix of community members, Africa Centre staff, and mental health and health professionals
Bent Arrow Traditional Healing Society	-	In-Person at Bent Arrow	pipikwan pêhtâkwon tabled at a community lunch and encouraged survey participation and collected feedback via small engagement activity
Edmonton Seniors Coordinating Council (groups connected to)	5	Online	Staff from organizations serving seniors
Islamic and Family Social Services	10	In-Person at IFSSA	Counselling staff, including therapists and social workers
Kickstand	6	Online	Staff
Multicultural Health Brokers Cooperative	10	Online	Counselling staff and cultural brokers

**Locations were tailored to the needs of the host organizations.*

These were the key questions that drove the in-person engagement. An outline of the survey can be found in Appendix A.

1. What does mental health or wellness mean to you and/or those you serve/support?
2. When you think about existing community-based organizations, supports, or initiatives for mental health, what is working well?
3. What needs to be transformed about the current systems of community mental health?

What Was Heard

What does mental health or wellness mean to you and/or those you serve/support?

We heard that mental health, mental illness and mental wellness touch everyone's lives. Most people have layered and intersecting experiences of mental illness in their professional, personal and community roles. We heard that we need a more holistic understanding of mental health that sees it as akin to physical health and one that recognizes both the individual and collective dimensions of mental health. Many spoke about mental health as feeling connected, safe, and a sense of belonging and community. Many people emphasize that mental health is inextricable from having one's basic needs met. And mental health means having proactive supports available before they are needed.



When you think about existing community-based organizations, supports, or initiatives for mental health, what is working well?

- Overall, we heard that many things are working; dedicated people support these, fund these, and look to these as a starting point. Many resources are available already in the community, and many dedicated individuals are passionate about supporting their communities, improving things and supporting others.
- More must be done to promote awareness that these resources exist, make connections across the system, and decrease barriers for people to access them.

- Where they exist, the work of culturally appropriate supports, Indigenous psychological services, and linguistically diverse supports are working. More of this is needed.
- Those we engaged with shared many examples of specific programs, services, initiatives and organizations doing practical work.

What needs to be transformed about the current systems of community mental health?

We heard many ideas about how current community mental health systems must be transformed. As this topic is complex, we have highlighted the broad, common themes here. For more nuance and details, see summaries of each engagement conversation in Appendix B.

Cultural-specific mental health supports and services need to be a priority, as does a wider diversity of options

This was a key theme heard throughout the engagement. There needs to be a culturally-responsive lens on the strategy, services and supports need to be culturally responsive and linguistically diverse. There is a need for increased land-based cultural supports for Indigenous communities.

“Incorporating culturally relevant and meaningful practices...provided by community members; hiring from within the community itself – so that individuals can feel more understood and there is less chance for misunderstanding cultural nuances that are different from the dominant culture.”

Some spoke about the need to shift from a Western, medicalized and individualist lens to one that is more holistic and collective and sees people as part of families and communities in their mental health journey.

“The current dominant mental health approach and structure is highly influenced through a western and medical lens, limiting reach and scope of effectiveness as well as meaningfulness in ethnocultural communities.”

Some participants talked about the need for more diverse representation in the mental health professional field and that while it is not a silver bullet, more diverse representation can change the way practitioners treat people, and it could influence teaching practices and treatment practices.

“Can the choice at least be there? That there’s enough representation that I could at least choose to see a Black therapist, a Black doctor?”

“Most of our youth [lack] connection with culturally sensitive mental health resources. We do have mental health therapists in our school, but youth think that person doesn’t understand them because they’re Caucasian. We need resources with BIPOC [and] LGBTQ experiences”.

Longer-term, sustainable and flexible funding

Funding was a big theme of the engagement conversations. Many people pointed out the need for longer-term, sustainable funding that provides time to see impacts. Many also mentioned that funding needs to be more flexible and less restricted regarding how it can be used, who it can be used for, and

more flexible in the outcomes. Increased investment in the community is needed to show and advocate for a continuum of mental health supports. This increase in investment could look like more investments from existing funders but also seeking out new investors and creative funding collaborations. People want to see more coordination at the funder level.

Meet people where they are; there is no one-size-fits-all solution

Many people spoke about the need for solutions that start from a place of understanding – that there is no “universal” client. Mental health supports need to be a people-centred and non-judgmental approach. There need to be entry points accessible to people in the places that they are at the time they need them. There is a need to recognize the diversity of lived experiences from various demographics and that different experiences may need different types of supports, tailored to different life experiences, ages, cultural backgrounds, etc. Solutions developed by and for one community may not work for others. People want to have diverse options, to have the choice of options to support them.

We must understand mental health and illness within complex contexts, root causes, and diverse lived experiences

Root causes are still missing from conversations about mental health and need to be integrated. Participants with newcomer-focused organizations shared that so much of the lack of well-being is tied to trauma, poverty, racism and social exclusion. The community mental health systems need more understanding of the way newcomers, immigrants, and refugees may have individually and collectively experienced multiple traumas (e.g. including individual and collective experiences of mass conflict, child soldiers, post-conflict and refugee mental health, grief and loss that comes with leaving or losing your homeland, language, culture).

“Understanding lived experiences would help frame both the struggles of the community, as it relates to trauma, collective loss, immigration pathways and reasons for leaving the country of origin and the incredible resilience and strengths of individuals and families, for which can be identified and accessed for healing and general well-being.”

Those with Indigenous-serving organizations mentioned that the Community Mental Health system needs more insight and knowledge of historical contexts for trauma from Indigenous communities, with intergenerational impacts that affect mental health. There is a need to validate this trauma and for service providers to be trained in historical trauma. A wide diversity of lived experiences must be centred on developing and implementing the strategy: nothing about us without us. A good place to start would be to work with the community organizations that have the best understanding of these different experiences and populations.

“A lot of these folks came to Alberta with a lot of trauma from experiences (like war) in countries where they are from. These traumas are impacting the broader health of the community. These topics are taboo within families. It’s not just affecting [our cultural community], but all of Albertans. The plea is to look at this challenge as a part of society broadly and the impacts of trauma. Transgenerational trauma, poverty, and racism. This combination of factors is complex”.

“Our communities consistently are mistreated by white Canadian society,”

“Legacy of colonialism and the impacts it has on the mental health system,” and “The colonial system doesn’t encourage trust.”

How we talk about mental health matters

Participants shared that how we define and talk about mental health, mental illness, and mental wellness needs to be broadened and made more relatable. While discussing mental health is becoming more normalized, there is still work. The definition must be broadened to be accessible, relatable, and understandable. We must recognize that many people don’t have the words to name mental health or their own emotions, let alone talk about it or seek services. Barriers to talking about emotions and mental health include different generational attitudes about mental health, language barriers, or simply not having emotional literacy for one’s self. Generational differences, cultural and linguistic differences, and life experience differences impact someone’s ability to talk about mental health. However, participants shared that within their work, they have found ways to open up conversations about mental health with the people they serve - whether looking at different cultural understandings of mental health or understanding the context of those they work with.

“Within our faith/culture, it is common to say ‘Kayfal Hal’? (literally means, ‘How is your state?’ or ‘How is the state of your heart?’). The terminology and cultural practice is an easier bridge to mental health”.

Many community mental health resources exist, but there needs to be more communication about existing resources and communication that is accessible and meets people where they are. This might look like prioritizing the advertising of existing resources to people in ways that will reach them, e.g. in languages they speak, in the venues they spend time in, in plain language that is accessible (not an overly technical funder or researcher language).

“Having the language, words to express. We might have...somatic experiences of mental health without the language to say this is anxiety, [or] depression. Do I have the words? Is that something that’s accepted, normalized? Mental health within community starts with communal language. We don’t talk about mental health until we’re older. Don’t have that emotional intelligence. We think in our languages and then translate to English, and then have to share that feeling, [and] use the right word to convey. A lot of lack of words, attached to somatic experience before we even get to let’s get you set up [with services and supports]. For example, we’re more comfortable talking about [worries about] money than saying I’m anxious about lack of safety.”

Community-based responses are crucial: we need to build upon and resource the things that are working, innovative, and rooted in our communities, including natural systems for supporting mental wellness

It is important to acknowledge the build from the on-the-ground and front-line work of community organizations and intentionally involve them in guiding, developing, and implementing the strategy. A common theme we heard was the need for more community-based supports. A truly community-led strategy should have community-based solutions that act as the building blocks of the strategy. Some of the ideas shared by participants included: integrating community-based responses and supports into existing organizations with relationships to communities that can support mental health from community/culturally informed perspectives.

“When the community comes together, they don’t do it to talk about trauma. They bring their own stories and, with that, their...solutions too. Often these happen outside of the system. [Our organization] is doing our best to identify and work with those solutions”.

Some mentioned broadening the places people can connect to mental health support and education for community and faith leaders on how better to support mental health conversations and supports within their communities would be helpful. For example, having more on-site counselling and therapists in community spaces (e.g. in shelters, child and family resource centres). Those who work with youth said that there are many gaps in children and youth mental health supports, and there is a need for more mental health support in schools; government funding has been cut in recent years. The spectrum of supports should include community wellness programs that aren’t specifically focused on mental health, as they can positively impact mental health.

“We rarely see the request for actual clinical [mental health] support. The clients’ priorities are in assistance with their daily needs. That is what influences their mental wellness, [and] mental health. If we can build the sector’s capacity to provide support, [and] make it affordable, [this would make a difference].

Community and connection are solutions for mental health support, and it is important to recognize natural and existing ways that individuals and communities navigate mental wellness.

“Whether it’s your friends [or] the larger ethnocultural community. Sometimes we underestimate the power that people in our lives hold. Mental health issues have always existed, [and] people have relied on people around them, music, etc., things that are sustainable, free, at least in the context of ethnocultural communities”.

“The act of cooking, dance, music, cultural food, sharing opportunities to learn - that makes me feel good,” and “We have our systems for navigating mental wellness, maybe not bigger mental illness, but community mental wellness. For example, we have customs for funerals and bereavement where the community helps cook [and] clean. But not being able to fulfill basic needs makes us negate our mental health, not being able to support those around us. But if I’m so busy working, I don’t have time to support my friends, community”.

Collaboration across the sector and With interconnected systems

Many people discussed the need for more collaboration between agencies to benefit clients, warm referrals, and less siloing. They highlighted that engaging those with expertise in a particular area or working with a specific population is beneficial.

Many emphasized the need for better integration between the interconnected systems of health, housing, and community-based services. Access to housing and transportation impacts mental health. Transportation is especially an important piece for seniors and youth, for whom isolation and inability to

access services on their own can be a big barrier to mental wellness and to accessing services. For newcomers, mental health exists in the settlement system and social integration and inclusion processes.

Emergency Services

Many emergency responses to mental health currently require a connection with the police. Police are not properly equipped or trained to respond holistically to mental health issues. There is a gap in community-based supports to do this and limit police involvement. Policing was identified as an inappropriate response to mental health calls. Some people mentioned better support systems (ambulance, fire, and police) for mental health calls.

Governance

Almost all organizations we spoke with demonstrated some interest in participating in developing and implementing the strategy. Still, there were different thoughts about how to approach that and different ideas about what leadership should look like. Most participants emphasized that the strategy needs to be “for us, by us.”

“There shouldn't be any development of a community strategy without members of our community there. These conversations are great, but reporting back is not enough. Why can't we decide for ourselves, these [metrics] determine success for our community. All of us in this room are qualified enough to sit at the table; we know our communities best.”

Grassroots approaches to leadership might look different than a traditional advisory committee or council around a board table.

“The ownership of this mental health system should be the people – and lead the work for the people.”

“Nothing works for the community without the community. Equal governance and consultation with the community leaders and those directly affected to see how those responses can be built”.

“Not governance, but a web of safety or cradle to comfort. Build something more accessible to most of us. It brings the language of love, care, and support to this instead of bureaucracy”.

Who is supporting those who are supporting the community? (Mental Health Service Providers)

Mental health service providers are tired. To be providing support, you have to be mentally healthy. The mental health of providers needs to be prioritized within the organizations they work in. The strategy has to involve service providers and what is being done across sectors to support them. Service providers and organizations want opportunities to come together, connect, share, build relationships with each other, and collaborate. The people providing mental health support within community organizations care about doing their best for the clients and want approaches to be client-led.

Sometimes there is a lack of resources to refer to, but they are doing the best they can with the resources available.

What else needs to be prioritized in a strategy?

- Longer term, sustainable funding and intentional efforts to sustainably fund work. Grant funding is uncertain and stressful, and short-term project-based funding makes it challenging to demonstrate impact.
- Focus on community well-being supports that support connection
- Invest in the community to show and advocate for a continuum of mental health supports and services. Focus on things working in the community and create sustainability for those actions. Continue what they are doing, and add on. Build up the capacity of natural supports that exist where people are.
- Formalized pathways for connecting health providers with community organizations, such as a robust social prescribing model (learning from the seniors' sector), so that providers understand who is doing what and who is the best to receive a referral.
- There is a high need for culturally-responsive and linguistic supports. Incorporating culturally relevant and meaningful practices that community members provide; hiring from within the community itself – so that individuals can feel more understood and there is less chance for misunderstanding cultural nuances different from the dominant culture
- Focus on early intervention or prevention. When working with people, it's often an emergency, so it would be nice to have intervention support, supportive outreach, dedicated long-term funding, and technology.
- Collaborative impact, on balance with specific impacts for specific communities.
- Prioritize challenging the existing barriers, such as the power dynamics in doctor/patient relationships.
- Integrate ways to overcome isolation/barriers to well-being in general, such as access to transportation, supportive housing for people of all ages, and access to technology (such as a phone) for online services
- We need more community support options.
- Identification and training of natural leaders within a community that members already trust and already have the capacity and understanding of the role of mental health in well-being
- Mental health well-being need to be coupled with programs that address economic insecurities, cultural distance, and practical supports
- Organizations to include the voices and lived experiences of the communities it serves
- Focus on youth: Strength-based holistic approaches to mental wellness to empower young people to advocate for the support and services they need.

"I often wonder if there would be better outcomes for projects like this if [more time was] invested in the front end to hear all the voices instead of rushing to an endpoint/structure. This comment [is not a critique] of what you have done today and your grace and loving kindness in honouring our voices. Previous attempts at this work have not centered relationship building despite resources thrown at it and considerations for working in the community in a good way".

What Existing Research and Frameworks Can Be Built Upon?

Many of the people we spoke with shared that a lot is already happening in the community that should be built upon – from existing initiatives to recent research and strategic work. Many of those we engaged with have been involved in work around mental health in recent years and urged the team to build upon this good work. Many organizations we spoke with mentioned that they have already done strategic work in the last few years, focused on the sector/populations they work with and research on Black mental health. They asked for the Community Mental Health Strategy to be built upon this pre-existing work and knowledge. Some mentioned strategic work and shared documents included:

The Multicultural Health Brokers shared two models: the ADAPT and Community Cultural Wealth Model. Both are evidence-based and would ground collective work going forward about the Community Mental Health of our population.

- The ADAPT model is a tool for framing conversations around trauma without stigma.

"It offers a way to help ourselves and those we serve to [remove] the stigma and shame tied to trauma, which is so very present in the past & our collective current life realities. So much of our lack of well-being is tied to poverty, racism and social exclusion".

- Silove, D. (2013). The ADAPT model: A conceptual framework for mental health and psychosocial programming in post-conflict settings. *Intervention: International Journal of Mental Health, Psychosocial Work & Counselling in Areas of Armed Conflict*, 11(3), 237–248.
<https://doi.org/10.1097/WTF.0000000000000005>

"[The [Community Cultural Wealth Model](#)] helps us understand the different types of capital that we do have or need to invest more time & attention towards [to] be well. This is where others can also help put some 'investment' into...community mental health and individual and family well-being. Many community natural leaders will highlight how,...sadly, it is familial capital that is so low right now in many commutes given couple relationship tensions and intergenerational conflicts".

Youth and young adults from the Africa Centre pointed out that youth-led research was recently conducted on access to mental health for Black youth in Alberta.

- Salami B, Denga B, Taylor R, Ajayi N, Jackson M, Asefaw M, Salma J. Access to mental health for Black youths in Alberta. *Health Promot Chronic Dis Prev Can*. 2021 Sep;41(9):245-253. doi:10.24095/hpcdp.41.9.01. PMID: 34549916; PMCID: PMC8565491.
- Factors that limit Black youths' access to and use of mental health services include a systemic lack of cultural inclusion and safety; a lack of knowledge about and information on mental health services; the cost of mental health services; geographical and locational barriers; stigma and judgmentalism; and limits of resilience.
- To address existing barriers to mental health services for Black youths, policymakers must diversify the mental health service workforce, increase the availability and quality of mental health services in Black-dominated neighbourhoods, and embed anti-racist practices and intercultural competencies in mental health service delivery.

The Edmonton Seniors Coordinating Council recently did some extensive community-based research on the needs of seniors, including mental health. They also pointed out that seniors centres are already

essential hubs for seniors to connect, and their social prescribing model being piloted in the seniors' sector is working well and can be built upon.

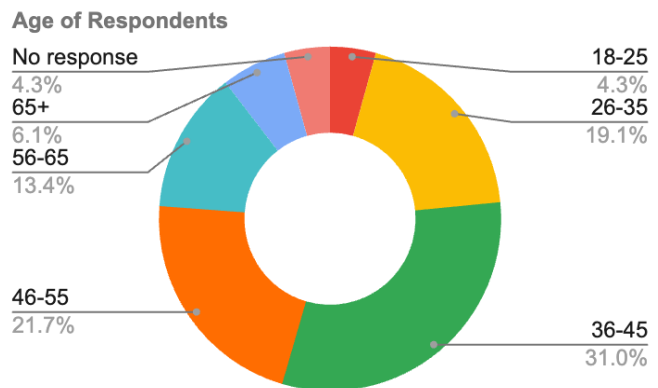
Kickstand shared that the Integrated Youth Services (IYS) should be considered as a solution for community mental health care for young people!

Youth Empowerment Support Service's (YESS) Community Youth Support Centre and the Youth Agency Collaboration also have strategies that should be consulted on youth mental health.

Survey Highlights

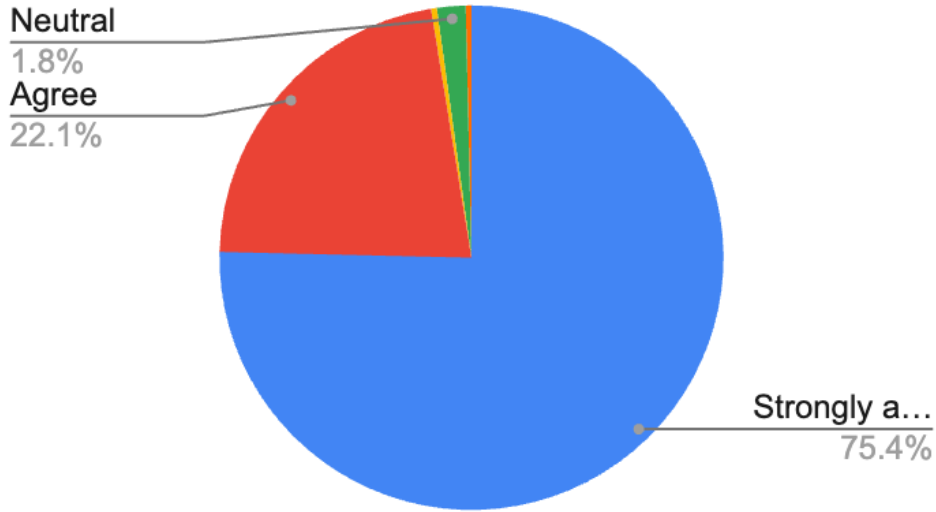
- 273 respondents to the survey, of which:
 - 11% identified as Indigenous
 - 11% identified as an immigrant, newcomer, or refugee
 - 10% identified as a racialized person
 - 8% identified as 2SLGBTQIA+
 - 8% identified as a person with disabilities

- The age of respondents was:
 - 0-17: 0%
 - 18-25: 4.3%
 - 26-35: 19.1%
 - 36-45: 31%
 - 46-55: 21.7%
 - 56-65: 13.4%
 - 65+: 6.1%
 - No response: 4.3%



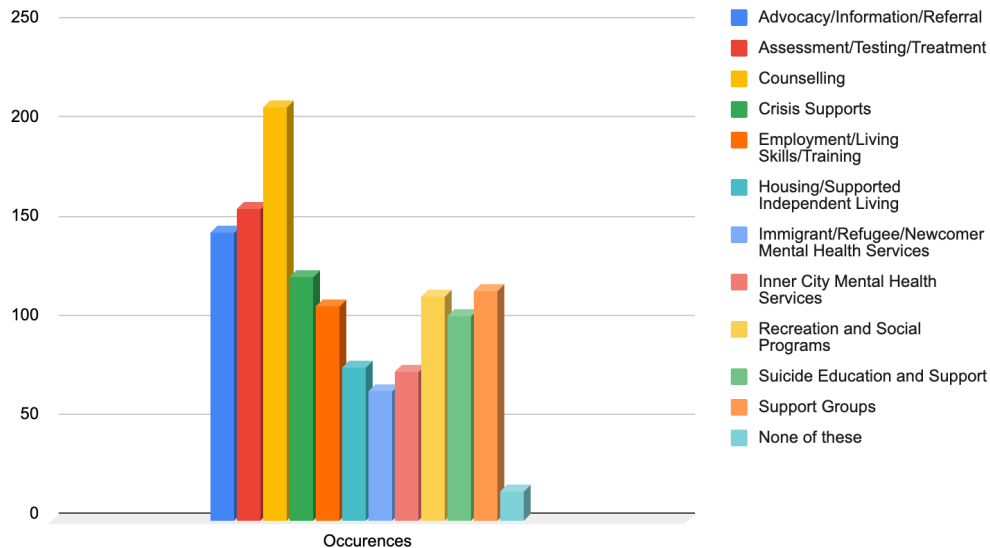
- 97.5% of respondents 'Agreed' or 'Strongly Agreed' that mental health should be a priority in Edmonton

Mental Health is a priority for Edmontonians



- The top 2 identified barriers to Mental Wellness were Cost (218) and Stigma (175). The next highest identified barriers were 'Limited Awareness (153), Lack of Trust (152), and Accessibility (136)
- The top 3 most helpful community-based supports for mental health were Counselling (208), Assessment/Testing/Treatment (157), and Advocacy/Information/Referral (145).

Helpful Community-based Mental Health Supports



Reflections

The pipikwan pêhtâkwan team gained a lot of insight into the project through conversation and brainstorming with the broader strategy project team components and engagement leads and would have liked to see a strengthened integration with other components of the strategy development. Establishing strong connections among these core elements of the strategy will be crucial in maintaining and nurturing the relationships established or expanded upon within the community. By ensuring alignment in value and intention across these components, the strategy can effectively inform the work being carried out in Edmonton.

A strengthened connection between the engagement process, the project's strategic thinking, and the other contracted deliverables would have better supported the team in designing and implementing the engagement process. This would have also addressed some confusion among participants who struggled to understand how their input would inform the engagement report, and thus other deliverables informing the strategy. A clear and transparent communication strategy that keeps participants informed and engaged will be important to future phases of this work. This will help manage expectations and foster strong relationships between participants and those responsible for implementing the strategy in governance, programming, and coordination. This would be an opportunity to provide clarity to the community on who informed what sections of the strategy, and how that input will be used to inform the work in an ongoing and meaningful way.

Throughout the engagement sessions, there was a clear desire for community participation in this work. This enthusiastic participation demonstrates the importance of actively involving the community in shaping and implementing the strategy. To ensure the success of the strategy, it is essential to continue developing and expanding avenues for community participation. By creating meaningful opportunities for community members to contribute, their perspectives and expertise can be leveraged to enhance the strategy's effectiveness and relevance.

Recommendations

Below are the key themes that were heard through the engagement.

Grounding principles for the strategy should centre relationships, love, trust, and respect

The approach to engagement used by the pipikwan pêhtâkwan resonated with many participants as an important way to begin this work. Centring love, care, and support helped build trust in the process and support navigating difficult and sensitive conversations. Relationships are not possible without trust, and navigating challenges is much more difficult without trust. Participants shared that there are hurdles ahead of this process regarding existing barriers to accessing services and the historical targeting of or exclusion from services for equity-deserving communities.

When challenges arose in the process, visiting and relationships provided reciprocal means of accountability where feedback could be shared transparently to strengthen our relationships as we move through them. This was exemplified in both interactions between pipikwan pêhtâkwan and the clients and participants in the engagement. Ensuring those relationships were maintained strengthened

the outcomes of this project and has provided incredible insight into the existing work of the community and how to consider working collectively with them in future phases of the strategy.

pipikwan pêhtâkwan found that this approach transcended cultural boundaries and resonated with several equity-deserving communities' ways of thinking about moving through this work and providing services that responded to their needs.

Culturally responsive services and supports

Equity-deserving groups have recognized the need to prioritize and lead approaches within their communities that address their unique needs and challenges. They have identified alternative methods that may deviate from mainstream services but are designed to prioritize outcomes that distinctly define wellness. To promote inclusivity and respect, it is crucial to celebrate and provide room for these approaches without appropriating them.

Each community may have different approaches that work effectively for their specific circumstances. What works well for one group may not necessarily be applicable or successful in another. Therefore, it is important to avoid making assumptions about the broader applicability of these approaches without appropriate consultation and leadership from the communities themselves. Failing to involve the communities in decision-making can have negative consequences and hinder progress toward achieving equitable outcomes for all. By recognizing and valuing the expertise and perspectives within these communities, we can foster a more inclusive and impactful approach to addressing their needs.

Some of these solutions exist in the community but require sustainable funding (addressed in another recommendation). Some require additional capacity to develop or formalize these responses. Regardless, communities should remain at the forefront of programming meant for their communities.

Broaden how mental health is discussed in the strategy and the community

The topic of mental health is often challenging to discuss for various reasons; stigma, barriers to accessing service, lack of awareness or education, cultural norms, generational gaps, etc. To enhance the connection between Edmontonians and mental health support systems, it becomes crucial to assist individuals in finding the right words to express their mental health concerns. This involves normalizing conversations about mental health and developing accessible and relatable ways to discuss it. For instance, framing mental health discussions regarding physical health, mental fitness, or mental wellness can make engaging in these conversations easier.

It is essential to critically examine the prevailing Western, medicalized, and individualistic perspectives to foster a more comprehensive and collective approach toward mental health and wellness. By questioning this status quo lens, strategies can be devised that embrace a more holistic understanding of mental health. This can involve incorporating diverse definitions and interpretations of mental health from different languages, cultures, and age groups. Such an approach recognizes the need to go beyond a one-size-fits-all mentality and acknowledge mental health's complexities in various contexts.

The strategy for improving mental health must also encompass an understanding of the multifaceted nature of mental health, wellness, and illness. This entails recognizing and addressing the underlying

root causes that contribute to mental health challenges, as well as acknowledging the diverse lived experiences of individuals. By considering these factors, the strategy can be better equipped to provide comprehensive support and interventions that cater to the unique needs and circumstances of different individuals and communities.

Longer-term, flexible, sustainable funding

The survey findings highlighted the urgent need for specific services such as counseling, assessment and treatment, and community advocacy. While there are existing resources available through community-based supports, it became evident that the current provisions are insufficient to meet the demands. As a result, it is crucial to prioritize the allocation of sustainable funding to ensure the accessibility of these services. Whether these services are provided by formal mental health systems or community programs, it is essential to ensure that they are well-resourced to effectively address the needs of the community.

A key recommendation arising from the engagement is the integration of formal mental health supports with the existing community-based resources. It is recognized that building trust takes time and resources, and existing granting approaches do not adequately acknowledge the importance of this. Therefore, investing in funding for these types of programs that foster community engagement and support was desired for tier potential in improving mental health outcomes.

In order to maximize the impact of funding, there is a call for greater flexibility in funding mechanisms. Instead of focusing on fixed outcomes, it is important to consider the diverse and evolving needs of the community. Additionally, age restrictions on funding should be reconsidered to allow for the development of multigenerational programs. Funders are also urged to have a deeper understanding of and support community conversations about the complex dynamics that can impact mental health. By taking these factors into account, funding initiatives can be more responsive and inclusive, addressing the unique challenges and requirements of different communities.

The engagement emphasized challenges that need to be addressed to ensure effective and sustainable mental health support. These challenges include limited resources, staffing issues, and long-term sustainability. Insufficient resources were identified as a significant barrier, leading to individuals falling through the cracks of the mental health system. Small organizations, despite their valuable contributions, face limitations due to funding constraints. Grant funding, which is often uncertain and stressful, can further compound these challenges. Therefore, there is a pressing need for sustained funding efforts and intentional strategies to support and sustain the vital work being done in the mental health field.

Commit to formalized ways to involve equity-deserving voices and embed lived experiences in the strategy work and implementation

Many of the individuals and organizations engaged asked how they can be included in further strategy development work. Engagement should be the beginning of a relationship, prioritized as important throughout, and not an end with informing the strategy.

There have been multiple threads of outreach and engagement with this project, and to build and maintain trust and meaningful collaboration with community-based organizations and individuals, we recommend that all participants who have been engaged be invited to convene and visit with each other.

- A virtual report-back event on all engagement pieces of the project
- A gathering to thank all who have shared input for their contributions
- An annual or semi-annual open house or summit where all community organizations and individuals working on community mental health can come together, share what's working, and continue to nurture relationships with each other and with United Way, CMHA and the City
- Ongoing contact and updates, with the opportunity to provide input to the project lead organizations
- Offers to participate meaningfully in the governance and/or implementation of the strategy
- Supporting and working with organizations that specialize in working with and advocating for equity-seeking populations

Some important considerations for the organizational leads included

- How will the United Way, CMHA-Edmonton Region and the City of Edmonton partner/collaborate with community organizations in developing and implementing the strategy?
- How can lived experiences and equity-deserving voices be involved in the strategy development and implementation? This included youth, seniors, racialized, immigrant, refugee, Indigenous, and 2SLGBTQ+ voices
- Some community-generated ideas included a thoughtful integration of community voices through a framework or structure for involving individuals with lived experience in decision-making and going forward in a way that reflects and understands the diversity of lived experiences around mental health.

Build Upon Community-Rooted Solutions, Cultural Capital, and Existing Knowledge

It is crucial to acknowledge and honour the contributions of community partners who have been actively engaged in the mental health space. Recognizing their existing strategies and efforts provides an opportunity to celebrate their valuable contributions and strengthen connections within the community. By building upon these existing strategies, collaboration can be fostered to collectively address the mental health challenges faced by the community. This approach not only recognizes the expertise and knowledge of community partners but also ensures that their voices and perspectives are included in the development of solutions.

One important aspect of recognizing community partners' contributions is acknowledging the cultural wealth and natural supports that already exist within the community to promote well-being. Working in collaboration with cultural, community, and faith leaders allows for the utilization of their expertise in addressing mental health issues. Moreover, supporting these leaders in offering mental health supports within their communities can have a significant impact on increasing the accessibility and relevance of services. This approach recognizes that community leaders and organizations have deep connections

and understanding of the specific needs and cultural contexts within their communities, enabling more tailored and effective support.

It is important to understand that community-based supports and services exist on a spectrum, ranging from those that focus on fostering connection and belonging to those that provide direct clinical interventions. Emphasizing this spectrum of services ensures that the diverse needs of individuals within the community are met. By recognizing and valuing the various forms of support, the mental health system can be more comprehensive and inclusive, encompassing both informal community networks and formal clinical interventions.

Bringing a diversity of lived experiences to the table goes beyond mere engagement. It necessitates a commitment to sharing power, building capacity, and distributing resources and funding more equitably. This approach acknowledges that marginalized communities have historically been excluded from decision-making processes and resource allocation. By actively working towards sharing power and resources, greater equity can be achieved, and the voices of underrepresented communities can be uplifted. This requires a deliberate and intentional effort to address systemic barriers and ensure that funding and resources are distributed in a fair and inclusive manner.

Early Intervention & Prevention

The project team acknowledges that terminology used widely in the sector may conflict with community understandings of intervention and prevention. This may also signal a need to build cohesion in definitions regarding mental health programs and services so that system and community understandings are aligned.

Early intervention plays a crucial role in addressing mental health issues and preventing more expensive and intensive crises or emergency responses. Recognizing the importance of timely support, efforts should be directed toward providing interventions at the early stages of mental health challenges. By identifying and addressing mental health concerns early on, individuals can receive the necessary support and resources to prevent their conditions from escalating.

An expanded array of community supports and alternatives beyond clinical mental health services can have a significant impact on mental health outcomes. Recognizing that individuals' mental health can be influenced by various social determinants, such as housing, access to food, transportation, and case management services, it becomes vital to provide these essential supports. By addressing these broader social needs, the demand for clinical mental health services may potentially decrease. Shifting the focus from a solely clinical approach to a more comprehensive one that addresses individuals' holistic needs can lead to more effective and sustainable mental health outcomes. This aligns with the intention of the Community-Based Mental Health Strategy.

A shift is needed from the current reactive approach to mental health towards a more proactive and preventive model. Instead of individuals seeking counselling as a last resort, there should be a greater emphasis on providing intervention support, supportive outreach, and dedicated long-term funding for mental health initiatives. By adopting a preventive approach, individuals can receive the necessary support and resources earlier, reducing the need for crisis intervention. Additionally, leveraging technology can play a significant role in improving accessibility and reaching individuals who may otherwise face barriers to mental health services. By combining early intervention, supportive outreach,

sustainable funding, and technological advancements, the mental health system can become more proactive and responsive to individuals' needs.