

# Community Mental Health Action Plan

EDMONTON & AREA

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Positive mental health is the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity.

Public Health Agency of Canada

# INTRODUCTION

## Why the urgency

One in five of us will experience a mental health problem or a mental illness this year. The impact on our lives both inside and outside our homes will be devastating: our relationships will suffer, it may become overwhelmingly difficult to work or attend school and our household finances may become precarious. Despite the severity of what we're going through, 60% of us won't seek the help that we need<sup>1</sup> – often because of the stigma still associated with poor mental health or mental illness.

Instead we might try self-medicating, alleviating the pain through drug or alcohol use. Or we might become isolated, hoping the world will go away. For those of us who do seek help, it may be hard to find. The system is overwhelming and confusing – where to find a door in? Services can be expensive and often involve a long wait – at least until a full blown crisis hits.

The fundamental problem is that the mental health and addiction system is under-resourced, a problem that is recognized by the Government of Alberta in the Valuing Mental Health report. However, the necessary systemic shift takes time – redistributing resources to create a system that balances acute care with investments in 'the promotion of positive mental health, early intervention and treatment of mental illness as a chronic disease'<sup>2</sup> is a significant and complex undertaking.

Our Action Plan works within this reality: there is much we can do at the community level to work together effectively and provide enhanced services for individuals and their families, focusing on:

- The promotion of positive mental health
- Prevention of mental illness through early identification and intervention

## THE COMMUNITY MENTAL HEALTH STEERING COMMITTEE:

Canadian Mental Health Association –  
Edmonton Region  
Edmonton Chamber of Voluntary  
Organizations  
M.A.P.S. Alberta Capital Region  
City of Edmonton  
Alberta Health Services  
Alberta Mental Health Patient Advocate  
Alberta Health  
United Way of the Alberta Capital Region

## Who we are

Only through collaboration and collective work can we begin to improve the mental health and addiction services available in the community. In developing the Community Mental Health Action Plan, we brought together community organizations and key government decision makers in a regional conversation, pooling our collective wisdom. The Plan has also been informed by the experiences of health professionals, volunteers, families and people with lived experience of mental health problems and mental illnesses. It is a truly collective community endeavour.

The purpose of the Action Plan is to ensure that everyone involved in mental health and addiction in Edmonton and Area has the opportunity to maximize collective resources, leverage opportunities to respond to existing gaps, foster innovative approaches and identify a continuum of integrated supports and services.

This will translate into easier access to services for individuals and families struggling with poor mental health, mental illness and addiction.

<sup>1</sup> All statistics, unless otherwise noted, are from the Mental Health Commission of Canada and the Canadian Mental Health Association

<sup>2</sup> Valuing Mental Health, December 2015



## Developing the Action Plan

Following large scale community consultations, and analysis of local and provincial reports and evaluations, key areas of focus were developed for goal determination and evaluation:

- System Integration
- Service Delivery
- Evidence Foundation

Three Leadership Teams (one for each area of focus) have come together to finalize the Action Plan and prepare for work on the Implementation Phase, focusing on goals and strategies that will be guided and supported by the Community Mental Health Steering Committee, the Project Lead, a Project Evaluation and Research Consultant and a Project Coordinator. Additional Task Groups will be formed

to support specific actions that will further the goals of the Action Plan.

The focus of the action plan is on increasing protective factors across a continuum of responses for people. These would include: good attachment to parents or caregivers, family harmony and stability; opportunities to pursue goals and create a positive future, knowledge of community resources, engaging with others and developing good coping skills, feeling empowered, having a sense of control over one's life, learning how to communicate clearly and resolve conflict, focusing on healthy lifestyles and resiliency, participation in community networks, access to support services and economic security.

### DID YOU KNOW?

- **70%** of adult Canadians living with a mental health problem or illness say their **symptoms started in childhood**.
- Once mental illness is recognized, **help makes a difference for 80%** of the people who are affected.
- **One in three** Canadian workplace **disability claims** are related to mental health problems or illnesses.
- The cost to Canada's economy: over **\$50 billion**.

### BUILDING ON SUCCESS

The Family Centre and five other community partners offer drop-in counselling for free, without an appointment, in 6 locations in Edmonton, 6 days a week. An innovative sandwich board advertising campaign creates awareness of the services.

Counsellors often see people who are in high levels of distress: over 37% of clients in the last quarter reported that they were thinking about killing themselves.

Research has shown that providing drop-in counselling when people need it helps to reduce visits to hospital emergency rooms.



Riti Shah, Grade 8, Dan Knott Junior High School

## DID YOU KNOW

- Adverse Childhood Experiences (ACEs) can contribute to mental health issues in adulthood. In Alberta a provincial survey found that before the age of 18, almost a third of participants (27.2%) experienced at least one type of abuse, and nearly half experienced at least one form of household dysfunction (49.1%).

The Alberta Adverse Childhood Experiences Survey, The Alberta Centre for Child, Family and Community Research, 2014

- People with mental illness are disproportionately homeless and vulnerably housed, unable to access the supports they need. Over 2,300 people in Edmonton experienced homelessness in 2014. 335 were under the age of 18.

Homeward Trust Homeless Count

- *Through My Eyes* is a documentary showing the reality of life for Edmonton's at-risk, homeless youth.

## BUILDING ON SUCCESS

Alberta Health Services, Oxford Properties, Paladin Security and the Sexual Assault Centre of Edmonton are working together to provide mental health literacy and addiction and trauma training to professionals who are often in contact with vulnerable persons, such as security personnel and inner city businesses, to create conduits for informal support and referral.

## The Edmonton context

### *Our population*

- Edmonton and area has a relatively young population, a significant number of whom came here looking for work. Those individuals and families are sometimes without the support of extended families and long-term community relationships, which can contribute to isolation during challenging times.
- Edmonton is quickly catching up to Winnipeg as home to Canada's largest Indigenous population. Therefore additional attention is required to overcome the inter-generational impacts of colonialism and discrimination.
- Just over 20% of us are new immigrants, and more than 1500 refugees have settled here since November 2015, bringing both the richness of cultural diversity and the challenge of ensuring new citizens are connected to mental health services. This is particularly important for those who may have suffered from trauma related to transitions, or political or social violence in their country of origin.

### *Our economy*

- Edmonton experiences both the benefits and the risks of a variable economy. Many of us are impacted by the current slow-down which can translate into financial stressors, and, in turn, increased emotional distress, family violence and other concerns.

### *Family violence and sexual assault*

- Both are known as significant contributors to mental health issues. In 2013, of the six largest urban centers in Canada, Edmonton had the highest rate of sexual assault.<sup>3</sup>
- Alberta has the second highest rate of self-reported spousal violence in the country.
- Spousal victims of violence are more likely than other victims to be first victimized as a child, with 48% reporting they were physically assaulted before the age of 15, and 75% reporting that they were first sexually victimized as a child.

<sup>3</sup> Edmonton Community Foundation, Vital Signs Report, 2015

# AT A GLANCE

## Community Mental Health Action Plan

### COMMUNITY MENTAL HEALTH STEERING COMMITTEE

- Initiative coordination
- Communication
- Leadership teams
- Collaborators/partners
- Connections with other initiatives
- Support for community of practice
- Advocacy
- Evaluation of collaborative impact

### LEADERSHIP TEAMS: FOCUS AREAS, GOALS AND ACTIONS

#### SYSTEM INTEGRATION

##### A common agenda and cross-sector leadership

- Develop shared outcomes for system integration
- Propagate successful mental health initiatives
- Incentivize collaboration

##### Caregivers' ability to navigate the system

- Improve information sharing across systems and organizations
- Support comprehensive 211 line accessibility

##### Accessing the full continuum of care: from promoting positive mental health to intervening with support for addiction and mental illness

- Incorporate social determinants of health, adverse childhood experiences and trauma informed practice
- Work with AHS to create a single entry to services through community agencies
- Expand and create interdisciplinary teams and integrated pathways

#### SERVICE DELIVERY

##### Seamless navigation for individuals, their families and caregivers

- Develop a network of navigators/informal supports
- Develop partnerships with primary care networks
- Work to engage and connect Indigenous people and newcomers to culturally appropriate care

##### Comprehensive mental health and addiction supports

- Develop tactics to engage professionals within each stage of the continuum of care
- Develop protocols for front line service providers on trauma informed care
- Facilitate ways for people to become partners in their mental health

##### Professional development

- Engage Mental Health First Aid/Mental Health Literacy trainers
- Support collaborative training and communities of practice
- Encourage early identification of mental health risk

#### EVIDENCE FOUNDATION

##### Consistent use of evidence-based strategies

- Develop an evidence-based business case to promote the Action Plan
- Develop partnerships with research organizations
- Strengthen alignments with government and community partners

##### Disseminate findings

- Broadly share the Mental Health Action Plan
- Develop a communications plan to promote awareness of current evidence
- Foster knowledge translation across professional and stakeholder groups

##### Evaluate the shared impact of changes in system integration and service delivery

- Work towards community-based evaluation
- Strengthen an evaluation culture
- Develop a system process to synthesize and interpret data

Needs and strength-based planning: right services, right people, right combination, right time.

# THE PLAN

## Mission

To facilitate stakeholder created, collaborative solutions to mental health system challenges.

## Vision

Citizens in Edmonton and area will have access to a better coordinated mental health system that serves their needs across the whole mental health continuum.

## Guiding Principles

- **Dignity:** people will be recognized, valued and respected; and treated in a manner consistent with their inherent human rights.
- **Compassion:** individuals and families experiencing mental health needs and mental illness will be respected and treated with consideration.
- **Equality:** equal opportunities to access effective prevention and treatment of mental illness should be available to all who would benefit from them.
- **Diversity:** an appreciation of, and responsiveness to, diverse populations and cultures will be the basis of engagement and intervention approaches.
- **Collaboration:** partnership, collaboration, shared responsibility and accountability will be sought and maintained among all stakeholders - individual, family, community, business and government.
- **Empowerment:** individuals and families will be engaged in their own journey to strive for positive mental health, resiliency, and to maximize their potential to pursue fulfilling lives.
- **Quality:** high-quality, person-directed, timely, transparent, effective, efficient, and accessible mental health care services are worthy of investment.
- **Evidence-based:** approaches to achieving outcomes are clearly defined, measured and evaluated.
- **Comprehensive:** all facets of an individual are considered - intellectual, emotional, physical, spiritual, familial and communal.

## Outcomes

### Long term

1. Across the mental health system, there will be more:
  - Communication
  - Coordination
  - Collaboration
2. There will be increased access to the continuum of mental health care.
3. Edmonton and area residents will have more opportunities to maintain or improve their mental health.
4. There will be opportunities to replicate/adapt the Community Mental Health Action Plan in other communities and jurisdictions.

### Short term

1. Community organizations demonstrate more readiness to work collaboratively with other stakeholders focused on common issues.
2. Stakeholder engagement reflects commitment to contribute to the Community Mental Health Action Plan implementation.

## Evaluation

Through the developmental approach of evaluating the Action Plan implementation, the indicators of progress toward the outcomes will emerge through discussions with the Leadership Teams for each of the three key areas. These teams will choose, in consultation with the Steering Committee and with their own Task Groups, the priorities and timing related to the goals and actions. They will then also contribute to defining the most appropriate indicators of progress for their work. This emergent approach is consistent with a developmental evaluation approach.





## GOALS AND ACTIONS ▶

University of Alberta 2018 Medical Student "Patient Immersion Experience" project. Patient and students: Betty McGale, Alexandra Okihiro, Jonathan Lee.

The following short- and medium- term actions are designed to galvanize change in the addiction and mental health system. The intent is to embark on a new direction for government and community partners: working together more closely across the mental health and addiction spectrum, with the focus firmly placed on integrated, seamless service delivery and care for individuals and their families.

Implementation, it is proposed, includes the following actions – but is not limited to them. It is anticipated that further and longer term actions will emerge as momentum develops and new practices take root.

## AREA OF FOCUS: SYSTEM INTEGRATION

**GOAL 1** *Develop a common agenda and cross-sector leadership which will drive system change for mental health and addiction*

### ACTIONS

**1.1 Develop system wide shared outcomes for service integration**

- Ensure common definitions and language
- Align shared outcomes with relevant government outcomes (EndPovertyEdmonton, Family Violence Framework, Valuing Mental Health and the Edmonton Suicide Prevention Strategy)
- Monitor results for systems integration

*Short term*

**1.2 Propagate successful mental health initiatives**

- Continue and expand Edmonton Chamber of Voluntary Organizations' work telling the stories of success
- Support improvement efforts (such as the Alberta Health Services Zone Integrated Intake Project) that focus on client-centred practices

*Short term*

**1.2 Incentivize collaboration**

- Discuss with funding partners the creation of special grants that can only be accessed through sectoral collaboration

*Medium term*

**GOAL 2** *Improve diverse partners' ability to navigate the system by facilitating system-level coordination and collaborative practice.*

### ACTIONS

**2.1 Improve information sharing across systems and agencies**

- Increase awareness and utilization of Alberta training for legislated information sharing (Alberta Human Services' Information Sharing Strategy)
- Use the work done by lighthouse initiatives such as REACH Edmonton around privacy and client confidentiality to develop cross sector protocols on information sharing

*Short term*

**2.2 Support comprehensive 211 line accessibility throughout the capital region and beyond**

- Provide enhanced navigational support to individuals and families who are experiencing isolation or mobility challenges, or who are transitioning from one part of the system to another
- Work with agencies and government to regularly update and promote 211 as a navigational tool, and to increase accessibility to 211
- Coordinate 211 with other virtual resources to provide centralized access to system wide navigation with multiple access points

*Short term*



**GOAL**  
**3**

*Improve options for accessing the system along the full continuum of care, from promoting positive mental health to intervening with support for addiction and mental illness*

**ACTIONS**

**3.1 Incorporate the social determinants of health, adverse childhood experiences and trauma informed practice into team-based approaches**

- Ensure the complexity of client needs are addressed

*Short term*

**3.2 Work with AHS to create a single entry to services through community agencies.**

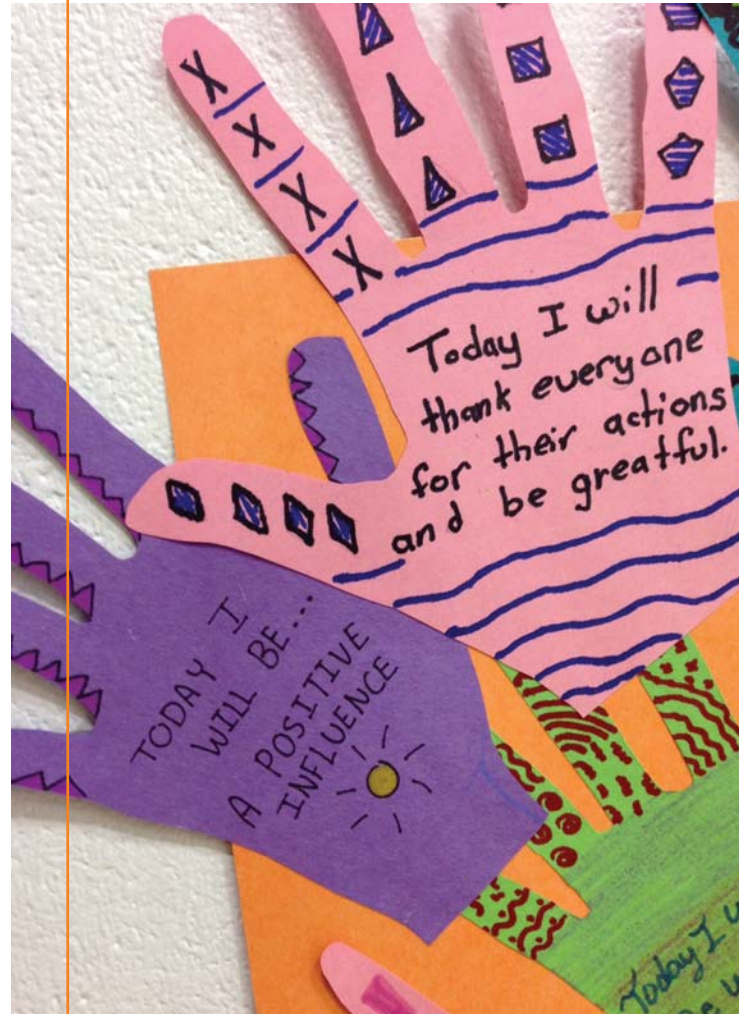
- Build on, and integrate community resources with the Edmonton Centralized Intake model

*Medium term*

**3.3 Coordinate with partners to expand and create inter-disciplinary teams and integrated pathways that share mandates based on client needs**

- The Addiction Recovery and Community Health (ARCH) Team at the Royal Alexandra Hospital is one model. It uses a multi-disciplinary, harm reduction and trauma informed approach in connecting individuals dealing with mental health issues, addiction and homelessness to supports
- Increase multi-disciplinary response teams, such as a mental health worker with a police/social worker team responding to children in crisis

*Medium term*



“Belonging” project, Fee Otterson Elementary/Junior High School

## AREA OF FOCUS: SERVICE DELIVERY

### GOAL

# 4

## *Support a seamless navigation of mental health and addiction services for individuals and their families/caregivers*

### ACTIONS

#### **4.1 Use existing evidence informed practices to develop and expand a network of navigators, or informal supports, available to individuals and their families/caregivers when a need is identified**

- Engage those with lived experience in the system as volunteers/peers supports to assist with system navigation and as an informal support
- Intentionally involve caregivers, natural advocates, concerned co-workers, faith-based personnel and other potential supporters of clients in becoming familiar with, and promoting, available resources

*Short term*

#### **4.2 Develop partnerships with primary care networks to leverage opportunities for community-based intake and connection to appropriate supports**

- Develop mental health and addiction training for primary care team members, which would include information on services and would facilitate entry into appropriate mental and addiction healthcare

*Short term*

#### **4.3 Develop practices that adapt to the diverse cultural and life circumstances of Indigenous people and newcomers**

- Work with immigrant serving and Indigenous organizations to develop mental health and addiction approaches that are culturally and linguistically appropriate for diverse newcomer and Indigenous groups

*Medium term*

### GOAL

# 5

## *Increase comprehensive mental health and addiction supports for individuals and their families/caregivers*

### ACTIONS

#### **5.1 Develop tactics to engage professionals within each stage of the continuum of care: awareness building, skill building, mental health promotion, mental illness prevention, early intervention, treatment and follow-up**

- Include professionals across all settings, for example: primary care networks, schools, seniors' lodges, workplaces, community based organizations and treatment facilities

*Short term and ongoing*

#### **5.2 Develop protocols for front line service providers on trauma informed care to incorporate mental health enquiries into all patient/client visits**

- Utilize Alberta Health, AHS and community agencies' best practice documents to advocate for a common assessment questionnaire based on trauma informed and harm reduction approaches

*Short term*

### 5.3 Facilitate ways for individuals and families to become partners in their mental health, recovery and treatment

- Develop a mental health and addiction engagement approach, including protective and resiliency factors, for individuals and their families
- Ensure resources are available to seniors (especially seniors in homecare settings), new Canadians, and youth in need of recovery/treatment

*Short term and ongoing*

## **GOAL 6** *Engage professionals and stakeholders in professional development to enhance their capacity to support people with mental health needs*

### **ACTIONS**

#### 6.1 Engage Mental Health First Aid and Mental Health Literacy trainers and strategies

- Provide training to community allies: teachers, children and youth sports coaches, recreation and arts staff and others who support, and interact with, young people

*Short term*

#### 6.2 Support collaborative training and communities of practice that create opportunities for continued, shared professional development

- Facilitate the provision of Mental Health System Navigation Training to medical students, nursing faculty, enforcement services and others to increase awareness of services, entryways into care strategies and care options

- Facilitate capacity building opportunities such as Indigenous, intercultural and LGBTQ sensitivity training to increase professionals' ability to engage with people who use the mental health and addiction system at higher rates
- Include the sharing of relevant, high priority evidence, and how to apply to practice

*Short term*

#### 6.3 Engage relevant professionals and natural community allies in early identification of mental health risk using evidence-based tools such as the Adverse Childhood Experiences questionnaire

- Involve teachers, childcare providers, coaches and recreation staff in capacity building, communication, networking and training opportunities

*Short term*



MacKenzie Meyo, Grade 7, Dan Knott Junior High School



## AREA OF FOCUS: EVIDENCE FOUNDATION

### GOAL 7

*Reinforce consistent use of evidence-based strategies to inform improvements in system integration and service delivery*

#### ACTIONS

##### 7.1 **Develop an evidence-based business case to promote the Action Plan**

- Compile and share economic evaluation findings from best or promising mental health practices that are included in Action Plan implementation (cost-benefit, cost-effectiveness, social return on investment)

*Short term*

##### 7.2 **Develop partnerships with research organizations to identify current and relevant evidence**

- For example, PolicyWise for Children & Families, the Palix Foundation and the Addictions and Mental Health Strategic Clinical Network

*Short term*

##### 7.3 **Strengthen alignments with government and community partners committed to using evidence informed practices**

- Develop opportunities for sharing research and practice-based evidence to inform planning in systems integration and service delivery

*Short term and ongoing*

### GOAL 8

*Develop multiple channels to disseminate evidence to both professionals and the public*

#### ACTIONS

##### 8.1 **Broadly share the Mental Health Action Plan to expand opportunities for uptake of actions**

- Through provincial and community partners
- Through professional development events

*Short term*

##### 8.2 **Develop a communications plan in coordination with community and government partners to promote awareness of current evidence for mental health and addiction**

- Utilize both social media and traditional media to maximize knowledge dissemination to a broad audience including professionals and the public
- Encourage connections to maximize communication opportunities between all who could identify and support children and youth developing mental health issues: schools' and school boards' websites, newsletters and social media; recreation and sports groups' websites
- Incorporate innovative research approaches using technology to engage with people vulnerable to stigma

*Short term*

**8.3 Foster knowledge translation by developing mechanisms to share best and promising practices across professional and stakeholder groups**

- Share current evidence with online resource networks that are accessible to professionals and the public

*Medium term*

**GOAL 9** *Evaluate the shared, large-scale impact of changes in system integration and service delivery for Action Plan partners and for individuals/families using the mental health and addiction system*

**ACTIONS**

**9.1 Work towards community-based evaluation with shared outcome measures for success**

- Develop the necessary tools to move forward from measuring change within individual organizations to measuring change in the broader community

*Medium term*

**9.2 Strengthen an evaluation culture among Action Plan partners by building professionals' capacity for evaluative thinking, collaborative evaluation processes and shared measurements that encompass a community change focus**

- Identify and support capacity building opportunities for mental health and addiction professionals to understand shared measurements

*Medium term*

**9.3 Develop a systemic process to synthesize and interpret data from shared measurements**

*Medium term*



Paige Maki, Grade 8, Dan Knott Junior High School

## ALIGNMENTS

### *EndPovertyEdmonton*

#### **EndPovertyEdmonton Strategy Priority #19:**

- Improve timely access to mental health and wellness services and addictions supports

#### **EndPovertyEdmonton Road Map (2017-2021),**

##### **Goal 3, action 25:**

- Resource the Edmonton Mental Health Steering Committee to implement the coordinated community mental health action plan

##### **Action 27:**

- Advocate to increase funding and access to mental health services and education including the expansion of full service hours for multi-disciplinary mental health services.

### *The City of Edmonton's Urban Isolation/Mental Health Initiative*

Under this initiative, the City partnered with government, community and business stakeholders to develop the Edmonton Suicide Prevention Strategy. Many of the goals and outcomes complement and align with those of the Community Mental Health Action Plan, emphasizing the connection between mental illness and suicide.

### *The Government of Alberta's Valuing Mental Health, Alberta Mental Health Review 2015 report*

The report validates and aligns with the goals set out in this Action Plan. The Community Mental Health Steering Committee has offered assistance to the efforts of the Valuing Mental Health implementation team which includes leadership from Alberta Health, Alberta Health Services, 10 other government ministries, law enforcement and municipal representatives and members of First Nations and Metis organizations.

### *The Government of Alberta's Family Violence Hurts Everyone: A Framework to End Family Violence in Alberta*

The outcomes align with the Community Mental Health Action Plan and are:

- Improved connections to resources and support (Individual Level)
- Improved access to resources and systems of support (Organizational Level)
- Build connections between people and sources of formal and informal support (Community Level)

### *United Way of the Alberta Capital Region: Creating Pathways Out of Poverty*

*Pathways out of Poverty* is built on three pillars: education, income and wellness. Under the wellness pillar there are four desired outcomes – one of which involves decreasing barriers to community-based mental health supports through community education programs to reduce stigma, as well as short and long-term counselling.

## DID YOU KNOW?

- An estimated 1.2 million Canadian children and youth are affected by mental illness, but less than 20% will receive appropriate and timely treatment. In addition, youth who do receive child and youth mental health services are often not well supported as they transition to the adult mental health system.

Mental Health Commission of Canada

## IMPLEMENTATION

In moving towards implementation, 45 stakeholder organizations have made commitments to contribute to the Action Plan. Sixteen of these committed to specific actions that align with Action Plan focus areas, and seven committed to political support or policy/strategy alignments.

In addition:

- Task groups will be formed to assist with implementation within each of the three key areas, as determined by the Leadership Teams and Community Mental Health Steering Committee.
- Training is planned for stakeholders on coordinated action planning, focused on creating change.
- A structured system of networking and sharing of information and expertise will be developed.
- The documentation of progress as the Action Plan is implemented will occur through a developmental evaluation process, and best and promising practices will be documented as they are identified.
- Learnings will be disseminated to guide other communities interested in developing a similar initiative.

The Community Mental Health Action Plan will evolve and strengthen through implementation processes designed to engage and empower all stakeholders in the system to improve the mental health and well-being of the population through increased quality, accessibility and accountability of services for people with mental health and addiction issues.

To achieve these goals, essential collaborative action is required - from individuals and community organizations to local and provincial government leaders. This collaboration will provide additional insight, targets and strategies for further growth in the effectiveness of the mental health system over the next three years.

This demonstration of commitment, compassion and caring will result in Edmonton being a model of best practice in mental health community development and collaboration – all to the benefit of the mental health system, the professionals providing services and, most importantly, the individuals and families receiving them.

## DID YOU KNOW?

- Of surveyed adults who met criteria for a past-year addiction or mental health problem, almost half (48.7%) reported unmet needs for one or more services – either they needed but didn't receive any services, or didn't receive enough service. This is equivalent to 311,355 people (about 1 in 10 Alberta adults), or more adults than the populations of Red Deer, Lethbridge, Wood Buffalo, and Medicine Hat combined.

Gap Analysis of Public Mental Health and Addictions Programs (GAP-MAP) Final Report, University of Alberta School of Public Health, 2014

## BUILDING ON SUCCESS

The Incredible Years Parenting Program addresses parenting and substance use together using a trauma informed approach. It is a collaboration between community agencies and government, facilitated by AHS Enhanced Services for Women (ESW).

## GLOSSARY OF TERMS

**Build Capacity** – Provide expertise and training to improve the capacity of mental health stakeholders to adopt knowledge exchange practices.

**Caregiver** – All those in the circle of care, including family members and other significant people who provide unpaid support to an individual living with a mental health problem or illness.

**Collaboration** – Synthesizing knowledge, facilitating knowledge exchange and building the capacity for people to work together.

**Concurrent Disorders** – Disorders that are present at the same time, for example a mental illness and addiction.

**Cultural Competence** – Skills, knowledge and attitudes of health practitioners that respect and account for the social, religious, linguistic, political and historical contexts of different groups.

**Harm Reduction** – Strategies that seek to reduce the health and social harms associated with alcohol and drug use, without requiring that users abstain.

**Knowledge Mobilization** – Using what we know works – research, evidence, experience – to help transform the mental health system.

**Mental Health** – A state of well-being in which the individual can realize his or her potential, can cope with the normal stresses of life, can work productively and fruitfully and can make a contribution to her or his own community.

**Mental Illness** – Clinically significant patterns of behaviour or emotions associated with some level of distress, suffering or impairment in one or more areas such as school, work, social and family interactions or the ability to live independently.

**Peer Support** – Using personal knowledge and experiences with mental health problems or mental illnesses to support individuals and their families to make informed choices.

**Persons with Lived Experience** – Individuals who have had personal experience living with mental illness.

**Recovery** – The concept of living a satisfying, hopeful and contributing life, even when mental health problems and mental illnesses cause ongoing limitations.

**Resilience** – An individual's ability to adapt and persevere in the face of life's challenges.

**Social Determinants of Health** – Interactions between social and economic factors, the physical environment and individual behaviours. These include: income and social status, social environment, education and literacy, employment, personal health, health services, gender, culture, genetic and biological factors.

**Stigma** – Beliefs and attitudes about mental health problems and illnesses that lead to the negative stereotyping of people living with mental health problems and illnesses, and to prejudice against them and their families.



# ACKNOWLEDGEMENTS

The Community Mental Health Steering Committee endorses this Action Plan and celebrates the community's commitment to improving its response to people with mental health and/or addiction issues.

The Community Mental Health Steering Committee members are:

**Jean Dalton**

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## SUPPORTED BY



FUNDED BY

