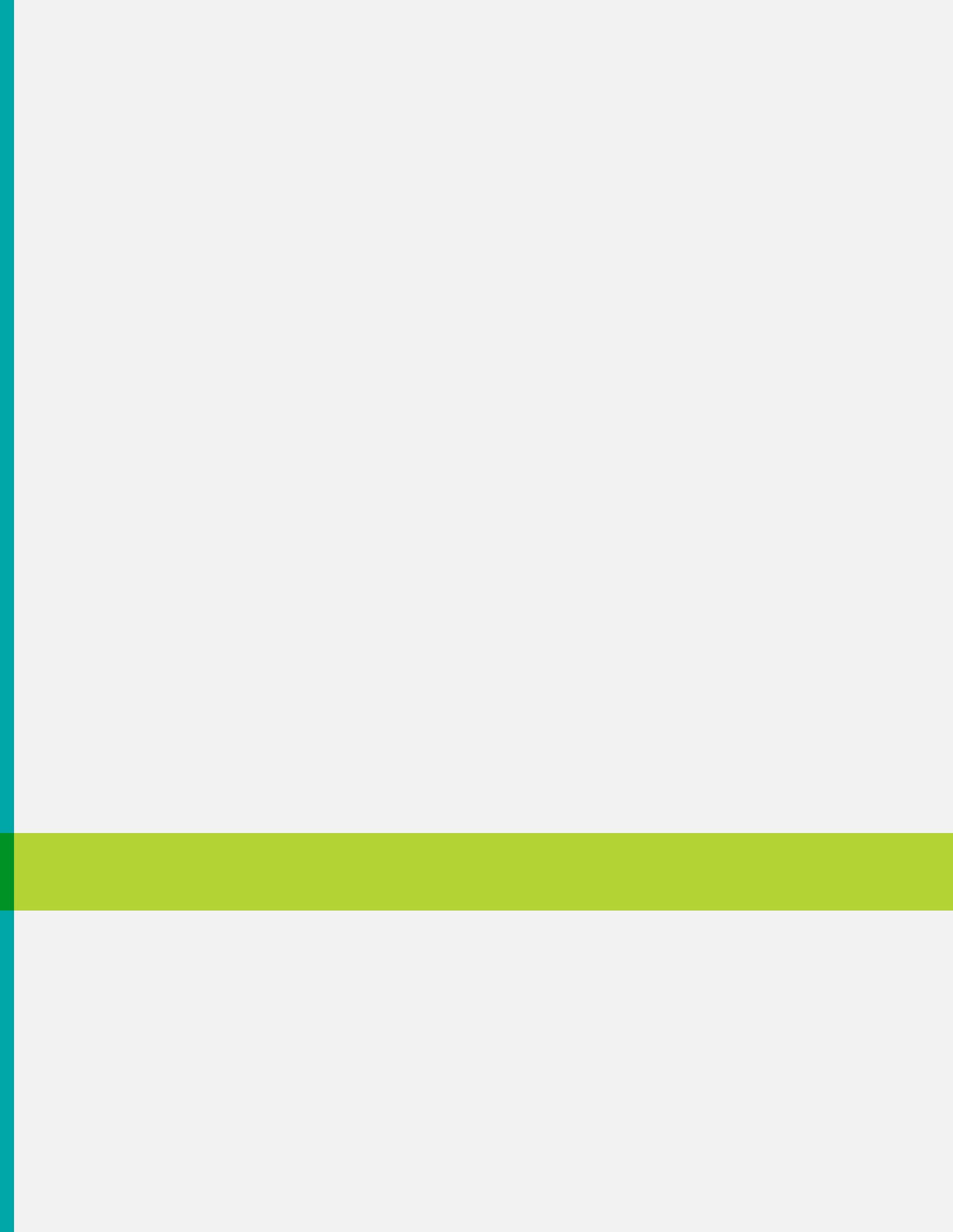# STRONGER COMMUNITIES
+ SMARTER SYSTEMS
= SIMPLER JOURNEYS

STRATEGIC PLAN 2021–2024

Canadian Mental Health Association

Edmonton

Mental health for all

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Executive Summary

The pandemic has shone a light on limitations to mental health services not only in our own community, but across the country. Canadians and Albertans specifically have experienced deteriorating mental health since the onset of the pandemic, and those with pre-existing mental health concerns as well as marginalized and underserved communities are disproportionately impacted. The pandemic has forced a much-needed re-evaluation of current approaches to mental health care. As mental health leaders, we must first look inward and undertake our own internal transformation so we can better position ourselves within a transforming industry landscape.

Moving forward, CMHA-ER's overarching priority is to evolve and grow our service continuum to reflect key priority and strength areas. This focus will increase the efficiency of community-based pathways and reduce reliance on formal health care, simplifying and reducing the steps needed for individuals and families to progress on their recovery journeys. Currently, CMHA-ER shows considerable strength in training and education, system navigation, mental health crisis supports, and caregiver supports. These areas of specialization serve as the foundation for which CMHA-ER can build upon.

We have identified three approaches that will be pivotal to achieving our vision:

1. Mobilization of people and communities

2. Transformation of the system and sector

3. Optimization of CMHA-ER operations and service delivery

At the core of CMHA-ER's strategic direction is lived experience. People with lived experience must be active agents in the design, delivery, and oversight of individual and family supports to ensure mental health services are able to deliver nuanced, practical solutions designed by the community for the community.

The global health pandemic brought with it significant disruption to every aspect of our lives. However, while this disruption has presented notable challenges it has also presented opportunity. Opportunity to deconstruct our shared understanding of 'normal' and address the exclusion of marginalized and underserved communities. Opportunity to optimize our capacity and recentre service delivery around the very people accessing services. Opportunity to establish CMHA-ER as a leader for mental health in our community.

As we begin down a new path for our organization, our vision of Stronger Communities, Smarter Systems, Simpler Journeys will guide us in our mission to ensure all people experience good mental health and well-being. This Strategic Plan outlines the future for CMHA-ER and sets the foundation for a more collaborative, person-centred approach to mental health services in our region.

Foundations for the Strategic Plan

The past year has exposed how vulnerable we are as a community, and how fragile mental health can be, in times of adversity. However, even in better times mental health has been undervalued, if not entirely ignored. This has not been for want of attention: numerous task forces, steering committees, and commissions in practically every level of government and service context have produced reports, plans, strategies, and frameworks to highlight and address gaps in mental health supports. The extent to which these efforts have resulted in tangible change is largely academic. There have been advances in the way we understand and talk about mental health and illness, and in the way it is managed and treated. However, we continue to hear the same stories now from individuals and families experiencing mental health challenges as we did ten or even 20 years ago.

The pandemic has put greater pressure on communities and service providers while mental health is measurably lower across the board due to social isolation, economic impacts, and, ultimately, total disruption to life as we knew it. Community agencies are identifying alarming trends:

- People who were marginalized and underserved before the pandemic are finding it harder to access services, and many are no longer accessing supports they need.
- People who have never needed to reach out for support before do not know where to get help or do not know what help even looks like.
- Family violence, child abuse, suicide, addiction, overdoses, homelessness, and other social ills have increased dramatically over the past year.
- Individuals and families struggling with mental health challenges continue to experience frustration, unmet needs, and unpredictable outcomes, as they have for decades.

The situation is not entirely without its silver linings. For one, there has never been a moment in living memory when so many people have been concerned about mental health, either for themselves or others they care about. Over ten years of massive public campaigns like Bell Let's Talk and active engagement in schools and community settings have at the very least primed the public to acknowledge mental health. Secondly, system disruptions have forced providers to work in unprecedented ways, making use of technology, leveraging each other's strengths, and collaborating for rapid problem-solving. Finally, and perhaps most importantly, no one wants to go back to the way things were. With the level of need already high and expected to increase in breadth and depth, this is our moment to embrace the disruption as a compelling imperative for overhaul and transformation.

> " THERE HAS NEVER BEEN A MOMENT IN LIVING MEMORY WHEN SO MANY PEOPLE HAVE BEEN CONCERNED ABOUT MENTAL HEALTH. "

In the end, our road ahead is not to go back to normal, but to create a better normal.

PARAMETERS

This plan operates within a few parameters that guide CMHA-ER's work:

- GEOGRAPHY
  Our service region, per our affiliation agreement with CMHA Alberta, extends through north-central Alberta beyond just the Edmonton metropolitan region, going all the way from border-to-border to encompass Jasper and the northern Rockies, all the way to Lloydminster, and north to communities including Lac La Biche. This is the geography and population we are responsible for serving.
- TIME FRAME
  This plan is designed to span 2021-24. It will remain in place and guide CMHA-ER's work until it is replaced or superseded by a new plan or guiding framework.
- SCOPE
  The focus of this plan is on supporting mental health programs and services, training and knowledge, and supporting action that benefits all members of our community.
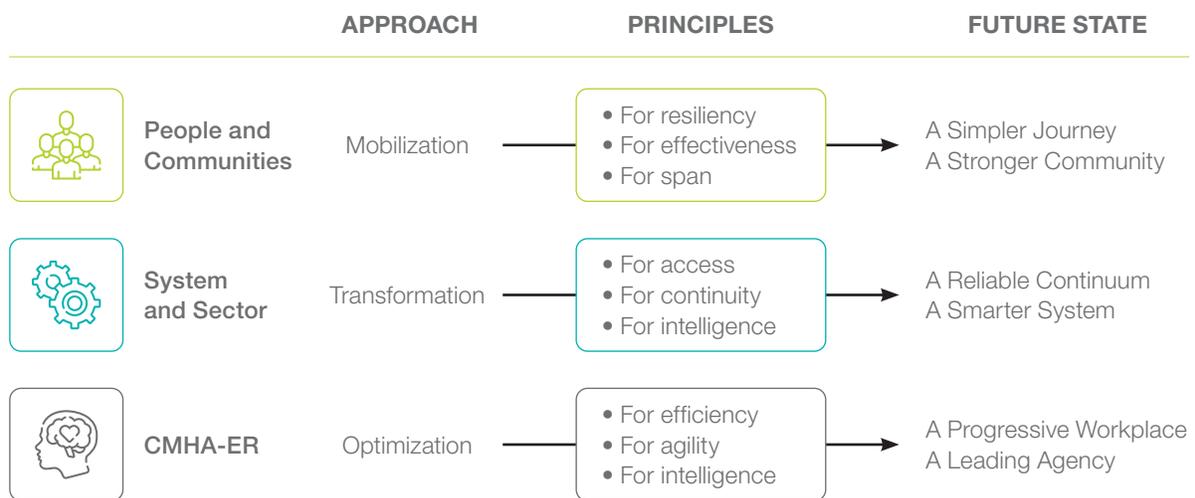
Vision for a Better Normal

In the process of redefining 'normal', we must recognize and address the exclusion of marginalized and underserved communities from traditional definitions. Our new normal must be not only inclusive but further responsive to the needs of collectives historically excluded by political, economic, and social structures.

As much as the strategic plan will plot out a path forward for CMHA-ER as an agency, it is important to emphasize that CMHA-ER is not an island – we are accountable to people and communities throughout the Edmonton Region, and embedded within a helping sector of community agencies and government systems that all have a stake in mental health. Our vision of Stronger Communities, Smarter Systems, Simpler Journeys reflects this context and the role we play at the centre of it.

Figure 1 connects the dots between the approaches and principles we need to achieve this vision of an ideal state for people and communities, for systems and the sector, and for our agency itself.

FIGURE 1: VISION FOR A BETTER NORMAL

	APPROACH	PRINCIPLES	FUTURE STATE
People and Communities	Mobilization	• For resiliency • For effectiveness • For span	A Simpler Journey A Stronger Community
System and Sector	Transformation	• For access • For continuity • For intelligence	A Reliable Continuum A Smarter System
CMHA-ER	Optimization	• For efficiency • For agility • For intelligence	A Progressive Workplace A Leading Agency

> MARCH 2021 MARKED ONE YEAR OF CONSECUTIVE DIMINISHING MENTAL HEALTH AMONG CANADIANS. ONE YEAR INTO THE PANDEMIC, ALBERTA HAD REPORTED THE LOWEST MENTAL HEALTH SCORES THREE MONTHS IN A ROW.
>
> *Source: The Mental Health Index™ — Canada, 2021, Mental health one year into the COVID-19 pandemic.*

FOR PEOPLE AND COMMUNITIES

The vision for people and communities affected by mental health challenges is the same as it has always been: we need to simplify and reduce the steps people have to take to get the help they need and progress on their recovery journeys. We recognize that the management of and recovery from mental health can be long and complex. We need to support individuals and families in the best way possible.

For communities, the rising tide of awareness and recognition of mental health must move toward capacity for mobilization and action, especially among natural supports – such as family, friends, classmates, and colleagues. Part of this is increasing resiliency at the individual, family, and community levels, facilitating mental health promoting environments and relationships in all settings.

FOR SYSTEMS AND THE SECTOR

The reality is that there is no "community mental health system" to speak of outside the tertiary care services provided by Alberta Health Services. A system implies intentional design, but what exists today is a patchwork of disconnected and disorganized services distributed across community settings. They exist primarily due to sporadic funding opportunities rather than a calculated deployment. Predictability and continuity of community-based supports is a basic expectation of the ideal future state. Further, data mobilization across service delivery contexts will be the critical ingredient for an effective, efficient, and intelligent system of care to provide supports when, where, and how people need them.

FOR CMHA-ER

With growing concerns about the "echo pandemic" of mental health and addiction issues that will persist for years, CMHA-ER needs to take a central role in achieving a better future. Embracing technology and leading operational practices will support our workforce of staff and volunteers to adapt to changing environments. We need to evolve our skillset, administrative infrastructure, and internal governance to position ourselves in a leadership role in the community. Moreover, as a core service provider, we must exemplify the high-performing, equity-enabling, and user-centred principles required of the entire system.

> RELATIVE TO OTHER PROVINCES, ALBERTA'S EMERGING ADULTS HAVE ONE OF THE HIGHEST RATES OF FIRST CONTACT WITH THE EMERGENCY DEPARTMENT FOR A MENTAL HEALTH-RELATED REASON.

Source: Lifeso et al., 2020, Understanding the Current Landscape of Emerging Adult Mental Health Services and Needs in Calgary and Surrounding Area.

Mission and Values
ALIGNING WITH CMHA'S UPDATED NATIONWIDE STRATEGIC PLAN

Beginning in 2020, CMHA National embarked on an update to its nationwide strategic plan. The tone is one of transformation and leadership, one that is echoed at the regional level: our time is now to get ahead of the mental health impacts we know will only intensify. CMHA-ER is adopting the new mission and values of CMHA National as our commitment to the national movement that CMHA started over 100 years ago, and our allegiance within a federation of 87 branches, regions, and divisions in 330 communities across Canada.

MISSION

To ensure that all people experience good mental health and well-being.

VALUES

We are:

INCLUSIVE

We want all people to see themselves represented and served by CMHA. We recognize a diverse range of mental health approaches.

PROACTIVE

We are leaders. We value action over talk. We will innovate and think ahead to continue to address and improve mental health.

COMPASSIONATE

We lead with the heart. We are compassionate, empathetic, and caring. We approach our mission with love and kindness.

STEADFAST

We have long fought to improve the state of mental health, but our work is not done. We are champions of social justice. We remain as committed as ever to our task.

COLLABORATIVE

We mobilize and marshal resources, partners, and people to come together to realize necessary changes in our communities and in the mental health system.

A Dynamic Plan

INFORMED BY
CONTINUOUS ENGAGEMENT

CMHA-ER's Strategic Plan was informed by rapid and intensive engagement with community organizations, government partners, staff, volunteers, and members of the public. Over the plan's lifespan, it should not be expected to stay static, considering the massive disruption and widespread uncertainty brought on by the pandemic and associated economic and social impacts. CMHA-ER's Executive Director and Board of Directors will continue to engage with internal and external stakeholders, especially people with lived experience, to ensure we are staying true to the needs of people and communities and supporting enhancement of our collective capabilities in this space. Further, it will be crucial that the Strategic Plan maintains alignment with priorities from all orders of government to improve outcomes and experiences of people living with mental health challenges in meaningful and tangible ways. This will be reflected in annual operational plans that respond to the changing dynamics and needs of the community.
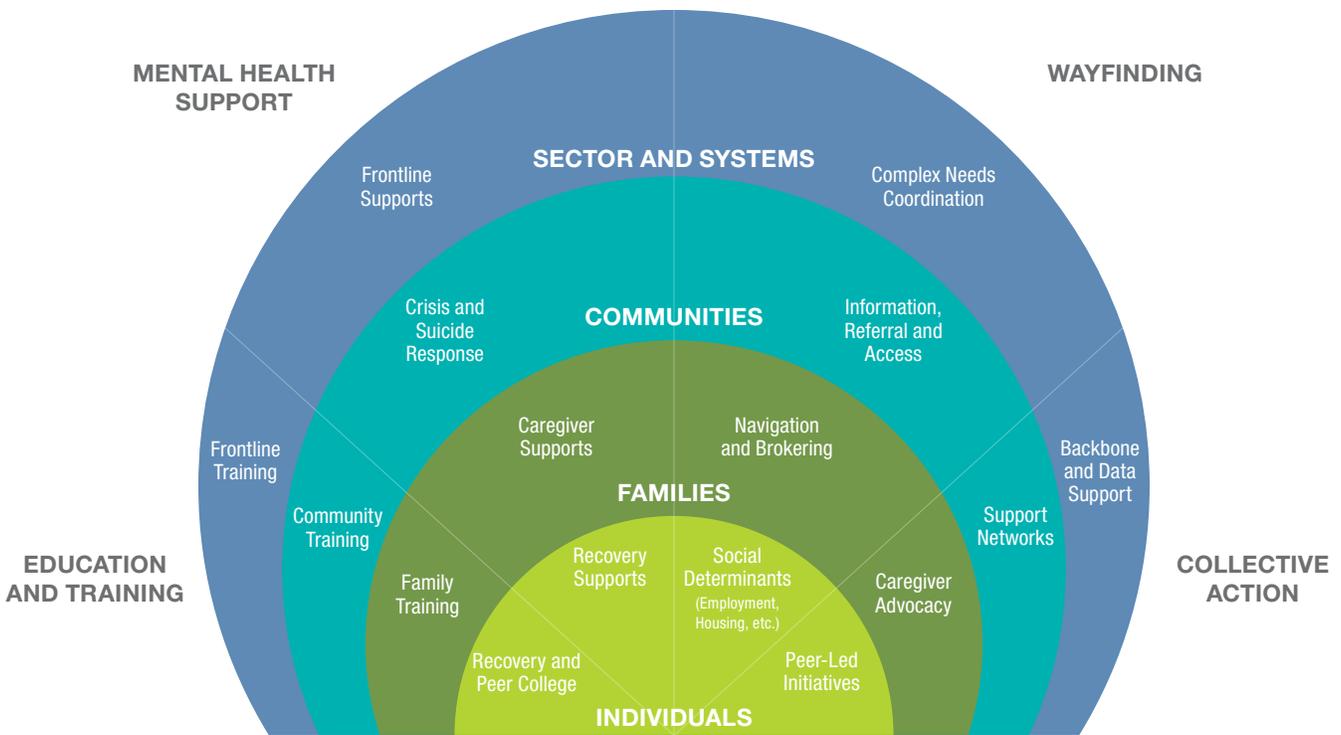
Looking Forward
THE EVOLUTION OF CMHA-ER'S ROLE

CMHA-ER has considerable strength in specific areas, including training and education (e.g., Recovery College), system navigation (e.g., 211), mental health crisis supports (e.g., Distress Line, suicide bereavement), and family supports (e.g., Caregiver Connections). These are all important foundations to expand the slate of services offered by CMHA-ER, building on what we do well and filling gaps in a continuum of community-based supports that logically fit within our mandate.

Ultimately, our overarching priority is to evolve and grow CMHA-ER's service continuum to reflect key strength areas so we can enable community-based pathways and supports for people with mental health challenges to have their needs met and reduce reliance on formal health care.

A Service Continuum (Figure 2) was developed as a roadmap for CMHA-ER, identifying service types organized in four service domains and across four key end-user groups. High-level descriptions of each service type are provided at the end of the document.

FIGURE 2: SERVICE CONTINUUM

MENTAL HEALTH SUPPORT

WAYFINDING

SECTOR AND SYSTEMS

Frontline Supports

Complex Needs Coordination

COMMUNITIES

Crisis and Suicide Response

Information, Referral and Access

Caregiver Supports

Navigation and Brokering

FAMILIES

Frontline Training

Backbone and Data Support

Community Training

Support Networks

Recovery Supports

Social Determinants (Employment, Housing, etc.)

Caregiver Advocacy

Family Training

EDUCATION AND TRAINING

COLLECTIVE ACTION

Recovery and Peer College

Peer-Led Initiatives

INDIVIDUALS

SERVICE DOMAINS

EDUCATION AND TRAINING
Increase the competence and confidence of people to effectively respond to mental health challenges for themselves and others.

MENTAL HEALTH SUPPORT
Provide a range of supports to help people manage mental health crises and foster resiliency and empowerment on their recovery journeys.

WAYFINDING
Create opportunities and find pathways for people with mental health challenges to address social determinants that underlie good mental health and well-being.

COLLECTIVE ACTION
Empower communities, sector partners, government, and people with lived experience to mobilize and work together for better systems of care.

END-USER GROUPS

INDIVIDUALS
People who are experiencing mental health challenges, mental illness, and/or recovery from mental health and related issues.

FAMILIES
Family members or friends who carry responsibility for the care and support of people living with mental health challenges.

COMMUNITY
Groups of people who share affinity and association due to shared geographic, cultural, historical, or issue-based contexts and identities.

SECTOR
Non-profit agencies, government providers, and health professionals that are involved in the care and support of people living with mental health challenges and related issues.

Strategic Directions

CMHA-ER's vision for the future is ambitious, but absolutely necessary to achieve a better normal for people affected by mental health challenges. In many ways, there will need to be as much positive disruption and transformation within the organization as in communities, the sector, and interconnecting systems to enable this. CMHA-ER is already engaged in an intentional process of reflection and growth to position, prepare, and strengthen ourselves for the road ahead. The following Strategic Directions serve as guideposts on this journey, defining critical priorities for CMHA-ER to be able to offer the value people and communities need now and into an uncertain future.

1

Optimize CMHA-ER's operational capacity, ensuring we have the resources, expertise, culture, and infrastructure to realize the Service Continuum and lead system transformation.

Identify and address gaps in management and staffing structure, maintaining relatively lean administration while ensuring high performance in delivering CMHA-ER's Service Continuum.

Refresh CMHA-ER's governance and policy frameworks to maximize the value contributed and experienced by Board members, staff, volunteers, and end-users engaged in CMHA-ER's work.

Modernize infrastructure, skills, and mindsets to leverage advances in technology and data-oriented practice to increase operational efficiency and communicate the value of CMHA-ER.

2

Reflect on and improve CMHA-ER's embodiment of principles central to achievement of a better normal, including deep inclusivity, collaborative orientation, and person-centredness.

Adopt the principle of "nothing about us without us" in program governance, involving people with lived experience in design, delivery, and oversight of individual and family supports.

Prioritize partnership with sector, community, and government stakeholders in development, refinement, and innovation of service areas and co-creation of systems of care.

Set the foundations for a staff and service culture that demonstrates deep inclusion of diverse experiences, perspectives, and approaches in every aspect of CMHA-ER's operations.

> 45% OF ALBERTANS REPORT DETERIORATING MENTAL HEALTH SINCE THE ONSET OF THE PANDEMIC, INCLUDING 54% OF THOSE WITH A PRE-EXISTING MENTAL HEALTH CONDITION, 47% OF THOSE WITH A DISABILITY, AND 46% OF 2SLGBTQIA+ PEOPLE.
>
> *Source: CMHA National, 2021, Summary of Findings - Mental Health Impacts of COVID-19: Round 3*

3 Build CMHA-ER's credibility and value as a leader, expert, and organizer for the sector, communities, and people with lived experience to take action on mental health.

Build internal capacity to engage in leadership and backbone roles on local and regional strategic initiatives aimed at addressing issues and inequities related to mental health.

Participate in collaborations and research projects to develop new innovations and generate knowledge to enable more effective support systems and simplified care pathways.

Grow competency in ethically managing, mobilizing, and amplifying user data and stories to influence policy decisions and service system planning at local, provincial, and national levels.

4 Actively strengthen CMHA's public profile, influence, and impact locally, regionally, provincially, and nationally.

Fulfill CMHA-ER's accountability to support people and communities throughout the region, and – with provincial division and regions – foster cooperation and growth to expand CMHA's value across Alberta.

Contribute to advocacy efforts at the provincial and federal levels to improve policy, remove barriers, and facilitate well-designed systems of care for Albertans and Canadians.

Establish CMHA-ER as the de facto public voice on mental health in the region, and key champion for the imperative to improve systems of care for people, families, and communities.

5 Position CMHA-ER to support marginalized communities and underserved groups, recognizing that mental health is at the core of issues like addiction, violence, homelessness, and others.

Engage leaders and organizations working with marginalized communities to increase their capacity to mobilize around mental health support and action in contextually relevant ways.

Connect with, influence, and contribute to initiatives and coalitions that are taking collective action on violence and exploitation by enabling stronger mental health support pathways.

Enhance CMHA-ER's capacity to address social determinants and key gaps or barriers affecting underserved groups, including addiction, trauma, cognitive impairment, and housing insecurity.

> **33 PERCENT OF ALBERTANS IDENTIFIED ACCESS TO MENTAL HEALTH SUPPORTS AND SERVICES AS ONE OF THEIR TOP CONCERNS FOR THEMSELVES AND THEIR COMMUNITY IN RESPONSE TO COVID-19.**
>
> *CMHA Alberta Division, 2021, Mental Health Impacts of COVID-19 in Alberta*

Overview of Data

CMHA-ER works in collaboration with several community agencies and front-line workers and organizations to address and respond to mental health issues in our community. Since the onset of the global health pandemic, we have been in discussion with our partners to monitor the impacts of the pandemic on social wellbeing. The trends identified in this Strategic Plan are rooted in community knowledge and information sharing between agencies.

MENTAL HEALTH IN THE CURRENT ENVIRONMENT

- In the 2020 – 2021 period, 211 Edmonton received 73,243 contacts from the community, 8,056 (11 percent) of those calls being related to mental health and substance use issues services.

- 45 percent of Albertans report deteriorating mental health since the onset of the pandemic, including 54 percent of those with a pre-existing mental health condition, 47 percent of those with a disability, and 46 percent of 2SLGBTQIA+ people.[1]

- 33 percent of Albertans identified access to mental health supports and services as one of their top concerns for themselves and their community in response to COVID-19. Additionally, the anticipated growing demand for mental health services has many Albertans expressing concern for equitable access to these services and the ability to meet the increased demand.[2]

- 48 percent of Canadians who reported experiencing a mental health concern during the pandemic felt they weren't in need of help and 22 percent said they did not know what resources existed.[3]

COPING MECHANISMS FOR MENTAL HEALTH CONCERNS

- 13 percent of Canadians and 14 percent of Albertans report increased substance use as a way to cope.[4]

- For Indigenous peoples, 29 percent report increased alcohol use and 24 percent report increased cannabis use as a coping strategy for mental health.[5]

MENTAL HEALTH AND SUICIDE

- Compared to 2019 numbers (37), the Distress Line recorded nearly a 95 percent (72) increase in suicide outreach calls in 2020.

- 27 percent of those with a pre-existing mental health condition report experiencing suicidal thoughts or feelings. [6]

- 28 percent of 2SLGBTQIA+ people are experiencing suicidal thoughts or feelings with 14 percent of community. members reporting deliberate self harm.[7]

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[1] Summary of Findings, Mental Health Impacts of COVID-19: Round 3, 2021

[2] Mental Health Impacts of COVID-19 in Alberta, 2021

[3] Mental Health Impacts of COVID-19: Wave 2, 2020

[4] Summary of Findings, Mental Health Impacts of COVID-19: Round 3, 2021

[5] Mental Health Impacts of COVID-19: Wave 2, 2020

[6] Mental Health Impacts of COVID-19: Wave 2, 2020

[7] Mental Health Impacts of COVID-19: Wave 2, 2020

Service Continuum – Service Types

	Education and Training	Mental Health Support	Wayfinding	Collective Action
Individuals	**RECOVERY & PEER COLLEGE** Recovery College education programming is co-led by people with lived experience to promote recovery mindsets and mental wellness. Peer College will leverage these learning communities to prepare people to apply their practical expertise to support others, including facilitating certifications.	**RECOVERY SUPPORTS** An interagency, interdisciplinary framework including independent living, counselling, navigation, and peer supports can complement medically oriented services offered by the health system. Professional and peer providers work together to foster recovery orientation through holistic rehabilitation.	**SOCIAL DETERMINANTS** The focus is on filling gaps that impact key social determinants like income, housing, justice, and social belonging. This can include peer-engaged models for supported employment, low-intensity supportive housing, post-release re-integration, community leadership, and artist development programs.	**PEER-LED INITIATIVES AND GOVERNANCE** People with lived experience will lead governance for CMHA-ER programs for individuals, with opportunities for employment in service delivery and leadership in advocacy. Peers may also engage in research, social enterprise, and business development projects that they will build, sustain, and grow.
Families	**FAMILY TRAINING** Family caregivers need training to manage their loved one's care needs, support recovery journeys, and look after their own well-being. Training will include courses offered through Recovery College and programs available nationally and internationally through caregiver support and mental health organizations.	**FAMILY SUPPORTS** Caregiver Connections offers group-based and one-to-one peer support for family members at various stages of their caregiver journeys. Suicide bereavement programs help survivors connect with others on similar journeys while promoting action and raising awareness for better suicide prevention and intervention.	**NAVIGATION & BROKERING** Using a peer model, family members can share their practical expertise navigating services for their loved ones with others on similar journeys. Support can include strategies to engage health professionals, navigating service barriers and application processes, and managing personal and family issues.	**CAREGIVER GOVERNANCE AND ADVOCACY** Family members will be involved in governance for CMHA-ER family support and training programs, which will also serve as a platform to engage in advocacy in cooperation with other groups and organizations. Key advocacy opportunities include role recognition, information sharing, and access to caregiver supports.
Communities	**COMMUNITY TRAINING** Training for community members will prioritize building the capacity of natural supports – neighbours, co-workers, teammates, teachers, clergy, etc. – to be able to respond to people in distress competently and confidently. The goal is to increase the probability that when someone reaches out, they will get the help they need.	**CRISIS AND SUICIDE RESPONSE** The Distress Line will be enhanced through a national initiative to improve access to the Suicide Prevention Helpline. Additional development includes more follow-up support for frequent callers, direct links to crisis response teams, supports for people in housing, and establishment of specialized helplines for high-need communities.	**INFORMATION, REFERRAL, AND ACCESS** Building on expansion of 211, CMHA-ER is working with government and health systems and community partners to move beyond simple referral and instead connect people to services in the moment. This includes direct access to intake and assessment pathways for agency services and diversion from emergency services.	**SUPPORT NETWORKS** CMHA-ER will offer guidance, expertise, and resources for community groups and organizations that want to establish specialized mental health supports relevant to their contexts. These can include adapted training programs, service brokering models, community-operated helplines, and peer and family support programs.
Sector and Systems	**FRONTLINE TRAINING** Mental Health First Aid and Applied Suicide Intervention Skills Training are mainstays for frontline workers, and delivery capacity needs to increase to meet demand. Training for 211 and Distress Line staff can be adapted to build proficiency across the sector in navigation support, crisis response, assessment, and de-escalation skills.	**FRONTLINE SUPPORTS** Like first responders, frontline workers experience burnout and vicarious trauma through their work and require mental health support themselves. CMHA-ER is working with other agencies to develop programs, infrastructure, and practices to protect the sector's workforce by supporting staff mental health and well-being.	**COMPLEX CASE COORDINATION** People with complex needs suffer from poor outcomes while using a large amount of sector capacity. Approaches from other communities will be adapted to enable information exchange and coordinate service providers for individualized, wraparound support to help meet their needs and decrease ineffective service interactions.	**BACKBONE AND DATA SUPPORT** As new plans and strategies are developed to address mental health, CMHA-ER can take a leadership role in convening partners, managing implementation, and reporting to community. Large datasets from 211 and Distress Line programs will be mobilized to feed into data-driven decision-making and integrated planning for the sector.

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