

# time for hope

Airdrie and Area  
Mental Health Task Force  
*A report from the community*

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***A mental health task force (MHTF) was created by Airdrie and area citizens to plan an improved approach to managing mental health (MH) in the community.*** The MHTF comprised key stakeholders from the community, including those with lived experience, MH professionals and the key providers. The group consulted the community through a questionnaire and focus groups, mapped out key MH services, and searched the literature for best practices and innovations. The task force consulted widely for advice. The MHTF made recommendations that can be implemented in Airdrie and area that will have a meaningful impact with mental health and will improve the mental wellbeing of the community.

**Pat Cashion**  
MHTF Chair

**Tom Feasby**  
Committee Advisor

**“We need to encourage young kids to talk to their parents about mental health, and we need to encourage them to talk often. And we need to teach parents about mental health and how to talk to their kids about it.”**

*Comment from our community session*

*Almost 50% of Albertans seeking MH care report that they received no services or services inadequate to meet their needs<sup>7</sup>.*

*A major issue is that up to 60% of those with Mental Health concerns do not even seek professional help<sup>8</sup>.*

Mental illness is increasingly recognized as a major unmet health need in Canada. This was highlighted in 2006 in the Senate report by Michael Kirby, *Out of the Shadows at Last*<sup>1</sup> and in the 2015 Alberta report chaired by David Swann, *Valuing Mental Health*<sup>2</sup>. Recognizing the under treatment and lack of recognition of mental illness in Airdrie and area, a community of 70,000 people, citizens called for action on this critical issue. Their requests were expressed publicly at the mental health lunch hosted by Mayor Peter Brown in the fall of 2017.

Two Airdrie organizations which had been working on MH issues came together in late 2017 to jointly create a mental health task force. One group is Thumbs Up Foundation (TUF), a charitable foundation and advocacy group for improved MH care with a specific focus on suicide prevention. The second group is the Airdrie and Area Health Cooperative (AAHC), a community organization planning an improved approach to health and health care for the community.

The goal of the MHTF was to engage with the community to understand current needs, inform a process for moving forward, and plan an improved approach to mental health for Airdrie and area. The key product was to be a report to the two sponsoring organizations and the community. The report was to include recommendations including next steps, implementation of the recommendations and ongoing accountability. The MHTF was to include people from the community who had a stake in MH, including those with lived experience, professionals working in MH and representatives of the key organizations providing MH services. An Airdrie business owner, Pat Cashion, was chosen to chair the Task Force. He also chaired the executive committee which included Kim Titus, chair of TUF, Mark Seland, CEO of the AAHC, and Tom Feasby from the AAHC who served as the facilitator.

The MHTF began to meet in early February 2018, intending to finish its work within one year.

#### WHY THIS WORK IS IMPORTANT

Good mental and physical health are essential to well-being and allow people to reach their potential and contribute positively to their families and communities. The Canadian approach to health care has focused mainly on physical health while MH has been relatively neglected despite the fact that mental illness is the leading cause of disability in Canada<sup>3</sup>. In Alberta, spending on MH care represents only 7% of the healthcare budget<sup>4</sup>. This results in gross under treatment, needless human suffering and a huge economic cost estimated to be at least \$51 billion per year in Canada<sup>5</sup>. Furthermore, the majority of MH funding goes to a minority of those with mental illness as it is spent on inpatient hospital care for those most severely affected, resulting in under service for the large majority.

Many of the one in five Albertans suffering with MH challenges each year do not receive adequate care<sup>6</sup>. Almost 50% of Albertans seeking MH care report that they received no services or services inadequate to meet their needs<sup>7</sup>. A major issue is that up to 60% of those with MH concerns do not even seek professional help<sup>8</sup>.

The care deficit is especially critical for youth who utilize only 10% of the available MH services<sup>9</sup>. This is a huge problem with both short and long-term implications since 70% of MH problems have their onset in childhood or adolescence<sup>10</sup>. Youth ages 15-24 are more likely to experience mental illness and/or substance abuse than any other age group<sup>11</sup>.

Amongst the worst outcomes from inadequate MH care is suicide which occurs in over 500 Albertans per year. This is higher than deaths from car accidents and is the second highest cause of death in youth<sup>12</sup>.

Inadequate funding and larger system issues are important parts of these problems, but evidence suggests that much can be done to improve things at the community level. Education to promote awareness and reduce stigma can help to promote early intervention, especially amongst youth<sup>13</sup>.

*In Alberta, spending on Mental Health care represents only 7% of the healthcare budget<sup>4</sup>. This results in gross under treatment, needless human suffering.*

*We advertised in the Airdrie newspapers and in various social media outlets, inviting people to participate by going to the website. Overall, we had 723 responses.*

Integrated youth service hubs have been effective in reaching troubled youth who would not otherwise access care<sup>14,15</sup>. Peer support in the community can be a critical adjunct to professional care<sup>16</sup>. Online digital resources can provide information, diagnostic help and behavioural cognitive therapy and other interventions<sup>17, 18, 19</sup>.

#### PROCESS

The executive committee determined that the MHTF must be community led and be representative of the community. Pat Cashion, an Airdrie business owner was chosen as chair. Kim Titus represented TUF. Other members included Mayor Peter Brown, David Swann and representatives from the RCMP, Alberta Health Services, the Highland Primary Care Network, Airdrie Addiction and Mental Health (AHS), the Rocky View School Division, Airdrie Community Links, Airdrie and District Victim Assistance Society, Children's Services, a veteran, and a citizen with lived experience. A family physician and a psychiatrist, both from Airdrie, were included. The task force met bimonthly.

The group was guided by a set of values: citizen centred, responsive and transparent. In fact, because of our last value, transparency, we elected to not have our deliberations confidential. The goal was to produce a report based on input from the community with recommendations to improve awareness and care in the community for those with mental illness and improve the MH of the community.

The task was broken down into several components. First, we consulted with the community. This comprised two parts, a community survey and then follow up focus groups. Second, we mapped out the current MH services in the area. Third, we surveyed the literature to determine best practices in community MH. This was supplemented by conversations with those working within the health care system and various outside experts. When all the input had been compiled, the task force met to consider our opportunities for meaningful change and agreed upon the recommendations in this report.

## 1 CONSULTATION WITH THE COMMUNITY

### i) Community Survey

We used a survey questionnaire to ask community members about their experiences seeking help for MH problems for them or their loved ones. We also asked what was good and bad about their experiences and what they would suggest for improvements.

The survey was hosted at an online website. We advertised in the Airdrie newspapers and in various social media outlets, inviting people to participate by going to the website. Overall, we had 723 responses. The qualitative responses were analyzed for key words from each response and assigned a category based on context. Categories were then compared and grouped to a management account. Categories were used to generate counts and numbers for analytics. The qualitative data was also analyzed manually by identifying themes.

The key findings included concerns about access and lack of awareness of services, plus a lack of youth-oriented services.

### ii) Focus Groups

We followed up on the survey by conducting focus groups with a wide array of Airdrie and area citizens using various facilitators. A member of the executive committee and the project coordinator attended all sessions as observers. The groups varied in size from 4 to 10 participants. The facilitator presented them with open-ended questions and encouraged participation from all. The sessions were recorded and the notes were analyzed for key themes and ideas. The most frequently raised themes and ideas formed part of our database to guide our decision-making process.

## 2 CURRENT STATE

A subcommittee of the Task Force examined the current state of services available to those with MH concerns in Airdrie and area. The services and the connections between them and the referral patterns were mapped. Areas of insufficient access or other issues were looked for and discussed, and solutions proposed. These ideas formed part of the database for the decision-making process for the Task Force.

## 3 BEST PRACTICE

Another subcommittee of the Task Force was formed to examine the best practices in community MH. A medical research librarian from the University of Calgary assisted us by searching the scientific and gray literature, examining the Cochrane Library, Medline, Embase, and Cinahl databases and using Scopus sampling. The key search terms were "community MH services" and "delivery of MH care." This was supplemented by articles supplied by subcommittee members and from other sources. Each article was reviewed by two or more members who rated them on relevance and produced summaries. The group as a whole decided on which articles presented ideas that merited further consideration. These ideas formed part of the database for decision-making.

## 4 OUTREACH

The executive committee reached out to other groups for input, advice and information. This included meetings with Kathy Ness and Michelle Craig of Alberta Health and David Grauwiler of the Canadian Mental Health Association (CMHA) – Alberta. We also visited CMHA Calgary to learn about their peer support activities for youth and their Recovery College. We met with the leaders of the Edmonton group that produced their Community Mental Health Action Plan. We met with the leaders of the organization PolicyWise for Children and Families (Calgary) who are promoting integrated youth MH services in Alberta. Several Task Force members toured various Foundry Project sites for integrated youth services in British Columbia. In addition, we presented a report on the activities of the MHTF at the CMHA – Alberta conference in Edmonton in June 2018.

#### DECISION-MAKING

Summaries of all the data from the above processes were prepared for the MHTF. The members considered the data in a facilitated half-day session of intense discussion and debate. From the assembled data, the group extracted the key themes and ideas as presented below:

- › Youth mental health
- › Access (cost, wait times)
- › Awareness of services
- › Peer support
- › Continuity of care
- › eMH
- › Prevention/Promotion

The MHTF then broke into smaller groups to discuss the themes/ideas and to derive more specific implementable recommendations under each theme, using the material in the database. Each group presented their specific recommendations to the group. Following further discussion, the MHTF members voted and came to consensus on the recommendations.

*The care deficit is especially critical for youth who utilize only 10% of the available Mental Health services<sup>9</sup>.*

RECOMMENDATIONS

- 1** *Create an Integrated Youth Mental Health Hub*
  - › Integrated youth services (IYS) is a MH access model that is housed in an accessible, youth-friendly environment (eg. store front location), and combines MH services with a variety of other services, including primary health care, employment services, housing services, etc. Outcome studies of IYS installations have been very positive<sup>20</sup>. IYS has been introduced successfully in Canada in both Ontario and BC (The Foundry Project)<sup>21</sup>. The Alberta organization PolicyWise for Children and Families has been promoting the introduction of IYS in Alberta.
  - › To explore other approaches to deal with treatment gaps in youth MH.
- 2** *Develop access to e-Mental Health services*
  - › e-MH services are developing quickly and it is estimated that there are now over 10,000 eMH apps available. They include diagnostic apps and therapeutic apps such as those that deliver cognitive behavioural therapy (CBT). Evidence suggests that the CBT e-MH apps may be as effective as CBT delivered in person.
- 3** *Conduct an Awareness Campaign*
  - › We found that many citizens and providers were largely unaware of the variety of available services and how to access them. We recommend developing and implementing an awareness strategy that would include a public campaign and resources such as a website highlighting the available services and how to access them. This would also include access to e-MH services.
- 4** *Develop an education program on Early Recognition and Prevention for teachers, MH care providers, daycare workers and families*
  - › Early intervention and treatment are crucial to improving outcomes. We heard this from many citizens, teachers and others in the system. This should be addressed by creating an effective education program to promote early recognition of mental health challenges.
- 5** *Develop a Peer Support Program for youth and adults experiencing challenges to their mental health*
  - › Evidence suggests that peer support is very effective in supporting those with mental health challenges. We recommend developing a robust peer support program serving youth and adults. This might build on peer support programs initiated by Thumbs Up Foundation or the Recovery College Program developed by CMHA Calgary.
- 6** *Improve access by reviewing operating hours and off-hour service accessibility for all community MH services (professional, non-professional; publicly funded and non-funded) and creating a single point of entry or access site*
  - › We heard repeatedly that access to MH services was limited and insufficient. We recommend a review of all community MH programs to determine available access and limitations. This would form the basis for plans to increase access to meet demand.
  - › This may include lengthening or shifting hours of operation for some services.
  - › Lead discussion to create a single entry point or number for triage to appropriate services or help with MH issues.
- 7** *Support the developing Mobile Community Outreach Team*
  - › A mobile community outreach team lead by the RCMP has just been launched.

**KEY NEXT STEPS**

Create an Airdrie Oversight and Implementation committee, sponsored by Thumbs Up Foundation and the Airdrie and Area Health Co-op, to ensure that the recommendations are put in place and operationalized.

**“With the job that I have now, there’s no way I could get the time off to go to therapy, it’s either your job or your therapy. I have to provide for my family. My mental health comes second and I don’t have any other time. I’m a single mom.”**

*Comment from our community session*



January 18, 2019

To Whom it May Concern,

As a member of the Airdrie & Area Mental Health Task Force Committee ("MHTF"), I would like to congratulate and commend the participants and member agencies who have participated in the Airdrie & Area Mental Health Task Force report.

The work within this report, and the recommendations for future action, have not previously been achieved. This report marks a significant milestone in capturing our current state while providing direction for the future of mental health related services within our community.

As a member of the task force, I would like to draw attention to the goal that we, as the MHTF, intended to achieve: to engage with the community to understand current services for mental health wellness in relation to their needs as well as to inform a process for moving forward toward an even better system of support and service provision within our community. The MHTF considered these two aspects from both a preventative view and one from where people need support when challenges may emerge. I believe the MHTF achieved both.

According to the Mental Health Commission of Canada, mental health related illness is the leading cause of disability in Canada.

The community in which I live and call home, the community where my family and friends call home, the City where I work, has always found ways to "make things happen" that suit our community.

The work of the MHTF helped us identify the voice of our community on matters relating to our individual and collective mental health. These conclusions and recommendations for future action are made-in-Airdrie.

I am confident in our ability to take this work forward to help us all make a better greater Airdrie area, for us as individuals, for our families, and for our community.

Thank you to all who participated in surveys, focus groups, and participation in the task force. Each of you have made a difference to our future.

Peter Brown  
Mayor

Genesis Place  
800 East Lake Blvd NE  
Airdrie, AB T4A 2K9  
F: 403.948.0604

City Hall  
400 Main Street SE  
Airdrie, AB T4B 3C3  
F: 403.948.6567

Tel: 403.948.8800  
1.888.AIRDRIE  
airdrie.ca

Parks/Public Works  
23 East Lake Hill NE  
Airdrie, AB T4A 2K3  
F: 403.948.8403

Municipal Enforcement  
2 Highland Park Way NE  
Airdrie, AB T4A 0R1  
F: 403.948.0619



LEGISLATIVE ASSEMBLY  
ALBERTA  
**Angela Pitt, MLA** Airdrie  
Deputy House Leader  
UCP Shadow Minister for Justice

January 2019

I am proud of the leadership being shown in Airdrie in the important area of mental health.

As my community does on so many fronts, working through the informed voice of those who live there, Airdrie as a community is providing concrete direction for positive change and development of services and support in mental health care.

Congratulations to the Mental Health Task Force (MHTF) for helping to focus the need within the community and building a blue print for moving forward.

This citizen-driven initiative not only helped identify current services, but also helped highlight existing gaps and "cracks" in the complex system intended to support Albertans. The importance of this is underscored by the 2014 Alberta Government GAP MAP Report which concluded almost 50% of Albertans seeking mental health care report that they received no services or services were inadequate to meet their needs.

Airdrie is a pioneer community. And here is another example of "just getting it done." For our residents and the MHTF it wasn't enough to simply be aware of a lack of services, they have created a path for improvement. This path may well prove to be a replicable model for other communities.

Sincerely,

Angela Pitt, MLA  
Airdrie



LEGISLATIVE ASSEMBLY  
ALBERTA

**Dr. David Swann, MLA**  
Calgary-Mountain View Constituency

January 17, 2019

Thumbs Up Foundation  
P.O. Box 10574 Station Main  
Airdrie, AB T4A 0H8

**Re. Letter of Support: Advocating Positive Change for Mental Health**

Dear Residents of Airdrie,

I have had the privilege of participating in some of the evolution of this innovative planning for integrated mental health services in Airdrie over the past 18 months.

I congratulate the citizens of the greater Airdrie area and my colleagues of the Airdrie & Area Mental Health Task Force. This very creative and professional community-led approach from caregivers' and volunteers working to integrate services and bring better focus on individuals and their families at the community level is much needed. The Task Force worked together through 2018 to facilitate understanding of local needs and to help identify possible paths for planning for improved, integrated, and family-centered mental health services within the community.

The findings of the report emerged directly from input from members of the community including a number of professionals in the community who contributed their time and counsel. This represents the actual experience of people who may be seeking support or care for mental health and drug dependency challenges.

Throughout the work of Provincial Mental Health Review Committee, which released its *Valuing Mental Health Report* in 2016, we heard repeatedly that Albertans value mental health as essential to quality and length of life. With up to 60% of those with mental health concerns not seeking professional help and nearly equal number not receiving adequate support in the health system, improvement is clearly needed.

As a province, we need a stronger leadership role and recognize the importance of having an integrated system responsive to the needs of Albertans. As individuals, we can make mental health a priority, challenge stigma and support others who struggle to attain it. The *Valuing Mental Health Report* stated: *nothing will change unless we ourselves change and decide to take action*. The residents of Airdrie and area are doing exactly that.

LEGISLATURE OFFICE: #6015, 9620 107 Street, Edmonton, AB T5K 1E7

Tel: (780) 427-2292 Fax: (780) 427-3697

CONSTITUENCY OFFICE: #102, 723 14 Street NW, Calgary, AB T2N 2M4

Tel: (403) 216-5445 Fax: (403) 216-5447

calgary.mountainview@assembly.ab.ca www.assembly.ab.ca

I'm honoured to work together to achieve better access, quality and cost-effectiveness, through these new approaches.

Best wishes in your great work.

Sincerely,

Dr. David Swann

MLA Calgary - Mountain View, Caucus Leader  
Alberta Liberal Opposition

**“In the PTSD first responder circle, military included, I find that the services for us are very lacking, and even more so once we’ve given in and said I can’t do this job any-more. There are zero resources, you’re on your own.”**

*Comment from our community session*

## Survey Results

### ADULT RESPONSES

Total  
**545**

Adult Other  
(25 to 64 years)  
**5**

Adult Female  
(25 to 64 years)  
**377**

Adult Male  
(25 to 64 years)  
**68**

Senior Female  
(65+ years)  
**71**

Senior Male  
(65+ years)  
**24**

Most common mental health concern:  
(in order of priority)

1. Anxiety
2. Depression
3. Suicidal thoughts
4. Drug or alcohol problem

Most common consultations:  
(in order of priority)

1. Family doctor
2. Counsellor (school, work, community)
3. Urgent care
4. Loved one

Have you or a loved one experienced a personal mental health concern in the last year? (number of responses)

Yes (458 females, 55 males, 2 other)

Did you or your loved one seek professional help? (number of responses)

You (195)

Loved one (193)

Were you able to obtain an appointment in a timely manner? (number of responses)

Yes (213)

No (105)

Average number of days elapsed until help was received: 21

Why did you not seek professional help for you or your loved one? (in order of priority)

1. Lack of awareness of services
2. Cost
3. Lack of access to mental health professional/service
4. Negative experience

What would have been most helpful to you at that time? (in order of priority)

1. Awareness of services
2. Access to mental health professional/service
3. Access to appropriate services/resources
4. Cost – affordability

Were your or your loved one's concerns addressed effectively? (number of responses)

Yes (161)

No (157)

What was effective about it? (in order of priority)

1. Access to mental health professional/service
2. Access to appropriate services/resources
3. Positive experience
4. Acceptance

What was not effective about it? (in order of priority)

1. Cost
2. Lack of appropriate services/resources
3. Lack of access to mental health professional/service
4. Lack of awareness of services

What would you suggest to improve the Mental Health care system for Airdrie and area? (in order of priority)

1. Child and youth specific services
2. Mental health facility
3. Increased access to mental health professional/services
4. Peer support

### YOUTH RESPONSES

Total  
**178**

Youth Other  
(< 25 years)  
**5**

Youth Female  
(< 25 years)  
**116**

Youth Male  
(< 25 years)  
**57**

Most common mental health concern:  
(in order of priority)

1. Anxiety
2. Depression
3. Suicidal thoughts
4. Drug or alcohol problems

Most common consultation:  
(in order of priority)

1. Loved one
2. Family doctor
3. Counsellor (school, work, community)
4. Urgent care

Have you or a loved one experienced a personal mental health concern in the last year? (number of responses)

Yes (83 females, 26 males, 2 others)

Did you or your loved one seek professional help? (number of responses)

You (25)

Loved one (4)

Were you able to obtain an appointment in a timely manner? (number of responses)

Yes (52)

No (15)

Average number of days elapsed until help was received: 46

Why did you not seek professional help for you or your loved one? (in order of priority)

1. Lack of awareness of services
2. Stigma
3. Self-managing
4. Cost

What would have been most helpful to you at that time? (in order of priority)

1. Access to mental health professional/service
2. Awareness of services
3. Youth friendly space
4. Cost – affordability

Were your or your loved one's concerns addressed effectively? (number of responses)

Yes (52)

No (15)

What was effective about it? (in order of priority)

1. Access to mental health professional/service
2. Access to appropriate services/resources
3. Positive experience
4. Acceptance

What was not effective about it? (in order of priority)

1. Lack of appropriate services
2. Lack of awareness of services
3. Negative experience
4. Cost

What would you suggest to improve the Mental Health care system for Airdrie and area? (in order of priority)

1. Youth friendly mental health space
2. Mobile crisis response team
3. Awareness of services
4. Mental health awareness

|                               | Service that Works   | Barriers  | Recommendations   |
|-------------------------------|--|---|---|
| Seniors                       | <ul style="list-style-type: none"> <li>› Front line service provider sees person as a whole</li> <li>› Phone in intake lines</li> <li>› Senior outreach services</li> </ul>  | <ul style="list-style-type: none"> <li>› Awareness of resources/supports</li> <li>› Invisibility of seniors (isolation, lack of support networks, dismissed)</li> <li>› Not recognizing seniors have unique needs (dementia, lack of mobility)</li> </ul>   | <ul style="list-style-type: none"> <li>› Easy, well-known access point</li> <li>› Senior being the focus not the service</li> <li>› A navigator with a holistic approach</li> </ul>   |
| Men                           | <ul style="list-style-type: none"> <li>› Peer support groups</li> <li>› Services that focus on prevention</li> <li>› Digital technology to access resources/help</li> </ul>  | <ul style="list-style-type: none"> <li>› Fear (loss of a spouse or job)</li> <li>› Stigma</li> <li>› Lack of awareness about what supports are in the community</li> </ul>  | <ul style="list-style-type: none"> <li>› Peer support and community mental health champions</li> <li>› Mobile Crisis Response Unit/Team</li> <li>› Digital technology for resources, education, support, information</li> </ul>   |
| Women                         | <ul style="list-style-type: none"> <li>› Offer Dialectical Behaviour Therapy group in Airdrie and surrounding areas and after hours</li> <li>› Peer support</li> <li>› Schools integrating more mental wellness into programming</li> </ul>  | <ul style="list-style-type: none"> <li>› Times and days services are available</li> <li>› Stigma</li> <li>› Workplace lack of mental health understanding to support employee well-being</li> </ul>   | <ul style="list-style-type: none"> <li>› More peer support</li> <li>› Use of apps and digital technology to support mental health and well-being</li> <li>› Awareness of mental health services offered in the community</li> <li>› Workplaces understanding mental health and how to support employee mental well-being</li> </ul>   |
| Caregivers/<br>Family Members | <ul style="list-style-type: none"> <li>› Access to immediate and reliable referrals and resources</li> <li>› Rocky View School District mental health support in schools</li> <li>› Urgent Care Mental Health (enhance to 24 hours)</li> </ul>   | <ul style="list-style-type: none"> <li>› Lack of awareness of mental health services</li> <li>› Wait times and wait lists</li> <li>› Workplace support for individuals and families struggling with mental health concerns</li> </ul>   | <ul style="list-style-type: none"> <li>› Central access/intake/resource line (and digital modality) – 24 hours, where you can talk to a person and get help</li> <li>› Family peer support groups</li> <li>› Quality mental health care providers that provide service after hours, immediately, and until client feels they can manage on their own</li> </ul>   |
| First Line<br>Responders      | <ul style="list-style-type: none"> <li>› Variety in mental health service options (public, private, non-profit)</li> <li>› Good communication and collaboration within the community</li> <li>› Willingness for the community to lead the charge for new, enhanced services</li> </ul> | <ul style="list-style-type: none"> <li>› Wait times for all populations for all services</li> <li>› Communication between service providers and about what services are available</li> <li>› Development of a continuum that includes all services available (i.e., what agency provides what service)</li> </ul> | <ul style="list-style-type: none"> <li>› Use digital technology to full potential (mental health information, support, resources, tools, resources and communication between agencies)</li> <li>› Communication and collaboration that provides access to support, navigation through system, warm hand offs to services, and truly person-centred care</li> <li>› Peer support for all ages</li> </ul>   |
| Family Physicians             |  |   | <ul style="list-style-type: none"> <li>› Higher level of specialized mental health care such Cognitive Behaviour Therapy, Dialectical Behaviour Therapy, Eye Movement Desensitization and Reprocessing (EMDR)</li> <li>› Peer support</li> <li>› eMental Health services (for support, resources, information)</li> <li>› Communication – increase awareness of mental health services in the community, more communication to doctors from service providers</li> <li>› Go back to the Shared Mental health Care program and Behaviour Health Consultants</li> </ul> |

|              | Service that Works | Barriers  | Recommendations   |
|--------------|--------------------|---|---|
| Youth Female |                    | <ul style="list-style-type: none"> <li>› Not being given options or choice in treatment, programs, service, counsellor</li> <li>› Not being heard, respected, or feelings validated, receiving judgement</li> <li>› Having to have parents involved in mental health support</li> </ul> | <ul style="list-style-type: none"> <li>› A youth safe space</li> <li>› Ability to have a choice or options in treatment, service, program, counsellor</li> <li>› Services to meet youth where they are (i.e., at school, at home)</li> </ul>  |
| Youth Male   |                    | <ul style="list-style-type: none"> <li>› Fear of disclosing what it going on due to judgement, embarrassment</li> <li>› Stigma</li> <li>› Lack of awareness of what help/support is out there</li> </ul>  | <ul style="list-style-type: none"> <li>› A youth safe space</li> <li>› Peer support and community/school mental health champions</li> <li>› Communication – to popularize mental health to reduce stigma, to encourage kids to talk to their parents, and to raise awareness about what services are available</li> </ul> |
| Youth LGBTQ+ |                    | <ul style="list-style-type: none"> <li>› Parents, family, service providers lack of education, understanding and language around LGBTQ+</li> <li>› Stigma and judgement</li> <li>› Confidentiality and safety</li> </ul>  | <ul style="list-style-type: none"> <li>› A youth safe space</li> <li>› Education, knowledge, awareness about LGBTQ+ for the entire community</li> <li>› More supports/helpers/therapy that are LGBTQ+ knowledgeable, understanding</li> </ul>   |

### Best Practice Key Ideas

|   |  |
|---|--|
| Improve access (hours and affordability)    | Shared Mental Health care – primary care and specialists |
| Youth Mental Health Hub                     | Community-based rapid response teams                     |
| Peer support                                | E-Mental Health programs, especially cognitive           |
| Integrated model of community Mental Health |  |

## REFERENCES

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### TASK FORCE MEMBERSHIP

Pat Cashion,  
Chair/Vitreous Glass, Airdrie  
Kim Titus,  
Thumbs Up Foundation, Airdrie  
Mayor Peter Brown,  
City of Airdrie  
Chris Pawluk,  
Rocky View Schools, Psychology  
Christina Sackett,  
Lived Experience, Crossfield  
Heather Scott,  
Airdrie Psychiatrist  
Robert Bush,  
Alberta Health Services  
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Airdrie Addiction and MH (AHS)  
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Valuing Mental Health Report  
Steve Gilliss,  
Veteran, Airdrie  
Micheline Nimmock,  
Highland PCN  
Brenda Hume,  
Community Links  
Brent Keibel,  
RCMP MH Liaison Team  
Echelle Malone,  
RCMP MH Liaison Team  
Lisa Conner,  
Children Services  
Michelle Wagner-Belle,  
Airdrie and District Victim  
Assistance Society  
Kevin Luykenaar,  
Airdrie Family Physician  
Tom Feasby,  
MHTF Facilitator/AAHC  
Kelly Halverson,  
MHTF Project Coordinator

### EXECUTIVE COMMITTEE

Pat Cashion,  
Vitreous Glass  
Kim Titus,  
Thumbs Up Foundation  
Tom Feasby,  
Airdrie Health Co-op  
Mark Seland,  
Airdrie Health Co-op  
Kelly Halverson,  
Airdrie

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### FOR MORE INFORMATION

<https://www.airdrieareahealthcoop.ca>  
<https://thethumbsupfoundation.com>

**“You have to have a level of knowledge to be able to say this is what I’m experiencing. People don’t have that knowledge so they don’t get the help they need.”**

*Comment from our community session*