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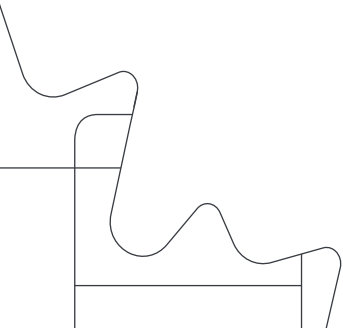
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FCM ROADMAP FOR MUNICIPAL MENTAL HEALTH INITIATIVES

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INTRODUCTION

As we navigate the post-pandemic recovery, the impact left by those unprecedented times remains evident in our communities, as well as our minds. While the mental health crisis in Canada has been ongoing long before COVID reared its head, there is now a newfound nationwide momentum to gain a deeper understanding of this multifaceted issue.

As the order of government closest to the population's needs, Canadian municipalities of all sizes understand that our society needs to focus increased attention, support, and care on mental health and well-being, including substance use disorders.

Municipalities have a unique frontline perspective on all types of social challenges linked to mental health, including homelessness, poverty, addiction, public safety and immigration. Municipal leaders know community well-being is indispensable to building strong and safe communities. People's mental health is essential to our ability to thrive in our community, and essential to the economic success of individuals and the entire community.

Although the primary responsibility for building on existing initiatives, and delivering a public health, whole-of government, and health promotion approach to supporting mental health does not rest with municipalities, they are key partners that can help those suffering with mental health issues. Municipalities bring to bear policies that improve mental health and well-being within their populace—and, by doing so, have an opportunity to create strong communities.

The Federation of Canadian Municipalities (FCM) brings together municipalities from across the country—representing the vast majority of Canada's population. Together with its members, FCM brings local priorities to the national agenda, advancing real solutions that raise the quality of life of Canadians across the country and empowering local leaders with new tools to build better lives. Through the Urban Project, FCM has been bringing together key voices for events that cover a series of pressing urban issues, creating actionable and scalable solutions that improve the lives of all Canadians.

The diversity of FCM's members represents diversity in the steps that each municipality can take in providing locally led and locally inspired leadership in mental health and well-being in their communities.

To make a difference in mental health and well-being, municipalities must do what they do on so many other issues: **they must lead**. In doing so, they can bring together partners—another area of municipal expertise—to develop new strategies and tactics to realize a better future.

Different municipalities have different levels of involvement in providing social supports and services, and that means different opportunities for leadership. For example, they may lead by establishing good workplace psychological health and safety practices for their staff and service providers, ensuring the support services they provide to their communities are sensitive and designed to improve mental health and well-being.

Municipalities may also work to ensure that municipal-led services are integrated with the services provided by other levels of government. This could include contributing to mental health and well-being by supporting civil society groups, or striving to deliver on stress reduction, community safety, poverty elimination, employment practices, ending homelessness, supportive and subsidized housing, noise control, and social inclusion. Some municipalities may also already have direct involvement with the mental health and substance misuse service sectors.

This roadmap is a seven-step suggested process for municipalities that want to co-create a sustainable, collective, multi-sectoral, mental health and well-being strategy tailored for their community's specific needs. These steps are not necessarily linear, and can be adapted to specific municipal needs or to fill existing gaps for municipalities that are working towards healthier communities.

It outlines seven key steps:



1. Complete an environmental scan.
2. Engage with community members and assess needs.
3. Find partners and begin planning.
4. Establish leadership and accountability.
5. Define and choose impact indicators.
6. Implement programs and activities.
7. Evaluate outcomes.

These are informed and supported by best practices used in developing and implementing Canadian and international municipal mental health initiatives, and were reviewed based on their relevance to various Canadian municipalities. Best practices and helpful examples were highlighted based on whether they had multiple instances, information available from the initiatives, and whether they were likely to be applicable in this context.

Addressing mental health and well-being in any municipality requires action on social determinants of health, which involve different personal, economic, social, and environmental factors that influence individual and population health.

While some of these areas may not be the direct responsibility of municipal governments, municipalities can be leaders by developing local initiatives that promote community mental wellness and resiliency through addressing their social determinants as well as tackling existing mental health problems—primarily by investing in and better coordinating services.

Municipalities can also play a crucial role in initiating and supporting action by other orders of government by engaging community members, partnering with diverse service agencies and organizations, and by collecting and disseminating data to inform policy and program design.

This roadmap has been co-authored by the Wellesley Institute and the Federation of Canadian Municipalities.

THE SEVEN-STEP ROADMAP

1. CONDUCT AN ENVIRONMENTAL SCAN

The first step in creating a new strategy or updating an ongoing approach to mental health and well-being programs and policies is conducting an environmental scan. The purpose of an environmental scan is to identify existing services, systems, funding streams, and programs and policies that serve the mental health and well-being needs of communities at the federal, provincial, and municipal level. This will identify gaps in existing services, resources, and practices, enable new collaborations, and inform future programs and policy decision-making.

An environmental scan should consider trends, events, and relationships in the external environment. Doing so will help municipalities in identifying opportunities in building policies and programs and allow them to assess their capacity to respond to external influences.

Key steps in completing an environmental scan

- Document existing mental health and well-being specific resources, programs, and supports that are available to residents in your municipality, including those related to substance use.
- Document broader policies and programs that affect mental health and well-being.
- Identify the funding streams that support the existing services, including from the private sector such as donations and Employee Assistance Plans.
- Identify cross-sectoral services.
- Identify key target groups.

To start, identify the architecture of the systems that support mental health and well-being. This includes looking at the roles and responsibilities of all levels of government, third sector organizations, and ancillary services who are involved with mental health service provision. Identify who does what and for whom and if possible, look at sources of funding, current funding levels, and funding trajectories to quantify involvement.

For a more in-depth scan, look into partnering with local health and social care organizations that will provide more capacity towards getting a full understanding of what services, supports, policies, and funding is in place. Doing so will also be helpful in building partnerships and help with the following steps—a needs and gaps analyses.

The following are some other points to consider:

- Political and geographic context: political climate, policy issues and opportunities, demographics, technological advancements, and economic trends.
- Cultural context: language, values, belief systems, customs and norms.
- Policies and programs that directly or indirectly support mental health and well-being objectives (i.e., investments in community infrastructure, income support programs, wraparound supports in housing, etc.)

Where to look for information

There are a wide range of methods and sources that can assist in a thorough environmental scan. It is important to use multiple methods to get an accurate picture of existing resources and programs. The following methods are some examples of what can be used:

- Review of relevant federal, provincial, and municipal policies
- Review of relevant journal and news articles
- Stakeholder consultation
- Government documents

Analysing and identifying gaps and opportunities

The next steps in completing the environmental scanning process are a needs analysis and a gaps analysis. Both can be supported by input and data from key stakeholders, including local public health organizations, health governance organizations, service delivery providers, and community members.

To help with your needs and gaps analyses, consider the following questions:

- What needs of groups and/or communities in your municipality are going unmet?
- What barriers do residents face in accessing care?
- What programs and services are currently available to these groups and how accessible are they?
- What major problems are not being addressed by existing services?
- What indirect or direct policies are most effective in supporting mental health objectives?
- What institutions and organizations are responsible for implementing current services and are there any opportunities for collaboration?
- What is the type and source of funding for existing services and is it sustainable?

Considering these questions will help in developing a more comprehensive mental health strategy and highlight the ways in which mental health and well-being service delivery, policies, programs, and funding structures can be improved.

2. ENGAGE AND ASSESS

Engagement Strategy

Community engagement is a critical step in developing a successful mental health initiative or strategy. Engagement with a variety of stakeholders, including people with lived/living experience of mental illness and substance use disorders, ensures a collaborative approach throughout the decision-making process, allowing for shared understanding and broad buy-in—both of which are necessary for systemic change.

Engagement can often look different depending on the type and goals of a municipality's mental health initiative in terms of who to engage with and how. A common foundation for the development of mental health initiatives is that they should consider and act on social determinants of health, which requires feedback and collaboration from stakeholders across diverse sectors and disciplines. They may include:

- Population and groups including:
 - Indigenous groups and organizations.
 - Community members and advocates with lived experience with mental health and well-being.
 - Equity-seeking groups (communities that experience collective barriers based on age, race, economic status, immigration status, disability, sexual orientation and gender identity, etc.), including people living in poverty or homelessness, justice involved individuals, women, LGBTQ2S+ groups, persons with disabilities, Indigenous peoples, and Black and other racialized communities.
- Health agencies and organizations including:
 - Those focused on mental health and well-being including substance use health.
 - Non-profit organizations that provide communities with primary care, health promotion and education.
 - Preventive services (i.e., Community Health Centres).
 - Indigenous community-led health care organizations.
 - Long-term care homes.
 - Public Health Units (PHUs).
- Social development organizations, including schools and school boards, youth drop-in centres, social services providers including social and affordable housing providers, community support service agencies, and parental support centres.
- Police and police associations.
- Members of the local business community and private sector, including employers and service organizations.
- Cultural organizations that serve and advocate on behalf of newcomers, immigrants, faith-based groups, and racialized communities.

Most existing municipal mental health initiatives engage with a variety of partners in a variety of ways to inform and develop their strategies. Methods used included:

- Outreach to determine needs, including: Town halls—public meetings that allows community members and other stakeholders to provide input on the community’s mental health strategy; usually done in a question-and-answer format.
- Community events and discussions: public events that enable relationship building, sometimes with specific community groups and/or organizations.
- Social media outreach: use social media channels to engage with the community, allowing for information sharing on a wider scale.
- Community-based analysis, including:
 - Focus groups — facilitated discussion with selected participants who share common experiences and/or traits
 - Community workshops — interactive events that allow for community engagement and can be used for brainstorming and idea-sharing
 - Problem solving booths — community-led discussions on topics centred on mental health and well-being, allowing participants to share problems and solutions

It may make sense to first consult with partners, stakeholders, and experts, and then involve community members. However, it is important to also conduct outreach to community members and organizations to understand the needs of those lived experience, and then follow that with expert and stakeholder consultation to see what can be done to fill unmet needs and gaps in service delivery. To centre equity in the strategy, it is important to use a wide range of engagement strategies—particularly to connect with hard-to-reach communities.

Calgary’s Mental Health and Addiction Strategy, which was based on the THRIVE model seen in many other municipalities, stands-out for engaging and forming relationships with local Indigenous Elders to collaborate on developing an Indigenous Mental Health Model. Their strategy intentionally left space for this model to take shape. Calgary has also prioritized engagement and consultation throughout the strategy’s implementation phase, explicitly stating they will continue to identify gaps and barriers, coordinate and share data, develop evaluation tools, and determine how best to allocate resources and engage stakeholders.

Needs Assessment

Municipal mental health initiatives should be rooted in the needs of their local communities. Along with an environmental scan and community and stakeholder engagement, it is important to use community voices and population-level data to develop a shared vision for mental health that is inclusive, accessible, and representative of the municipality itself.

Take steps to develop a deeper, evidence-based understanding of the issue(s), including what the issues are, why they exist, who they affect, and their impact. This will assist in determining where exactly change is needed and where (and to whom) the initiative can make the biggest impact. This information can then be used to inform the development of the cities’ strategies.

Most initiatives engage with diverse partners from non-profit, public, and private sectors. These include organization leaders, funders, academics and educators, clinicians, front-line workers including first responders and police, and those with lived experience.

To effectively ensure community members and stakeholders are engaged throughout the rest of the process, planning partners should first think about their communication and messaging, particularly around why a mental health and well-being initiative is needed and how it will help. Consider the following questions when planning initial outreach to target individuals and/or groups:

- What is the purpose and scope of the outreach/engagement process?
- What are you hoping is the level of participation of the target group or individual?
- What impact will the mental health strategy/initiative have on the stakeholders' interests?
- How will the feedback be provided and what is the timeline?
- What time and resources are available to those performing outreach?
- Does the target individual or group require any background information prior to giving feedback or input?
- What barriers does the target individual or group face in participating? (i.e., transportation, accessibility needs, childcare, technology, etc).
- Will there be other opportunities for engagement?
- What are the next steps?

There are many methods that can be used to conduct outreach, including virtual town halls or meetings, surveys, targeted focus groups, one-on-one interviews, and longer-term engagement methods like advisory committees or groups. Most municipal initiatives have some sort of backbone support that helps them in convening and facilitating community and stakeholder engagement methods. For example, the city of Calgary played the role of convener and facilitated a range of events and sessions to develop cross-sector strategies. These included:

- Facilitating Listen and Learn sessions with lived and living experience.
- Encouraging organizational partners and stakeholders to co-host Living and Learn sessions with their clients and contacts, including people with experiences of poverty, newcomers, and youth.
- Convening program teams of local organizations and subject matter experts.
- Convening a cross-sector, community-led Stewardship Group chaired by community advocates that focused on keeping the focus on people's experiences with mental health and addiction.
- Inviting local foundations and funders to join a Community Investment Table to collaboratively fund pilot projects.

There are multiple potential areas of focus for needs assessments. Mental health indicators may help gauge needs, but it is also important to measure and assess mental health inequalities. A thorough data and evidence-based understanding of how mental health manifests and what the threats to mental health are helps to effectively tailor treatment and prevention efforts. For example, Thrive NYC (New York City) looked at data and evidence to understand the city's mental health crisis and its impacts, along with access and delivery of care across different age groups, socio-demographic factors, and geography.

Similarly, Thrive LDN (London, UK) produced an in-depth Mapping Mental Health Report which mapped principal mental health risk factors and inequalities to identify priority areas for attention to inform their strategy. Risk factors include demographic, social, cultural, and health-related factors (e.g., % of children living in poverty, % families with separated or divorced couples, crime rates, overcrowded housing, unemployment rates, access to mental health

services, % cardiovascular deaths). They also looked at key groups and issues, including children and young people; employment and mental health; community strength and resilience, crisis care and people with multiple/complex needs.

There are many outcome indicators of health and mental health that can be used to conduct a needs assessment. These will vary due to differences in data collection across jurisdictions. If appropriately disaggregated, indicators will have the potential to uncover mental health inequalities. Some potential indicators include:

- Population demographics, including population size, age, gender, ethnicity, age-related dependency, marital status, household and family type, immigration status, and languages spoken.
- Labour force and employment characteristics, including income, unemployment rates, education levels, percentage living on income supports and benefits.
- Housing and homelessness indicators, including percentage of children, women, families, and seniors in poverty, percentage of people experiencing chronic homelessness across age groups and gender identities, number of individuals living in shelters, emergency shelter capacity.
- Health indicators, including self-rated health, accessing of health services (including Employee Assistance Plans), number of individuals that have access to primary care, time spent in emergency departments.
- Mental health and substance use indicators, including self-rated mental health, patients with repeat hospitalizations for mental illness, number of people admitted to emergency departments for mental health crises, number of police responses to mental health crises, number of arrests and/or detentions of people with mental illnesses, wait times for community mental health counselling, shelter admissions, etc.

Availability and access to data can differ across regions. Start with looking at institutions and/or organizations that regularly collect and disseminate data—these may include local health teams, government agencies, service providers, non-profit organizations, etc.

Using a combination of these indicators will support information obtained from both the environmental scan and community and stakeholder consultations. It is also beneficial to take a strengths-based approach when doing a needs assessment by taking stock of assets and resilience in the municipality that would strengthen and inform the community's mental health strategy. For example, some Indigenous communities have different understandings of health and well-being, which would be important to acknowledge and incorporate.

3. FIND PARTNERS & BEGIN PLANNING

Setting objectives

Setting clear objectives and identifying populations of focus prior to implementation of a mental health initiative/strategy is critical for its success. Most strategies typically have an overarching goal that is focused on improving the mental health and well-being of its residents, and then identify a series of sub-goals and priority areas that inform specific programs and activities. These can be developed based on research and engagement efforts.

The best mental health strategies set clear objectives in collaboration with community partners who are identified through the earlier engagement process. The objective setting process begins with sharing overall ideas and then identifying a few high-yield objectives that form the focus of the overall strategy. Generally, these come from a shared vision of a municipality in which all residents enjoy the best mental health possible; objectives can then be chosen after considering the involvement and roles of different institutions, funding, and timelines—all of which are agreed upon with stakeholders.

It is important to keep program sustainability in mind throughout planning a mental health strategy to ensure objectives are met—including ensuring there is capacity to not only implement the strategy but continually evaluate and adapt. Particularly early on, a municipal initiative may not be able to commit long-term, so having a transition plan out to the community is essential. Attempt to assess in advance what aspects of a program must be maintained in all cases, and where local or community flexibility can be enabled.

Some common municipal sub-goals include:

- Promotion and prevention, which encompasses stigma and discrimination, education and training, and early detection and intervention.
- Improving how the existing mental health system works in the municipality, including systems collaboration and coordination and access to services.
- Crisis prevention and response.
- Engaging and leveraging community strengths.
- Reducing disparities.

Specific populations of focus include:

- Children and youth.
- Working age individuals.
- Seniors.
- Equity-seeking groups, including Indigenous peoples, racialized people, persons with disabilities, and those who identify as LGBTQIA+.

4. LEADERSHIP AND ACCOUNTABILITY

Leadership

The group that is responsible for the strategic direction and implementation of the mental health initiative/strategy will vary depending on the municipality. Generally, leadership involves a backbone team that is made up of a combination of organizational leaders and government who are sometimes supported by advisory teams that are responsible for guiding development and implementation.

Leaders should be identified to guide the development and implementation of a municipal mental health and well-being strategy. Leaders can help ensure that structures, policies, processes, and procedures are in place and aligned with the strategy's goals and principles. A leadership group is usually comprised of organizational leaders from sectors and organizations that can enact policy and system change, with some also including community members and advocates.

The inclusion of community members – done in both Calgary and Black Thrive Lambeth—in the leadership structure is recommended as it helps to ensure that the approach of the strategy remains centred on serving the needs of the community. Those with lived experience should also be involved in the design, implementation, and evaluation processes as they can identify existing barriers and issues that adversely affect service delivery. It is important to ensure those with lived experience and members of equity-seeking groups continue to be engaged and included throughout the implementation process—the effort invested in this engagement will be worth it.

Thrive NYC has a City Mental Health Council that is made up of over 20 city agencies from various government sectors, including health, human services, law enforcement, education, youth development, labour relations, and parks. They are responsible for effectively managing and implementing mental health initiatives, particularly ones that involve multiple agencies. The Department of Health and Mental Hygiene provides technical leadership to the council and the larger community. They are also supported by a Community Services Board, a City Charter-mandated body that advises the Department's work. The board consists of members representing a range of communities, organizations, and viewpoints. Black Thrive Lambeth also emphasizes the use of both expert partners and community in guiding their strategic direction and implementation. They have a Black-led facilitation team consisting of ten individuals that coordinate work with partners and community members.

With the first three steps complete, leaders and leadership groups, as well as municipal leaders, will have an opportunity to consider opportunities to improve the effectiveness of their advocacy to other levels of government. Assessing gaps provides an opportunity to prove where additional funding and programming that the municipality cannot yet provide is needed, engaging broadly on mental health and well-being needs will provide important input from representatives and citizens on what they need, and the partners that have been engaged provide opportunities for collective advocacy and pressure. This is also worth revisiting after seven-step cycles are completed, when the municipality and partners will be able to demonstrate their contributions and efforts as well as provide evaluation results showing gaps other government levels can be asked to step into. While municipalities and leaders can make great strides towards improving the mental health and well-being of residents and communities, they should not have to do so alone.

Accountability

Accountability measures are essential to ensure that the leadership group upholds their commitment to the implementation of the strategy and does their best to achieve its objectives, as well as engaging the broader public. Most initiatives commit to publicly accessible annual progress reports that highlight key actions taken in each given year and their impacts. This can include progress on indicators, number of people reached, number of activities and/or programs implemented, number of trainings provided, etc.) Effective and accessible mechanisms should also be made available to community members to ensure they can be involved with holding decision-makers accountable to the strategy's commitments through voicing potential concerns. This is especially important to target to equity-seeking groups, who may be harder to reach.

Calgary built accountability mechanisms into the roles and responsibilities of those serving on their leadership team by ensuring they included people who can implement change. They also have partners report on progress for actions they are directly accountable for through their own organizational reporting processes, including reporting the Council. Thrive NYC used a Community Services Board, whose members were comprised of a broad range of communities, organizations, and viewpoints, to help produce annual reports and report on progress.

Resourcing and Funding

Leadership teams responsible for developing and implementing the mental health strategy should use existing funding streams and explore and identify opportunities for additional funding if necessary. Ideally, funding should be long-term and flexible. If using municipal funds, it is important that the strategy's funding objectives do not deter or prevent community-based organizations from qualifying or effectively implementing services.

There are a number of ways that funding can be made available for municipal mental health initiatives. The usual model is to use municipal funds to fund a specific initiative to improve mental health, and then to leverage change in the mental health system to better meet community needs. Both Calgary and New York's mental health strategies are funded by the municipal government, but Calgary has successfully leveraged other funders to help fund fast pilot projects to evaluate if they work and if they can or should be scaled up.

Other sources of funding can come from provincial and federal mental health and substance use grants and contributions funding, and/or as part of other funding streams that go towards wider government strategies including poverty, homelessness, and other social supports. Since there is a need to improve mental health and decrease mental illness, existing services that indirectly support the improvement of mental health can be leveraged to support municipalities' mental health strategies.

In 2021, Calgary gave funding to over 18 different organizations for a 6-month period through their 'Change Can't Wait!' funding. All eligible programs met one or more of three themes: (1) Being well: Wellness at home, at school, at work and in the community, (2) Getting help: What you need, when, where and how you need it, and (3) Staying safe: Security at all times, especially in a crisis. This included programs like a wellness webinar series that promoted health and wellness for Calgary's Korean community, a culturally based recovery program for urban Siksika Nation members facing mental health and addiction issues, and a music-based mental health and well-being program to immigrants presenting at a COVID-19 follow-up clinic with outreach into communities dealing with unmet mental health needs.

5. PREPARE TO MEASURE AND REPORT ON OUTCOMES

Measuring outcomes of mental health programs and activities is often dependent on the availability of organizational and population-level data, using sources such as Statistics Canada and provincial health care ministries and systems. Measurement should include both process and outcome data to assess shortfalls and help guide future efforts.

Identifying Outcomes and Indicators

In Calgary, the leadership group identified process outcomes, short-term outcomes, and long-term outcomes (i.e., collaborative relationships formed, people able to better cope, etc.). However, the majority of these are not quantifiable and are thus harder to measure on a larger scale. New York city had a more comprehensive approach to measurement of outcomes; they identified population-level indicators to measure whether Thrive NYC was making progress on improving mental health. This was the result of the work of their Scientific Advisory Group, which was comprised of national and international experts in epidemiology, treatment, care, and social drivers of mental health. They were key to understanding the population-level effect of programs and how programs are closing gaps in mental health care.

Potential Indicators

List of possible demographic and social indicators to use in the measurement, tracking, and reporting of outcomes:

- Population percentages based on ethnicity and age group.
- Neighbourhoods hardest hit by COVID-19 (rates, hospitalizations, and deaths).
- Vaccination rates.
- Percent of those born outside Canada.
- Percent of those with limited English proficiency.
- Population education levels (those who did not complete high school, high school diploma, those with some college or university experience, those with educational degree above high school, etc.).
- Percentage of those in poverty.
- Unemployment rates.
- Incarceration rate.
- Rates of Adverse Childhood Experiences.

In addition to overall indicators that consider demographics and social factors and measure impact at the population level, impact should also be measured at the program level. This will vary and depend on what programs and activities are included in the strategy. Organizations can collect and provide data related to key indicators (i.e., how many people served), through surveys, client screenings, and observation. Depending on capacity and resources, these can be updated quarterly, semi-annually, or annually.

Outside of measuring performance outcomes, it is also important to qualitatively and quantitatively capture and assess the overall visibility of mental health throughout the planning process—this includes things like: meetings, partnerships, new resources, and the number of participants and attendees of various consultation and engagement events. It is unlikely that early changes in population-level mental health rates and outcomes will occur; thus, it is important to engage in process measurement as opposed to solely outcome measurement in order to retain interest and energy in the strategy for the long-term.

6. IMPLEMENT PROGRAMS AND ACTIVITIES

The types of programs and activities that are implemented as part of the mental health and well-being strategy should be aligned with the overall goals, sub-goals, and priority areas. Municipalities should use input from stakeholders, best practices, fast pilot programs, and data to inform decision-making when considering what programs should be undertaken. In particular, previously identified grassroots organizations who deliver community mental health and well-being services and supports would be a valuable partner for this stage of the implementation process.

The needs of different communities and equity-seeking groups within a municipality are likely to be different and constantly evolving with population and demographic shifts. Ensuring that some programs and services are community-focused and tailored for different groups and parts of the region is important to build trust and mitigate existing inequities.

Example program areas

- **Community education/knowledge**
 - Includes activities to end stigma and discrimination, how to recognize mental health issues, where to find and access services, mental health literacy, mental health first-aid training.
- **Service navigation**
 - Includes navigation websites, strengthening connections through networks and collaborations, building community capacity, access through schools and workplaces, use of technology, health equity impact assessments.
- **Schools**
 - Includes programs and activities targeted towards children and youth, such as mentally healthy school networks, clinics placed in high-needs schools, early access to services.
- **Workplaces**
 - Includes programs and activities that engage employers, support building mentally healthy workplaces, provide new, enhanced, or refocused employee assistance supports and services for working-age individuals. Public and private employers can also help ensure contractors provide adequate assistance.
- **Supportive housing**
 - Includes initiatives that support expanding access and funding for the growth of supportive housing.
- **Anti-racism**
 - Includes initiatives that work towards tackling systemic racism, hate and discrimination, and build greater understanding and awareness of diverse communities, including within municipal programs and at workplaces.
- **Building social capital**
 - Includes initiatives aimed at building and maintaining connections and relationships within communities.
- **Building resilience**
 - Includes educational programs that can help people build healthy relationships with friends, family, and community members, develop confidence, and engage in self-care.

- Other areas to consider include: case management, primary health integration, peer support, alternative approaches to police mental health crisis response, home-based care, harm reduction services.

Programs and activities should be focused on community needs. Some areas may have a large population that needs access to sensitive and culturally appropriate care; this may entail the creation of culturally-specific and race-focused programming that is responsive to the racial and cultural needs of the individuals served. To do this, it is again important to include the voices of community members in all steps of the decision-making processes to ensure that the programs are inclusive and representative of the communities they serve. For example, Black Thrive Lambeth focuses on reducing disparities for Black individuals, and prioritize Black-led research for evidence and policy. Along with community members, they led the co-design of the Lambeth Living Well Network Alliance's Culturally Appropriate Peer Support & Advocacy (CAPSA) service, a Black-led culturally appropriate peer support service that offers help to people who are feeling anxious, stressed, and/or are having difficulty in accessing mental health and well-being services.

7. EVALUATE THE STRATEGY AND CONTINUE THE WORK

Evaluation should be an ongoing and consistent part of implementation. While the strategy may be evidence-based and include best practices, every community is different, so ensuring that implementation at every stage is monitored and evaluated so that adaptations can be made is crucial.

The evaluation process for the mental health strategy is dependent on a municipality's available resources and needs. Some cities may choose to rely on internally tracking organizational and population-level data to evaluate their programs, while some may use external organizations or a board or advisory group to oversee their progress. Calgary uses a network of evaluation specialists from their strategic partners who consult with external evaluators to develop and implement a shared measurement and evaluation framework.

Evaluation is crucial to continue and evolve the strategy. Whether internal, external, or both, leaders and community should be engaged in how to apply the results to continue the strategy's efforts. What worked? What didn't? What didn't work the way proponents had hoped, but might be solved?

After completing a round of evaluation, the cycle of the seven steps outlined above should begin again. It should be viewed as an iterative process and ongoing journey, not a race to one destination.

1. Re-examine the original environmental scan. Does it need to be updated, based on external factors and the progress that has been made?
2. Re-engage. How does the leadership group and community understand the progress and challenges? What gaps do they believe need to be addressed next?
3. Reassess partners and plan. Who may have been initially missed, and can be engaged now? Do some partners need more support to continue? What is the next iteration of the plan?
4. Review leadership and accountability. Some leaders may need to be replaced (for various reasons), or representatives from some sectors may need to be supplemented. Was accountability successful? How can it be improved? It is essential that, in addition to quantitative and qualitative measurement in step 5 below, the leadership, partnerships, and networks that have been formed evaluate themselves and are evaluated and assessed by other parts of the initiative, including the public.
5. Continue to measure and report. Are new metrics needed? Were some unhelpful? How widely read were reports, and how could they be more useful? Are the leaders, partners, and networks satisfied with the progress?
6. Implement programs, old and new. Which programs have succeeded, and can be put on hiatus? Which struggled, but could be improved? What new efforts are required based on the first three steps?
7. Re-evaluate, and begin again.

Through this cycle of creation, delivery, and reassessment municipalities have an exciting opportunity to improve mental health and well-being of all their residents, improve the social determinants of health, and build resilience and a healthier economy for all.