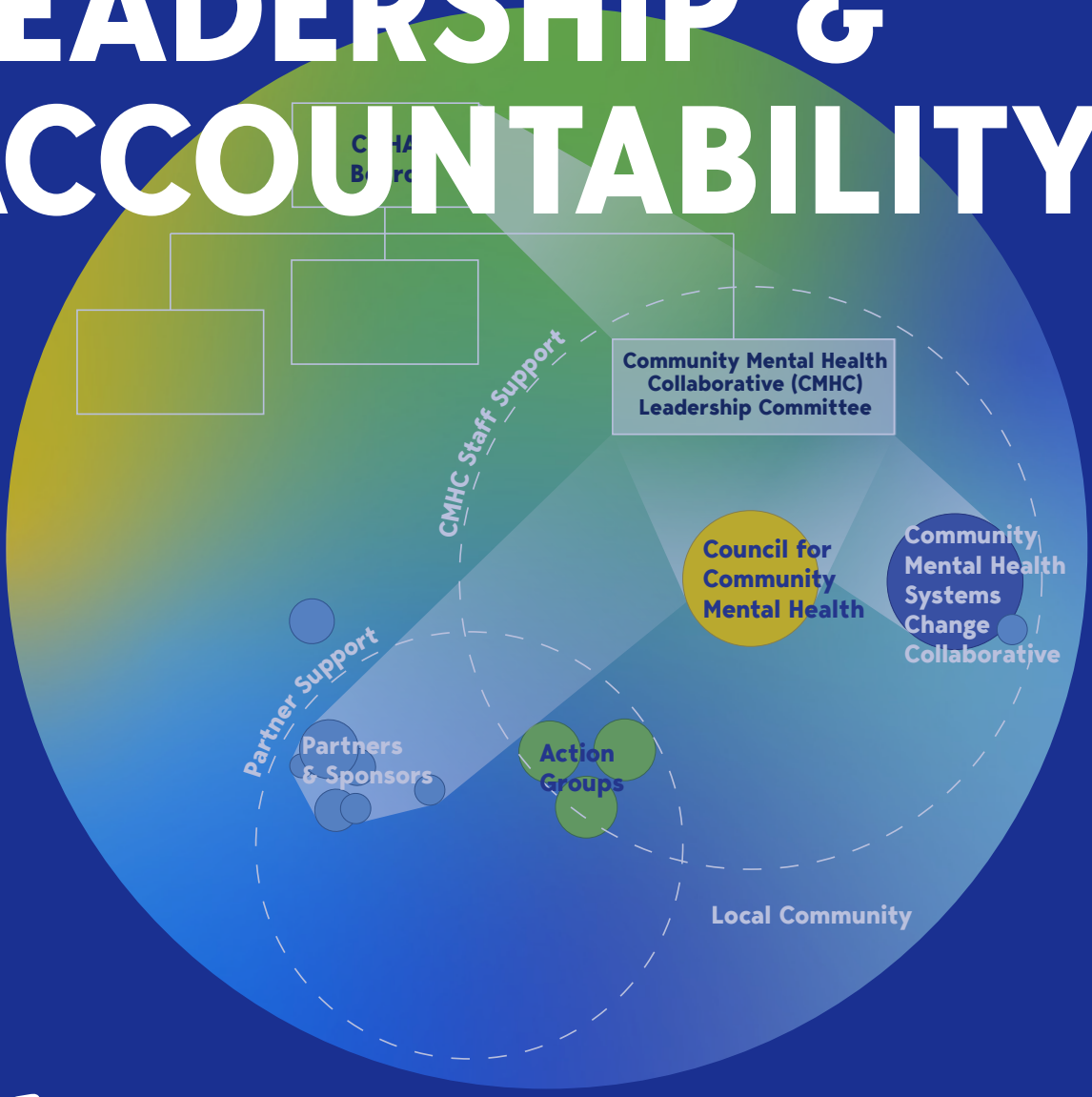
GUIDE TO COMMUNITY LEADERSHIP & ACCOUNTABILITY

A Different Way to Work Together to Centre Lived Experience



Community Mental Health Collaborative

Version 2.1
June 2025

Respectfully acknowledging we gather on traditional land known as amiskwacîwâskahikan (ᒥᐢᑲᐧᒋᐧᐊᓲᐢᑲᐦᑎᑲᐣ) on Treaty 6 Territory and in Metis Nation of Alberta Region 4, this land is home to many diverse Indigenous peoples including some for whom their land is unceded. We are committed to honouring these peoples' communities, their Elders past, present, and future, and the land upon which we gather. We recognize we are on a learning and healing journey which welcomes guidance as we strive to champion reconciliation, build respectful relationships, and support Indigenous sovereignty, justice, and equity in all aspects of our work.





As the land nourished the people; the people nourished the development of this strategy, carrying it through time with the wise and steadfast contributions of an amazing cross-section of Community. This strategy represents the bringing together of the Community Mental Health Action Plan and Living Hope: Edmonton's Suicide Prevention Strategy.

We recognize this would not have been possible without significant support from so many people. (Please read more about them in the Acknowledgements.)

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For help citing this document please see References & Endnotes

Governance that Centres Lived Experience

This *Guide to Community Leadership & Accountability* describes how, as a community, we can work together differently.

What is presented in this *Guide* has not been tested in Edmonton, though it is supported by successes in other regions (see References and Endnotes) and has been developed through extensive engagement with community (see Developing this Guide), including people with lived experience, those who specialize in governance, systems leaders, key partners, and many others.

Edmonton's Strategy for Community Mental Health (SCMH) envisions the creation of a new Community Mental Health System that works seamlessly with the existing clinical system. It commits to centering lived experience and honouring the expertise of all involved. This commitment is realized through the bold new way of working described in this *Guide*.

Together, we can increase health and safety in our communities by mobilizing traditional, cultural, and natural supports in an evidence-based, evaluatively accountable way,

This *Guide* is an invitation to join the work and a celebration of the dedication of those who have been on this journey for so many years.

As the processes, procedures, and structures refered to here are made real and put into practice, this *Guide* will continue to be modified. As intended, this *Guide* is an evolution of the first iteration, informed by audience needs, emerging practice, evidence, and those using it, centering the lived experience of the *Guide's* use in this endeavour, as it is throughout the SCMH.

Responsible Leadership

Leadership in an environment inclusive of those with lived/living experience involves several key actions to ensure risk mitigation, ensure appropriate support, and promote capacity building, trauma-informed ways of working, and greater equity, diversity, and inclusion.

Responsible leadership must be implemented by Staff (and so appropriately resourced), but in the spirit and intent of the Strategy, should be practiced and championed by all of us as we work together to improve community mental health.

By implementing these practices, responsible leadership can create a supportive and inclusive environment that promotes mental health, capacity building, and greater equity, diversity, and inclusion.

Capacity Building:

Training and Education: Provide regular training to all members on relevant topics and skill development, including trauma-informed ways of working, equity, diversity, and inclusion, evidence-based decision-making, consensus building, data analysis, evaluation, design processes, systems thinking, and others.
Supportive Resources: Ensure access to resources, counseling, and peer support programs for everyone involved.
Empowerment: Create greater opportunities for individuals to take on leadership roles and feel comfortable taking greater roles in decision-making processes.
Continuous Learning: Foster a culture of continuous improvement and learning about all aspects of community mental health. Learn and grow together.

Supportive Leadership Practices for All:

Active Listening: Listen actively to the experiences and needs of others involved.
Mentorship and Coaching: Offer or provide mentorship and coaching, as each needs or is able, to support personal and professional growth.
Wellness Programs: Implement wellness programs that promote mental health and well-being for everyone involved.
Flexible Work Arrangements: Provide flexible work options to accommodate varying needs and support work-life balance.

Equity, Diversity, and Inclusion (EDI):

Inclusive Policies: Develop and implement policies that promote EDI and actively address discrimination and bias.
Representation: Ensure diverse representation across the Strategy to reflect the community's.
Accessible Support: Provide support services that are accessible and tailored to the needs of diverse groups, including culturally relevant and language-specific resources. Ensure everyone working on the Strategy has access to support.
Ongoing Engagement: Engage with everyone to understand their needs and incorporate their feedback into how work is being undertaken.

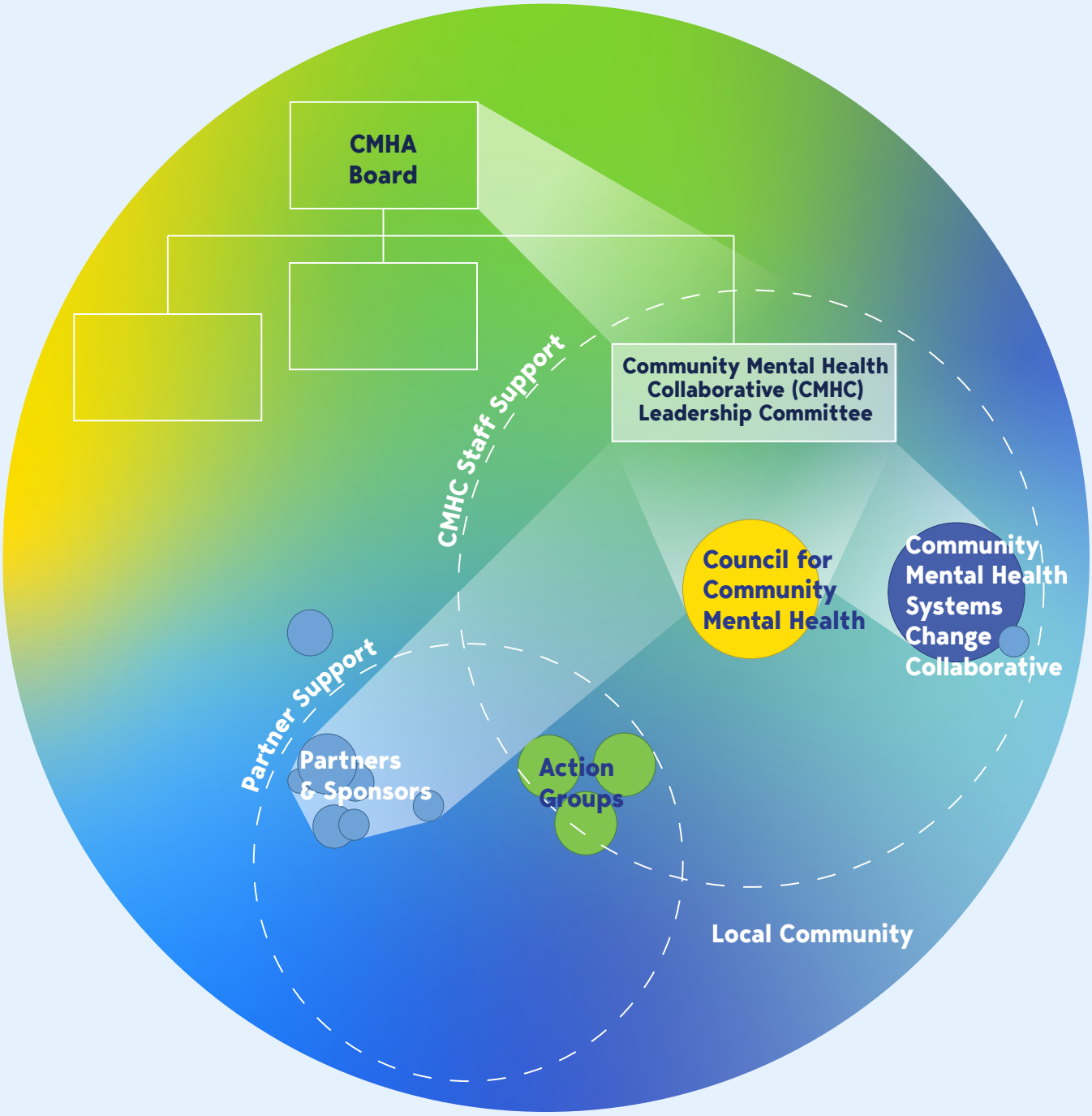
Fostering a Culture of Inclusion:

Awareness Campaigns: Conduct internal campaigns to raise awareness about our own mental health and continue to reduce stigma.
Celebrating Diversity: Celebrate and recognize the diversity of experiences and contributions of all individuals.
Feedback Mechanisms: Establish feedback mechanisms to regularly assess and improve the inclusivity and effectiveness of support and leadership practices.
Allies and Advocates: Encourage and support allies and advocates within and outside the Strategy to champion responsible leadership efforts.

Trauma-Informed Ways of Working:

Safety and Trust: Establish a safe and trustworthy environment where individuals feel secure and respected.
Empathy and Understanding: Approach interactions with empathy and a deep understanding of trauma and its impact on individuals.
Collaboration and Choice: Involve individuals in decisions about their care and support, ensuring they have choices and a voice in the process.
Transparency: Maintain open and transparent communication to build trust and reduce anxiety. To be inclusive, provide multiple ways of receiving information, and provide agendas, questions, or activity outlines in advance.

The Groups


CMHA Board
Community Mental Health Collaborative (CMHC) Leadership Committee
CMHC Staff Support
Council for Community Mental Health
Community Mental Health Systems Change Collaborative
Partner Support
Partners & Sponsors
Action Groups
Local Community

Centering lived experience, leads to improved programs, projects, and interaction designs grounded in user experience. The model supports groups with differing and critical expertise, all interconnected by committed staff, and resourced by core partnerships and sponsors/funders. This ensures everyone in the ecosystem has equitable and meaningful opportunities to contribute to creating a person-centered Community Mental Health System—together improving mental health for all.

Each group described here is formed around shared expertise at a macro level, recognizing individual experiences and expertise are unique. Every individual's experience is considered valuable in the pursuit of community mental health.

Roles and responsibilities are clearly defined to build trust through shared understanding, clear expectations, and transparency. The interactions between the groups are also anticipated and supported to facilitate strong relationships and trust between them. It is only through trusting relationships that we can have the courage and safety to truly innovate.

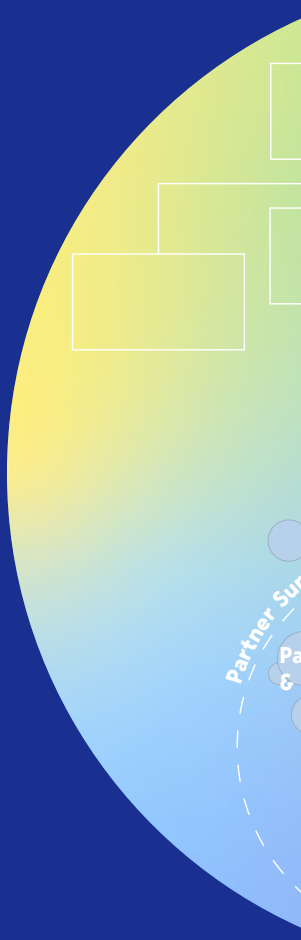
Each group has the opportunity to further define their communication, decision-making, member expectations, and accountabilities through their own Terms of Relationship, as aligned with the Strategy's principles and approaches.

The Community Mental Health Collaborative initiative groups centre the guidance of the lived experience Council



The section for each group is identified by a colour-coded tab for easy reference

Council for Community Mental Health

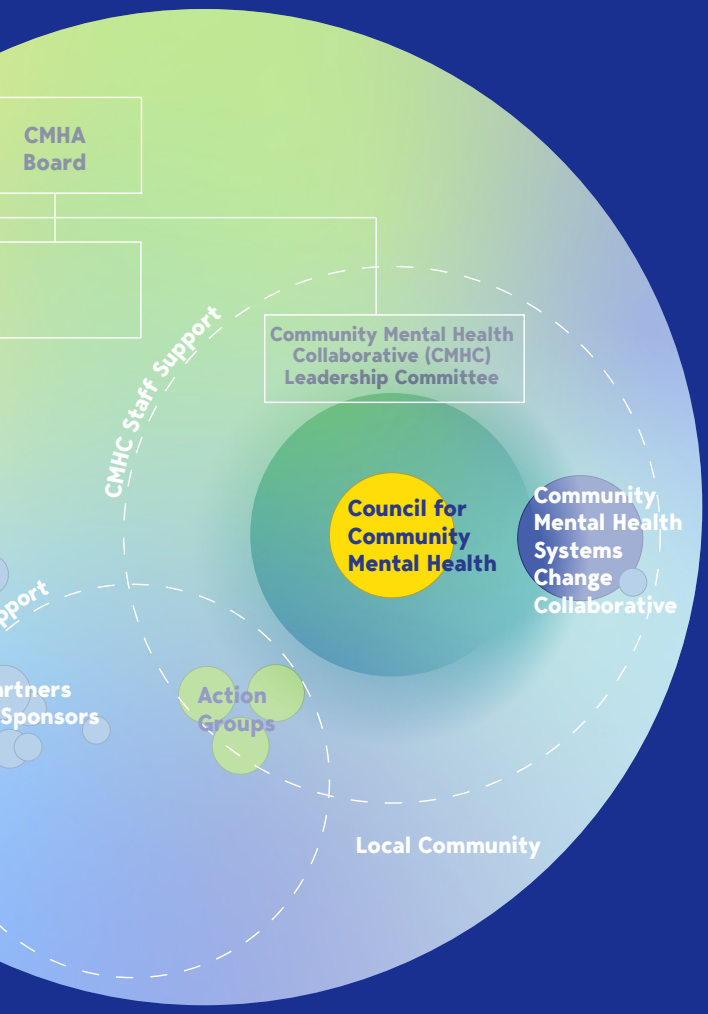


The Strategy for Community Mental Health centers individuals with lived experience. The Council for Community Mental Health (CCMH/Council) is made up of a rich diversity of individuals with lived expertise. They come from all walks of life and all backgrounds, working together with other groups to build a System for Community Mental Health through work on the Blueprint. This innovative method of working together for Community Leadership & Accountability (governance) demonstrates commitment to equity, diversity, and inclusion, to drive significant improvement in access to mental health services and supports, and ensures:

- ***Empowerment and Ownership:*** **Individuals with lived experience influence the systems and services affecting them.**
- ***Relevance and Effectiveness:*** **Strategies are grounded in reality and tailored to actual needs.**
- ***Trust and Collaboration:*** **Establish and increase trust and collaboration among interested parties.**
- ***Innovation and Sustainability:*** **Leverage diverse perspectives for adaptable and resilient solutions to needs.**

Purpose

The Council for Community Mental Health ensures user experience understanding is considered at all points along the journey to improved systems. They are representatives of the wider community of lived experience, stewarding the understanding of the user in all our individuality and need. They are accountable to the broader local community and committed to driving improvement in community mental health for all of us.



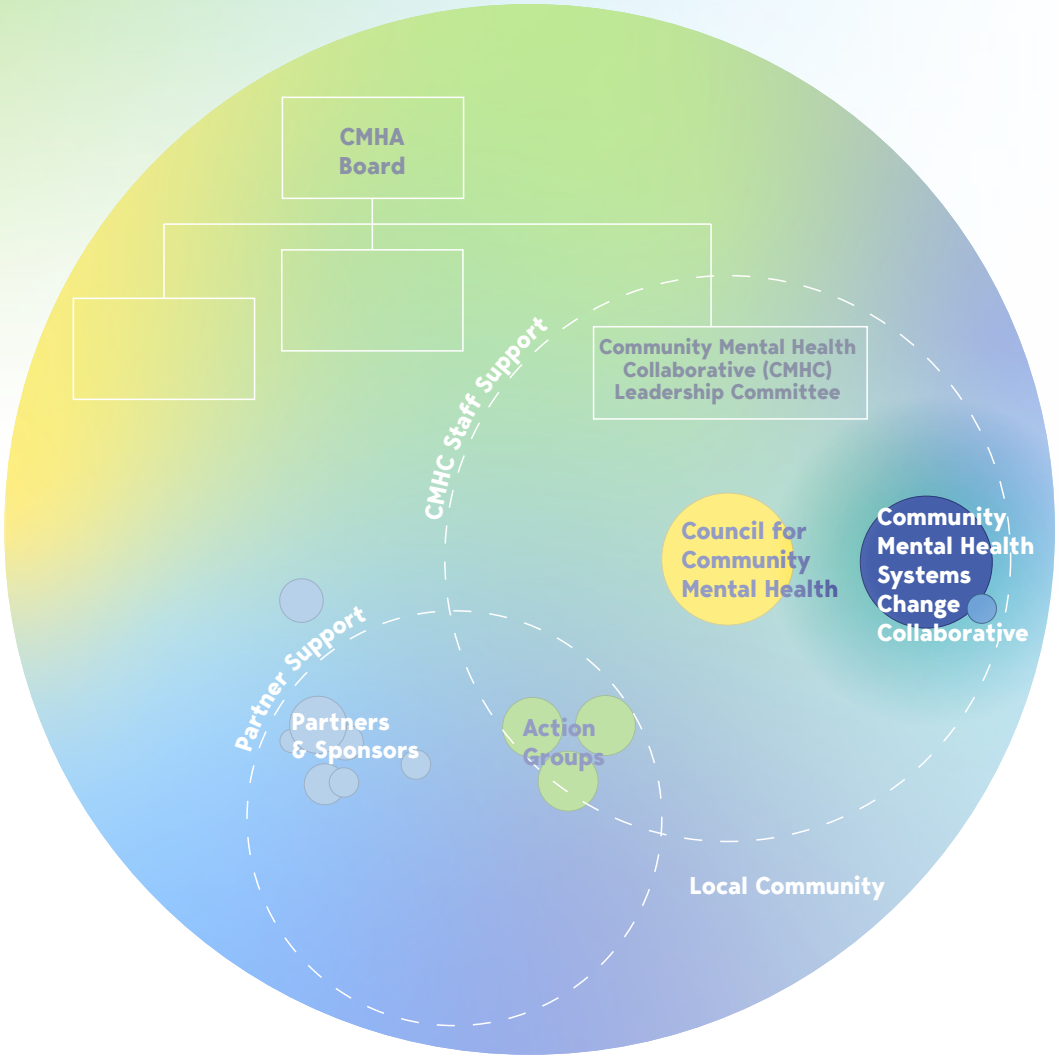
Responsibilities

To ensure all activities of the initiative centre lived experience by forming the guiding questions that arise out of broader community engagement and experiences, the answers to which help set directions and pathways for community mental health initiatives.

Council Membership

May be drawn from communities previously engaged, or be new through wide outreach and recruitment carefully planned to ensure transparency, diversity in experiences and other competencies, and equitable selection.

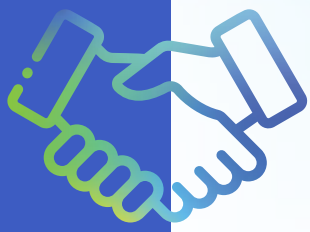
Community Mental Health Systems Change Collaborative





Purpose

A willing group of systems influencers, who may or may not have lived experience, who provide advice, support, resources, and other checks and balances toward actioning directions and pathways identified by the CCMH.



Responsibilities

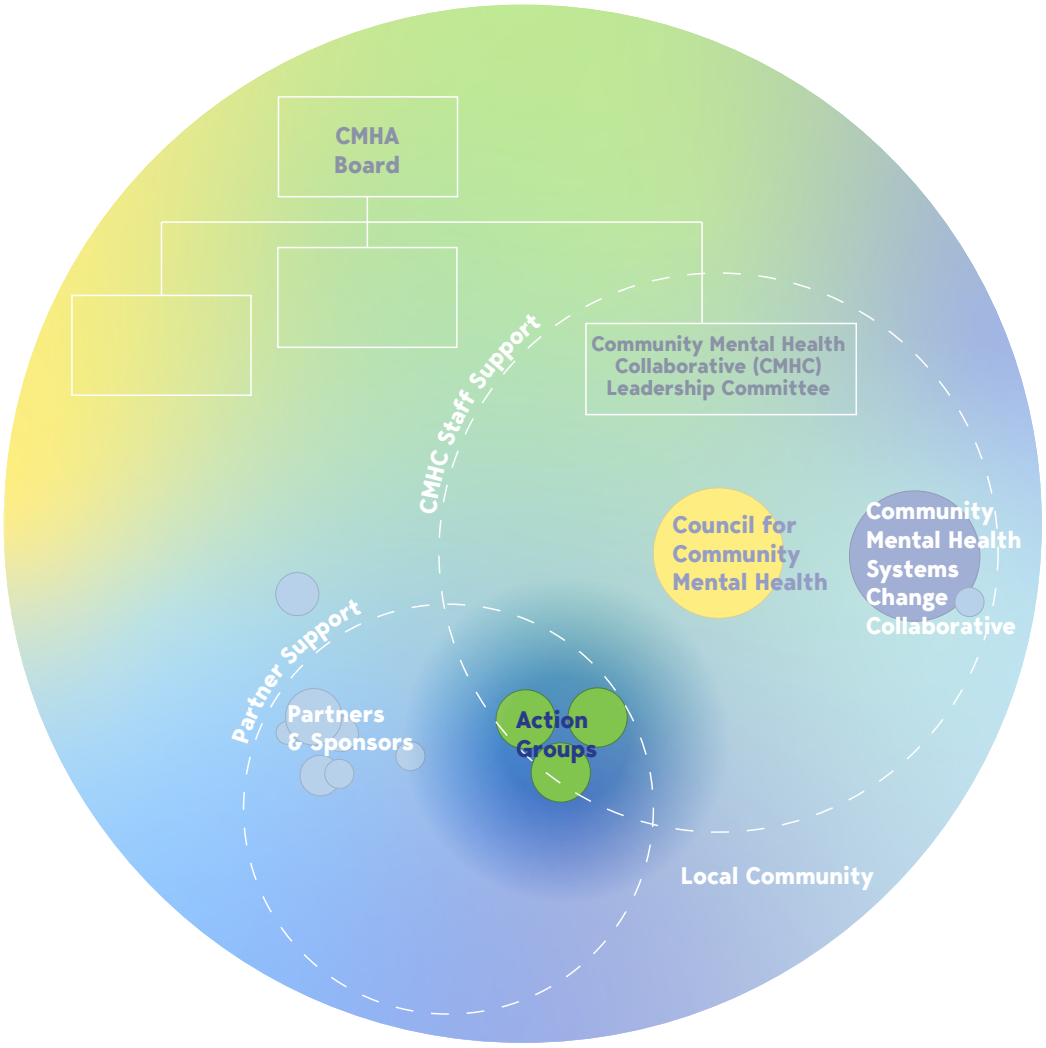
The CMHSCC makes group decisions on project recommendations, member selection, and resource allocation, while individual members promote council priorities and allocate resources within their own spheres.



Membership

Partners and other community, service, and system organizations, including organizational and grassroots leaders and influencers. The CMHSCC includes representatives from CCMH and Staff.

Action Groups



Purpose

Depending on the scope for which an action group is created, it may be designed to serve a unique niche within the Community Mental Health System (example: Suicide Prevention) or a specific Blueprint innovation. The goal of action groups is further development of projects, programs, pilots and other innovations. Each Action Group has a charter that describes their specific purpose.



Responsibilities

The work of each Action Group is anticipated to include the development of:

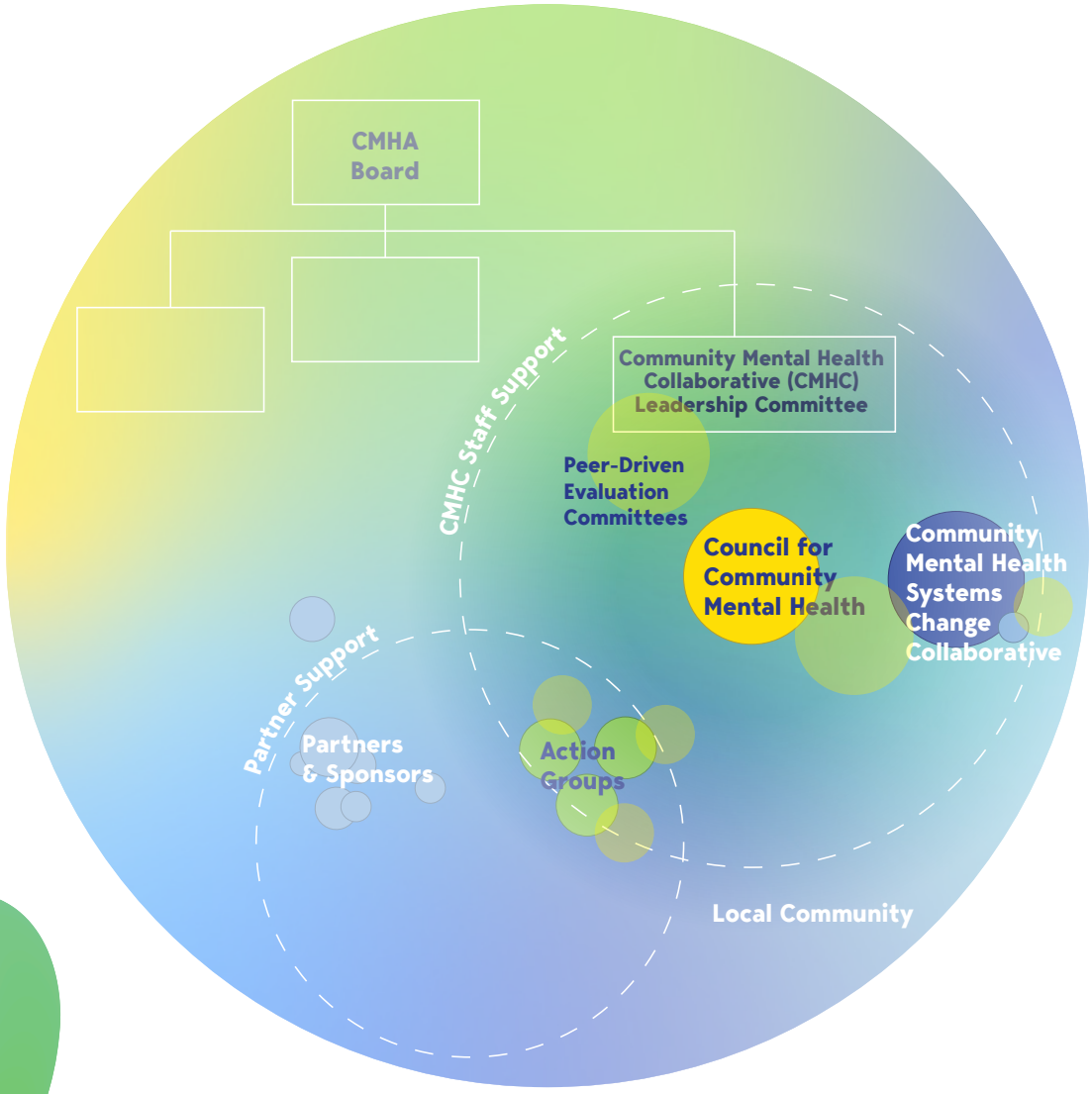
- Project, Program, workplan and timeline for the creation of (as applicable, but not limited to):
  - Implementation Plan
  - Resource Needs Assessment
  - Feasibility Study
  - Pilot/Project Scope Determination
  - Research Plan
  - Impact Assessment & Peer-Led Evaluation Plan
  - Communications Plan
  - Business Case (for resource acquisition and fund development)



Membership

As systems expert-level working groups, determinations for membership and length of terms will be collaboratively determined on a case-by-case basis by Council and Collaborative, with support from Staff. Each Action Group requires coordination, facilitation, and lived experience representation, preferably within the sphere of the Sketch it exists for.

Peer-Led Evaluation Committees





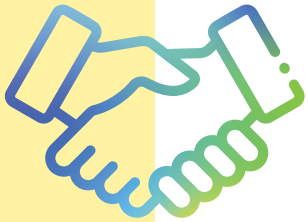
Purpose

The Peer-Led Evaluation Committees consists of people with lived experience, supported by evaluation experts who prioritize equity and inclusivity. Members serve variable terms and contribute to creating evaluation plans and tools for the SCMH using participatory and anti-oppressive methods. The committees are struck as necessary and recommend these plans to various groups for approval. Committees select their own members, often from lived experience members that are part of the groups the committees are collaborating with.



Membership

Members are self-selecting to committees as needed, for timeframes defined by the projects of the group they are collaborating with. Facilitators are engaged by referrals from various group members and by open calls. They are assessed, approved and contracted by staff, with support from group members with whom the facilitator will work.



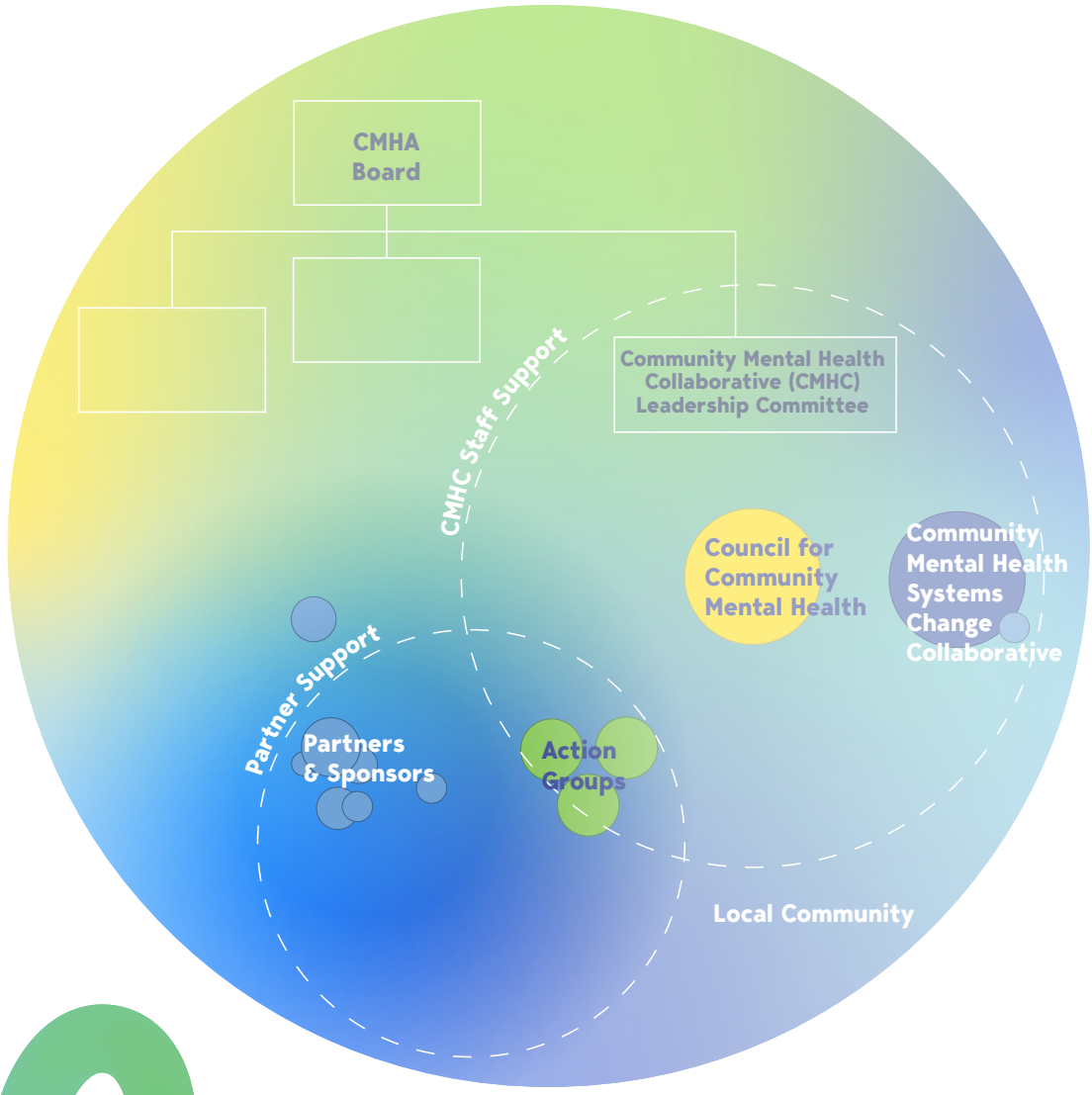
Responsibilities

Members of the Peer-Led Evaluation Committee actively engage in the evaluation planning process, contributing their unique perspective and insights and, if interested, drafting pieces of the evaluation plan. They do this by attending meetings and participating in discussion in such a way that it encourages a safe and respectful space in which contributions and feedback can bring about emergent innovation.

Facilitators to the Committee guide and support Members to build the evaluation plan and other key documents (Theory of Change, data collection tools, etc.). They bring experience and knowledge in evaluation, related options, and encourage a safe and respectful space in which everyone has their best chance to respond and contribute to ongoing work. The facilitators are tasked with being sensitive and aware of how process may be impacting the work and are ready and capable of pivoting as needed to ensure comfort and safety is maintained, incorporating the feedback of members into all aspects of the Committee's work.



Partners & Sponsors



Purpose

Although not a formal group, Partners & Sponsors exist across and within the local community and beyond, providing essential funds and resources needed to implement the Strategy and enable Action Groups to realize the Blueprint.

The diverse and complex needs of improving community mental health, combined with the participatory Community Leadership & Accountability model, offer a unique and innovative opportunity for the broader community and funders.

Understanding user experiences is key to building improved systems with improved outcomes.
By embedding collaborative approaches and inclusionary practices within the initiative, community members and funders can work together, pooling resources and leveraging intelligence to tackle larger challenges. This collaboration creates an enabling environment for effective investment in systems change.

Staff / Special Expertise



Purpose

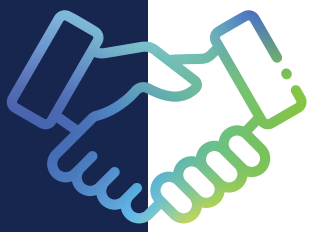
Backbone Staff are essential to the success of the Strategy for Community Mental Health (SCMH). They provide expertise and support in various areas like organizing meetings, documenting processes, researching, communicating, leading, and managing projects, and provide recommendations on accountability, impact, and Council and Collaborative membership. Their roles are vital for implementing the Strategy, evaluating its impact, developing funding, and upholding Community Leadership & Accountability. As employees or contractors of a Supporting Partner, their recruitment follows the Partner's policies, ensuring fair, equitable, inclusive, and attractive opportunities.





Responsibilities

Convening, facilitation, peer-support, communications, impact & accountability, public engagement, research & analysis.



Functions

Convenor: Bringing together and hosting groupings for the Strategy and Community Leadership & Accountability, through provision of physical space and hybrid technology platforms, issuing invitations, maintaining network information, issuing updates, and assuring accountability and transparency in the work of the groupings and other collaborations.

Facilitation: Ensuring safe space for the contributions of all members, providing clarity of process, and ensuring equity and accessibility of undertakings.

Peer-Support: Mentoring, counseling, coaching, and capacity building for members, to ensure all members of the SCMH thrive and feel supported to contribute to their full potential.

Communications: Internal and external communications for transparency, accountability, reporting, public engagement, awareness, and buy-in, including marketing for fund development.

Impact & Accountability: Evaluative support and facilitation (as possible) for collaboration with the Peer-Led Evaluation Committee. This covers the full range of evaluative undertakings from the Strategy overall to specific resource allocation reporting needs of Action Constellation work.

Public Engagement: Ensuring activities for broad and intersectional community inclusion in the SCMH that uncovers lived experiences and strengths to be drawn upon, to share back progress, needs, and opportunities to contribute, and to ensure equitable approaches and inclusionary practices necessary to represent the diversity of the local community.

Research & Analysis: For the wide range of topics and information sourcing needs related to community mental health, population prevalence understanding, and support for determination of community need, including applicable policies, programs, projects, leading practices, and their impact on community mental health.

Community Mental Health Collaborative Leadership Committee



Purpose

To provide accountability and oversight to the initiative, ensuring the community-driven approach and equitable approaches.

Responsibilities

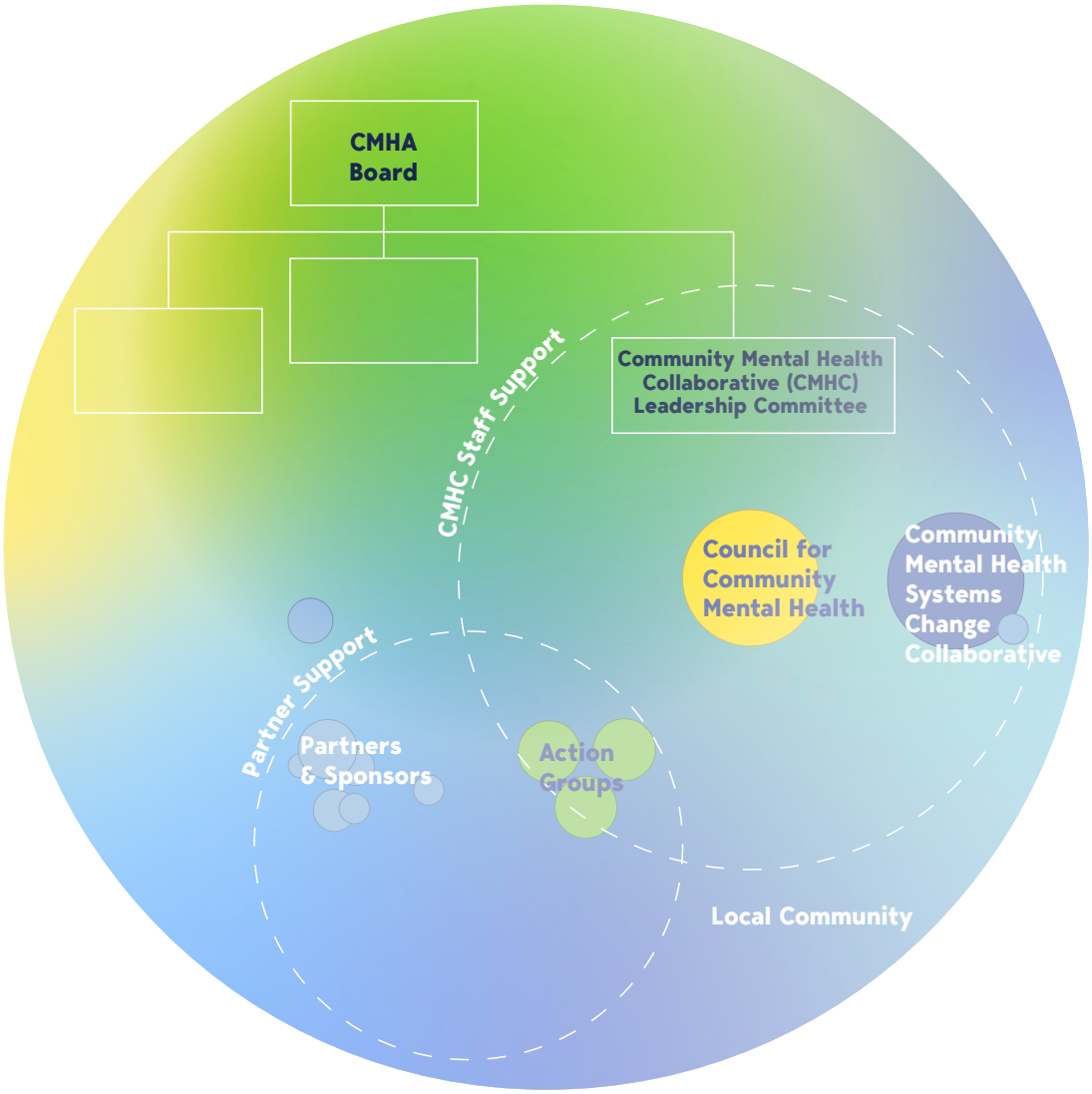
To provide accountability in financial and legal matters for the initiative, while stewarding the community approach to direction setting and empowerment for the cycles of activities that promote the development of innovation for a Community Mental Health System.

Membership

10 to 15 Members appointed from:

- Nested Backbone Organization Board
- CCMH
- CMHSCC
- Sponsors & Partners

Backbone Organization Board





Purpose

In the context of the initiative undertaking implementation of the Strategy for Community Mental Health (SCMH), the Board of the organization hosting the Staff group are key enablers, understanding and facilitating the committee of the Board that functions as accountability oversight for the initiative.



Responsibilities

To select Directors to act as decision-makers and representatives of the Board on the Community Mental Health Collaborative Leadership Committee, in addition to those responsibilities defined by the organization's own bylaws and articles of incorporation.

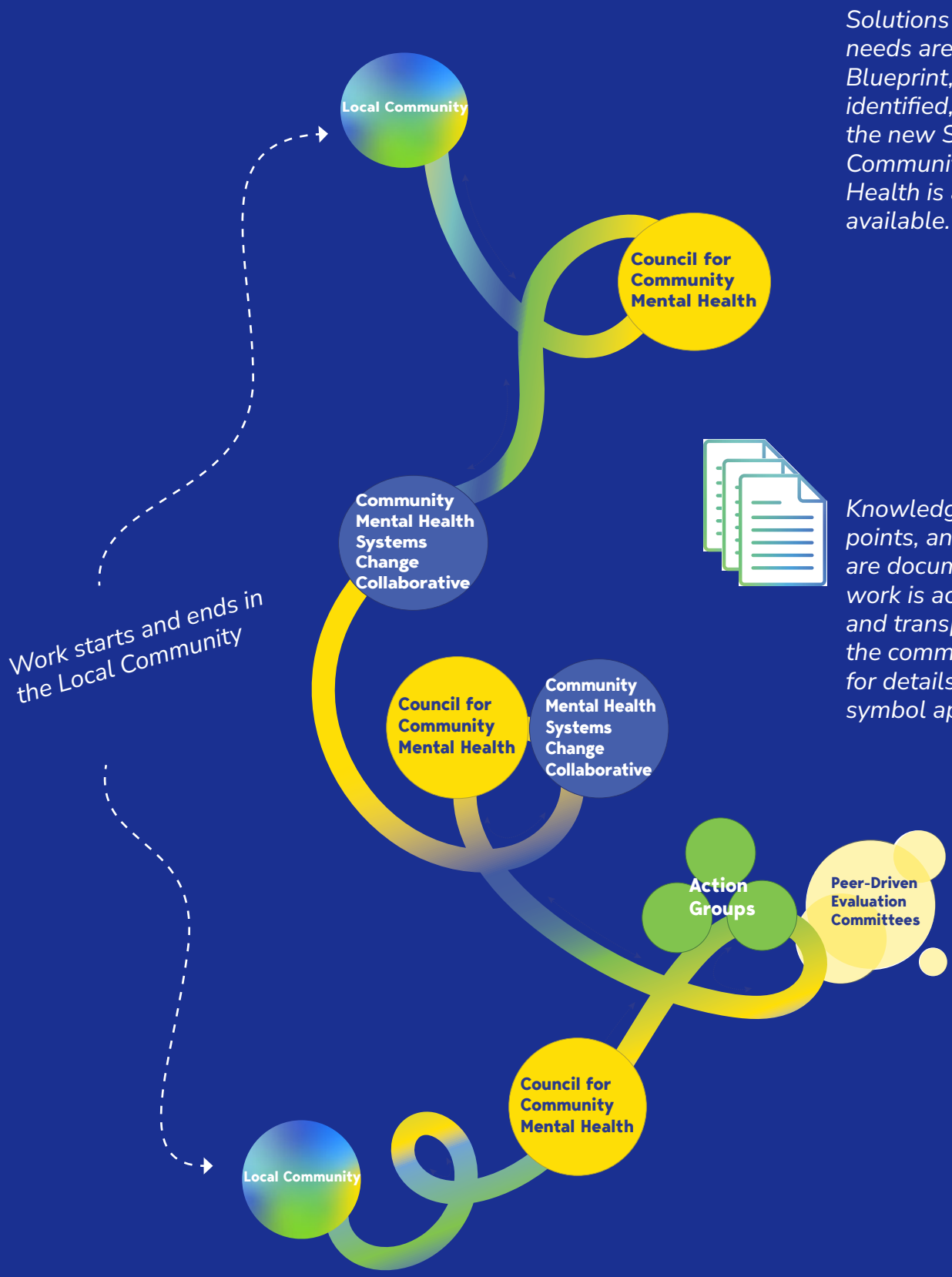


Membership

As defined by the organization's own bylaws and articles of incorporation.

Working Together

The Community Leadership & Accountability groups provide working capacity and governance for the Strategy supports a basic flow of action from determining community needs to implementing actions to realize the Blueprint, ultimately leading to improved community mental health.



Solutions to community needs are added to the Blueprint, as they are identified, so a map of the new System for Community Mental Health is always available.

Knowledge, discussion points, and decisions are documented so the work is accountable and transparent to the community. Look for details where this symbol appears.

1. Community Engagement

Ongoing engagement with the wider Local Community to understand and uncover the lived experience of mental health within community, and as that experience leads to clinical interactions.

- **Supported by CMHC Staff, engagement reports are prepared and shared with Council and community.**





4. Initial Discussions of Need

The Collaborative has initial discussions with the Council about prioritized community needs.

- **Discussion and further refinement of briefing notes is undertaken with Council and Staff to ensure adequate understanding.**
- **The Collaborative (together and independently, as appropriate to their spheres of influence) investigates resources and systems realities in relation to prioritized needs, per briefing notes, supplying this information to Staff for incorporation in briefing materials.**





2. Understanding Community Need

Through engagement with the wider community, the CCMH collects experiences and understanding of the wider needs of community.



- This may be done by accessing previously shared lived experiences and the wealth of work that came before this iteration of community mental health collaboration.
- To facilitate 7th generation decision making, additional guest experts may be brought to Council for capacity building and informational purposes.
- Additional research and information gathering is provided by the Supporting Partners and Staff.

Council for Community Mental Health

3. Prioritizing Community Needs

The Council prioritizes needs and works with Staff and other partners to develop initial briefing documents for shared understanding across SCMH groups and the wider community.

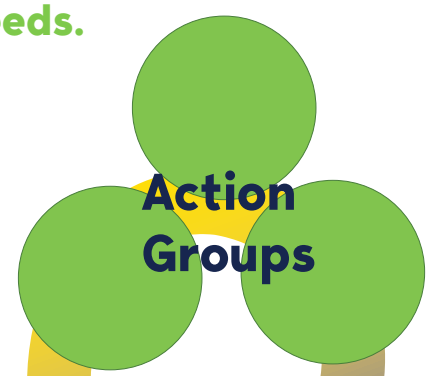
- This may be supported by online channels moderated for safety and security.
- The Council releases briefs describing needs, including their wider scale/criticality/ emergent opportunity within the community; the opportunities for equity in addressing such needs (where applicable), relative priority, and any applicable additional background, or additional parties, to invite to discussions.



5. Co-Creation of Solutions

The Council and the Collaborative use gathered information to begin Assembling an Action Group for co-creation of solutions to specific needs.

- Action Groups undertake co-creation Blueprinting for solutions generation.
- Collaborative and Council work together with the Action Group to define resourcing needs and find funding sources (if required).
- Alignment to allowable activities for the nested backbone organization Board is verified.





8. Reporting Ongoing Until Hand-Off

The Action Group reports back to Council, Collaborative, Committee, Partners, Sponsors, Staff, and Local Community on progress and impact.

- Stewards the ongoing project/program/ pilot until such time as it is handed over to appropriate parties to be brought to scale.
- Provides periodic updates to the other groups, including Leadership and Board, during development and ongoing until hand-off.









6. Action Group Implementation

The Collaborative members (within their spheres of influence) resource the Action Group.



- Details needs of the various systems, service providers, and/or communities for process, policy, and infrastructure to implement programs, projects, or pilots that bring co-created solutions to reality.
- Develop documentation for needs (Implementation, Research and/or Project plans, as may be applicable) and collaborates with the Peer-Led Evaluation Committee to develop applicable evaluation frameworks.



7. Solution Resourcing & Activation

The Action Group collaborates with other groups to ensure comprehensive planning and stewardship.



- Collaborates with potential Sponsor & Partner organizations to determine alignment and opportunities for needed funding.
- Supports Staff in the completion of the business case for the solution, in keeping with the Community Investment Framework developed for the SCMH.

Building Co

Building consensus is an ongoing process of enquiry, response, socialization, and discussion of different perspectives on topics, issues, and proposals. For those involved with the SCMH, it is not just about making a decision, but also about the fair and equitable inclusion of all voices and perspectives available during discussions. In honour of this understanding, all decision-making at groups for Community Leadership & Accountability undertake a talking circle as described to the right, in advance of their preferred decision-making model.

The Talking Circle

Support for facilitating question and answer is provided by Staff facilitators, unless individual members wish to undertake it themselves while taking their turn in circle discussion. Methods of indicating agreement, per preferred decision-making processes of the group, will be available for physical indication at meetings and determined for those attending through hybrid (online) means.

Each individual at the table, in a clockwise or counter-clockwise direction, as determined by the group, is given the opportunity to voice their opinions, experiences, challenges, or agreements with the topic of discussion.

As each individual is speaking, others in the discussion indicate their level of agreement with the speaker's discussion points using the physical items and/or online indications provided. These indications allow the speaker to respond in realtime to group member responses, and helps the facilitator/ speaker undertake effective question and answer.

Time limits for initial speaker dialogue and

onsensus

question and answer may be determined by the group, if necessary or desired.

Each individual must be offered the opportunity to speak, including question and answer with the group about their discussion points, prior to decision-making process(es) being undertaken. No individual is required to speak if they do not wish to. Accessibility considerations will be provided for those who request it.

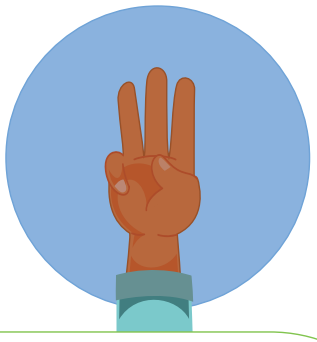
Three finger decision-making model
(adopted from the Indigenous Circle Terms of Relationship at EndPovertyEdmonton's guidance)



ONE FINGER
Indicates agreement.



TWO FINGERS
Has reservations/questions but does not want to delay vote.



THREE FINGERS
Indicates disagreement.

ABSOLUTE CONSENSUS
Everyone present has only one finger up.

GENERAL CONSENSUS
Everyone present has one or two fingers up where the majority have one finger up.

NO CONSENSUS
There is a mix of one finger, two fingers and three fingers with the majority being two and three fingers.

Conflict Re

Disputes can act as a way to identify issues, strengthen relationships, and illuminate opportunities for growth. We recognize that a high level of trust and frankness are required to resolve disputes and members must leave their own/organization's agenda behind and recognize that trust needs to be built through practicing integrity in every interaction they have.

solution

At all times, conflict resolution is in pursuit of greater trust, in order to achieve the safety to innovate.

The initial process when addressing a dispute is:

1. Flag the issue within 48 hours of occurrence.
2. Initiate a person-to-person conversation, preferably face to face.
3. Explore the challenge using open-ended questions to get to an understanding of the root cause of the issue and to answer the question, “What is the issue really?”
4. Agree on the root cause of the issue and work together to generate solutions.
5. Choose an appropriate solution and decide how it will be implemented/ resolved.
6. Implement the solution and monitor progress.
7. Review the dispute resolution process and key learnings that can be applied next time.
8. Ensure these learnings are shared with others, including Staff facilitators, as appropriate.

At any point in the pursuit of conflict resolution, the people in disagreement may ask for support in facilitation, mediation, and/or generating solutions from Staff facilitators, and subsequently may request outside support from those who may provide additional process options or cultural and spiritual guidance.

We humbly acknowledge other methods of conflict resolution exist and may be more appropriate based on the people in, and circumstances of, the disagreement. Staff facilitators and peer-support workers will explore and facilitate preferred methods of conflict resolution as situations arise and relationships across demographic communities are built to facilitate their use.

Individual groups for Community Leadership & Accountability may specify preferred and/ or alternate methods of conflict resolution in their Terms of Relationship or Agreement documents, in order to more accurately reflect the cultural, spiritual, relational, communication, and emotional styles within those groups.





What We

About How We Could Work Together

The following details provide further depth and direction from concepts for foundational and functional understanding of the Structure, Groupings, and working processes of the Strategy.

1. Establish multiple groupings with shared power and authority

- Groups could consider involving an Indigenous Elder (with a title attached to the role) on agreed-upon terms and supported by convener staff. These roles will sit at multiple tables, providing opportunities for comprehensive feedback.
- The structure and operation of these groups will be guided by Terms of Relationship (an enhanced version of Terms of Reference). This includes how decisions are made (such as using the three-finger method see, Building Consensus for more information), how council members are selected or elected (through public calls, recommendations, or elections by staff, partners, or people with lived experience), and how strategies and partnerships are developed and managed.

Heard

2. Value different types of expertise equally

Council for Community Mental Health:
A constellation of community members and affiliates acting as a user-led advisory that sets priorities and undertakes co-decision making through co-creation and direction setting. They are influencers and promoters in the community for advocacy, acting as vision drivers, change makers, and gap fillers in an effort to generate and push decisions.

Collaborative for Systems Change:
A constellation of systems influencers and promoters within the community and from within systems who act as systems advisory experts and system change makers. They are decision-makers who aid in gap filling, navigating systems of care pathways, and who provide expert advice on systems decisions and designs in order to actualize Council priorities by providing parameters for solutions co-creation.

3. Hold regular conversations

- Regular meetings between Council and Collaborative members to discuss resourcing, point-of-crisis issues, compensation for lived experience, funding, partnerships, agreements, and staffing (e.g., staffing mix, expertise, counselors, conflict management, inclusion, decolonization, etc).
- Ensure all groupings and community are regularly updated and included in collaborative conversation.
- Explore other means of connecting, such as dedicated physical and online spaces where people can feel heard, safe, and validated without necessarily determining who is right or wrong.

4. Recruit for inclusive membership composition

- Ensure membership composition considers the intersectionality of race, class, gender, religion, and ability to address the diverse experiences and needs of different communities.
- Allow for tailored strategies that respond to specific contexts, answering the question: “What works for whom and in what context?”
- Include a diverse range of members such as youths, elders, natural supports, and navigators, regularly reflecting on who has rights to be there and why.

5. Explore endorsement opportunities for expanded legitimacy

- Build on the World Health Organization's endorsement of the resolution for social participation.
- For instance, the City of Edmonton's endorsement could be crucial for legitimizing the governance model, as it would support ongoing social participation and help shift public perception towards this approach to Community Leadership & Accountability.

6. Allow the contributions of people with Lived Experience to continue beyond their terms

- Establish a "Once a Council Member, Always Valued" policy, allowing retired members to continue supporting community work through fellowship, mentorship, natural supports, navigating, committee, and community work, ensuring a continuum of knowledge and intention.

7. Use structure as a communication vehicle

- Serves as a bridge between communities and systems. It raises awareness, amplifies messages about community issues, and ensures that information from communities reaches a broader audience.
- This structure influences various stages of decision-making, including policy, governance, funding, service delivery, and information sharing.

8. Co-design opportunities for co-creation and communication

- Use evidence-based research to support ongoing work, establish legitimacy, and demonstrate value for money.
- Integrate research with communication strategies to highlight the importance of lived experience to funders, gain community support, reduce the stigma of mental illness, ensure transparency in decision-making, and show accountability through impact reporting.

9. Establish clear roles

- Clearly define roles, such as staff handling logistics support, checks and balances, 360-degree information sharing, and backbone support.
- Council members will identify key questions for change, while the Collaborative for Systems Change will take the lead in addressing them.

10. Leverage technology and social media for communication

- Use technology and social media to enhance reach, access, awareness, engagement, recruitment, and community buy-in.

11. Balance sustainability with budget constraints and political realities

- Ensure the ongoing work for the Strategy and Blueprint remains sustainable while managing budget constraints and navigating shifts in political and environmental conditions.

12. Recognize success is relative and honour different definitions

- Success can mean different things to different people (e.g., funders, Council members, and community members).
- Questions to consider when defining success:
  - What does coming together to solve a problem look like for different people?
  - What would success look like from different perspectives?
  - Should the focus be on systems, individuals, numbers, population, intervention, prevention, or advocacy?



13. Build capacity in everyone involved

- Provide trauma-informed training to support staff, Council members, and others working on the Strategy.
- Provide orientation training for staff, partners, and members to ensure understanding of roles and expectations.
- Provide capacity-building training for Council members and others to build knowledge and confidence to make good decisions.

14. Champion the benefits of working together in this way

- Build public trust and wellbeing.
- Begin to dismantle the “us” versus “them” narratives.
- Provide a safe space for communities, partners, and people with lived experience to have conversations around contradictions and collaborations as they navigate personal, financial, and institutional interests while also addressing the issues.
- Foster intercultural connections and learnings.
- Build capacity of community members to actively participate in co-creating systems change.
- Articulate broader benefits to families, individuals and the community.
- Information generated within communities is not confined to the community.
- Reduce burden on systems e.g., healthcare system.
- Work to end stigmatization and marginalization.

References and Endnotes

The following developmental documents are available by request by filling out the contact form at *www.together4cmh.ca/contact*:

Community-Led Governance Model for Lived Experience (2023), prepared by EndPovertyEdmonton, with contributions from CMHA-ER

Environmental Scan on Lived Experience Governance in Mental Health (2024), prepared by Sifat E. Sultana on behalf of CMHA-ER

Lived Experience Governance Model (November 2023), prepared by Elevate Consulting, with contributions from CMHA-ER and e4c

Living our Values From Roots to Shoots - a governance model to steward Edmonton's mental health (2023), prepared by the Edmonton Chamber of Voluntary Organizations on behalf of the Supporting Partners

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The information and ideas contained within this document are the work of many. The words on the pages were crafted by:

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Developing this Guide

This Guide to Community Leadership & Accountability is the result of additional co-creation and engagement to fully imagine how the governance model could work. It builds upon extensive previous work that produced several developmental documents including the Lived Experience Governance Model report completed in late 2023.

To conceptualize and implement a non-traditional, multisectoral, lived experience governance model, meaningful insights were drawn from several interested parties identified during the co-creation process. These interested parties included the Council for Community Mental Health (CCMH) members, systems change drivers, systems leaders, governance conveners, funders, and other partners (Council members, Canadian Mental Health Association – Edmonton Region, United Way Alberta Capital Region, City of Edmonton, Edmonton Chamber of Voluntary Organizations).

The aspiration of mapping interested parties to the SCMH underscored meaningful engagement of all key partners, members, and others to ensure that diverse voices were captured from different perspectives, drawing on the principles of "nothing about us without us."

To a large degree, it was crucial to centre the voices of the Council members. This mapping is a co-creation that merges the voices of the Council members with those of systems change participants through equality in dignity, focusing on holding spaces for contradictions and collaborations.

The engagement strategies utilized the primary drivers of engagement—people, process and evidence—through participatory consultations across various parties and an environmental scan by reviewing existing documents, conducting leading practices review to validate one source of information with another. These strategies required many hours of participatory sessions. Additionally, there was involvement in decision-making processes and continuous consultations to address concerns, gather input and gain buy-in.

In this governance framework, we recognize that community members are the experts of their own experiences and can provide invaluable insights to inform policies and drive systems change.

To pull from the wealth of wisdom and experience of the different parties, the following questions were put forward:

1. In your experience, and to ensure success, how do you think the Lived Experience governance model should work? What would make the governance meaningful, successful, and impactful?
2. Who will/should hold power in this model and how should the power be distributed in terms of decision-making authority?
3. There is a plan to form a table for systems change – who do you think should be at this table and why?
4. What could make a Lived Experience governance challenging? What should be done to prevent or to address those challenges?
5. Why do you think this governance model is important? What are the benefits? What would change or be different by using this governance model?

The responses to these questions formed the guide presented here. Given the whole of community approach and the drive for action and impact, this work is now known as Community Leadership & Accountability.

Dunsi Strohschein
Principal J&D Strohschein Consulting Inc.

What's Your Role in Community?

#Together4CMH

Community mental health impacts everyone, from the 1 in 4 of us who experience mental illness in any given year, to the almost half of us that will in our lifetime, to the family, friends, employers, communities, governments, and services trying to help.

It's all of us, working together.

Together, we can build a System for Community Mental Health that ensures positive interactions with clinical and community mental health supports and services.

So whether you're an individual with lived experiences, a caretaker for someone experiencing mental health challenges, a front line worker providing support and services, part of government or first response, a healthcare or community development professional, or just someone who cares—there's a space for you.





Any individual can advocate and make it known to your elected officials, your community organizations, your friends and family, that building a System for Community Mental Health matters.
If you have lived/living experience providing, seeking, or receiving support for mental illness, keep watch for upcoming community engagement opportunities and calls for Council members. Contributing your lived expertise provides authentic understanding of challenges and needs that go unmet in our community. We honour and value the contributions of those with lived experience to maximize wellbeing and capacity to contribute by ensuring meaningful impact through responsible, authentic, and accessible support for all individuals involved.

If your work regularly involves mental health service or support planning, systems or structures, consider how you and your organization can help enact the needed solutions in the Evolving Blueprint for the Future of Community Mental Health.

Want to donate to (or direct resources or funds toward) community mental health? Reach out today!

Find out more at Together4CMH.ca

@Together4CMH

Strategy for Community Mental Health