



Neighbourhood Approaches to Mental Health and Addictions

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Executive Summary

This paper has been commissioned to look at neighbourhood approaches to mental health and addictions. There is little information to be found in this regard; community initiatives, especially those taking place at a grass-roots, neighbourhood level may not be well documented online or in print. The literature focuses on approaches that are mostly clinical and *individualistic* in nature and on general approaches to creating healthy communities, promoting positive mental health, neighbourhood strengthening and revitalization, and poverty reduction. However, out of the information found several key themes emerge:

Mobilizing community and increasing community capacity

- Neighbourhood capacity refers to “the ability of residents to work together to find local solutions to particular problems and to collectively influence local and higher-level change” (Stronger Neighbourhoods, 2014: 11).
- Identify and link the assets that already exist in a community (i.e. tangible and intangible resources; individual skills and resources from service providers and other agencies).
- Increase community capacity through such methods as: providing resources and support, aiding in skills development, promoting self-confidence, developing neighbourhood leadership, building processes for resident participation and engagement.
- Examples include Ottawa’s Creating the Change We Want training, United Neighbours and Safe People (Pinecrest-Queensway Community Health Centre) projects, Lowertown: Our Home, Sandy Hill Neighbourhoods project, the Rural Community Development project (Western Ottawa Community Resource Centre) and United Way’s Community Tables project.

Engage residents within the community

- Vulnerable groups may find it difficult to participate in community responses and activities because they lack the resources or capacity to organize around issues and influence agendas. Therefore:
- Develop protocols and programs that are inclusive.
- Encourage partnerships with community service providers, businesses, housing agencies, employment agencies, and other stakeholders.
- Involve marginalized and vulnerable groups in local decision-making processes.
- Examples of ways to engage residents include youth cafés, youth forums, focus groups, seminars/information sharing, surveys, walk-about, people's panels, and newsletters.

Building social capital (or meaningful connections between residents to increase interaction and participation in the community) by breaking down barriers between residents through:

- Anti-stigma campaigns (i.e. stigma-free zones, 'See me' campaign in Scotland).
- Education and awareness of mental health and addictions issues (i.e. 'Dementia friends' program).
- Training (i.e. community leadership, facilitator programs).
- Encouraging interaction among residents (i.e. community projects, neighbourhood events, empowerment projects).
- Alleviating social isolation amongst residents with mental health issues and addressing the social symptoms of their vulnerability (i.e. the inability to hold employment and create social bonds, lack of social skills etc.) that traditional medicine does not address. Causeway and Psychiatric Survivors of Ottawa are examples of organizations that help with this.

When community engagement is increased and social capital is strengthened, communities can be empowered with the skills to support those with mental health and addictions issues, reduce the negative impact of drug use on neighbourhoods and residents, and potentially aid in reducing harmful activities within the community (i.e. drug markets, home takeovers).

Introduction

In Canada, there has been recognition of the importance of increasing community services, including better community supports in areas such as housing, income support, and employment opportunities in order to create healthy, safe communities. At Home/Chez Soi, a federal initiative undertaken by the Mental Health Commission of Canada beginning in 2008 in five Canadian cities (Vancouver, Winnipeg, Toronto, Montréal, Moncton) is one example of a successful, evidence-based Housing First strategy grounded in principles of immediate access to housing with no housing readiness conditions, consumer choice and self-determination, recovery orientation (including harm reduction), individualized and person-driven supports, and social and community integration (At Home/Chez Soi, 2014). This strategy reflects the necessity of providing wraparound supports for those with mental health and addictions issues.

Indeed, with regard to provincial mental health and addictions treatment, Ontario has expressed its goal to develop supportive and welcoming communities that have the resources to help those who have mental health and addictions issues. In 2011, the Ontario Ministry of Health and Long-Term Care released a report entitled *Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy* outlining four goals to transforming Ontario's mental health services: improve mental health and well-being for all Ontarians; create healthy, resilient, inclusive communities; identify mental health and addictions problems early and intervene; and provide timely, high quality, integrated, person-directed health and other human services (Open Minds, 2011).

Open Minds, Healthy Minds also talks about the “need to look beyond the health care system to other factors that enhance mental health and create supportive communities where Ontarians with a mental health illness and/or addictions no longer have to suffer alone or in silence” (2011: 5). In essence, there is a continuing movement toward more inclusive, community-based approaches to mental health and addictions.

In light of this, what can be done at a neighbourhood (or community) level with regard to mental health and addictions? Finding information on neighbourhood approaches to mental health and addictions was not an easy or straightforward task. There is very little literature of any kind that talks about what we can do at a community or neighbourhood level specifically for those with mental health and addictions issues.

The literature tends to focus on approaches to mental health and addictions issues that are primarily clinical and individualistic in nature, and on general approaches to creating healthy communities, promoting positive mental health, neighbourhood strengthening and revitalization, and poverty reduction. It is possible that community initiatives, especially those taking place at a grass-roots, neighbourhood level that are community-led may not be well documented online or in print.

In Ottawa, there have been a few documented projects that have addressed mental health and addictions at the neighbourhood level, such as United Neighbours and Safe People (Pincrest-Queensway Community Health Centre), Lowertown: Our Home, Sandy Hill Neighbourhoods project, and the Rural Community Development project (Western Ottawa Community Resource Centre) and there have been some measures at the local legislative level regarding the placement of local liquor-licensed establishments and the removal of problem establishments (Vanier). This seems to point to a need for the identification of approaches to mental health and addictions that can be facilitated by community members through partnerships with service providers and other stakeholders within neighbourhoods.

It became apparent that the key underlying themes in the information found are that of mobilizing community and increasing community capacity, engaging residents within a community, and building social capital in order to empower neighbourhoods with the skills to support those with mental health and addictions issues while including them in the process. Filtering these themes through the lens of mental health and addictions raised some important questions about social inclusion and cohesion in neighbourhoods:

- How do we engage vulnerable members of the community?
- How do we create inclusive communities for vulnerable residents?
- How do we connect vulnerable residents with the community and create interaction and understanding among residents?
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This paper seeks to discuss these themes and attempts to address these questions. It will also incorporate best practices and examples of approaches with regard to engaging and supporting those with mental health and addictions issues at a neighbourhood level.

Conceptualizing Community

Conceptualizing exactly what is meant by the term 'community' can be a difficult task. A 'community' can consist of:

- People who live in the same geographical area,
- People of the same identity, age, gender, ethnicity, culture, lifestyle, religion, faith, sexuality, and occupation,
- People who share the same interests (i.e. drug use).

Individuals can be members of more than one community at a time depending on where they live and work, the services they use, and their hobbies, interests, and concerns (Russell, Morrison & Davidson, 2002; Canadian Institute for Health Information, 2009; Shiner et al., 2004). In a relational sense, members of a community typically share common ties and there can be significant interaction among them.

The notion of 'neighbourhood' is closely tied to that of 'community'. Quite simply, a neighbourhood is a space for living and working, and where interaction takes place for utility, support, mutual aid, and socialization (Lebel, Pampalon & Villeneuve, 2007).

Members of communities and neighbourhoods have a range of interests and views, knowledge and experience, fears and concerns (Russell et al., 2002). When a problem or challenge is identified, members may come together to respond to the issue. However, community engagement may not occur on its own – community capacity may be low, agencies may be difficult to access, and vulnerable or marginalized groups may face multiple barriers to engagement (i.e. stigma, discrimination, physical limitations etc.) (Russell et al., 2002). The challenge then, is finding ways to build community capacity, mobilize the community to support and engage *all* residents within a neighbourhood or community.

Building Community Capacity, Mobilizing Community

Establishing a safer, healthier, and more inclusive community or neighbourhood that can support its vulnerable residents requires us to identify the assets that already exist within a community, or its community capacity (community "mapping") (Austen, 2003). These assets can be tangible resources (i.e. local service providers) and also intangible resources (i.e. the expertise and leadership of residents, and community spirit) (Austen, 2003; Stronger Neighbourhoods, 2014). Neighbourhood capacity refers to "the ability of residents to work together to find local solutions to particular problems and to collectively influence local and higher-level change" (Stronger Neighbourhoods, 2014: 11).

In order to build capacity, the existing strengths and abilities within a community must be identified and linked (Stronger Neighbourhoods, 2014). The assumption behind capacity building is that all members of the community have skills and knowledge that are useful with regard to problem solving and strategies to undertake collective concerns (Austen, 2003; Stronger Neighbourhoods, 2014). Assessing the assets of a community involves looking not only at what individual residents can contribute, but also the contributions groups (i.e. elderly women, new immigrants, youth, those with disabilities), various associations, agencies, and businesses can make. Certain neighbourhoods, such as those with concentrations of low-income and residents from vulnerable groups (i.e. residents with mental health and addictions issues, disabilities etc.), often have low levels of social capital and social cohesion and they may not have the skills or resources to mobilize and respond effectively to challenges that arise (Stronger Neighbourhoods, 2014). Thus, approaches to neighbourhood or community capacity building include:

- Alleviating social isolation.
- Providing resources and support.
- Providing residents with skills and competencies they may not have and also helping residents to work on existing skills.
- Promoting self-confidence.
- Developing and diffusing neighbourhood leadership.
- Encouraging residents to take responsibility for identifying and meeting their own and other people's needs.
- Building processes for resident participation and encouraging residents to become more engaged in their neighbourhood and in society (Stronger Neighbourhoods, 2014).

Programs or approaches can include developing and building on personal skills, strengths, and resiliency through the provision of information and education. Workshops and activities can target empathy development, communication skills, self-efficacy, sense of identity, mastering a task, problem-solving, conflict resolution, and developing a sense of purpose (Canadian Institute for Health Information, 2009).

Creating the Change We Want training and annual learning forums provide great general resources for building community capacity and social capacity and can be used to help residents build the skills and confidence to make positive changes in their neighbourhoods together (CDF Creating the Change We Want guide, 2013). Additionally, Ottawa's United Neighbours project out of the Pinecrest-Queensway Community Health Centre (PQCHC) is currently training residents in motivational interviewing which is a method of collaborative

communication to strengthen a person's own motivation for and commitment to change (Motivational Interviewing, 2009). Motivational interviewing has had some success in the areas of substance abuse and mental health (Miller & Rose, 2009).

United Way in British Columbia piloted a Community Tables project in three neighbourhoods to identify local issues as well as assets and to generate a neighbourhood-focused action plan through six facilitated table sessions (including both residents and regional stakeholders): getting started, create a vision, study the challenges and build on the strengths, innovation and change making, plan for action, and moving into action (Todesco, 2012). This is similar to the working groups established by the United Neighbours following a survey of 800 respondents to develop initiatives in a range of areas such as crime, safety, and drug and alcohol prevention and intervention (Neighbourhood Toolkit, 2012).

In Ottawa, the United Way in partnership with other agencies, key stakeholders and volunteers created the Ottawa Neighbourhoods Social Capital Forum (ONSCF) in support of its Strong Neighbourhoods goal. These projects include Lowertown, Our Home, the Safe People project (PQCHC), the Sandy Hill Neighbourhoods Project, and the Rural Community Development Project (Western Ottawa Community Resource Centre). They aim to create understanding of how social capital and community development lead to improvement, support the capacity of local initiatives, leverage resources, and serve as a forum for evidence-based learning and practice on social capital development and community development (Ottawa Neighbourhoods Social Capital Forum, 2013). As a result of these programs, residents are getting involved: in 2013, 14.4% of residents in targeted neighbourhoods were participating (up by 64% from 2011), volunteering increased by 248% since 2011 across the neighbourhoods, and 40 initiatives are led by the volunteers (*ibid*).

Furthermore, although the evaluation report on the United Neighbours project is forthcoming, anecdotal evidence of its efficacy suggests that:

- Networking and information-sharing among residents, partners, and staff have increased.
- Community relations between neighbours and social service providers have been strengthened.
- Community engagement has been very positive.
- New ways of working together toward common goals and new ways of understanding contributing factors to crime and safety at the neighbourhood level have emerged.
- Residents can identify those at risk and support them based on a deeper understanding of the strengths and struggles their neighbourhoods face (Collins, 2014: 49).

All of the projects discussed in this section are examples of community capacity building and mobilization to make communities safer, healthier, and more inclusive. Mobilizing community is to increase the capacity of the community to bring about change by linking together its strengths and resources to create an action plan (Austen, 2003). These projects show that effective community mobilization requires a number of key components, including: creating a shared vision, a common understanding of the problem being addressed, leadership, establishing collaborative partnerships, increased community participation, and sustainability (Austen, 2003). All of these components are important in creating a community that can support its vulnerable population.

Fostering Community Engagement

Engagement may not occur spontaneously within a community. In fact there are a number of types of community responses – they can be passive or active, led by unpaid volunteers or paid professionals, be based in state institutions or in less formal community settings (Shiner et al., 2004):

Community outreach. In this case, professionals conduct ‘outreach’ work in the community, with defined goals. There is little if any involvement of the actual community in conducting the work.

Professional networks. This is a ‘community’ of professional networks made up of agencies that are responsible for coordinating efforts around the goals set up by central government (i.e. Drug Action Response Teams and Community Safety Partnerships). Expert knowledge and professionally defined protocols leave little room for those who are outside of the professional group, although community representatives may be included in the network.

Community partnerships. Here, community members and professionals form a partnership where professional knowledge and expertise are valued but community members have influence and are actively involved in decision-making processes.

Grass-roots community initiatives. These initiatives occur when community members gather over an issue that they consider important. Over time, the group may require additional resources and professional guidance and the initiative can evolve into a community partnership.

Disadvantaged and marginalized groups, especially those with mental health and addictions issues, may find it difficult to access such structures and participate in community activities because they lack the resources or capacity to organize around issues and influence agendas. Ensuring the participation and inclusion of these groups will require partnerships with local service providers as well as other agencies and stakeholders.

So, how can residents in communities and especially those residents from vulnerable groups be engaged? Create protocols and programs that are **inclusive**:

- Agencies involved in community partnerships should be open, accessible, and approachable so that residents feel comfortable maintaining contact with them.
- Opportunities for participation by the community should be made easy (i.e., providing transportation and childcare costs, ensuring disabled access to venues, providing optional ways of participating appropriate to an individual's level of ability and confidence, and additional support for vulnerable groups).
- Choose appropriate locations and times for engagement activity.
- Develop the skills and capacity of the community, as discussed earlier.
- Empower residents by giving them the opportunity to implement and lead community initiatives (Russell et al., 2002; Shiner et al., 2004).
- Create programs that reflect local needs, are culturally appropriate, and that recognize the inequalities in the distribution of mental health problems and access to mental health services (Shiner et al., 2004).

Examples of ways to engage community residents include (Russell et al., 2002; Neighbourhood Toolkit, 2012):

- Focus groups, seminars, conferences on specific issues linked with an opportunity for socializing and sharing food.
- Newsletters with information on activities, seeking feedback, and publishing contact numbers.
- Community and service fairs.
- Circulating the strategies being implemented in the neighbourhood to community councils and neighbourhood and tenant associations for feedback and discussion.
- Crime Prevention Coffee Houses (See Collins, 2014).
- Youth cafés, youth forums.
- People's panels and juries.
- Presentations by local law enforcement and service agencies to local community groups and schools.
- Household surveys.
- Public meetings.
- Neighbourhood walk-about to assess neighbourhood strengths and challenges.
- Community clean-up days.

Increasing the engagement and interaction among residents will also help to increase the social capital and cohesion of a community. When we talk about social capital, "we are talking about people knowing their neighbours. People with friends or family they see regularly and can call upon for help, companionship and community. It's about engagement and empowerment over isolation, resentment and powerlessness" (Woodward, 2014). Social capital is increased when residents are able to make meaningful connections and fully participate in their communities, which is exceptionally important for vulnerable, marginalized groups. People will be more likely to help each other when they see someone in need when the levels of social capital in that community are high. Research has also shown that the amount of social capital in a community affects the health of its residents and communities with plenty of social capital have better economic and social performance including lower crime rates, happier residents, scholastically successful children (Putnam, 1995, 2000; Kreuter, Young & Lezin, 1998, Kawachi, Kennedy, Lochner & Prothrow-Stith, 1997; Berkmen & Syme, 1979).

Strengthening Social Capital

How can we forge connections between *all* residents in a community so that we include and support those with mental health and addictions issues? Fear of the unknown or of those different from us often leads to the stigmatization and discrimination of vulnerable groups and prevents those with mental health and addictions issues from seeking much needed resources, contributing to

communities, or from interacting with neighbours (Let's Discuss Stigma Info Sheet, 2014). It is important to note that residents within a neighbourhood will have different reactions to mental health issues. For example, dementia may be seen as something that can happen to anyone and drug use/abuse, which can be perceived as the individual's fault and can also involve criminal behaviours. Any work undertaken within a neighbourhood to strength social capital will need to acknowledge that residents may have different reactions to different vulnerable groups and there may be a number of different barriers to be broken down.

Three methods of breaking down barriers between residents include:

Anti-stigma campaigns. 'Stigma-free zones' have been established in areas such as Renfrew County, Arnprior, and the Parkdale/High Park communities. Anti-stigma campaigns ask community members to pledge a commitment to actively adopt health attitudes and actions concerning mental health and addictions and use methods borrowed from the political world to bring about change (IE. door-to-door canvassing to promote 'taking the pledge', seeking endorsements from organizations, groups, and businesses, hosting educational events and delivering presentations, presenting awards of excellence to acknowledge leadership in building an inclusive community, and advocating with governments for equitable funding) (www.stigmazone.ca). 'See me' is a comparable project in Scotland that provides grants and materials to communities that want to establish their own anti-stigma projects (www.seemescotland.org).

Another example of an anti-stigma initiative is Creative Works, an art studio in Toronto that holds workshops for those with mental illness and addictions. The workshops provide a way for individuals to express themselves and rebuild their identity but also to combat the stigma surrounding mental health issues through their art (Paez, 2014).

The Parkdale - High Park Mental Health Acceptance Pledge

I AFFIRM that...

- Mental illness is a health condition like any other.
- Negative attitudes about mental illness contribute to the problem.
- People living with mental illnesses should be treated fairly and respected - whether at work, in housing, in relationships or anywhere else.
- I will personally promote respect and practice acceptance towards individuals who may have a mental illness.
- Canadians living with mental illnesses must receive equally-funded health care services.

I PLEDGE to

PLEASE CHECK ONE OR MORE

- Tell at least three of my friends that I support promoting respect and practice acceptance towards individuals living with mental illness and addictions.
- Reach out to people affected by mental illness and their families that I know and ask how I can help them.
- Get my work / volunteer group involved in this initiative.
- Promote respect in my workplace / school and support customers, neighbours and /or classmates living with mental illnesses.
- Promote equitable funding for mental health services.
- Support a project to improve housing and/or work for people living with mental illness.

Thank you for joining your neighbours in making Parkdale - High Park
Canada's First MENTAL HEALTH STIGMA FREE ZONE

Education and awareness. Misconceptions about mental illness and addictions can be overcome using educational materials, workshops, and events. For example, opportunities for interaction with residents that have mental health or substance use issues can improve attitudes and behaviours about those populations (Let's Discuss Stigma Info Sheet, 2014). Giving those with mental health and addictions issues the chance to speak about their experiences can also help to connect them with their peers and change attitudes. At the same time, it can empower those individuals to become involved in their communities as leaders (i.e. of anti-stigma programs). This also allows vulnerable residents to connect with each other and relate to each other's struggles and experiences, and may bring them back together when they want to enact change in their communities (Let's Discuss Stigma Info Sheet, 2014).

An example of a program geared toward generating understanding of mental illness is Dementia Friends, a national initiative in England that could be adopted on a local level. This program creates 'Dementia Friends' or people who have received educational training on dementia and use their knowledge to act more sympathetically toward those with dementia, and will take action to help them feel included in their communities (Dementia Friends, 2013). A more local example is the Victoria Order of Nurse's (VON) program *Neighbours Helping Neighbours* that builds the capacity of communities, families, and friends to informally support each other through the sharing of time, talents, or interests. VON offers bilingual training materials that may be useful for communities that want to increase informal respite among residents (Dove, Brewster, Cooper, & Clue, 2006).

Training. This includes not only specific skills development, as mentioned earlier, but also a range of training topics geared toward creating community leaders or role models and empowering residents in their interactions with each other. An example of this is leadership training. Neighbourhood leadership training programs are an effective means of engaging residents and increasing their skills to take on initiatives in their communities (Stronger Neighbourhoods, 2014). Ottawa's Safe People program has a leadership program for its residents and there is also a Neighbourhood Leadership Program (NLP) out of Long Beach, California. The NLP program aims to develop residents' communication and public speaking skills, connect residents with decision-makers in their community, help residents identify resources and partnerships, and teach residents how to apply for grants as well as how to plan and complete community projects (The Neighbourhood Leadership Project, 2011). The City for All Women Initiative (CAWI) in Ottawa also provides resident facilitator training, support networks, and ongoing action forums to strengthen the capacity of women (especially those from vulnerable groups) to create change in their communities (Facilitation For Change, 2014).

Encourage interaction among residents. Bringing neighbourhood residents together and encouraging inclusion and interaction through sense of community projects, neighbourhood events, and empowerment projects can strengthen social capital. Examples that have been used by Safe People, United Neighbours, as well as other community groups include: arts projects and programs for youth, BBQs, holiday celebrations, craft groups, collective kitchens, cultural events, social clubs for people with mental health issues, fitness activities aimed at seniors and led by younger community members, community-led festivals, and peer support for youth with mental illness. In particular, Ottawa Salus in partnership with Artswell has worked to engage and empower vulnerable residents using the arts as part of their recovery through their Footprints program (Footprints newsletter, March 2013). These activities can also promote positive use of public space, which can deter unwanted activity in the neighbourhood while increasing social ties amongst residents.

Encouraging interactions can also mean connecting residents with others who can help to support them in times of need. Examples can include peer support and ways in which to alleviate isolation among the elderly and those in poor health (i.e. ride programs for grocery trips and doctor's appointments, snow shoveling, companionship). Another example is creating "community helpers" or individuals that youth could turn to when they need support for mental health issues. This was implemented in West-Carleton. The Community Helpers Program (Ontario) was developed in response to suicide deaths of four youth over a two-year period. Individuals that could support youth were identified and trained, in partnership with local service providers, businesses, police, schools, families, and the media (Canadian Institute for Health Information, 2009).

Neighbourhoods should also look specifically at ways to alleviate social isolation and address the needs of residents living with mental health issues such as schizophrenia. The traditional approach to mental illness involving medication does not address the issue of social isolation that can make residents with mental health issues more vulnerable to crisis and drug dealers in the neighbourhood. Many residents living with illnesses such as schizophrenia will suffer social symptoms that their medications do not address such as the inability to hold employment, difficulties associated with independent living, maintaining personal bonds with others, and social skills (Kurtz, 2013). This is often due to deficits in attention, memory, planning, social skills, and social awareness (i.e. understanding why a friend is upset when you are thirty minutes late for dinner) (*ibid*).

Finding ways to help residents develop cognitive skills will be beneficial in reducing their social isolation and vulnerability, and help to engage them within the community. Psychologists use therapies such as cognitive remediation and social cognitive training programs to this end and it has been found that these techniques have helped to rehabilitate those with schizophrenia more than drug treatment but they are not widely practiced (Kurtz, 2013). Causeway is an example of an Ottawa organization that empowers people with mental health issues, disabilities, and other challenges through employment while also working to normalize them and break down stigmas around their ability to be productive members of society (Causeway Work Centre, 2014). Psychiatric Survivors of Ottawa is another example of an avenue of support for those living with mental illness. It is an alternative to traditional mental health programs that creates a community among those with mental health issues for non-judgmental gathering and support, and skills development (Psychiatric Survivors of Ottawa, 2014).

Conclusion

Although there is little information describing neighbourhood approaches to mental health and addictions specifically, research on neighbourhoods shows that community capacity building, community engagement, and social capital are important factors in creating neighbourhood supports for those with mental health and addictions issues.

When community engagement is increased and social capital is strengthened, communities can be empowered with the skills to support those with mental health and addictions issues, reduce the negative impact of drug use on neighbourhoods and residents, and potentially aid in reducing harmful activities within the community (IE. drug markets, home takeovers). Strategies that incorporate a range of approaches and partnerships with support agencies and other stakeholders are necessary for effective engagement. Periodic evaluation by both stakeholders and community groups is advisable to ensure that the approaches being taken are truly representative of the community, inclusive, and effective.

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