elements
CALGARY MENTAL HEALTH CENTRE

PROGRAMS

Eligibility - Must be 18 years of age or older and have a diagnosed mental illness as primary presenting condition.

Art Program
In this fine arts program, you'll find a safe and nurturing environment with a focus on your personal development. Class times vary depending on the class you choose.

Best of Me
Best of Me teaches healthy living options fundamental to a healthier lifestyle, an improved quality of life, and maintaining mental health in the community.

Connections
Connections is long-term, multi-activity program with three focus are: connecting with self, building social networks, and increasing wellbeing… all while having fun.

Creative Arts
In our Creative Arts program, you'll have fun with your peers while nurturing your creativity. The focus is on arts, crafts and handiworks, which you can turn into a positive pastime and enjoyable hobby.

Decluttering
Are you finding yourself overwhelmed by too much stuff in your home? If so, Decluttering is the program for you! We start with an education component to help you understand how clutter affects your health, safety, and self-esteem.

Initiatives
Initiatives is a comprehensive self-development course that promotes interpersonal growth and self-confidence. The program combines counselling and education with lots of opportunities for you to practice and apply what you learn.

Support Groups
Mental Health Support Group
A group in a supportive atmosphere where you can connect with peers and explore issues that affect your mental health. In addition to peer support, participants learn skills for healthy relationships, effective problem-solving, self-confidence and improving self esteem.

Reach for Recovery
A group that offers a safe setting to discuss substance use concerns, explore issues and strategies to prevent relapse, and help you keep on track to be sober and drug-free.

Support & Recreation Services
The Support & Recreation Services (SRS) is an ongoing program where you determine your level of involvement, from accessing support and counselling, to an array of social and recreational activities.

Support Services
Our mental health team will help you manage distress, build coping strategies for healthy community living, and reduce the need for hospitalization. We offer group sessions and psychoeducational programs, such as:
- *Mindfulness Group*
- *Relaxation Group*
- *Rewired Program* - a CBT informed program

Recreation Services
Recreation Services provides many ways for you to have fun and de-stress in a welcoming, safe, supportive environment that's informal and flexible. Check out this month's calendar for details on the recreational activities and how to sign up.

Support & Recreation Services is open daily from 10:00 a.m. – 6:00 p.m.

Volunteer Program
If you have a genuine interest in working with people who have a mental illness, we need you! A variety of volunteer opportunities are available for the Centre's clients, as well as members of the community. All our volunteers receive training, ongoing support and recognition.

![elements CALGARY MENTAL HEALTH CENTRE]

PROGRAM REFERRAL FORM
400-1035 7 Ave SW, Calgary, AB T2P 3E9
Phone: 403.266.8711   Fax: 403.266.2478

Referral Date: _____

Eligibility

- *Must be 18 years of age or older and have a diagnosed mental illness as primary presenting condition.*

- *Please indicate top 3 program choices and rank in order of preference 1st, 2nd, 3rd.*
- *Referrals accepted by fax, mail and in person only; no email referrals.*
- *You will be contacted when a space becomes available.*

Support & Recreation Services

_____ **Mental Health Support and Recreation**

_____ **Mindfulness**

_____ **Reach for Recovery**

  (Addictions support group)

_____ **Relaxation Group**

_____ **Rewired** *(CBT informed program)*

_____ **Volunteer Program**

Education Services

_____ **Art Program**

_____ **Best of Me**

_____ **Connections**   _____ **AM** _____ **PM**

_____ **Creative Arts**

_____ **Decluttering**

_____ **Initiatives**

_____ **Mental Health Support Group**

Name: _____
First   Surname   Middle

Address:_____

City: _____ Postal Code: _____ Contact #: _____ *(cell / home)*

Leave a voicemail: ___ Yes ___ No

Alberta Health Care #: _____ _____ _____ _____ _____ - _____ _____ _____ _____

Birthdate: _____ Gender: _____
(YYYY/MM/DD)

Income: _____AISH   _____Old Age/CPP   _____No Funds

              _____Alberta Works   _____Own Funds   _____Other

Are you receiving PDD funded services? ___ Yes ___ No
- *If yes, you are not eligible for service at Elements Calgary Mental Health Centre*

Do you have a Guardian? ___ Yes ___ No

  Guardian Name: _____ Contact #: _____

Emergency Contact: _____ Relationship: _____

Phone: _____ Address: _____

Referral Source: _____

Referring Worker: _____

Reason for Referral:

_____

_____

MENTAL HEALTH DIAGNOSIS:

___ Depression   ___ Personality Disorder   ___ Obsessive Compulsive Disorder

___ Anxiety   ___ Bipolar Disorder   ___ Substance Related Disorder

___ Schizophrenia   ___ Other (specify)_____

MENTAL HEALTH/MEDICAL:

Physician: _____ Clinic: _____ Phone: _____

Current Psychiatrist:_____ Hospital: _____ Phone: _____

Past Psychiatrist: _____ Hospital: _____ Phone: _____

Current Case Manager:_____ Agency: _____ Phone: _____

Mental Health Treatment Summary (past hospital admissions, mental health follow-up, counselling).
List most recent treatment first.

DATE	LOCATION	PSYCHIATRIST/WORKER	REASON

MENTAL HEALTH FOLLOW UP:

___ Hospital   ___ Psychiatrist   ___ MH Clinics

___ Community Agency   ___ Physician   ___ No follow-up

___ Unknown   ___ Other (specify) _____

MEDICATIONS: ## DOSAGE:

_____   _____

_____   _____

_____   _____

_____   _____

Other medical conditions (Epilepsy, Diabetes, heart, allergies, etc.)

_____

_____

Community Service Involvement (day hospital, special housing, alcohol/drug treatment, justice system, counselling, other)

PROGRAM NAME	CURRENT	PAST	CONTACT PERSON

IDENTIFIED NEEDS:
Please check the area(s) in which the applicant requires support/services:

Primary (choose one)
___ **Mental Health**
___ **Addictions**

Additional

___ Abuse	___ Interpersonal	___ Skill Dev./Educational
___ Addictions	___ Learning	___ Volunteer work
___ Behavioural	___ Legal	___ Other
___ Financial	___ Leisure Activity	_____
___ Healthy Lifestyle	___ Medical/Health	
___ Housing	___ Mental Health	

Comments on identified needs:

_____

_____

_____

Applicant Signature: _____

Referring Worker:

This will confirm that I have a Release of Information to provide information to Elements Calgary Mental Health Centre.

Signed _____   Date _____

08-31(AGY003)