

Building Equitable Newcomer Crisis Help



BENCH Program

How Calgary Residents Navigate Crisis Support: Insights from a Public Needs Assessment

EXECUTIVE SUMMARY

This report presents findings from a public needs assessment examining Calgary residents' knowledge, attitudes, and practices (KAP) related to crisis and emergency services. The study aimed to understand how residents navigate crisis support systems, including their awareness of available services, perceptions of effectiveness and accessibility, and help-seeking behaviours during past and potential future crises. The ultimate goal is to inform the design and delivery of culturally responsive and accessible crisis supports that meet the needs of diverse communities.

Using a quantitative survey grounded in the Knowledge, Attitudes, and Practices framework, data were collected through an online questionnaire distributed across Calgary in collaboration with community partners, including immigrant-serving organizations, post-secondary institutions, and local agencies. A total of 128 respondents participated in the survey.

Findings indicate that while many residents demonstrate general awareness of crisis supports and identify multiple pathways for seeking help, uncertainty remains a recurring theme across knowledge and navigation measures. Respondents reported moderate confidence in knowing where to seek help and identified online resources, healthcare providers, and personal networks as key information sources. Awareness of specific crisis services varied, suggesting opportunities to strengthen visibility and clarity around available supports.

Attitudes toward crisis services reflected moderate levels of perceived effectiveness and trust, with many respondents expressing conditional confidence rather than strong certainty. Perceptions of cultural responsiveness

EXECUTIVE SUMMARY

and accessibility were similarly mixed, highlighting the importance of strengthening culturally responsive approaches and improving perceptions of service availability, particularly during evenings and weekends. Reported barriers included stigma, uncertainty about where to seek help, emotional readiness, and concerns about being understood or supported.

Help-seeking practices revealed a strong reliance on informal networks such as family and friends, alongside healthcare and emergency pathways. Specialized crisis services were used less frequently during past crises, although future preferences indicate openness to multiple support modalities, including counselling, crisis lines, and in-person services. Residents expressed interest in flexible, multi-channel pathways that integrate formal services with trusted community supports.

Cross-tabulation analyses also show that while awareness and attitudes toward crisis services are generally similar across groups, some differences exist in experiences and perceptions

Overall, findings suggest that strengthening navigation supports, improving communication about crisis service roles and responsiveness, and enhancing culturally responsive and accessible service delivery may improve engagement with crisis supports. These insights provide evidence to guide service planning, policy development, and community-based strategies aimed at improving equitable access to crisis support systems in Calgary.

TABLE OF CONTENTS

Introduction	5
Survey Methodology	7
Results	10
Public Survey Findings: Demographic Profile	11
Findings Overview and Analytical Framework	19
Cross-Tabulation Analysis and Group Comparisons	50
Synthesis of Findings and Emerging Patterns	69
References	73

INTRODUCTION

Access to timely and appropriate crisis support services is a critical component of community mental health systems. Crisis situations—including overwhelming emotional distress, acute psychological episodes, experiences of violence, or perceived threats to safety—require rapid, responsive, and culturally sensitive intervention to prevent escalation and reduce harm (World Health Organization [WHO], 2021). However, research consistently demonstrates that awareness of services does not necessarily translate into utilization, and significant gaps remain between need and help-seeking behaviour (Corrigan et al., 2014; Rickwood et al., 2007).

Help-seeking during crisis situations is influenced by a combination of knowledge, attitudes, social norms, cultural beliefs, perceived stigma, and structural barriers (Clement et al., 2015; Rickwood et al., 2005; Thornicroft et al., 2017). Individuals may delay or avoid accessing services due to uncertainty about where to seek help, concerns about being judged, distrust in institutions, or perceptions that services will not be effective (Corrigan et al., 2014).

Understanding how communities perceive and navigate crisis supports is therefore essential for designing equitable and culturally responsive service systems. In diverse urban settings such as Calgary, crisis response must account not only for service availability but also for community awareness, trust, accessibility, and alignment with cultural expectations.

INTRODUCTION

This study is grounded in the Knowledge, Attitudes, and Practices (KAP) framework, a widely used public health model for assessing how knowledge and beliefs influence behaviour (Launiala, 2009). The KAP approach posits that individuals' actions are shaped by what they know, how they perceive an issue, and the behavioural patterns they adopt in response. By examining crisis service engagement through this lens, the study aims to identify gaps between awareness, perception, and actual help-seeking behaviour, generating evidence to inform culturally responsive and community-informed crisis service planning.

Study Objectives

The primary objective of this study was to examine how Calgary residents understand, perceive, and engage with crisis and emergency support services. Using a Knowledge, Attitudes, and Practices (KAP) framework, the study sought to generate evidence-informed insights that can support the design and improvement of culturally responsive, accessible, and equitable crisis services.

Specifically, the study aimed to:

- **Assess residents' knowledge of available crisis and emergency services, including awareness of supports and confidence in navigating help-seeking pathways.**
- **Examine attitudes toward crisis services, including perceptions of effectiveness, trust, cultural responsiveness, and accessibility.**
- **Explore past help-seeking behaviours and preferred pathways for accessing support during crisis situations.**
- **Identify perceived barriers that may prevent individuals from accessing crisis services.**

SURVEY METHODOLOGY



Research Design

This study employed a quantitative survey design grounded in the Knowledge, Attitudes, and Practices (KAP) framework. The KAP model was used to systematically examine what Calgary residents know about crisis and emergency services, how they perceive these services, and how they have engaged — or would engage — with available supports during times of crisis. The framework enabled a structured assessment across three domains: knowledge of crisis resources, attitudes toward service accessibility and relevance, and help-seeking practices.

The overall goal of the research design was to generate actionable insights that support the development and improvement of culturally responsive crisis services for Calgary’s diverse population.

SURVEY METHODOLOGY



Participants & Recruitment

The target population included individuals currently residing in Calgary. Participation was open to all residents regardless of immigration status, ethnicity, or other demographic characteristics to ensure broad inclusivity and representation of diverse community perspectives.

Participants were recruited through multiple channels in collaboration with community partners, including immigrant-serving organizations, post-secondary institutions, and local agencies. The survey was distributed through organizational networks, social media platforms (including LinkedIn), and partner organizations within the BENCH network to maximize reach across different community groups.

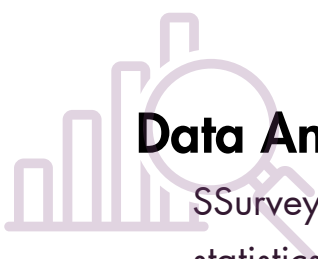
SURVEY METHODOLOGY



Data Collection

Data were collected through an online survey developed and administered using Qualtrics. The questionnaire consisted primarily of closed-ended questions organized according to the KAP framework:

- **Knowledge:** Awareness of available crisis services, sources of information, and perceived availability of supports.
- **Attitudes:** Beliefs and perceptions regarding trust, usefulness, accessibility, and cultural relevance of crisis services, including reasons for not contacting crisis supports during emergencies.
- **Practices:** Past experiences with crisis services, help-seeking behaviors, and preferred methods for accessing support.



Data Analysis

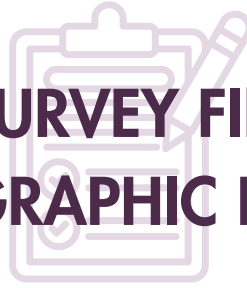
Survey data were analyzed using SPSS software. Descriptive statistics (frequencies, percentages, and means) were used to summarize demographic characteristics and overall response patterns across Knowledge, Attitudes, and Practices domains. Results were organized by research question to support clear interpretation.

RESULTS

PUBLIC SURVEY FINDINGS: DEMOGRAPHIC PROFILE

FINDINGS OVERVIEW AND ANALYTICAL FRAMEWORK

PUBLIC SURVEY FINDINGS: DEMOGRAPHIC PROFILE



Overview of Respondent Characteristics

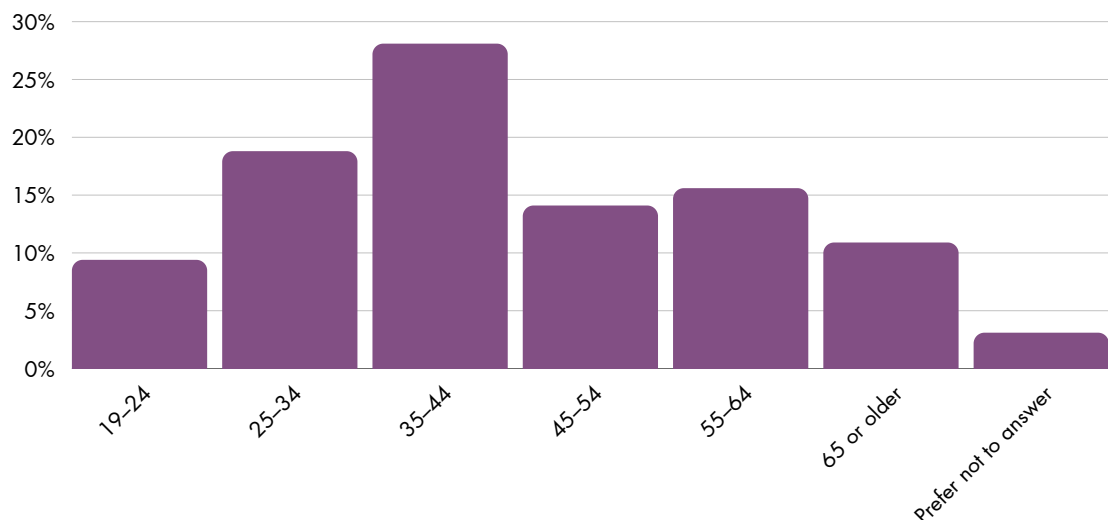
A total of 128 respondents participated in the public survey. Demographic information was collected to contextualize findings and to support analysis of potential differences in knowledge, attitudes, and practices related to crisis and emergency services.



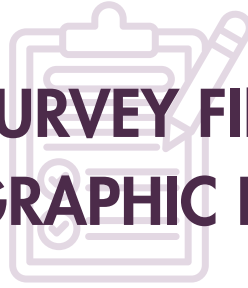
Age Distribution

Respondents represented a broad age range. The largest proportion of participants were aged 35–44 years (n = 36, 28.1%), followed by those aged 25–34 years (n = 24, 18.8%) and 55–64 years (n = 20, 15.6%). Smaller proportions were aged 45–54 years (n = 18, 14.1%), 65 years or older (n = 14, 10.9%), and 19–24 years (n = 12, 9.4%).

Figure 1. Age Distribution of Respondents



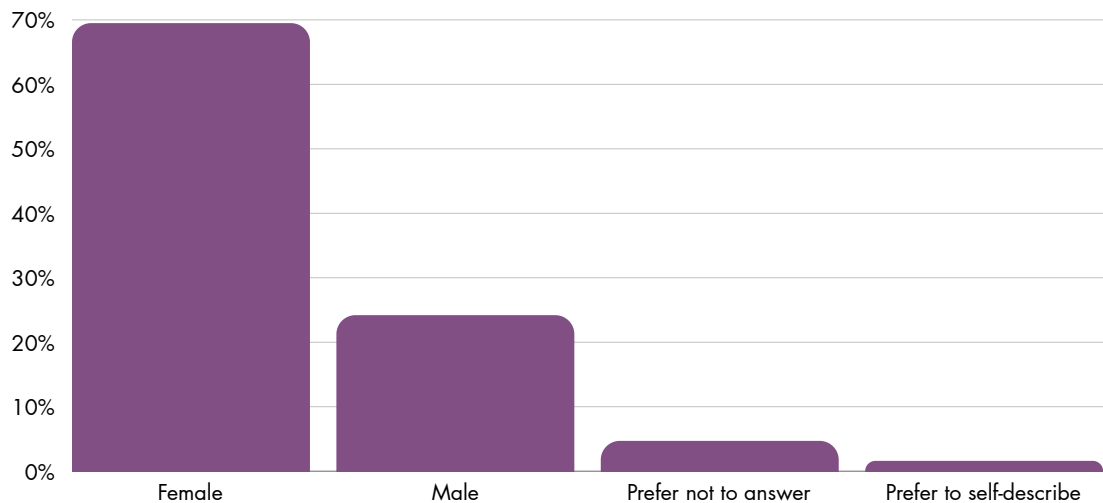
PUBLIC SURVEY FINDINGS: DEMOGRAPHIC PROFILE



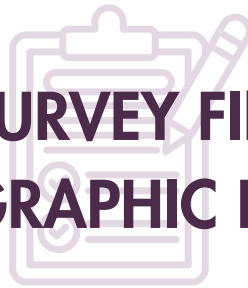
Gender Identity

The majority of respondents identified as female (n = 89, 69.5%), followed by male respondents (n = 31, 24.2%). A small proportion preferred not to answer (n = 6, 4.7%) or selected self-describe (n = 2, 1.6%).

Figure 2. Gender Identity of Respondents



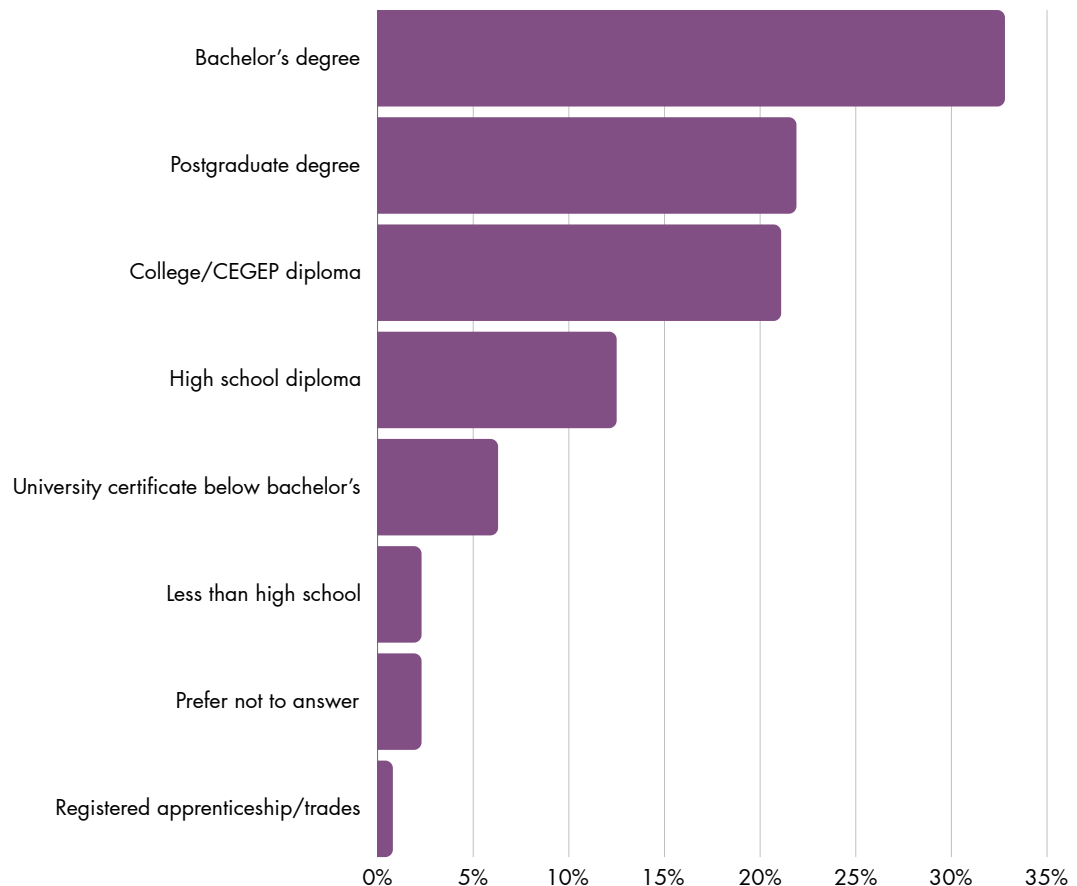
PUBLIC SURVEY FINDINGS: DEMOGRAPHIC PROFILE



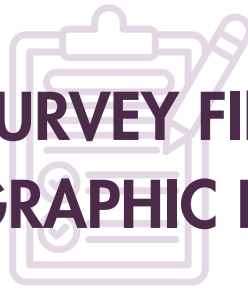
Education Level

Respondents were generally highly educated. The most commonly reported level of education was a bachelor's degree (n = 42, 32.8%). Approximately one-fifth reported postgraduate education (n = 28, 21.9%) or college/CEGEP diplomas (n = 27, 21.1%). Smaller proportions reported high school completion (n = 16, 12.5%) or other education levels.

Figure 3. Highest Level of Education Completed



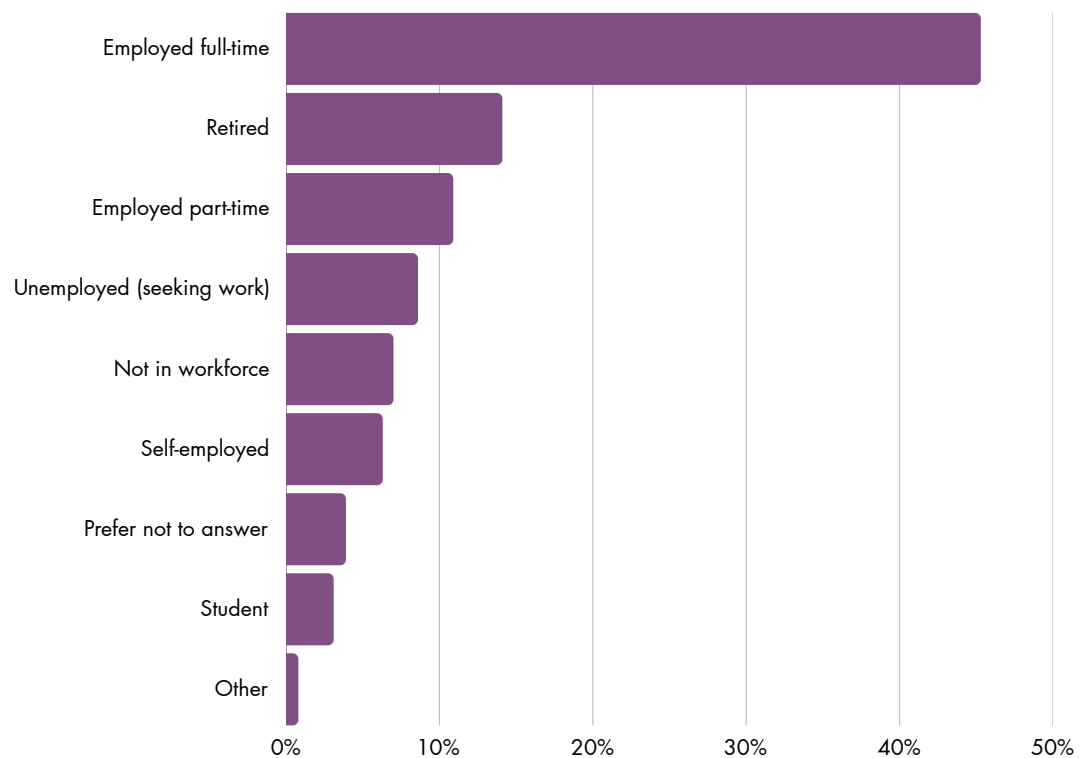
PUBLIC SURVEY FINDINGS: DEMOGRAPHIC PROFILE



Employment Status

Nearly half of respondents reported being employed full-time (n = 58, 45.3%). Additional respondents reported being retired (n = 18, 14.1%), employed part-time (n = 14, 10.9%), or unemployed and actively seeking work (n = 11, 8.6%). Smaller proportions identified as self-employed (n = 8, 6.3%), students (n = 4, 3.1%), or not currently in the workforce (n = 9, 7.0%).

Figure 4. Current Employment Status



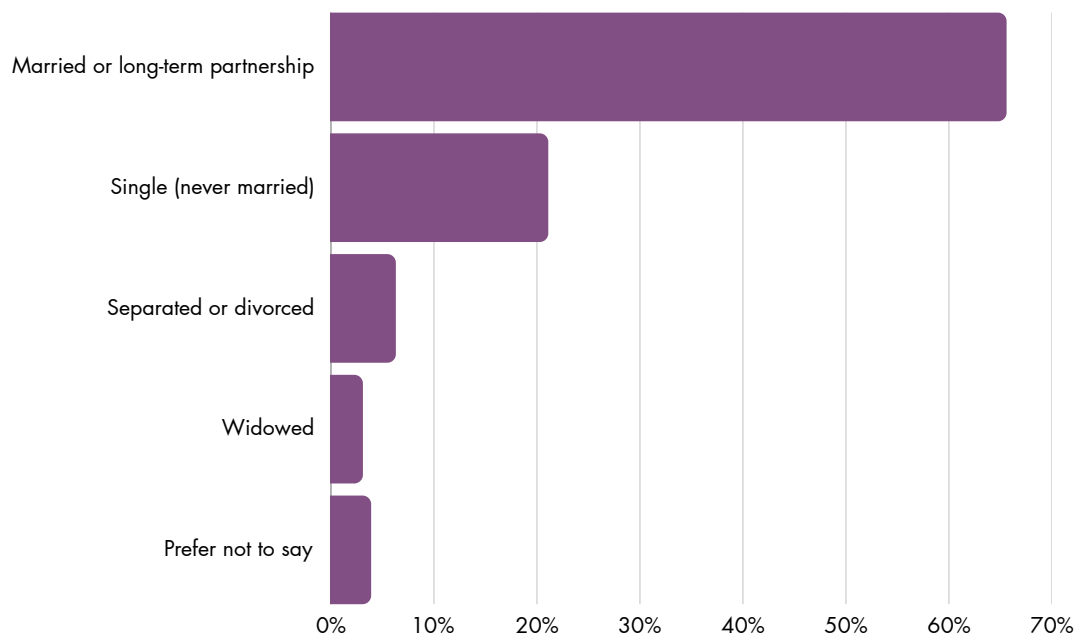
PUBLIC SURVEY FINDINGS: DEMOGRAPHIC PROFILE



Marital or Relationship Status

The majority of respondents reported being married or in a long-term partnership (n = 84, 65.6%). Approximately one-fifth identified as single (n = 27, 21.1%), while smaller proportions reported being separated/divorced (n = 8, 6.3%), widowed (n = 4, 3.1%), or preferred not to answer (n = 5, 3.9%).

Figure 5. Marital or Relationship Status



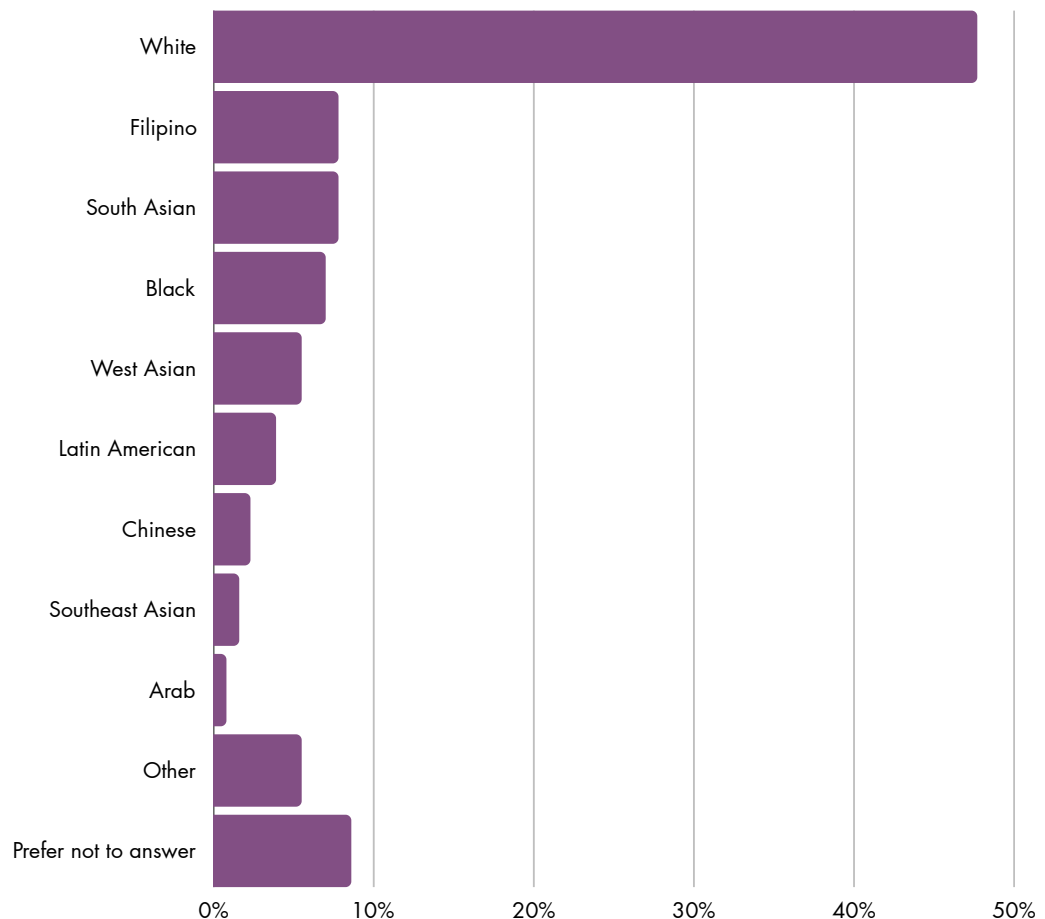
PUBLIC SURVEY FINDINGS: DEMOGRAPHIC PROFILE



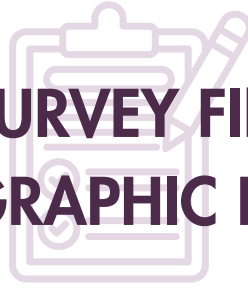
Ethnic Identity

The largest proportion of respondents identified as White (n = 61, 47.7%). Other reported identities included Filipino (n = 10, 7.8%), South Asian (n = 10, 7.8%), Black (n = 9, 7.0%), West Asian (n = 7, 5.5%), and Latin American (n = 5, 3.9%). Additional identities were reported in smaller numbers.

Figure 6. Ethnic Identity of Respondents



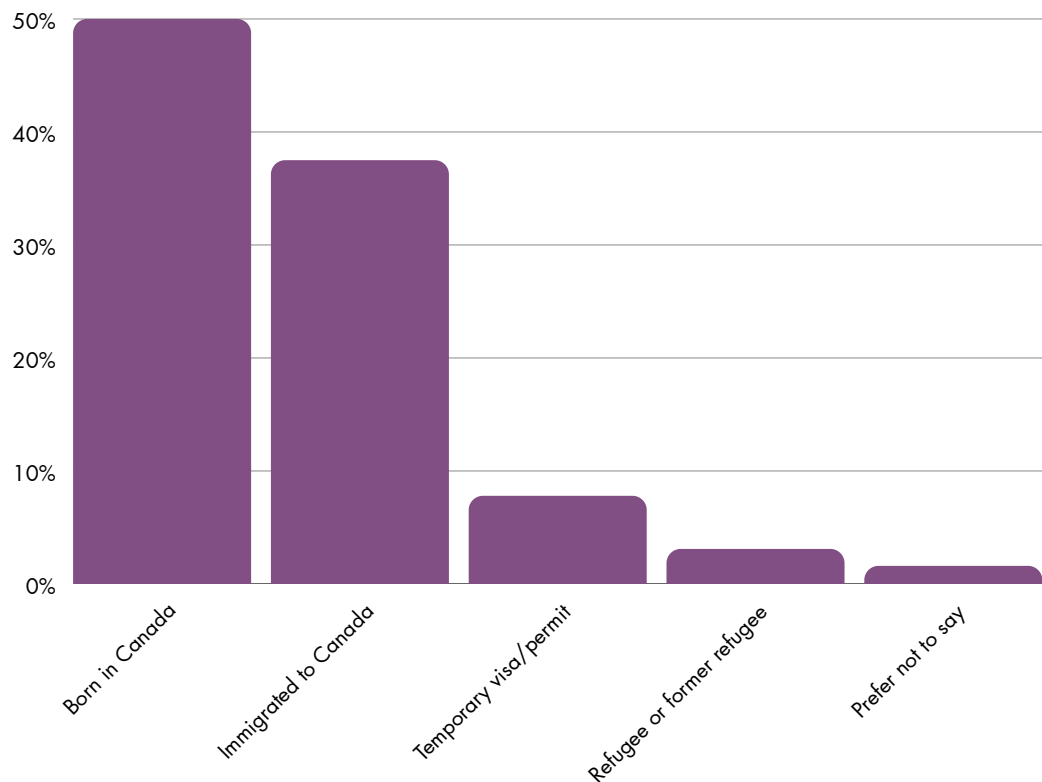
PUBLIC SURVEY FINDINGS: DEMOGRAPHIC PROFILE



Status in Canada

Half of respondents reported being born in Canada (n = 64, 50.0%). Approximately one-third indicated that they immigrated to Canada (n = 43, 33.6%), while smaller proportions reported being on temporary permits (n = 10, 7.8%) or having refugee backgrounds (n = 4, 3.1%).

Figure 7. Status in Canada



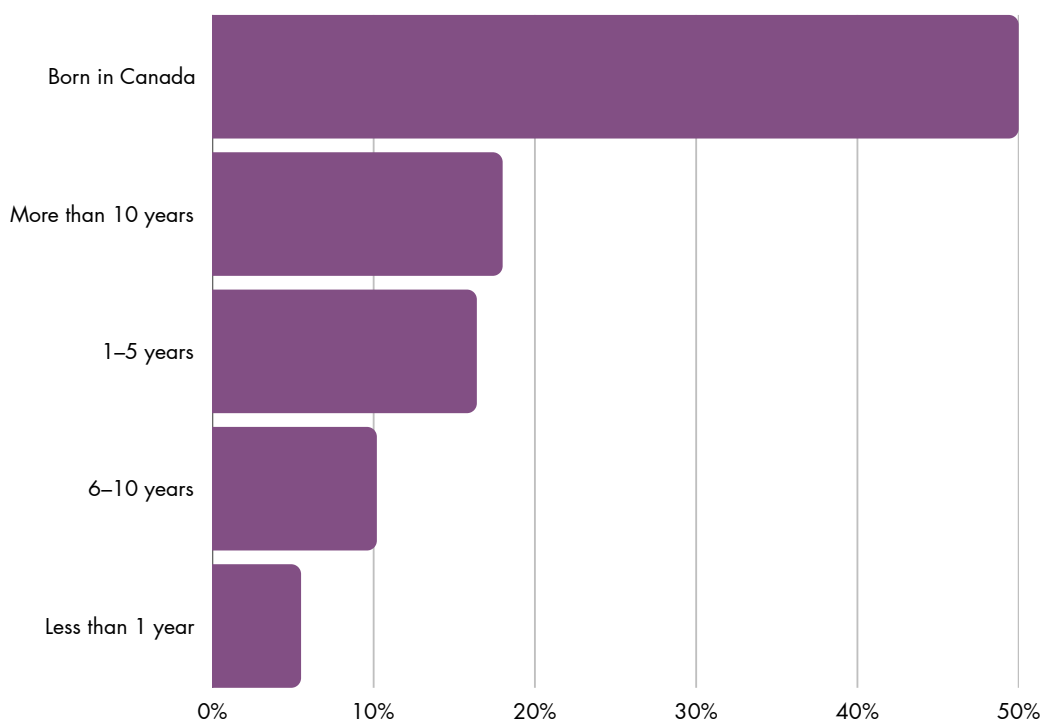
PUBLIC SURVEY FINDINGS: DEMOGRAPHIC PROFILE



Length of Time in Canada

Half of respondents reported being born in Canada (n = 64, 50.0%). Among those who immigrated, the largest proportion had lived in Canada for more than 10 years (n = 23, 18.0%), followed by 1–5 years (n = 21, 16.4%) and 6–10 years (n = 13, 10.2%). A smaller proportion reported living in Canada for less than one year (n = 7, 5.5%).

Figure 8. Length of Time in Canada





FINDINGS OVERVIEW AND ANALYTICAL FRAMEWORK

Following the demographic overview, the next section presents findings organized according to the Knowledge, Attitudes, and Practices (KAP) framework that guided the study. Understanding the demographic characteristics of respondents provides important context for interpreting how individuals navigate crisis and emergency supports, including variations in awareness, perceptions, and help-seeking behaviours across different groups.

The analysis is structured around key research questions examining residents' knowledge of available services, attitudes toward accessibility and cultural responsiveness, and practices related to past experiences and preferred pathways for seeking support during times of crisis.

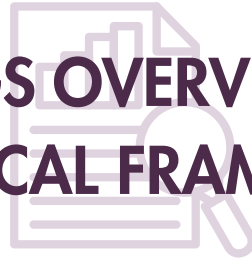


FINDINGS OVERVIEW AND ANALYTICAL FRAMEWORK

Knowledge Domain

The Knowledge domain examines residents' awareness of crisis services, their understanding of available supports, and their confidence in navigating crisis pathways. These findings provide insight into whether individuals know where to seek help and how they access information during times of crisis. Understanding knowledge levels is essential for identifying potential gaps in awareness that may influence help-seeking behaviours and service utilization.

FINDINGS OVERVIEW AND ANALYTICAL FRAMEWORK

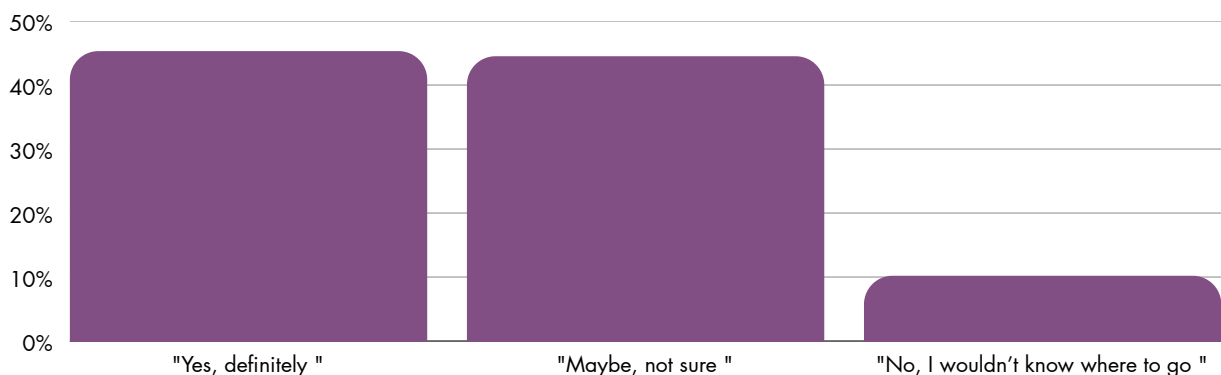


Knowledge Domain

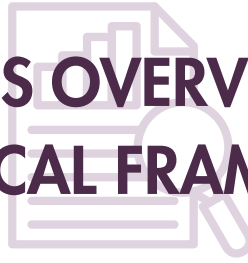
RQ1 — Awareness and Navigation. To what extent do Calgary residents know where to seek help during a crisis and how confident are they in navigating available supports?

Survey responses indicate moderate levels of awareness regarding where to seek help during a crisis (Figure 9). Nearly half of respondents reported that they would definitely know where to go for support if faced with a serious or overwhelming situation (n = 58, 45.3%). A similar proportion indicated uncertainty, selecting “maybe, not sure” (n = 57, 44.5%), while a smaller group reported that they would not know where to seek help (n = 13, 10.2%).

Figure 9. Awareness of Where to Seek Help During a Crisis



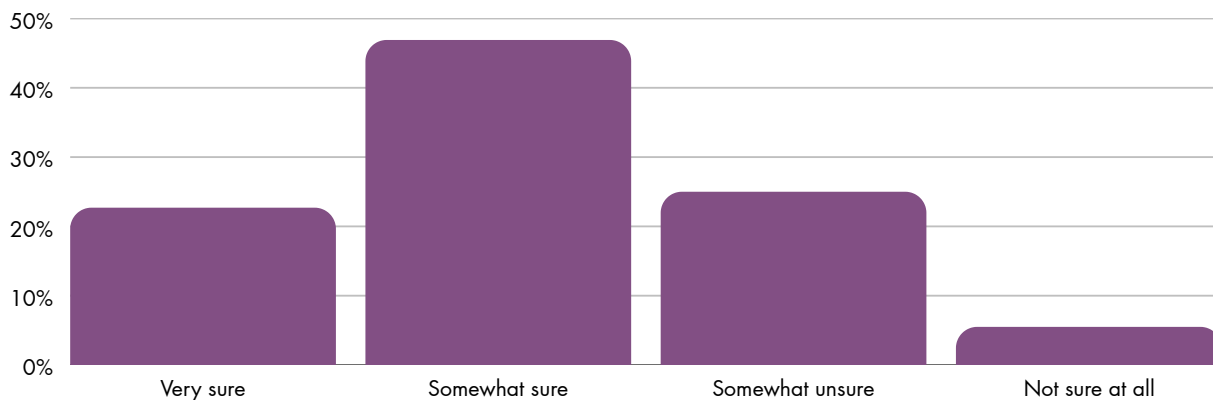
FINDINGS OVERVIEW AND ANALYTICAL FRAMEWORK



Knowledge Domain

Confidence in navigating crisis supports followed a comparable pattern (Figure 10). The largest proportion of participants described themselves as somewhat sure that they would know what to do if crisis support were needed (n = 60, 46.9%). Approximately one-quarter reported being somewhat unsure (n = 32, 25.0%), while fewer respondents reported being very sure (n = 29, 22.7%). A small proportion indicated that they were not sure at all (n = 7, 5.5%).

Figure 10. Confidence in Knowing What to Do During a Crisis



Overall, findings suggest that although many respondents demonstrate baseline awareness of crisis support pathways, a substantial proportion report uncertainty in navigating available services.



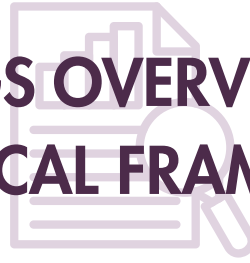
FINDINGS OVERVIEW AND ANALYTICAL FRAMEWORK

Knowledge Domain

RQ2 — Knowledge Sources and Pathways. What sources of information and entry points do residents identify when seeking crisis support?

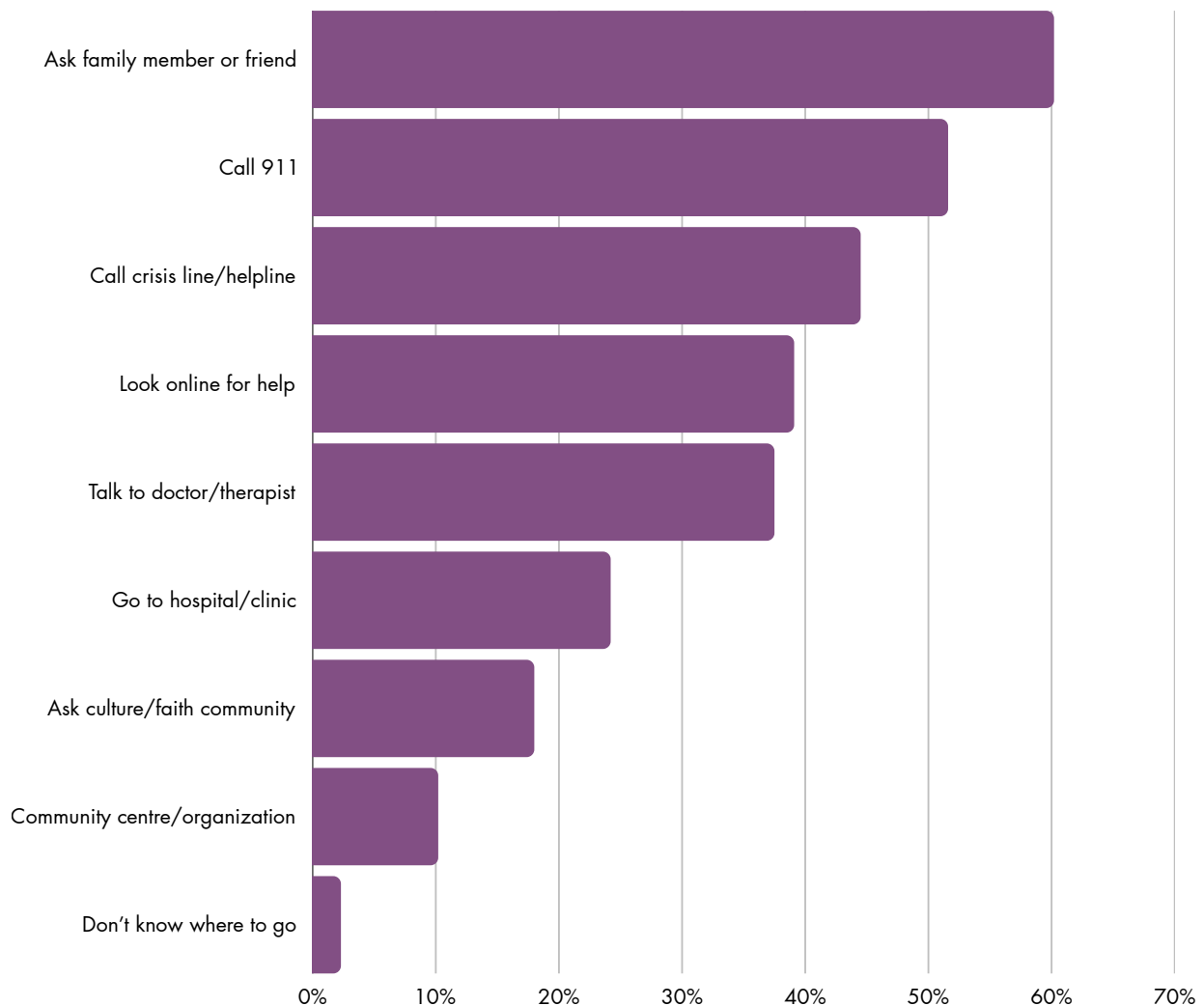
Survey responses indicate that residents identify multiple pathways for accessing crisis support, with both formal services and informal supports playing important roles (Figure 11). The most frequently identified entry point was seeking support from family members or friends (n = 77, 60.2%). Formal emergency pathways were also commonly identified, including calling 911 (n = 66, 51.6%) and contacting a crisis line or helpline (n = 57, 44.5%). Approximately one-third of respondents indicated that they would talk to a family doctor or therapist (n = 48, 37.5%), while fewer participants reported going directly to a hospital or clinic (n = 31, 24.2%). Community-based or culturally specific supports were selected less frequently, including reaching out to someone from a culture or faith community (n = 23, 18.0%) or a community organization (n = 13, 10.2%). A small proportion reported that they would not know where to go (n = 3, 2.3%).

FINDINGS OVERVIEW AND ANALYTICAL FRAMEWORK

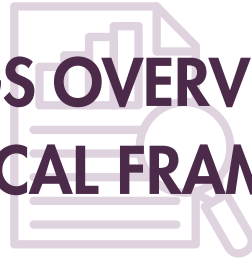


Knowledge Domain

Figure 11. Preferred Entry Points for Crisis Support (Multiple Responses Allowed)



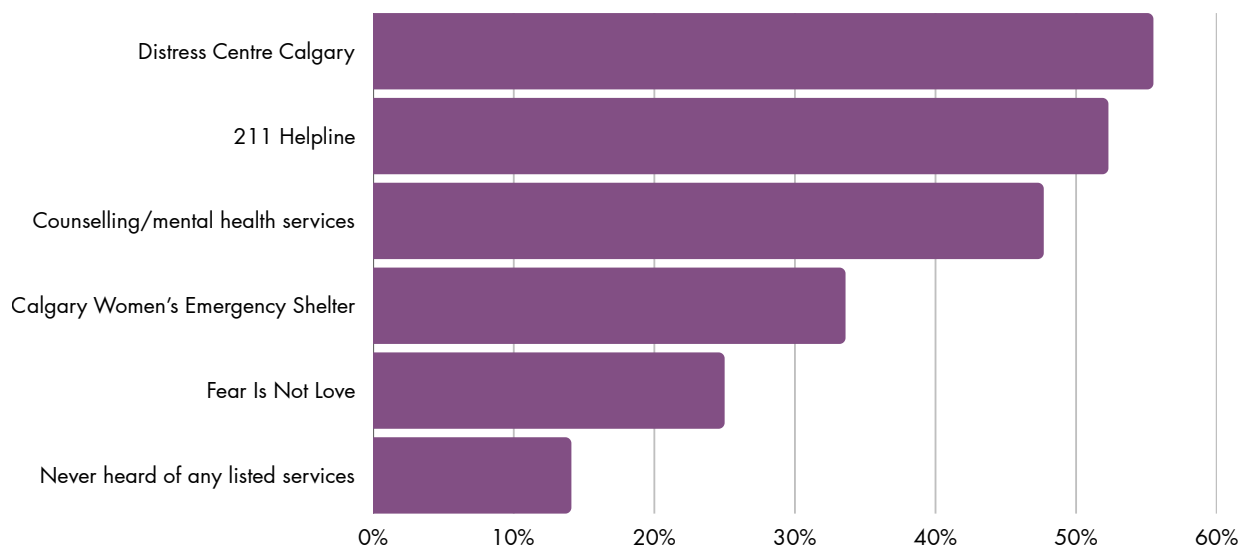
FINDINGS OVERVIEW AND ANALYTICAL FRAMEWORK



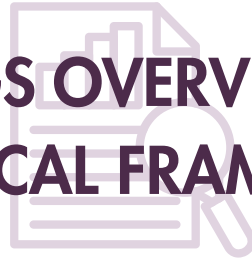
Knowledge Domain

Awareness of specific crisis services varied across organizations (Figure 12). More than half of respondents reported awareness of Distress Centre Calgary (n = 71, 55.5%) and the 211 helpline (n = 67, 52.3%). Approximately half were familiar with counselling or mental health services (n = 61, 47.7%), while fewer participants reported awareness of Calgary Women’s Emergency Shelter (n = 43, 33.6%) or Fear Is Not Love (n = 32, 25.0%). A minority indicated that they had not heard of any listed services (n = 18, 14.1%).

Figure 12. Awareness of Selected Crisis Support Services



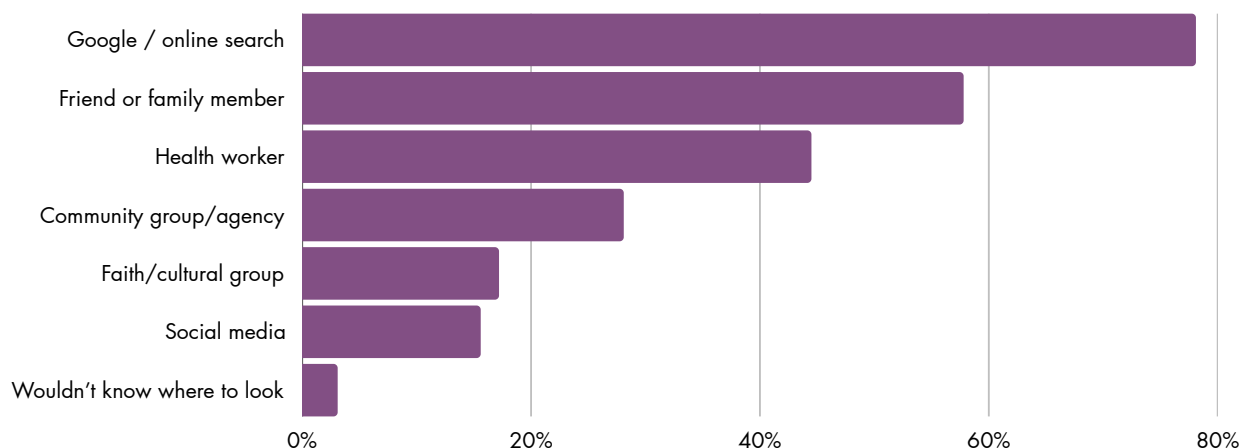
FINDINGS OVERVIEW AND ANALYTICAL FRAMEWORK



Knowledge Domain

When asked where they would look for information during a crisis, respondents most frequently selected online search tools such as Google (n = 100, 78.1%) (Figure 13). Informal networks were also commonly identified, including friends or family (n = 74, 57.8%). Health professionals were selected by nearly half of participants (n = 57, 44.5%), followed by community groups or agencies (n = 36, 28.1%). Fewer respondents indicated that they would rely on social media (n = 20, 15.6%) or faith/cultural groups (n = 22, 17.2%). Only a small proportion reported that they would not know where to look for information (n = 4, 3.1%).

Figure 13. Information Sources for Crisis Support





FINDINGS OVERVIEW AND ANALYTICAL FRAMEWORK

Knowledge Domain

Overall, findings suggest that residents identify a combination of formal crisis systems, informal social networks, and online information sources as key pathways for accessing crisis support.



FINDINGS OVERVIEW AND ANALYTICAL FRAMEWORK

Attitude Domain

The Attitudes domain explores how residents perceive crisis services, including beliefs about effectiveness, trust, cultural responsiveness, and accessibility. These perceptions influence whether individuals feel comfortable seeking help and whether they view services as relevant and supportive during times of crisis. Examining attitudes provides insight into relational and perceptual factors that shape engagement with crisis systems.



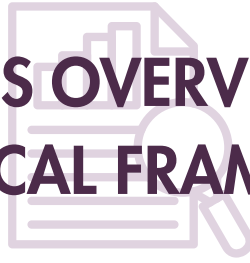
FINDINGS OVERVIEW AND ANALYTICAL FRAMEWORK

Attitude Domain

RQ3 — Perceived Effectiveness and Trust. How do residents perceive the usefulness and trustworthiness of crisis services, and how comfortable do they feel contacting a crisis line?

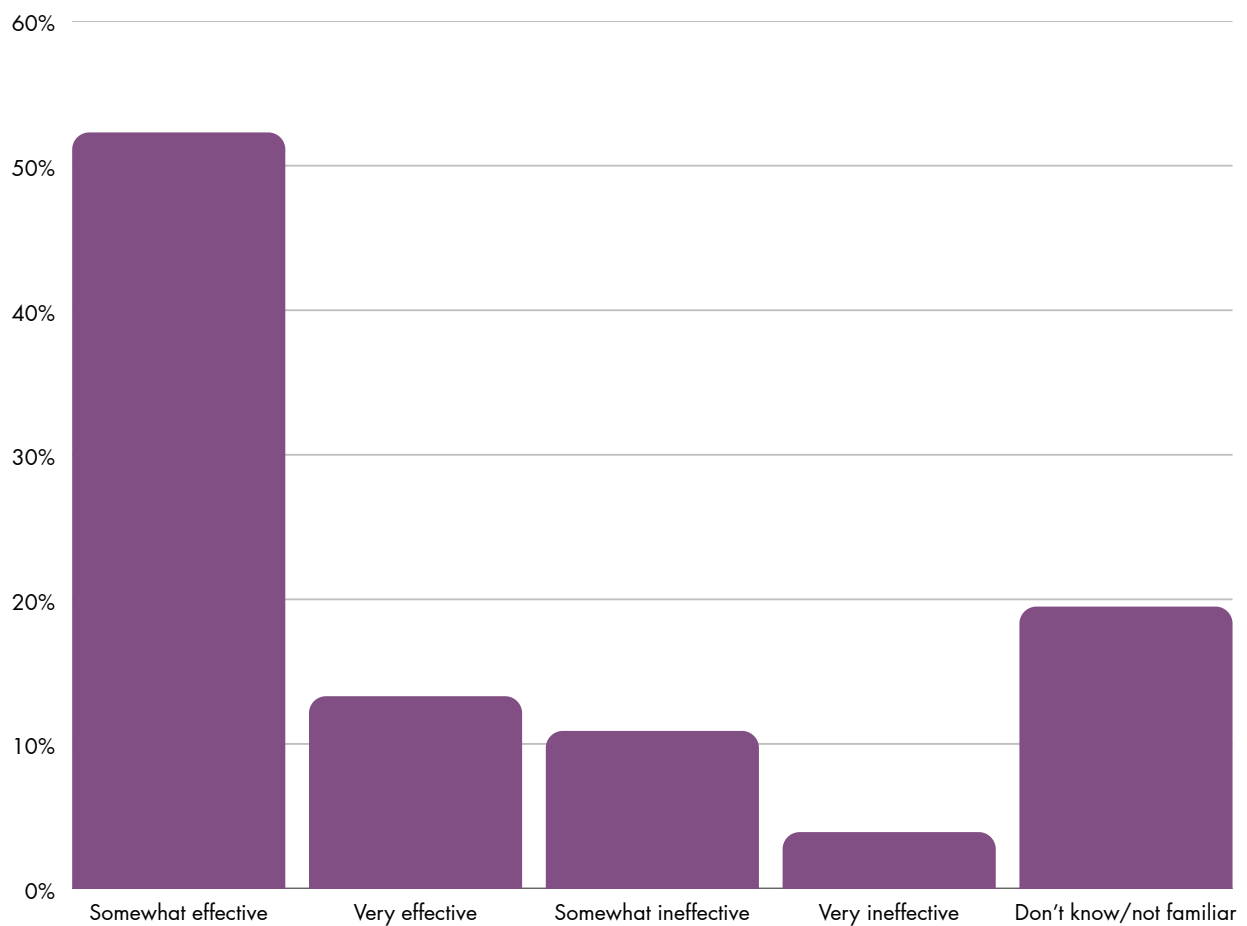
Survey responses indicate generally moderate perceptions of crisis service effectiveness and trust, with a notable proportion of respondents expressing uncertainty (Figure 14). Over half of participants described crisis services as somewhat effective in helping people during difficult situations ($n = 67, 52.3\%$). Smaller proportions perceived services as very effective ($n = 17, 13.3\%$) or somewhat ineffective ($n = 14, 10.9\%$), while fewer respondents reported that services were very ineffective ($n = 5, 3.9\%$). Nealy one-fifth indicated that they were not familiar enough with crisis services to assess effectiveness ($n = 25, 19.5\%$).

FINDINGS OVERVIEW AND ANALYTICAL FRAMEWORK

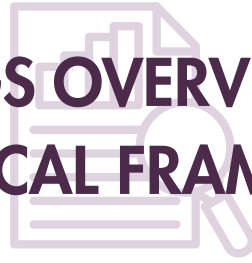


Attitude Domain

Figure 14. Perceived Effectiveness of Crisis Support Services



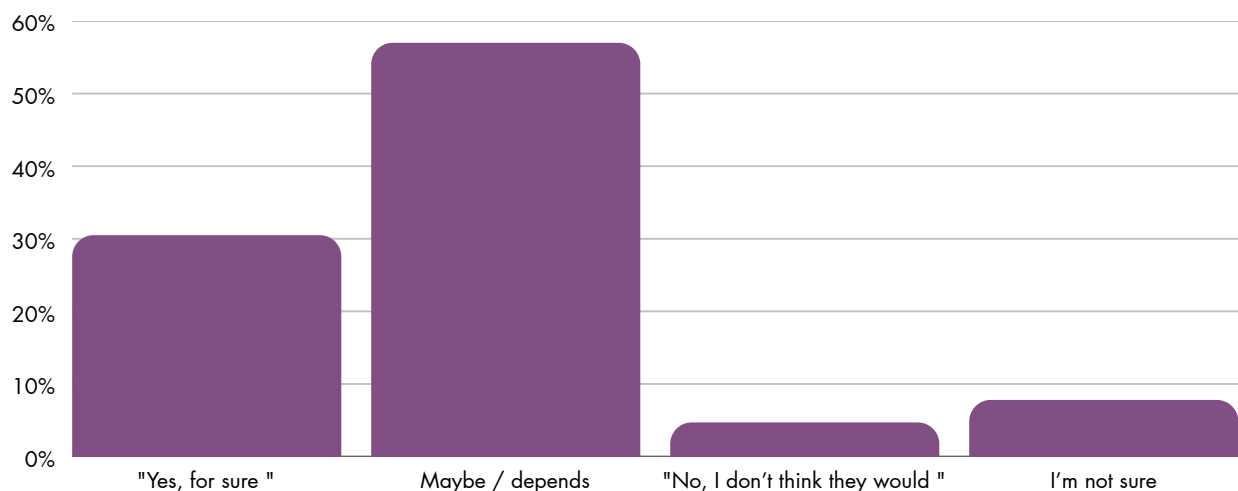
FINDINGS OVERVIEW AND ANALYTICAL FRAMEWORK



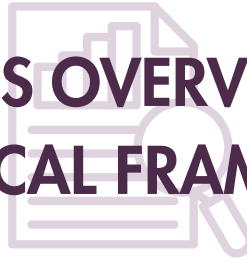
Attitude Domain

Perceptions of whether crisis services would take individuals seriously reflected similar patterns (Figure 15). The majority of respondents selected “maybe” or indicated that it depends on the situation (n = 73, 57.0%), while approximately one-third expressed strong confidence that services would take their situation seriously (n = 39, 30.5%). Smaller proportions reported uncertainty (n = 10, 7.8%) or believed that services would not take their concerns seriously (n = 6, 4.7%).

Figure 15. Perceived Likelihood That Crisis Services Would Take Situation Seriously



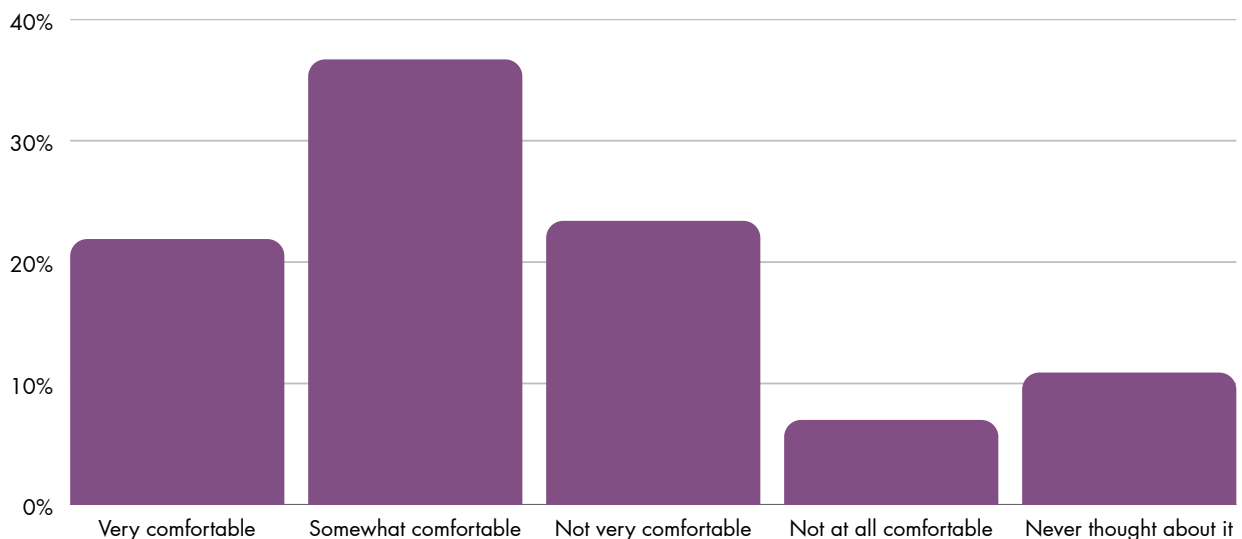
FINDINGS OVERVIEW AND ANALYTICAL FRAMEWORK



Attitude Domain

Comfort with contacting crisis services varied among participants (Figure 16). The largest group reported feeling somewhat comfortable calling or texting a crisis line (n = 47, 36.7%), followed by those who felt very comfortable (n = 28, 21.9%). However, a notable proportion reported lower levels of comfort, including not very comfortable (n = 30, 23.4%) and not at all comfortable (n = 9, 7.0%). Additionally, some respondents indicated that they had never considered contacting a crisis line (n = 14, 10.9%).

Figure 16. Comfort Contacting Crisis Line Services



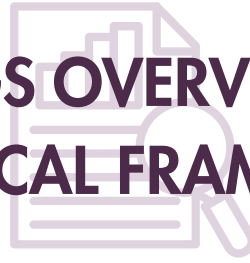


FINDINGS OVERVIEW AND ANALYTICAL FRAMEWORK

Attitude Domain

Overall, findings suggest that while many residents view crisis services as somewhat effective and potentially supportive, perceptions of trust and comfort vary, with uncertainty emerging as a recurring theme across measures.

FINDINGS OVERVIEW AND ANALYTICAL FRAMEWORK

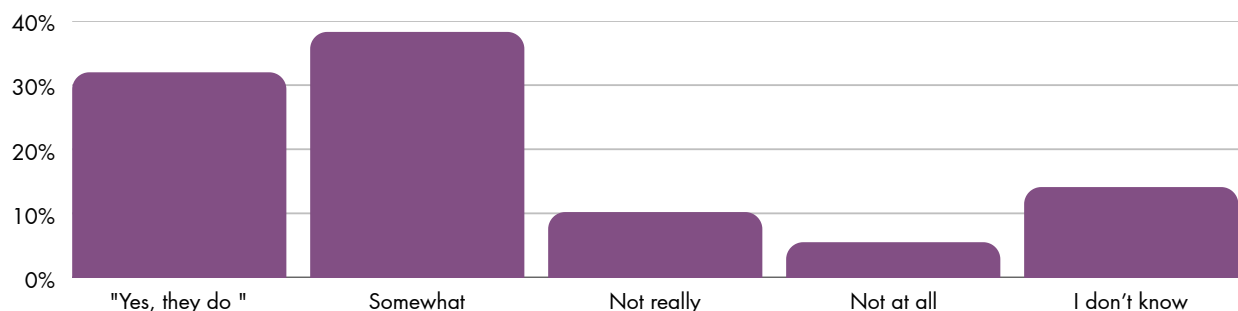


Attitude Domain

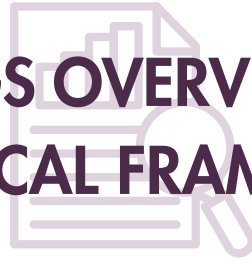
RQ4 — Cultural Safety and Accessibility. How do residents perceive the cultural responsiveness and accessibility of crisis services?

Survey responses indicate mixed perceptions regarding the cultural responsiveness of crisis services (Figure 17). The largest proportion of respondents reported that crisis services somewhat understand people from their culture or community (n = 49, 38.3%), followed by those who indicated that services do understand their culture or community (n = 41, 32.0%). Smaller proportions reported that services do not really understand (n = 13, 10.2%) or do not understand at all (n = 7, 5.5%). A notable proportion indicated uncertainty, selecting “I don’t know” (n = 18, 14.1%).

Figure 17. Perceived Cultural Responsiveness of Crisis Services



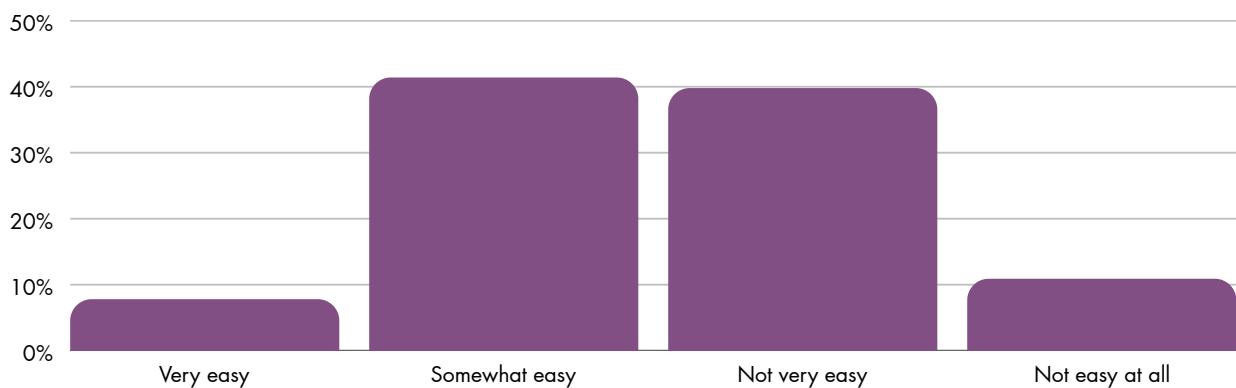
FINDINGS OVERVIEW AND ANALYTICAL FRAMEWORK



Attitude Domain

Perceptions of accessibility, particularly regarding availability during nights or weekends, also varied (Figure 18). The largest proportion of respondents described access to crisis support as somewhat easy ($n = 53, 41.4\%$), while nearly as many reported that accessing help was not very easy ($n = 51, 39.8\%$). Smaller groups reported that access was not easy at all ($n = 14, 10.9\%$) or very easy ($n = 10, 7.8\%$).

Figure 18. Perceived Ease of Accessing Crisis Support (Night/Weekend)



Overall, findings suggest that while many residents perceive crisis services as somewhat culturally responsive and moderately accessible, substantial proportions express uncertainty or perceive barriers related to accessibility and cultural understanding.



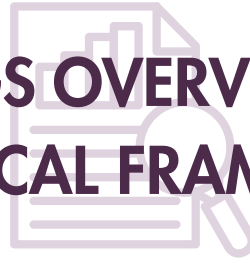
FINDINGS OVERVIEW AND ANALYTICAL FRAMEWORK

Attitude Domain

RQ5 — Perceived Barriers. What perceived barriers may prevent individuals from accessing crisis supports?

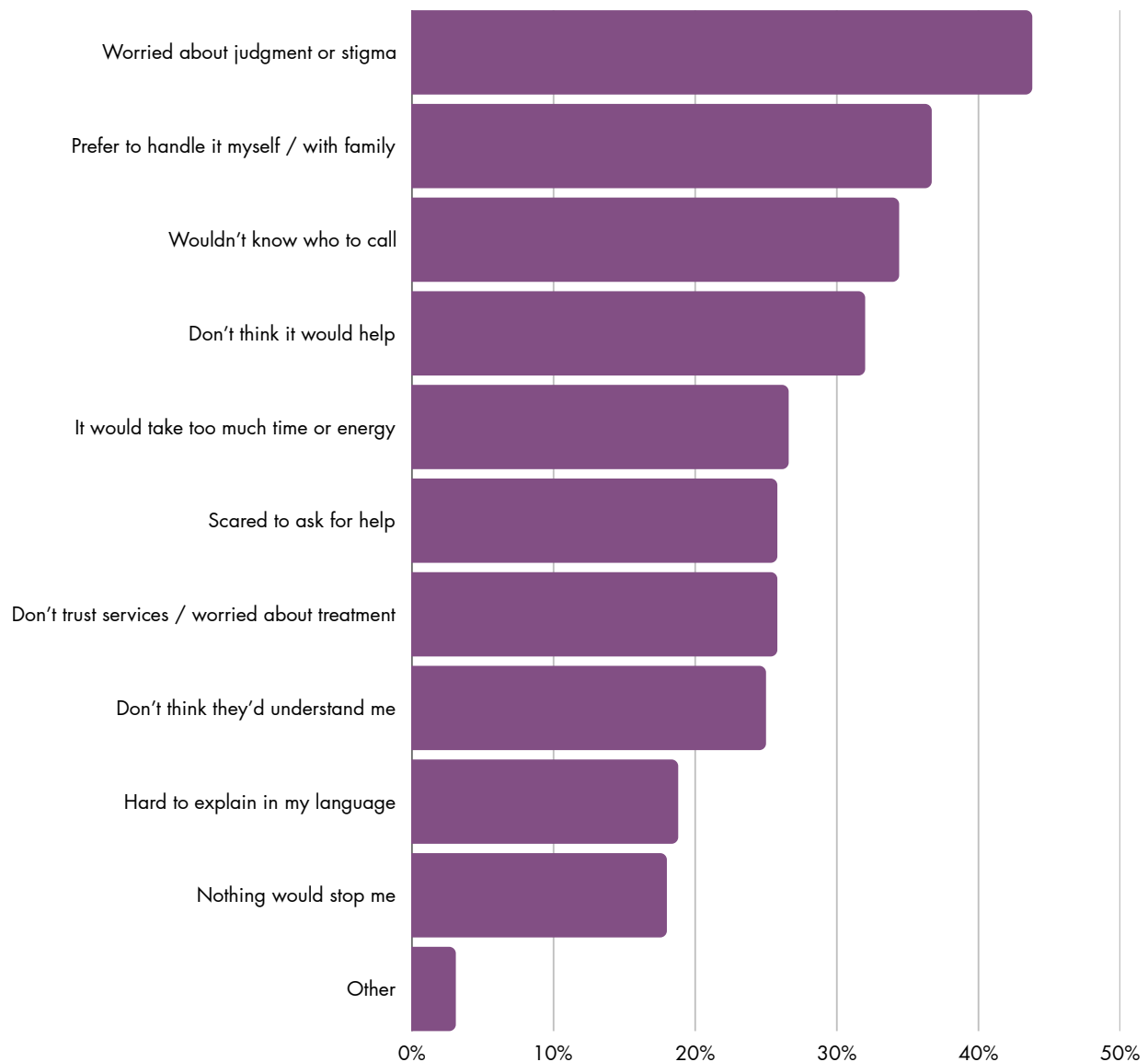
Respondents identified multiple barriers that may prevent individuals from reaching out for crisis support (Figure 19). The most frequently reported barrier was concern about judgment or stigma (n = 56, 43.8%). Over one-third indicated a preference to handle the situation independently or within the family (n = 47, 36.7%), and a similar proportion reported not knowing who to call (n = 44, 34.4%). Perceived usefulness also emerged as a barrier, with nearly one-third reporting that they might not reach out because they do not think it would help (n = 41, 32.0%). Additional barriers included concerns about being understood (n = 32, 25.0%), being scared to ask for help (n = 33, 25.8%), and lack of trust in services or concerns about treatment (n = 33, 25.8%). Time and capacity constraints were also identified (n = 34, 26.6%), alongside language-related communication barriers (n = 24, 18.8%). A smaller proportion indicated that nothing would stop them from reaching out if needed (n = 23, 18.0%). Few respondents selected “other” reasons (n = 4, 3.1%).

FINDINGS OVERVIEW AND ANALYTICAL FRAMEWORK



Attitude Domain

Figure 19. Perceived Barriers to Reaching Out for Crisis Support (Multiple Responses Allowed)



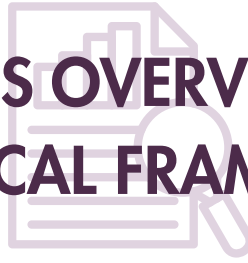


FINDINGS OVERVIEW AND ANALYTICAL FRAMEWORK

Practice Domain

The Practices domain focuses on residents' lived experiences and behavioural patterns related to crisis support, including past help-seeking actions, service utilization, and preferred pathways for future support. Examining practices provides insight into how individuals translate knowledge and attitudes into real-world decisions during crisis situations.

FINDINGS OVERVIEW AND ANALYTICAL FRAMEWORK

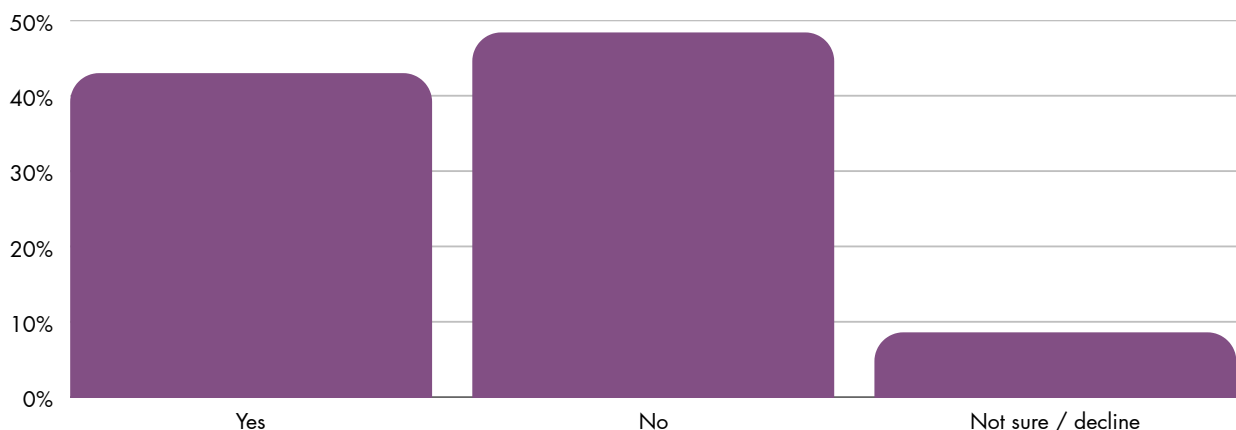


Practice Domain

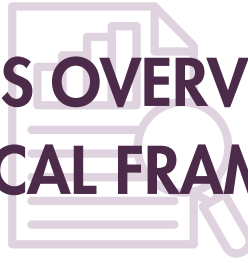
RQ6 — Help-Seeking Behaviour. What actions have residents taken during past crises, and which supports were used?

Survey responses indicate that a substantial proportion of respondents have experienced a crisis requiring outside assistance (Graph 20). Overall, 43.0% (n = 55) reported that they or their family had faced a crisis situation where outside help was needed, while 48.4% (n = 62) indicated that they had not experienced such a situation. A smaller proportion selected not sure or declined to answer (n = 11, 8.6%).

Figure 20. Experience of Crisis Requiring Outside Help



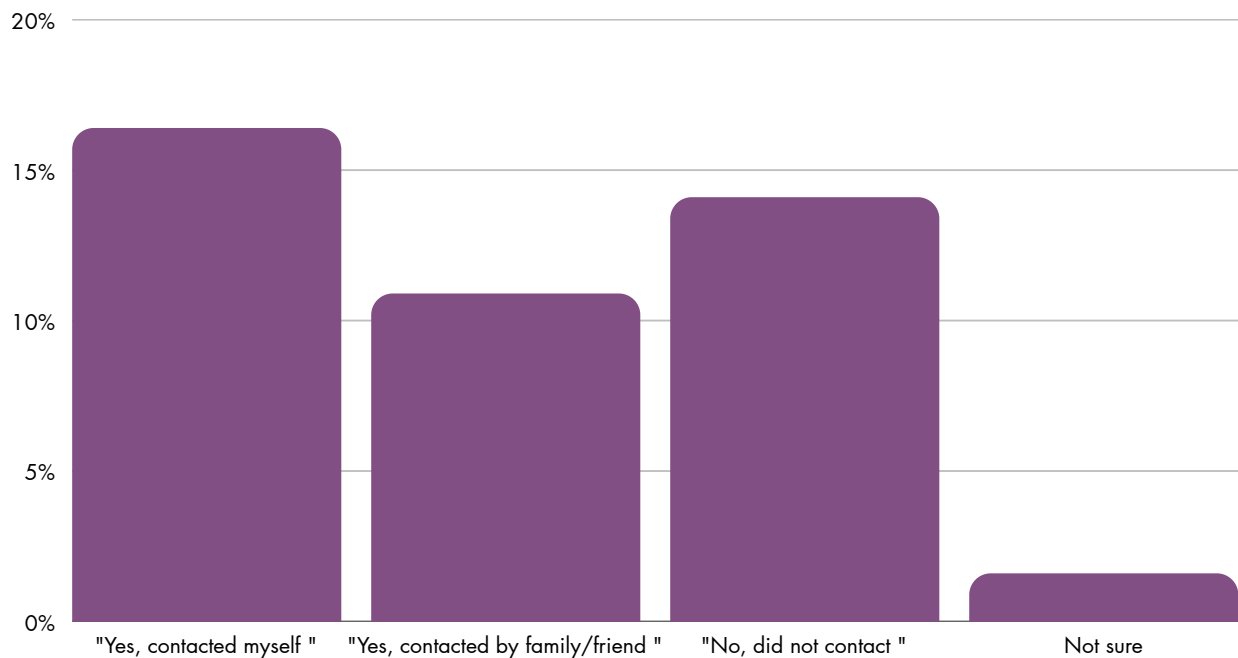
FINDINGS OVERVIEW AND ANALYTICAL FRAMEWORK



Practice Domain

Among the full sample, 27.3% reported that a crisis support service was contacted during a crisis (self-contact: n = 21, 16.4%; contacted by someone else: n = 14, 10.9%) (Graph 21). However, 14.1% (n = 18) indicated that no crisis service was contacted, and 1.6% (n = 2) were unsure.

Figure 21. Contact with Crisis Support Services During Past Crisis



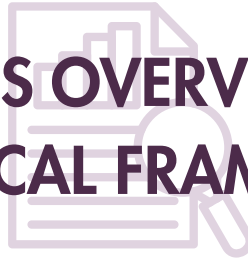


FINDINGS OVERVIEW AND ANALYTICAL FRAMEWORK

Practice Domain

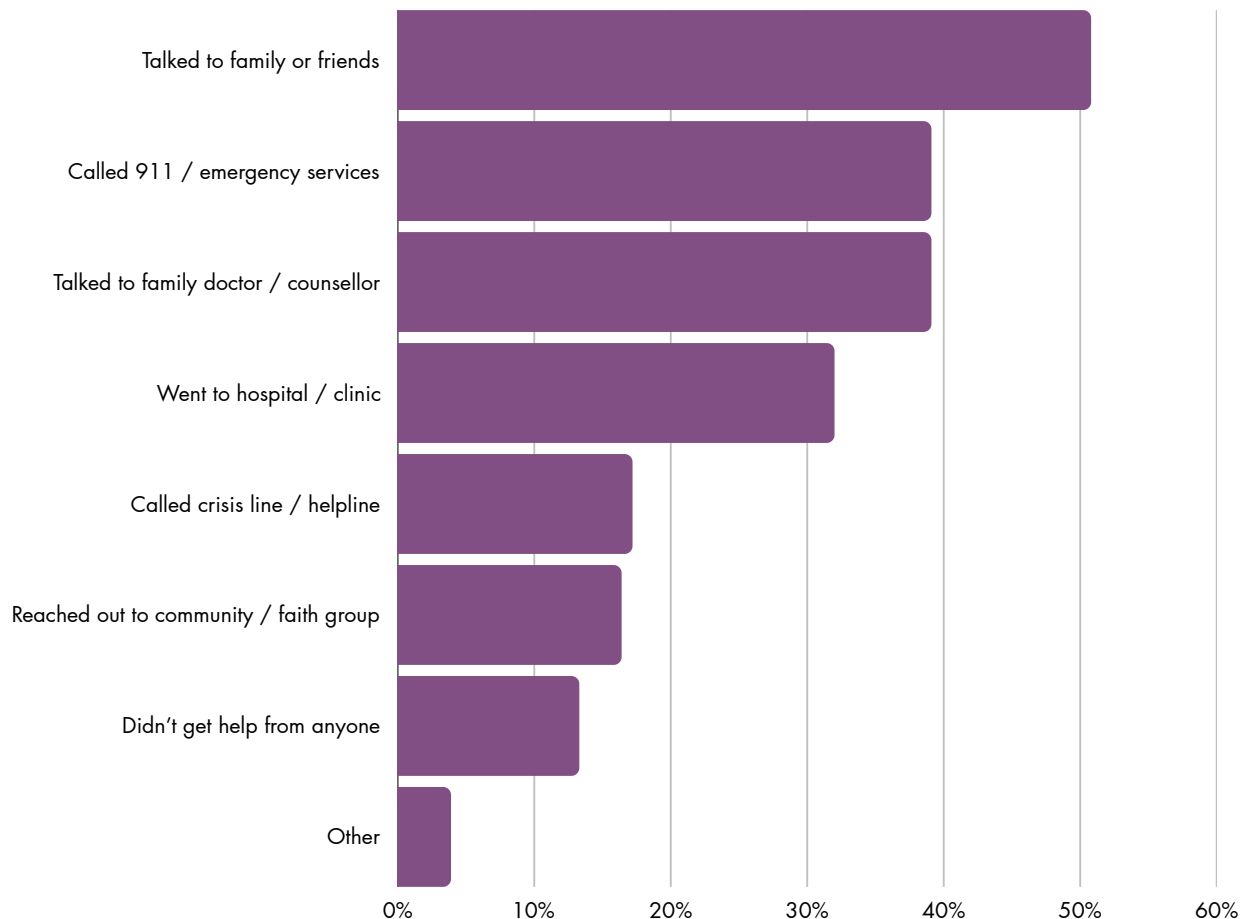
When asked where they had sought help during difficult or crisis situations, respondents reported a range of formal and informal supports (Graph 22). The most frequently reported source of support was talking to family or friends (n = 65, 50.8%). Formal emergency pathways were also commonly used, including calling 911 (n = 50, 39.1%) and speaking with a family doctor or counsellor (n = 50, 39.1%). Approximately one-third reported going to a hospital or clinic (n = 41, 32.0%). Smaller proportions reported contacting a crisis line (n = 22, 17.2%) or reaching out to a community or faith group (n = 21, 16.4%). A notable minority indicated that they did not seek help from anyone (n = 17, 13.3%).

FINDINGS OVERVIEW AND ANALYTICAL FRAMEWORK



Practice Domain

Figure 22. Sources of Help Used During Past Crisis (Multiple Responses Allowed)



Overall, findings suggest that informal support networks and general health or emergency services were more commonly utilized than specialized crisis services during past crisis experiences.



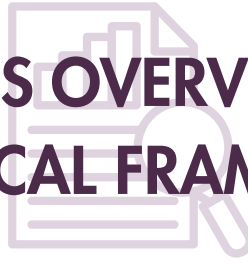
FINDINGS OVERVIEW AND ANALYTICAL FRAMEWORK

Practice Domain

RQ7 — Non-Use and Barriers to Service Utilization. What factors contribute to decisions not to access crisis services during a crisis?

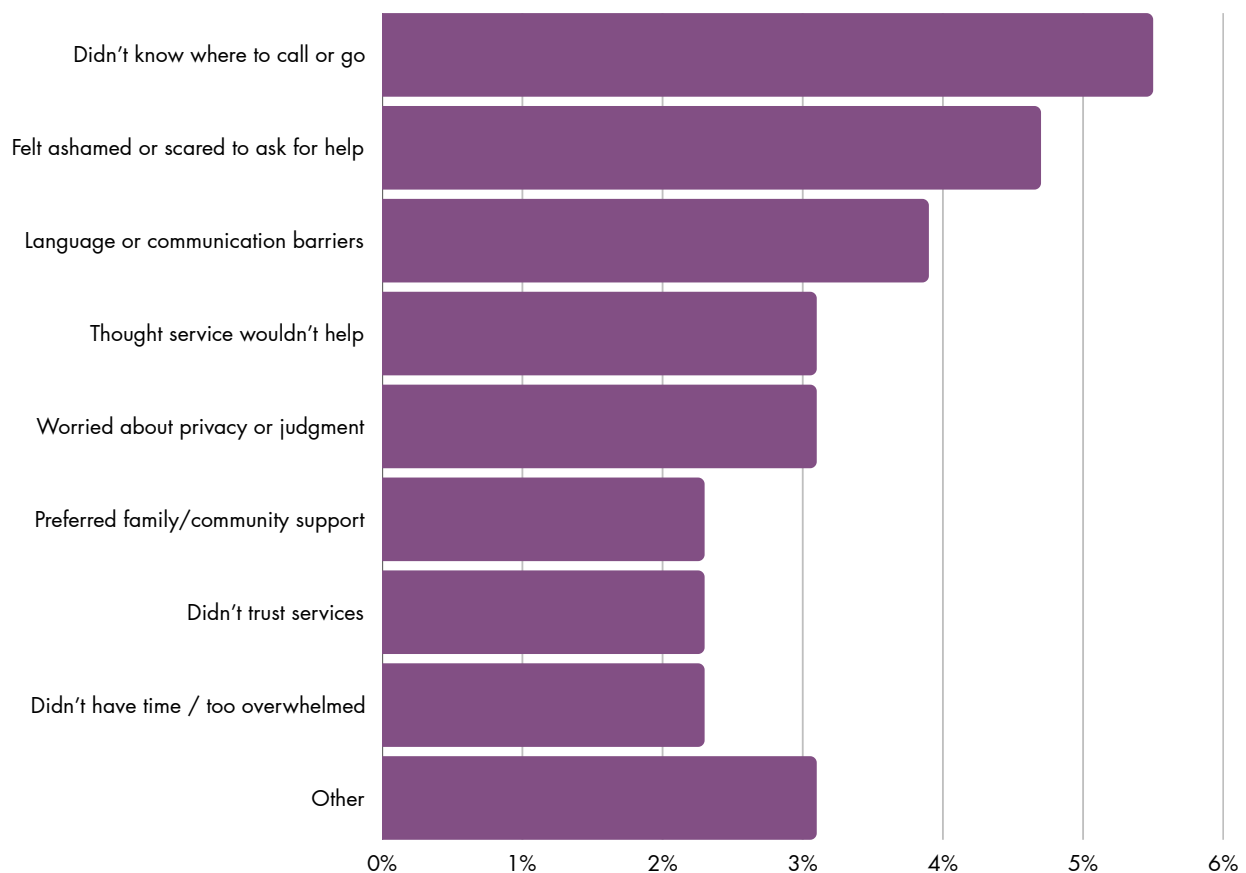
Survey responses indicate that a relatively small proportion of respondents identified specific reasons for not contacting crisis services during a crisis (Graph 23). Among reported barriers, the most frequently cited reason was not knowing where to call or go (n = 7, 5.5%). Other reported reasons included feeling too ashamed or scared to ask for help (n = 6, 4.7%) and language or communication barriers (n = 5, 3.9%). Smaller proportions indicated that they thought the service would not help (n = 4, 3.1%) or worried about privacy or being judged (n = 4, 3.1%). Additional reasons reported by a small number of respondents included preferring to handle the situation within family or community (n = 3, 2.3%), not trusting services or worrying about how they would be treated (n = 3, 2.3%), and not having time or feeling too overwhelmed to reach out (n = 3, 2.3%). A few respondents selected “other” reasons (n = 4, 3.1%), which included seeking support through existing healthcare or counselling relationships rather than crisis-specific services.

FINDINGS OVERVIEW AND ANALYTICAL FRAMEWORK



Practice Domain

Figure 23. Reasons for Not Contacting Crisis Services During a Crisis (Multiple Responses Allowed)



Overall, findings suggest that non-use of crisis services was relatively limited within the sample, with reported barriers reflecting a combination of knowledge gaps, emotional concerns, and preferences for alternative sources of support.



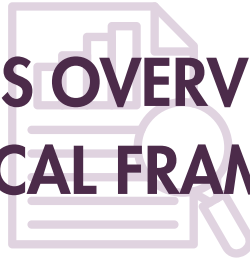
FINDINGS OVERVIEW AND ANALYTICAL FRAMEWORK

Practice Domain

RQ8 — Preferred Help-Seeking Pathways: What types of crisis support do residents prefer for future situations?

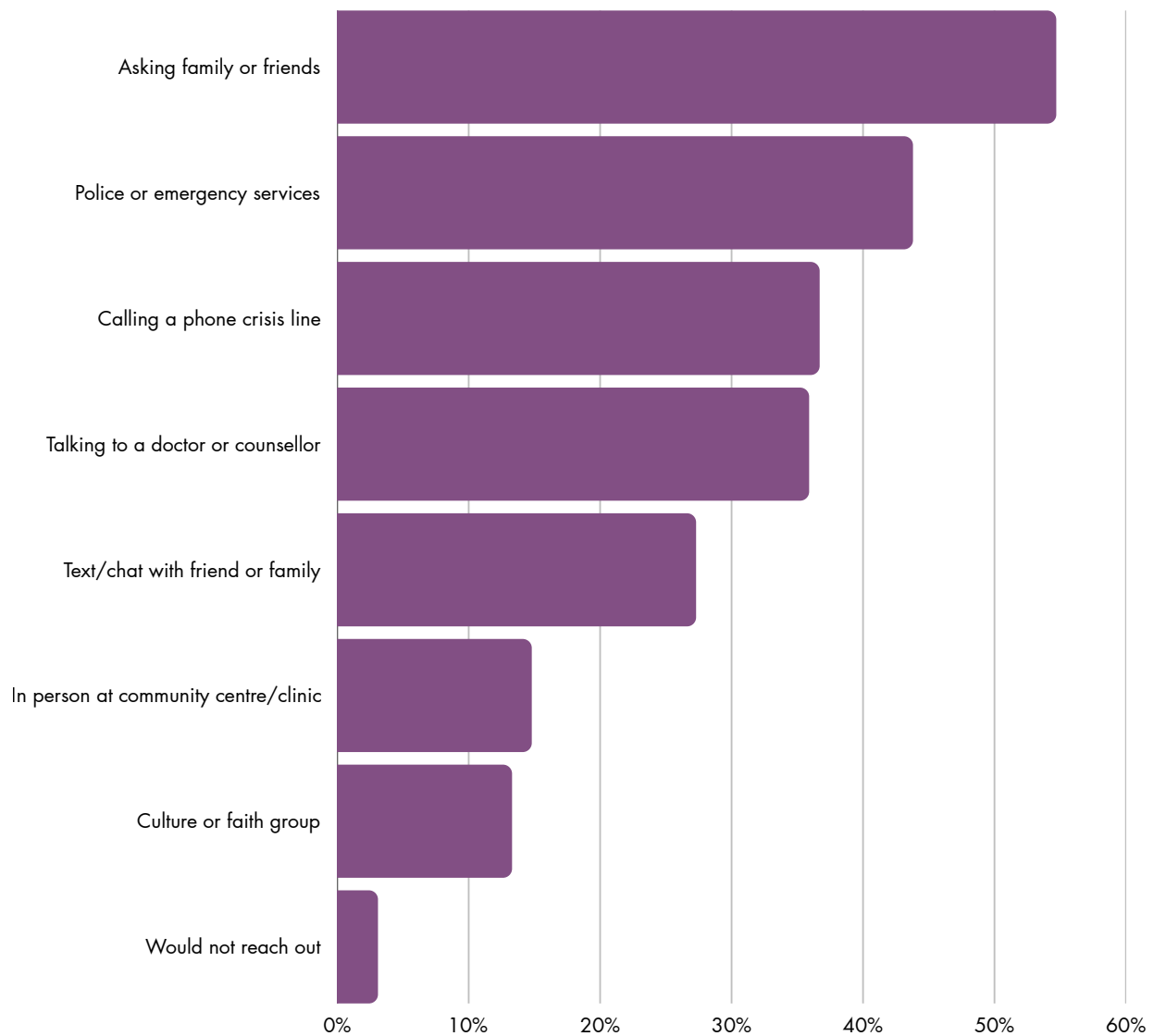
Survey responses indicate that residents identified a range of preferred pathways for seeking help during future crisis situations (Graph 24). The most frequently selected option was asking family or friends for help (n = 70, 54.7%), followed by police or emergency services (n = 56, 43.8%), calling a phone crisis line (n = 47, 36.7%), and talking to a doctor or counsellor (n = 46, 35.9%). Smaller proportions indicated texting or chatting online with a friend or family member (n = 35, 27.3%), going in person to a community centre or clinic (n = 19, 14.8%), or talking to someone from their culture or faith group (n = 17, 13.3%). A small minority reported that they would not reach out for help (n = 4, 3.1%).

FINDINGS OVERVIEW AND ANALYTICAL FRAMEWORK

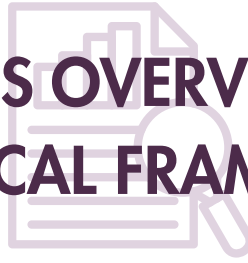


Practice Domain

Figure 24. Preferred First Point of Contact in Future Crisis (Multiple Responses Allowed)



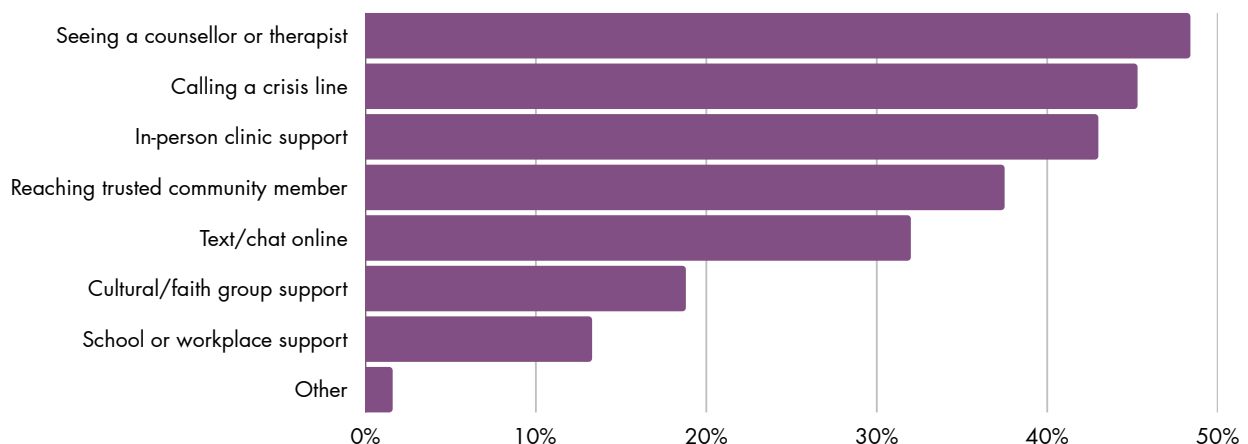
FINDINGS OVERVIEW AND ANALYTICAL FRAMEWORK



Practice Domain

Preferences for future modes of support reflected both formal and informal pathways (Graph 25). Nearly half of respondents preferred seeing a counsellor or therapist (n = 62, 48.4%) or calling a crisis line (n = 58, 45.3%). Other commonly preferred options included talking to someone in person at a clinic (n = 55, 43.0%), reaching out to someone they trust in their community (n = 48, 37.5%), and texting or chatting online with someone (n = 41, 32.0%). Smaller proportions preferred support through cultural or faith groups (n = 24, 18.8%) or through school or workplace settings (n = 17, 13.3%). Few respondents selected “other” options (n = 2, 1.6%).

Figure 25. Preferred Modes of Support for Future Crisis Situations (Multiple Responses Allowed)





FINDINGS OVERVIEW AND ANALYTICAL FRAMEWORK

Practice Domain

Overall, findings suggest that residents value a mix of informal supports, healthcare-based services, and crisis-specific resources, with multiple pathways preferred rather than reliance on a single type of support.



CROSS-TABULATION ANALYSIS AND GROUP COMPARISONS

Following the overall findings overview, this section presents cross-tabulation analyses examining how crisis awareness, attitudes, and help-seeking behaviours vary across key population groups. Building on the Knowledge, Attitudes, and Practices (KAP) framework, these analyses explore differences by immigration status and length of time in Canada to better understand how diverse experiences shape engagement with crisis support systems.

By comparing responses across groups, this section highlights patterns in awareness of services, confidence in navigating support, perceptions of effectiveness and cultural responsiveness, and actual help-seeking behaviours. These comparisons provide deeper insight into whether and how different populations experience and interact with crisis support pathways.

The analysis is structured around key research questions focused on group-level variation, with particular attention to identifying gaps between awareness, confidence, and service utilization. Understanding these differences is essential for informing more accessible, responsive, and culturally appropriate crisis support systems.



CROSS-TABULATION ANALYSIS AND GROUP COMPARISONS

Variations in Crisis Navigation Awareness

Immigration Status

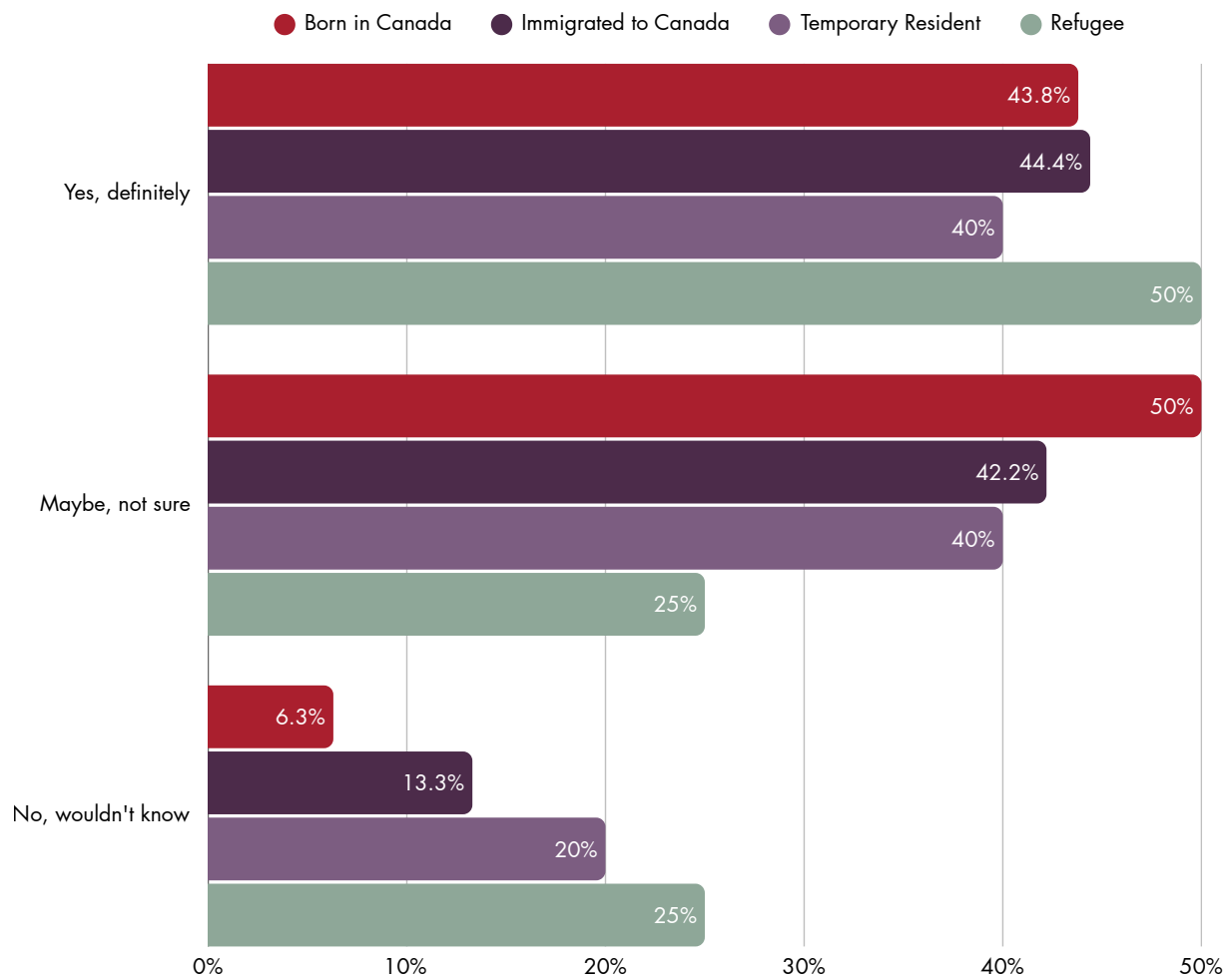
To better understand whether awareness of crisis support pathways varies across population groups, a cross-tabulation analysis was conducted between respondents' immigration status and their reported knowledge of where to seek help during a crisis. Cross-tabulation results indicate that awareness of where to seek help during a crisis is relatively similar across major groups, particularly between Canadian-born respondents and those who have immigrated to Canada. In both groups, approximately 44% reported that they would definitely know where to go, while a substantial proportion expressed uncertainty. Differences become more visible among smaller groups. Temporary residents reported lower levels of certainty and a higher proportion indicating that they would not know where to seek help (20%). Similarly, among respondents with refugee backgrounds, responses were more varied, with some indicating high awareness while others reported uncertainty or lack of knowledge. However, these patterns should be interpreted cautiously due to the small number of respondents in these groups. Overall, findings suggest that uncertainty in navigating crisis support systems is present across all population groups, rather than being limited to a specific immigration category.

CROSS-TABULATION ANALYSIS AND GROUP COMPARISONS

Variations in Crisis Navigation Awareness

Immigration Status

Figure 26. Awareness of Where to Seek Help During a Crisis by Immigration Status



Note. Percentages are column percentages. A chi-square test of independence showed no statistically significant association between immigration status and awareness of where to seek help, $\chi^2(10, N = 128) = 7.33, p = .694$. Results should be interpreted with caution, as several categories have small sample sizes.



CROSS-TABULATION ANALYSIS AND GROUP COMPARISONS

Variations in Crisis Navigation Awareness

Length of Time in Canada

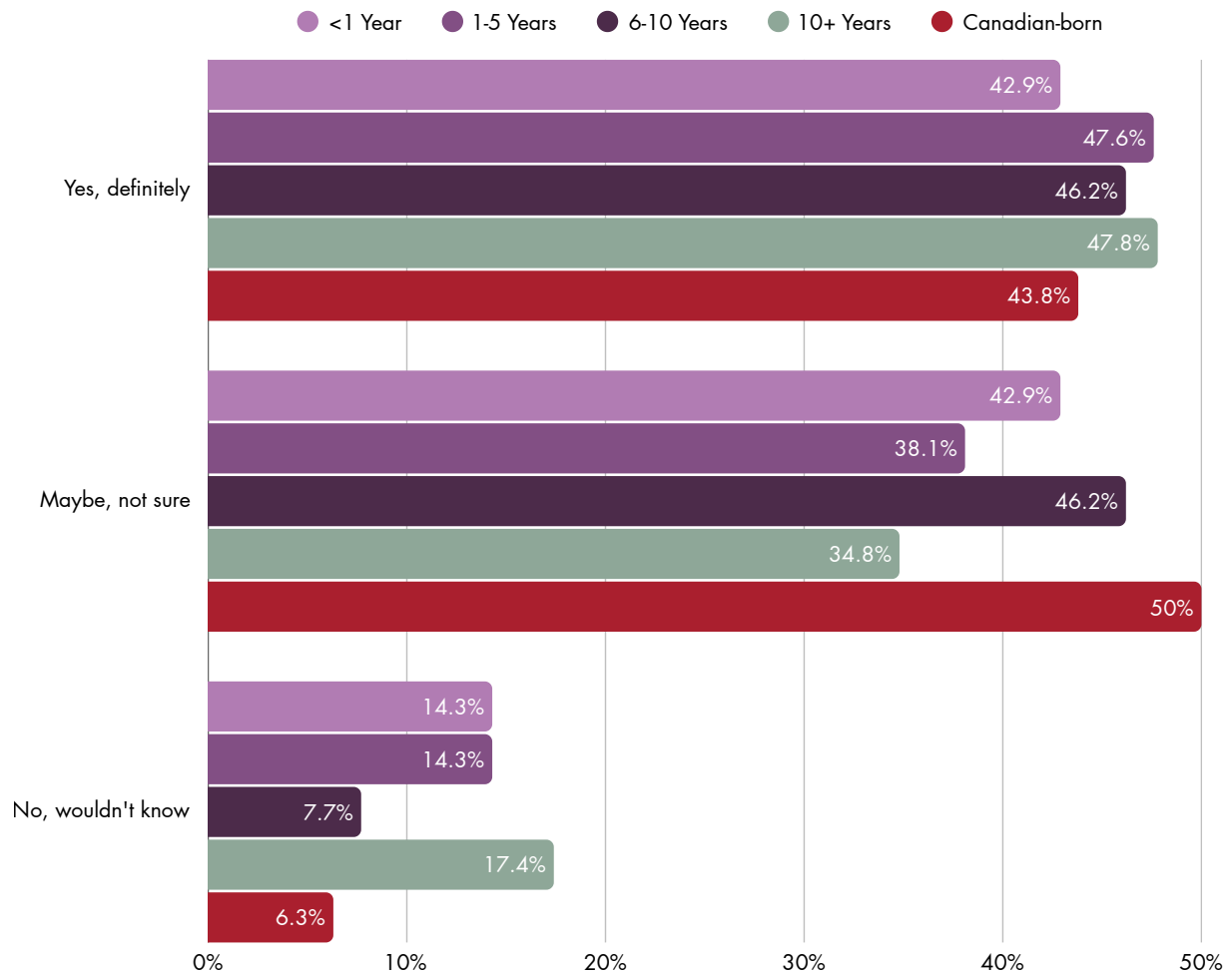
Cross-tabulation results indicate that awareness of where to seek help during a crisis is relatively consistent across different lengths of time in Canada. Across all groups, approximately 40–48% of respondents reported that they would definitely know where to go, suggesting similar baseline levels of awareness regardless of settlement stage. However, a substantial proportion of respondents in all groups indicated uncertainty, selecting “maybe, not sure.” This pattern was particularly notable among Canadian-born respondents and those in the 6–10 year group, where nearly half expressed uncertainty. Differences between groups are modest, although respondents who had lived in Canada for less than one year showed slightly higher levels of uncertainty and lack of awareness. Overall, findings suggest that awareness of crisis support pathways does not vary significantly by time in Canada, and that uncertainty remains a common experience across both newcomers and long-term residents.

CROSS-TABULATION ANALYSIS AND GROUP COMPARISONS

Variations in Crisis Navigation Awareness

Length of Time in Canada

Figure 27. Awareness of Where to Seek Help During a Crisis by Length of Time in Canada



Note. Percentages are column percentages. A chi-square test of independence showed no statistically significant association between length of time in Canada and awareness of where to seek help during a crisis, $\chi^2(8, N = 128) = 3.93, p = .864$. Results should be interpreted with caution due to small expected cell counts.



CROSS-TABULATION ANALYSIS AND GROUP COMPARISONS

Variations in Attitudes Toward Crisis Support Effectiveness

Immigration Status

Cross-tabulation results indicate variation in how respondents from different immigration backgrounds perceive the effectiveness of crisis support services. A statistically significant association was observed between immigration status and perceived effectiveness; however, these findings should be interpreted cautiously due to small sample sizes in several subgroups.

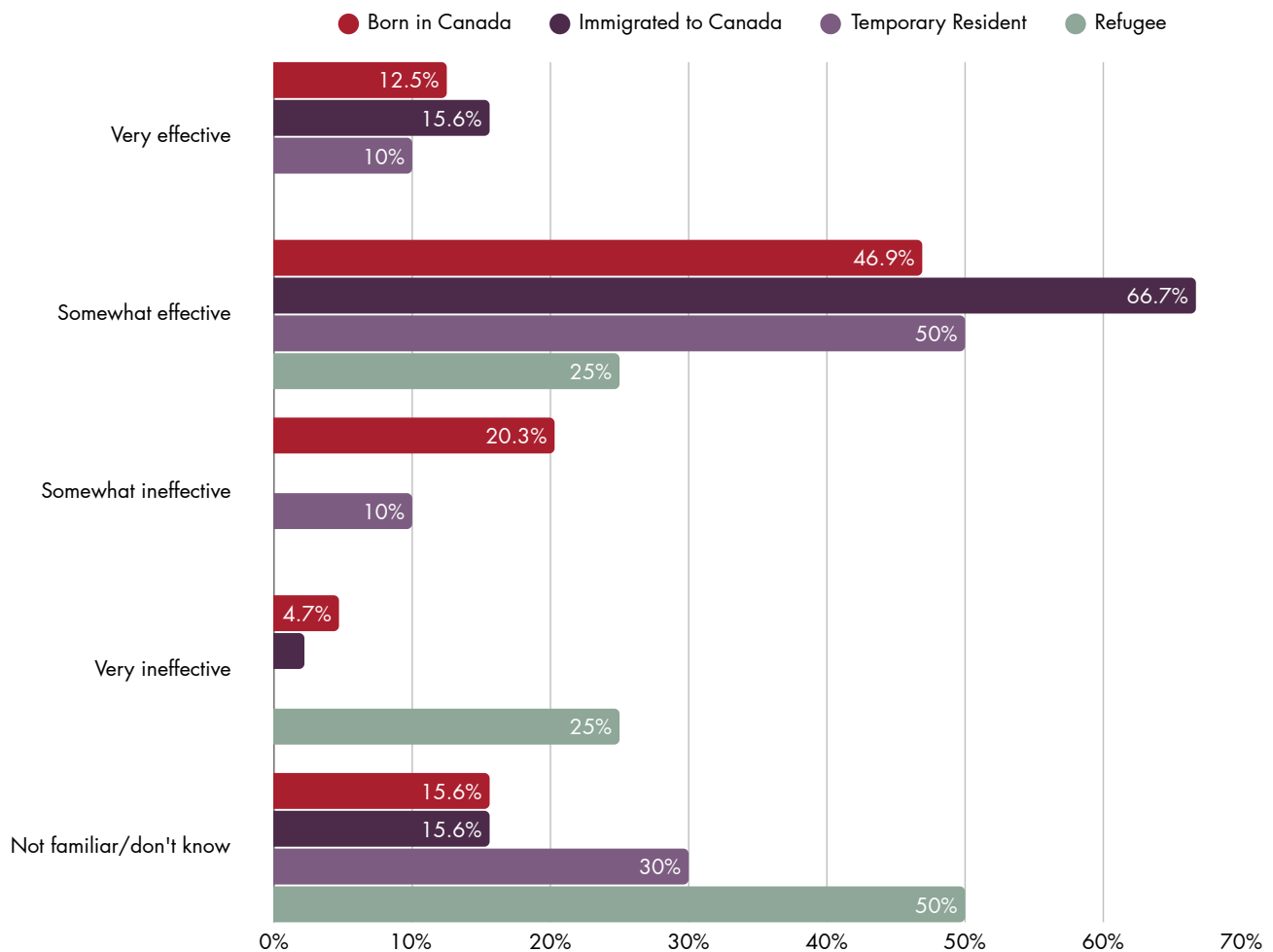
Descriptively, respondents who immigrated to Canada were more likely to rate crisis support services as “somewhat effective,” with a majority selecting this response. In contrast, Canadian-born respondents reported more varied perceptions, including a higher proportion indicating that services were “somewhat ineffective.” Temporary residents and respondents with refugee backgrounds were more likely to report that they were not familiar with crisis support services, suggesting potential gaps in awareness or exposure to available supports. Overall, findings suggest that while many respondents view crisis services as moderately effective, perceptions vary across immigration groups, particularly in terms of familiarity and perceived usefulness.

CROSS-TABULATION ANALYSIS AND GROUP COMPARISONS

Variations in Attitudes Toward Crisis Support Effectiveness

Immigration Status

Figure 28. Perceived Effectiveness of Crisis Support Services by Immigration Status



Note. Percentages are column percentages. A chi-square test of independence indicated a statistically significant association between immigration status and perceived effectiveness of crisis support services, $\chi^2(20, N = 128) = 37.82, p = .009$. However, results should be interpreted with caution, as a large proportion of cells had expected counts less than 5.



CROSS-TABULATION ANALYSIS AND GROUP COMPARISONS

Variations in Attitudes Toward Crisis Support Effectiveness

Length of Time in Canada

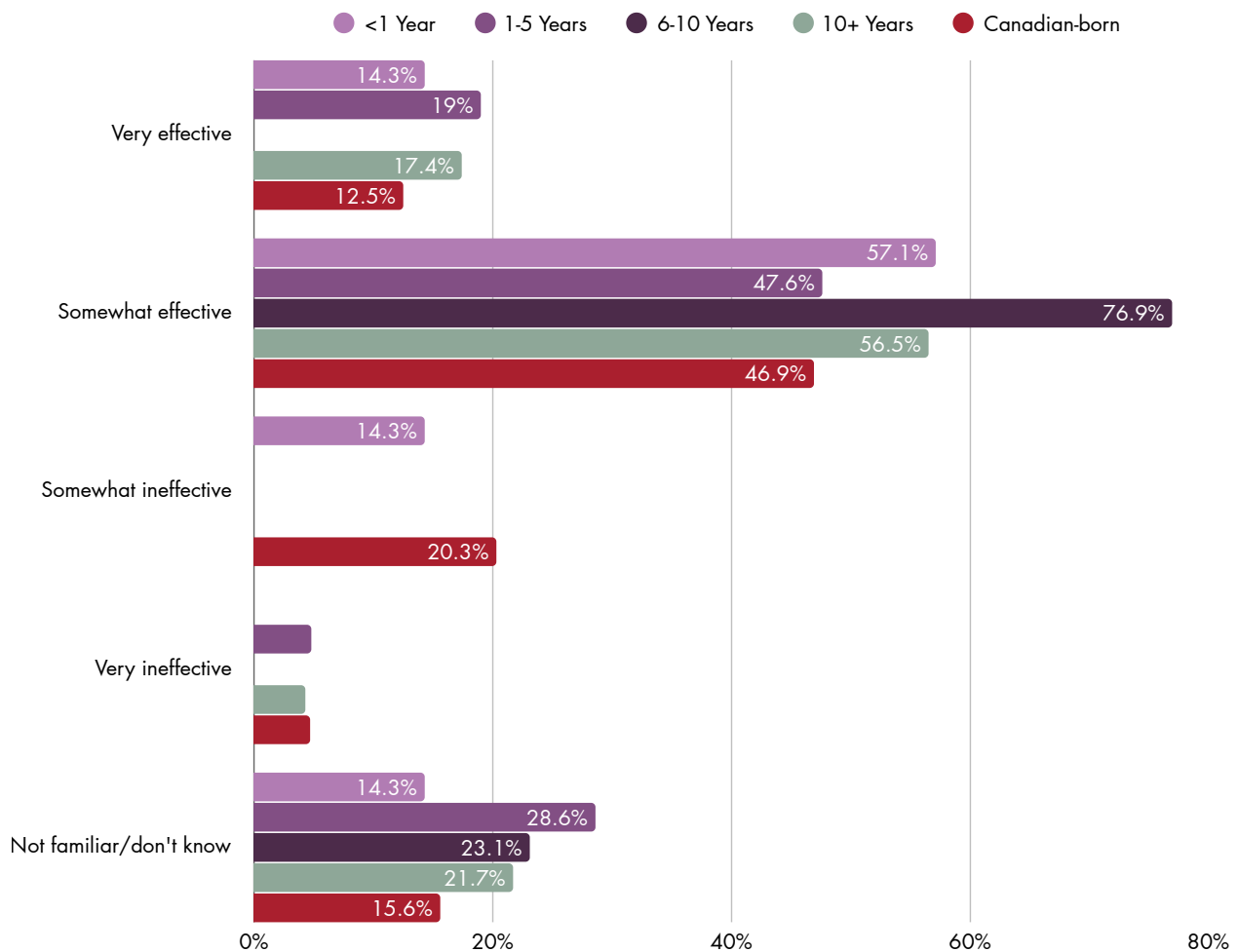
Cross-tabulation results indicate that attitudes toward the effectiveness of crisis support services are broadly similar across different lengths of time in Canada. Across all groups, the majority of respondents rated services as “somewhat effective,” suggesting a general perception that crisis supports are moderately helpful. Differences across groups are modest. Respondents who had lived in Canada for 6–10 years reported the highest proportion selecting “somewhat effective”. Respondents who had lived in Canada for shorter periods were more likely to report unfamiliarity with crisis support services, indicating potential gaps in awareness or exposure. However, these differences were not statistically significant. Overall, findings suggest that while most respondents view crisis services as moderately effective, variations in familiarity and perceptions exist across settlement stages.

CROSS-TABULATION ANALYSIS AND GROUP COMPARISONS

Variations in Attitudes Toward Crisis Support Effectiveness

Length of Time in Canada

Figure 29. Perceived Effectiveness of Crisis Support Services by Length of Time in Canada



Note. Percentages are column percentages. A chi-square test of independence indicated no statistically significant association between length of time in Canada and perceived effectiveness of crisis support services, $\chi^2(16, N = 128) = 18.64, p = .288$. Results should be interpreted with caution due to small expected cell counts.



CROSS-TABULATION ANALYSIS AND GROUP COMPARISONS

Variations in Attitudes Toward Cultural Responsiveness of Crisis Support

Immigration Status

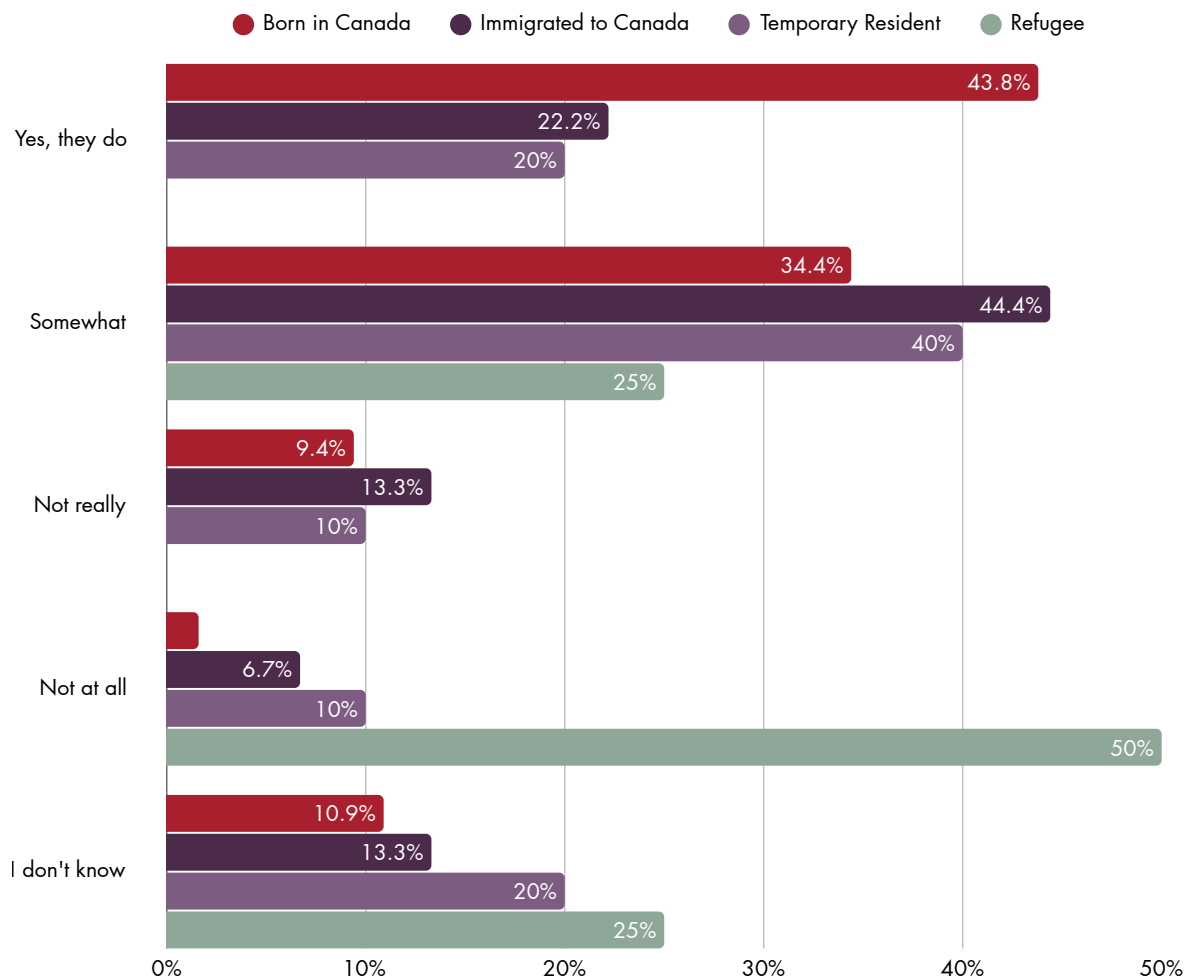
Cross-tabulation results suggest variation in how respondents from different immigration backgrounds perceive the cultural responsiveness of crisis support services. A statistically significant association was observed; however, findings should be interpreted cautiously due to small sample sizes in several subgroups. Canadian-born respondents were more likely to report that crisis services understand people from their culture or community, with a larger proportion selecting “yes, they do.” In contrast, respondents who immigrated to Canada and those with temporary status were more likely to select “somewhat” or express uncertainty. Respondents with refugee backgrounds showed more mixed responses, including higher proportions indicating that services do not understand their culture or that they were unsure. Overall, findings suggest that perceptions of cultural responsiveness vary across immigration groups, with newcomers more likely to express uncertainty or less positive perceptions compared to Canadian-born respondents.

CROSS-TABULATION ANALYSIS AND GROUP COMPARISONS

Variations in Attitudes Toward Cultural Responsiveness of Crisis Support

Immigration Status

Figure 30. Perceived Cultural Responsiveness of Crisis Support Services by Immigration Status



Note. Percentages are column percentages. A chi-square test of independence indicated a statistically significant association between immigration status and perceptions of cultural responsiveness of crisis support services, $\chi^2(20, N = 128) = 33.67, p = .028$. Results should be interpreted with caution due to small expected cell counts.



CROSS-TABULATION ANALYSIS AND GROUP COMPARISONS

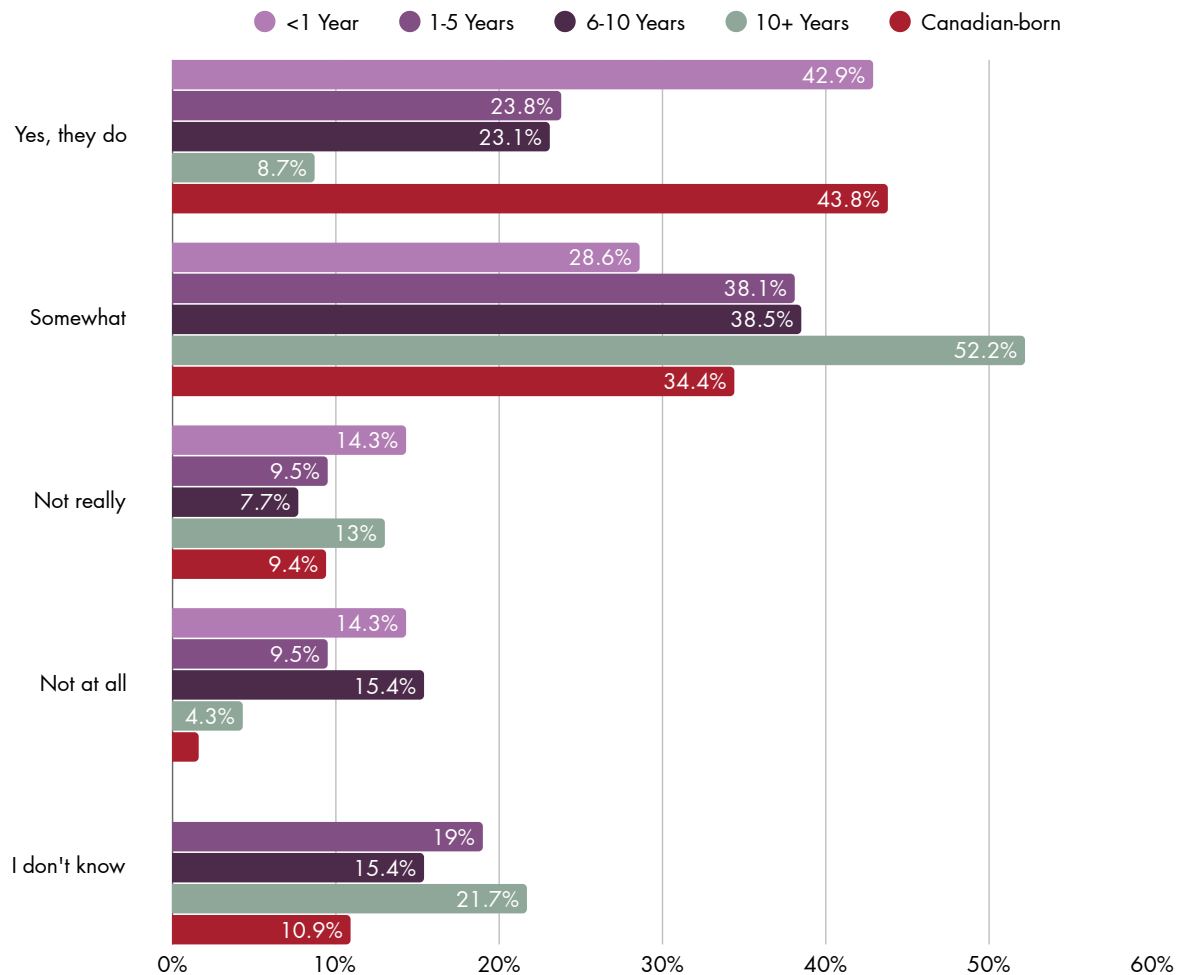
Variations in Attitudes Toward Cultural Responsiveness of Crisis Support Length of Time in Canada

Cross-tabulation results indicate that attitudes toward the cultural responsiveness of crisis support services are relatively consistent across different lengths of time in Canada. A chi-square test showed no statistically significant association between time in Canada and perceptions of cultural understanding. Across all groups, most respondents selected “somewhat” or “yes,” suggesting generally moderate perceptions of cultural responsiveness. However, some variation is visible. Canadian-born respondents and those who had lived in Canada for less than one year were more likely to report that services understand people from their culture or community. In contrast, respondents in the 10+ years group were more likely to select “somewhat” or express uncertainty, indicating more moderate or less definitive perceptions. Overall, findings suggest that perceptions of cultural responsiveness are broadly similar across settlement stages, with only modest variation in levels of certainty and familiarity.

CROSS-TABULATION ANALYSIS AND GROUP COMPARISONS

Variations in Attitudes Toward Cultural Responsiveness of Crisis Support Length of Time in Canada

Figure 31. Perceived Cultural Responsiveness of Crisis Support Services by Length of Time in Canada



Note. Percentages are column percentages. A chi-square test of independence indicated no statistically significant association between length of time in Canada and perceptions of cultural responsiveness of crisis support services, $\chi^2(16, N = 128) = 18.28, p = .308$. Results should be interpreted with caution due to small expected cell counts.



CROSS-TABULATION ANALYSIS AND GROUP COMPARISONS

Crisis Experience and Help-Seeking Behaviour

Immigration Status

To understand how respondents experience crisis situations and whether they engage with formal supports, cross-tabulation analyses were conducted by immigration status. This section first examines the experience of crisis requiring outside help, followed by help-seeking behaviour during those situations.

A substantial proportion of respondents reported having experienced a crisis situation requiring outside help, although the distribution varied across immigration groups. Temporary residents and Canadian-born respondents reported relatively higher proportions of crisis experience compared to other groups, while immigrants showed a more balanced distribution between those who had and had not experienced such situations.

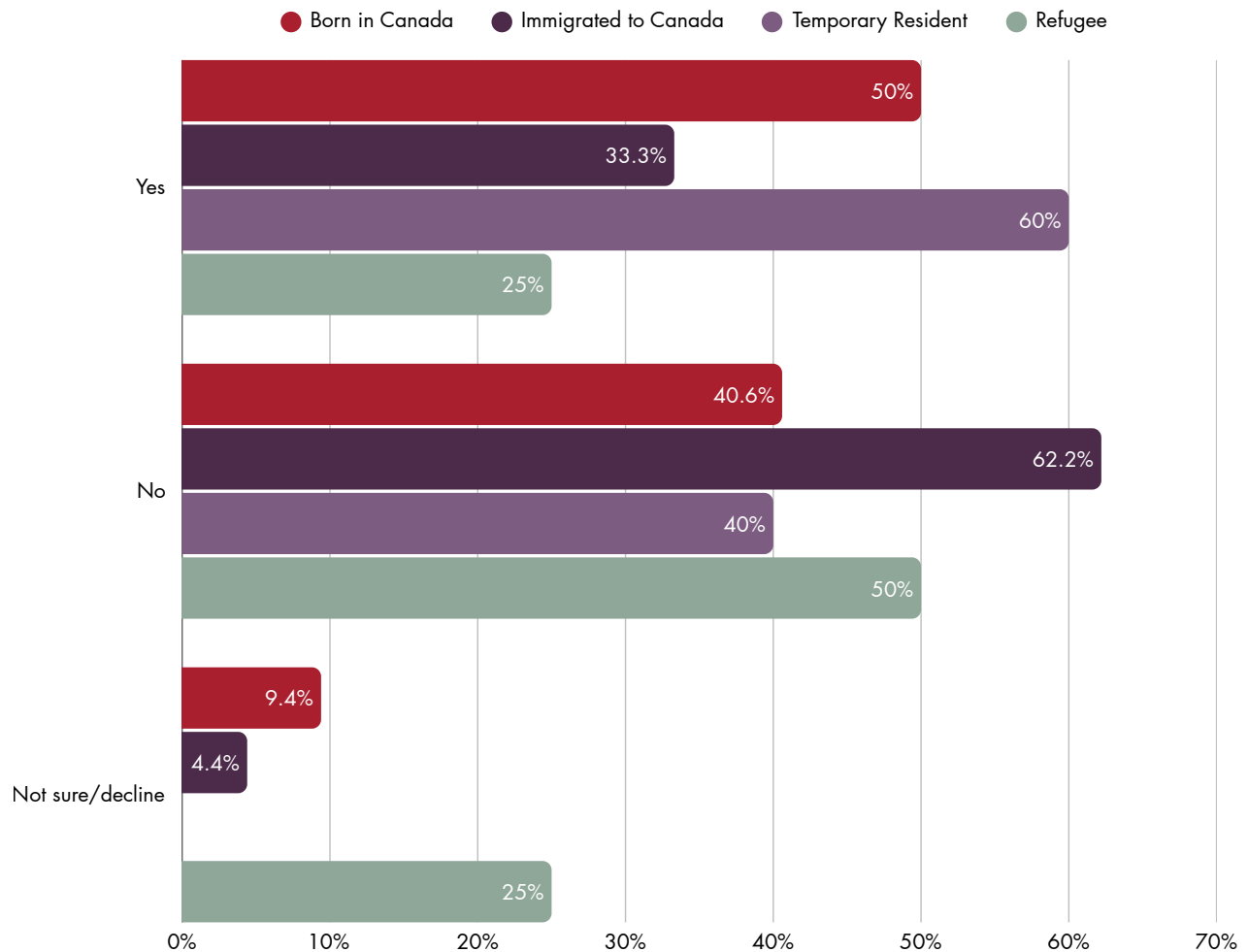
Although a statistically significant association was observed, these findings should be interpreted cautiously due to small subgroup sizes. Overall, the results indicate that the need for crisis support is present across all groups, though not evenly distributed.

CROSS-TABULATION ANALYSIS AND GROUP COMPARISONS

Crisis Experience and Help-Seeking Behaviour

Immigration Status

Figure 32. Experience of Crisis Situations Requiring External Support by Immigration Status



Note. Percentages are column percentages. A chi-square test of independence indicated a statistically significant association between immigration status and experience of crisis situations requiring external support, $\chi^2(10, N = 128) = 30.27, p < .001$. Results should be interpreted with caution due to small expected cell counts.



CROSS-TABULATION ANALYSIS AND GROUP COMPARISONS

Crisis Experience and Help-Seeking Behaviour

Immigration Status

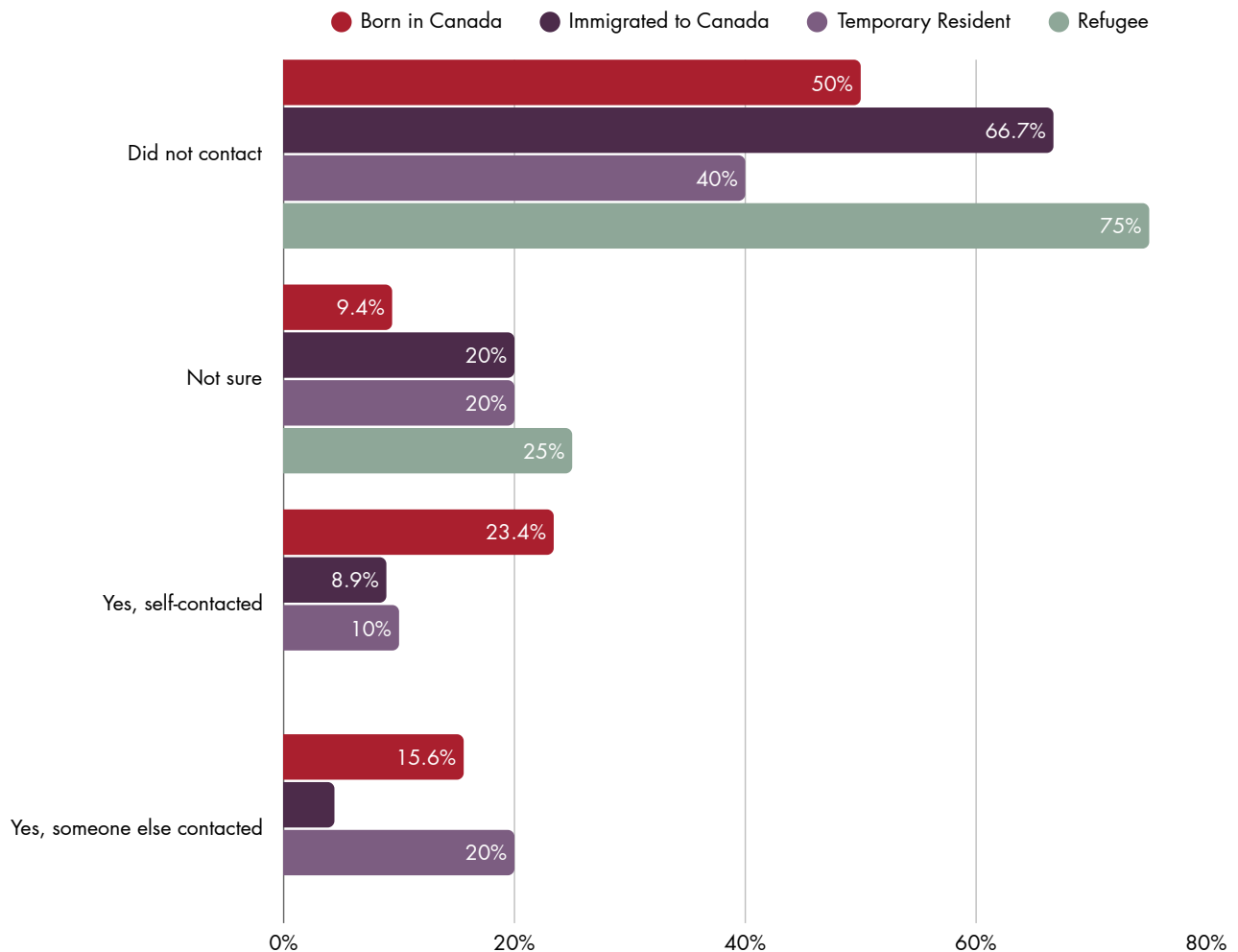
Despite variation in the experience of crisis situations, help-seeking behaviour appears relatively consistent across groups. The most common response across all immigration categories was not contacting a formal crisis support service, indicating that formal services are underutilized regardless of background. While some respondents reported contacting services themselves or through family or friends, these proportions were comparatively lower. Canadian-born respondents were somewhat more likely to report direct contact with services, but this difference was not statistically significant. Overall, the findings highlight a gap between the experience of crisis and engagement with formal support systems, with many individuals relying on informal pathways or not seeking formal help at all.

CROSS-TABULATION ANALYSIS AND GROUP COMPARISONS

Crisis Experience and Help-Seeking Behaviour

Immigration Status

Figure 33. Contact with Crisis Support Services During Crisis by Immigration Status



Note. Percentages are column percentages. A chi-square test of independence indicated no statistically significant association between immigration status and contacting crisis support services, $\chi^2(20, N = 128) = 21.53, p = .366$. Results should be interpreted with caution due to small expected cell counts.

CROSS-TABULATION ANALYSIS AND GROUP COMPARISONS

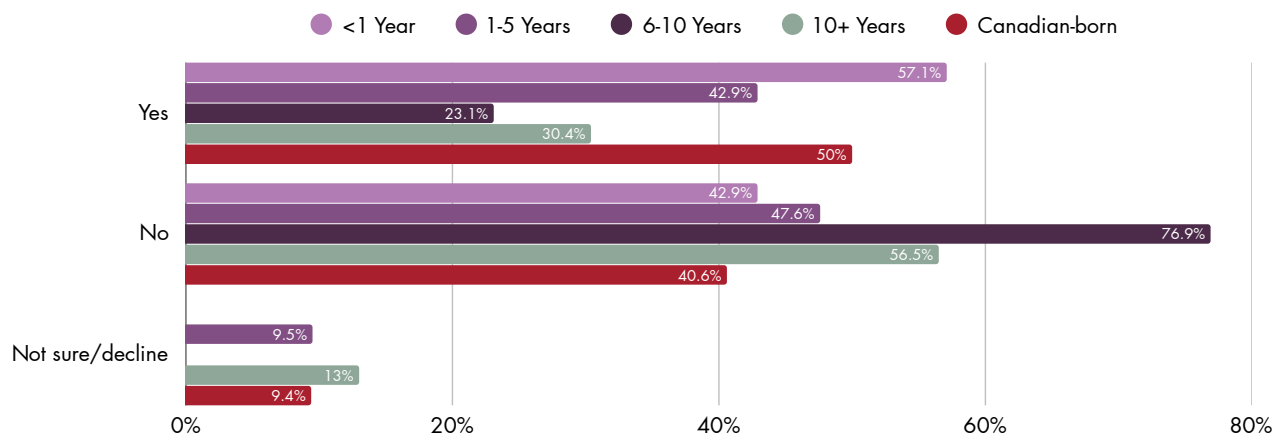
Crisis Experience and Help-Seeking Behaviour

Length of Time in Canada

Experiences of crisis situations requiring external support were reported across all groups, with some variation by length of time in Canada. Respondents who had lived in Canada for less than one year and those who were Canadian-born reported relatively higher proportions of crisis experience. In contrast, those in the 6–10 year group reported lower levels of such experiences.

However, these differences were not statistically significant, suggesting that the experience of crisis is broadly distributed across settlement stages rather than concentrated in a specific group.

Figure 34. Experience of Crisis Situations Requiring External Support by Length of Time in Canada



Note. Percentages are column percentages. A chi-square test of independence indicated no statistically significant association between length of time in Canada and experience of crisis situations requiring external support, $\chi^2(8, N = 128) = 8.76, p = .363$.



CROSS-TABULATION ANALYSIS AND GROUP COMPARISONS

Crisis Experience and Help-Seeking Behaviour

Length of Time in Canada

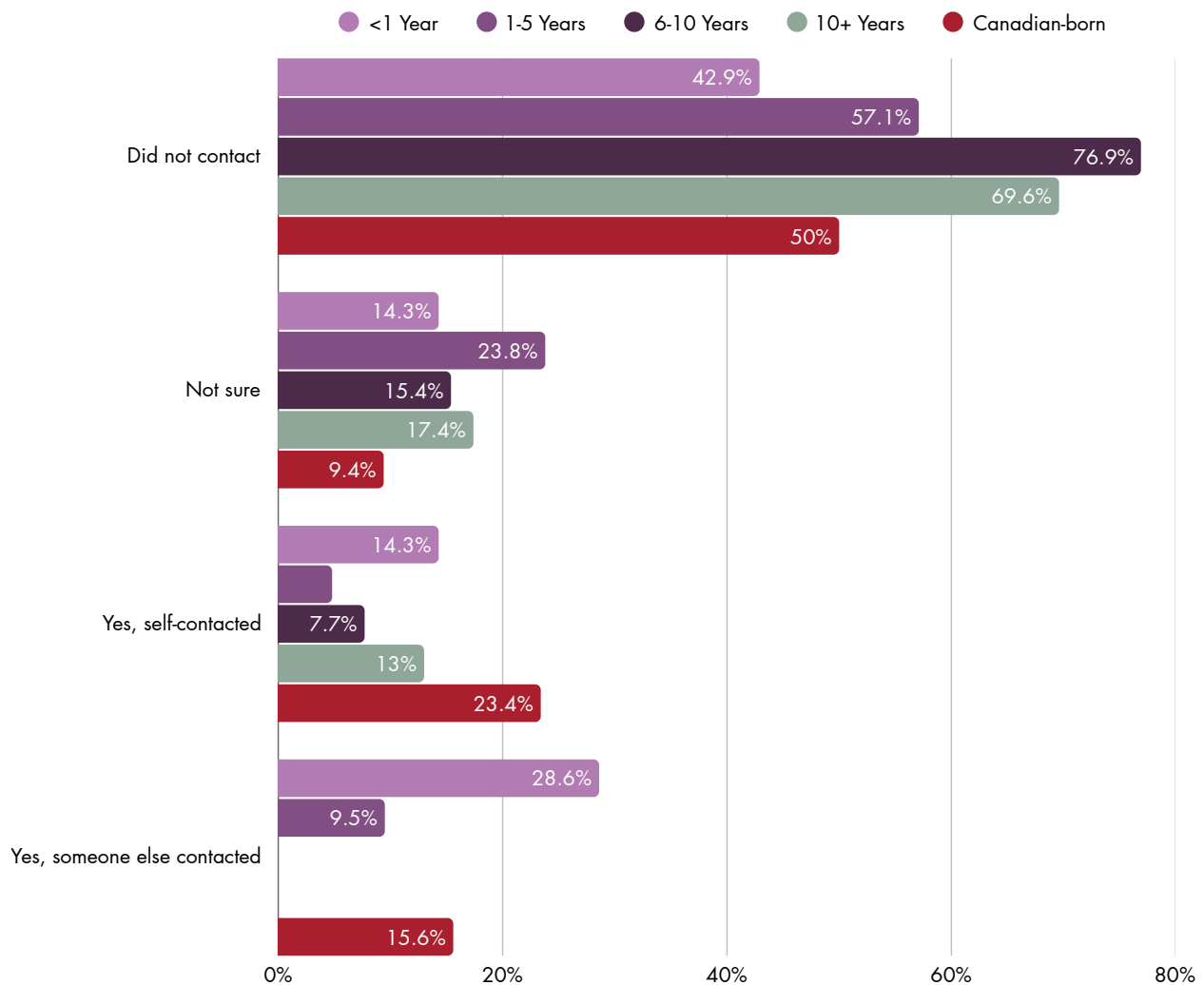
Patterns of help-seeking behaviour during crisis situations were broadly similar across groups defined by length of time in Canada. The most common response across all groups was not contacting formal crisis support services, indicating that underutilization of formal services is consistent across settlement stages. While some respondents reported contacting services themselves or through others, these proportions were relatively low across all groups. Canadian-born respondents were somewhat more likely to report direct contact with services, but this difference was not statistically significant. Overall, the findings suggest that time in Canada does not significantly influence whether individuals seek formal crisis support, and that reliance on informal supports or non-use of services remains common across all groups.

CROSS-TABULATION ANALYSIS AND GROUP COMPARISONS

Crisis Experience and Help-Seeking Behaviour

Length of Time in Canada

Figure 35. Contact with Crisis Support Services During Crisis by Length of Time in Canada



Note. Percentages are column percentages. A chi-square test of independence indicated no statistically significant association between length of time in Canada and contacting crisis support services, $\chi^2(16, N = 128) = 18.70, p = .285$.



SYNTHESIS OF FINDINGS AND EMERGING PATTERNS

Taken together, findings across the Knowledge, Attitudes, and Practices domains reveal several consistent patterns in how Calgary residents navigate crisis support systems.

While many respondents reported general awareness of crisis services and moderate confidence in accessing support, this awareness did not consistently translate into confidence or action, and uncertainty emerged across multiple areas, including perceived effectiveness, trust, cultural responsiveness, and ease of access.

Help-seeking behaviours reflected a strong reliance on informal networks such as family and friends, alongside healthcare and emergency pathways, with specialized crisis services used less frequently. Importantly, even among those who reported experiencing crisis situations requiring external support, many did not contact formal crisis services, highlighting a gap between need and service utilization. Reported barriers highlighted the importance of awareness, perceived usefulness, emotional readiness, and trust in shaping decisions to seek help.



SYNTHESIS OF FINDINGS AND EMERGING PATTERNS

At the same time, preferences for future support suggest that residents value flexible, multi-channel pathways that combine formal services with community-based and relational supports. Patterns across groups further indicate that while awareness and attitudes are relatively consistent, experiences of crisis and perceptions of cultural responsiveness vary more across immigration status than by length of time in Canada.

The following section builds on these findings to explore key implications for service design, accessibility, and culturally responsive crisis support delivery.



SYNTHESIS OF FINDINGS AND EMERGING PATTERNS

Key Insights for Service Planning

Findings from this needs assessment highlight several important considerations for strengthening crisis support systems in Calgary. First, while general awareness of crisis services exists, many respondents expressed uncertainty regarding how to navigate available supports and what to expect when reaching out. This suggests that awareness alone may not translate into confidence or readiness to engage with crisis services, indicating a need for clearer pathways, navigation supports, and public education focused on practical help-seeking steps.

Second, perceptions of crisis services were characterized by moderate trust and perceived usefulness rather than strong confidence. A substantial proportion of respondents selected “somewhat” or “maybe” responses across measures of effectiveness, cultural responsiveness, and accessibility, suggesting that residents may view services as potentially helpful but not consistently reliable or fully aligned with their needs. Strengthening communication around service responsiveness, cultural safety, and outcomes may help build greater trust.



SYNTHESIS OF FINDINGS AND EMERGING PATTERNS

Key Insights for Service Planning

Third, help-seeking behaviours indicate a strong reliance on informal networks and general healthcare services rather than specialized crisis lines or programs. This highlights the importance of integrating crisis response within existing community and healthcare pathways, as well as strengthening partnerships with trusted community actors.

Finally, barriers to service utilization reflect both practical and relational factors, including uncertainty about where to go, concerns about stigma or judgment, and preferences for handling crises within personal or community networks. Future service design may benefit from flexible, culturally responsive, and multi-channel approaches that reduce perceived barriers while supporting diverse pathways to care.

REFERENCES

Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N., ... Thornicroft, G. (2015). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychological Medicine*, 45(1), 11–27. <https://doi.org/10.1017/S0033291714000129>

Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2014). The impact of mental illness stigma on seeking and participating in mental health care. *Psychological Science in the Public Interest*, 15(2), 37–70. <https://doi.org/10.1177/1529100614531398>

Launiala, A. (2009). How much can a KAP survey tell us about people's knowledge, attitudes and practices? Some observations from medical anthropology research on malaria in pregnancy in Malawi. *Anthropology Matters*, 11(1).

Rickwood, D., Deane, F. P., Wilson, C. J., & Ciarrochi, J. (2005). Young people's help-seeking for mental health problems. *Australian e-Journal for the Advancement of Mental Health*, 4(3), 218–251.

Rickwood, D., Thomas, K., & Bradford, S. (2012). Help-seeking measures in mental health: A rapid review. Sax Institute.

Thornicroft, G., Mehta, N., Clement, S., Evans-Lacko, S., Doherty, M., Rose, D., ... & Henderson, C. (2017). Evidence for effective interventions to reduce mental-health-related stigma and discrimination. *The Lancet*, 387(10023), 1123–1132. [https://doi.org/10.1016/S0140-6736\(15\)00298-6](https://doi.org/10.1016/S0140-6736(15)00298-6)

World Health Organization. (2021). Guidance on community mental health services: Promoting person-centred and rights-based approaches. WHO.

