

# The Role of Public Health in Mental Health Promotion: Informing the Development of a Mental Health Promotion Strategy

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Thursday, April 26, 2018 – Public Health Sudbury and Districts  
Ramsey Room

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(NCCHPP)



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sur les politiques publiques et la santé  
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Québec 

# National Collaborating Centre for Healthy Public Policy (NCCCHPP)

## Our mandate

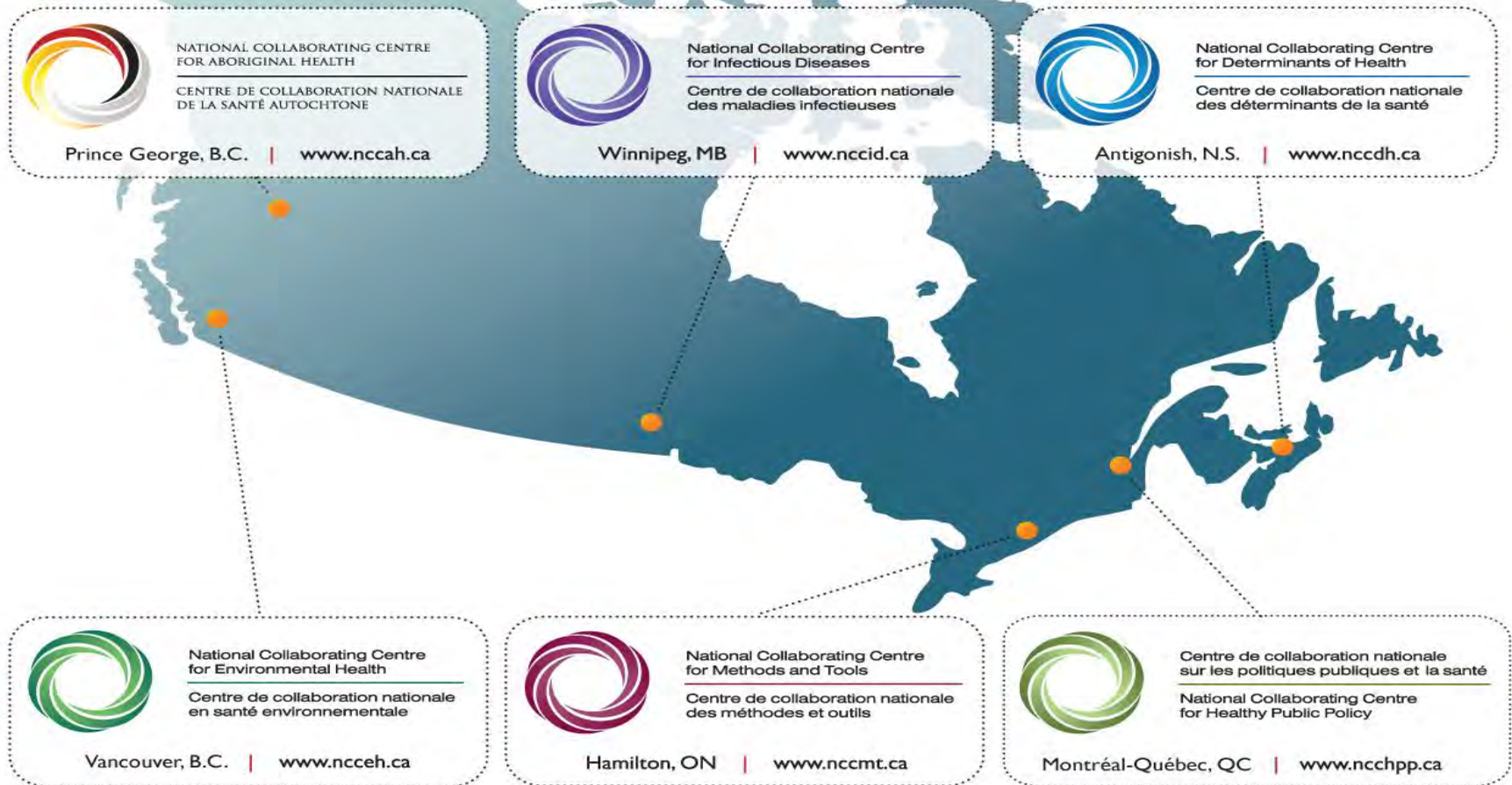
- Support public health actors in their efforts to promote healthy public policies.

## Our areas of expertise

- The effects of public policies on health
- Generating and using knowledge about policies
- Intersectoral actors and mechanisms
- Strategies to influence policy making



# The National Collaborating Centres for Public Health



# Outline of the Presentation

- **WHY:** Public Health and Population Mental Health
- **WHAT:** Key elements (MH, SDMH, MHP, Measurement, best practices)
- **WHO:** Perspectives on roles and needs of the public mental health workforce to support population mental health practice.



**WHY?**

Public Health and PMH...

“ **I**llness → **W**ellness ”

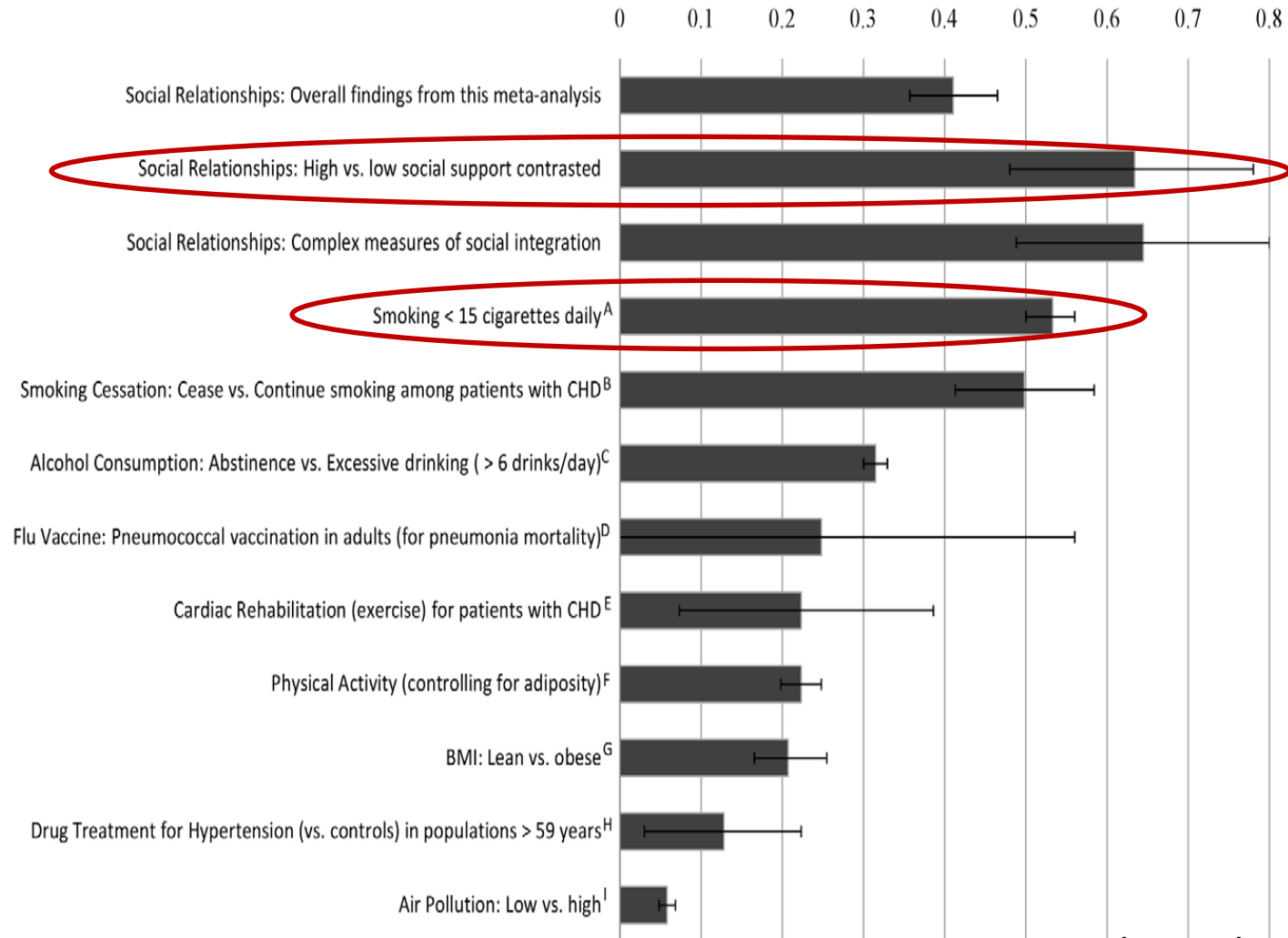


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# Social relationships have big impacts – not just on mental health and wellbeing but also ‘hard’ impacts like mortality

## Meta analysis: comparative odds of decreased mortality



# Momentum for change in mental health and public health

- ❑ Heavy and inequitable burden of mental disorders (1/5) and of poor mental health (languishing).
- ❑ Recognition that treating mental ill health alone will not improve mental health at population level
- ❑ Improved understanding of (positive) mental health as a resource for life and health (5/5).
- ❑ Value of promoting (positive) mental health at population level : associated social, economic, and health outcomes (5/5)

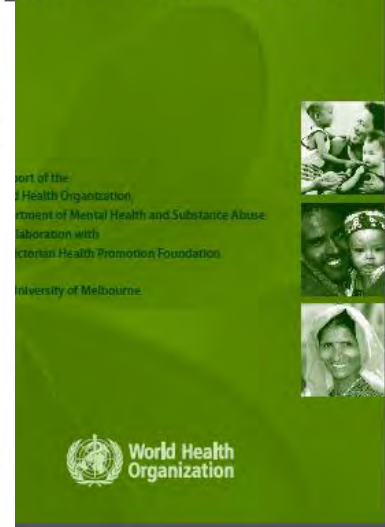
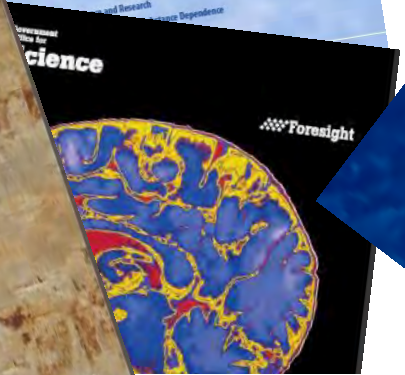
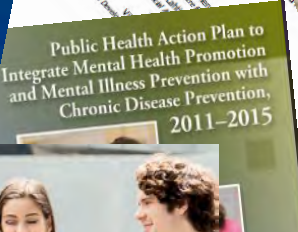
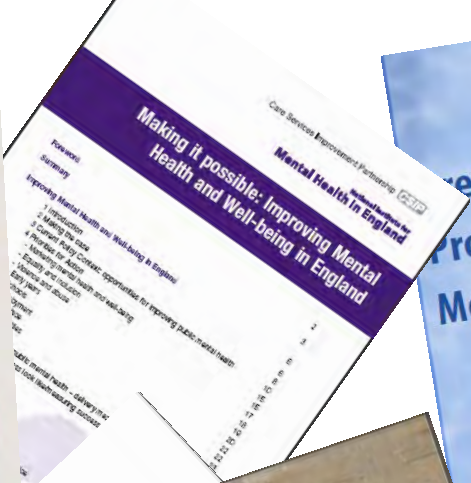
Murray, Vos, Lozano, Naghavi, Flaxman, Michaud, Ezzati, et al., 2010; Pickett & Wilkinson, 2010; Roberts & Grimes, 2011; Herrman, Saxena, & Moodie, 2005; Friedli, 2009, World Health Organization, 2013)





No health  
mental he

A cross-government mental  
strategy for people of all ages





Mentally Healthy Community  
A Collection of Papers

Mentally Healthy  
Aboriginal

The Action Plan for  
Mental Health in  
New Brunswick  
2011-18

AVIS SCIENTIFIQUE SUR LES INTERVENTIONS  
EFFICACES EN PROMOTION DE LA SANTÉ  
ET EN PRÉVENTION DES TROUBLES

Rising  
to the  
Challenge

PLAN D'ACTION EN SANTÉ MENTALE  
LA FORCE DES LIENS

The Human Face of  
Mental Health and  
Mental Illness in Canada  
2006

Exploring Positive  
Mental Health

A PATH FORWARD  
A Provincial  
Approach to Facilitate  
Regional and Local  
Planning and Action

Aboriginal Mental Wellness  
PLAN

A Shared Path  
Towards Wellness  
Mental Health and Addictions Action Plan

Open Minds, Healthy Minds  
Ontario's Comprehensive Mental  
Health and Addictions Strategy

CHANGING DIRECTIONS  
THE MENTAL HEALTH STRATEGY

Together We Can  
The plan to improve mental health and  
addictions care for Nova Scotians

TOWARDS  
RECOVERY &  
WELL-BEING  
A framework for a Mental Health Strategy for Canada



**WHAT?**

**Mental health?**

**Mental health promotion?**

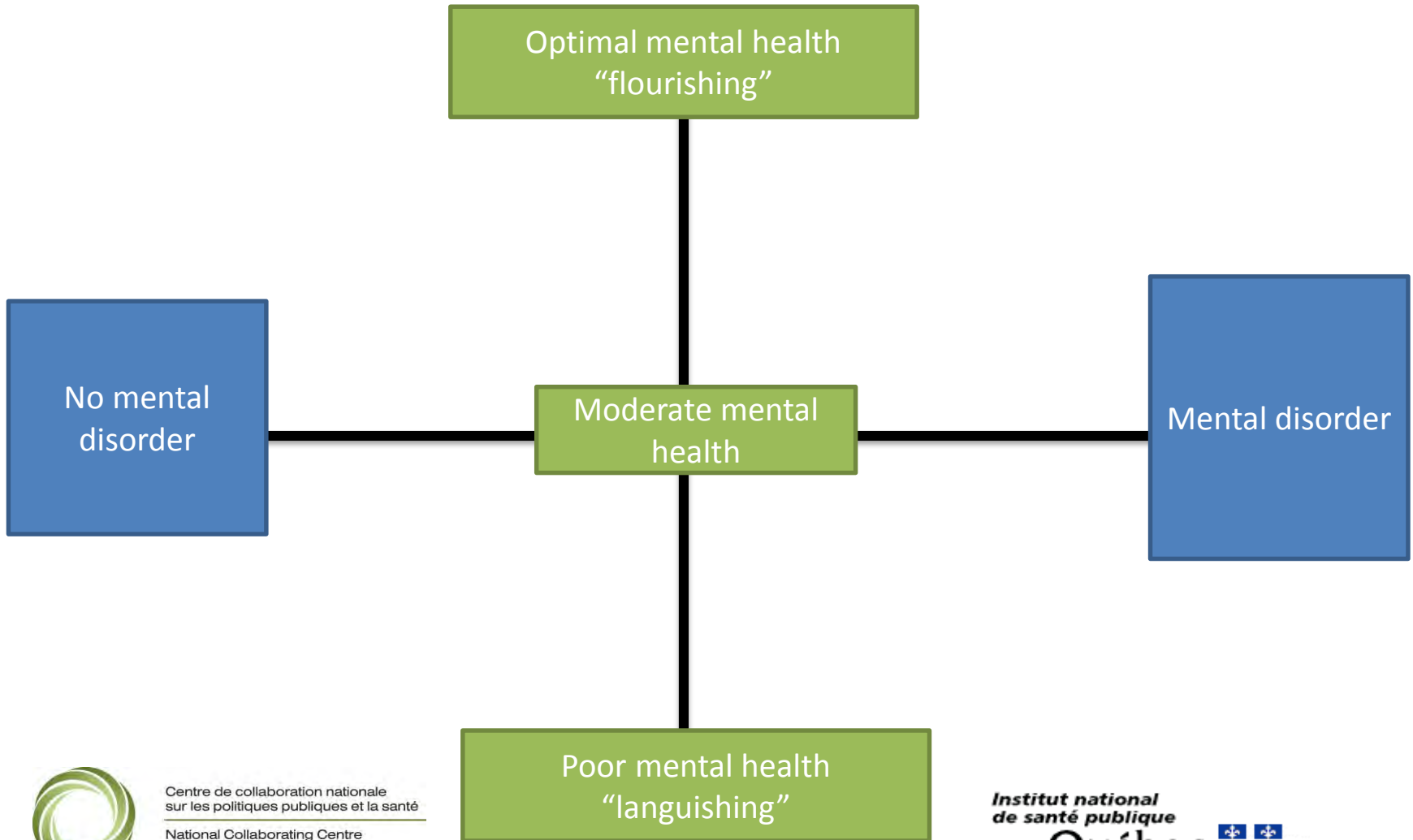
**Social Determinants of Mental Health?**

**The specificity of MHP?**

**The evidence for MHP?**

# Mental Health

# Mental Health / Mental Disorders Links



# What is Mental Health?

Hedonic  
“feeling good”

Eudemonic  
“functioning well”

Mental health

Emotional  
HOW WE FEEL  
(coping style,  
mood, emotions..)

Cognitive/  
Psychological  
HOW WE THINK  
(knowledge,  
flexibility,  
creativity...)

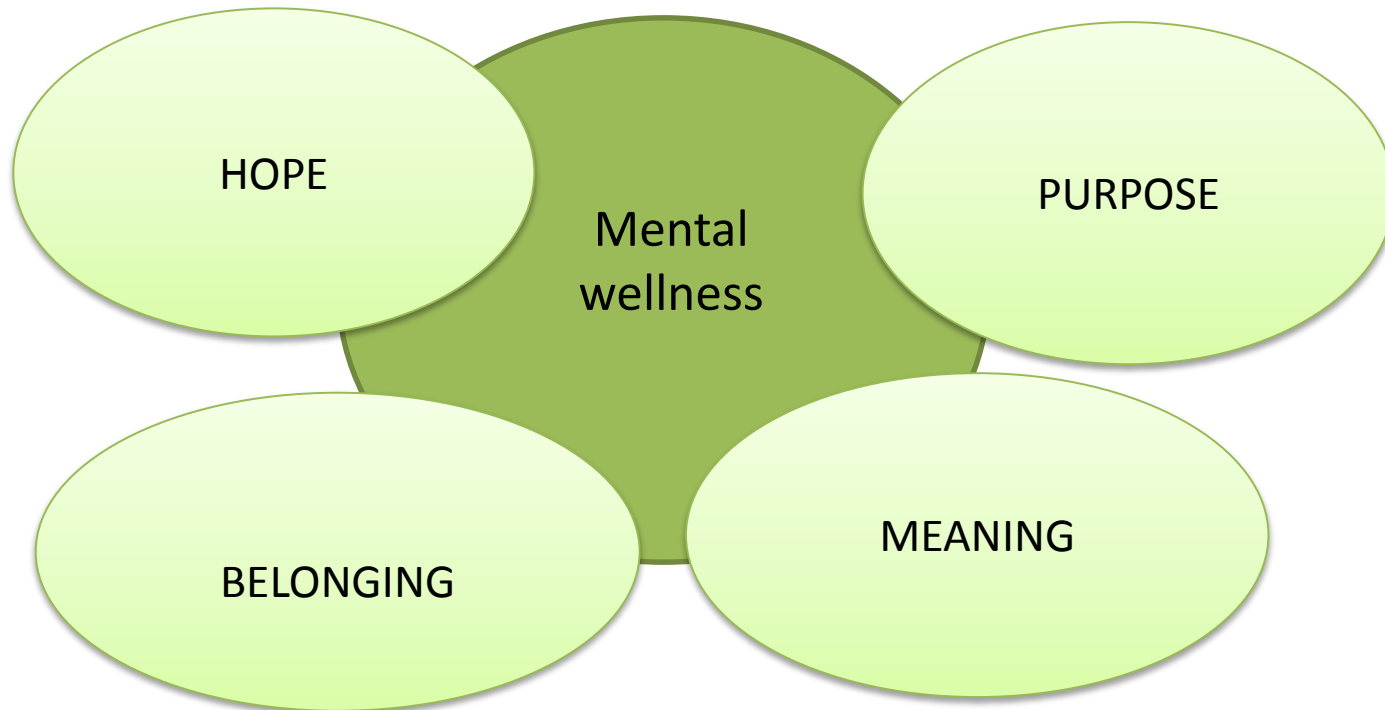
Meaning and Purpose  
HOW WE CONSIDER OUR  
PLACE IN THE WORLD  
(sense of coherence, goals,  
spirituality, beliefs...)

Social  
HOW WE INTERACT WITH  
OTHERS (listening,  
communicating, co operating,  
tolerance, ...)

(Barry, 2009; Friedli & Parsonage, 2007; Keyes, 2007; Diener et al., 2009).



# Fist Nation's Mental wellness Framework



First Nations Mental Wellness Continuum Framework :  
[http://www.thunderbirdpf.org/wp-content/uploads/2015/01/24-14-1273-FN-Mental-Wellness-Framework-EN05\\_low.pdf](http://www.thunderbirdpf.org/wp-content/uploads/2015/01/24-14-1273-FN-Mental-Wellness-Framework-EN05_low.pdf)



# Keyes' MHC-SF

Adult MHC-SF (ages 18 or older)

Please answer the following questions are about how you have been feeling during the past month. Place a check mark in the box that best represents how often you have experienced or felt the following:

During the past month, how often did you feel ...	NEVER	ONCE OR TWICE	ABOUT ONCE A WEEK	ABOUT 2 OR 3 TIMES A WEEK	ALMOST EVERY DAY	EVERY DAY
1. happy						
2. interested in life						
3. satisfied with life						
4. that you had something important to contribute to society						
5. that you belonged to a community (like a social group, or your neighborhood)						
6. that our society is a good place, or is becoming a better place, for all people						
7. that people are basically good						
8. that the way our society works makes sense to you						
9. that you liked most parts of your personality						
10. good at managing the responsibilities of your daily life						
11. that you had warm and trusting relationships with others						
12. that you had experiences that challenged you to grow and become a better person						
13. confident to think or express your own ideas and opinions						
14. that your life has a sense of direction or meaning to it						

Items 1-3 = Hedonic, Emotional Well-Being

Items 4-8 = Eudaimonic, Social Well-Being  
 Item 4 = Social Contribution  
 Item 5 = Social Integration  
 Item 6 = Social Actualization (i.e., Social Growth)  
 Item 7 = Social Acceptance  
 Item 8 = Social Coherence (i.e., Social Interest)

Items 9-14 = Eudaimonic, Psychological Well-Being  
 Item 9 = Self Acceptance  
 Item 10 = Environmental Mastery  
 Item 11 = Positive Relations with Others  
 Item 12 = Personal Growth  
 Item 13 = Autonomy  
 Item 14 = Purpose in Life

Note: The original wording for item 6 was "that our society is becoming a better place for people like you." This item does not work in all cultural contexts. However, when validating the MHC-SF, test both versions of item 6 to see which one works best in your context.

Keyes, C. L. M. (2009). Atlanta: Brief description of the mental health continuum short form (MHC-SF). Available: <http://www.sociology.emory.edu/ckeyes/>. [On-line, retrieved April 20, 22, 2018].

<https://www.aacu.org/sites/default/files/MHC-SFEnglish.pdf>



# Surveillance Indicators



## POSITIVE MENTAL HEALTH SURVEILLANCE INDICATOR FRAMEWORK

### QUICK STATS, ADULTS (18 YEARS OF AGE AND OLDER), CANADA, 2016 EDITION

[Tweet this article](#)

INDICATOR GROUP	INDICATOR MEASURE(S)	LATEST DATA	DATA SOURCE (YEAR)
<b>POSITIVE MENTAL HEALTH OUTCOMES</b>			
Self-rated mental health	% of population who self-rate their mental health as "excellent" or "very good"	64.9%	CCHS Mental Health (2012)
Happiness	% of population who report being happy "every day" or "almost every day"	81.9%	CCHS Mental Health (2012)
Life satisfaction	% of population who report being satisfied with life "every day" or "almost every day"	82.1%	CCHS Mental Health (2012)
	Mean life satisfaction rating (0–10 scale)	7.9	CCHS Mental Health (2012)
Psychological well-being	% of population who have high psychological well-being	69.6%	CCHS Mental Health (2012)
Social well-being	% of population who report that they "very strongly" or "somewhat strongly" belong to their local community	62.4%	CCHS Mental Health (2012)
<b>INDIVIDUAL DETERMINANTS</b>			
Resilience	In development		
Coping	% of population who report a high level of coping	56.9%	CCHS Mental Health (2012)
Control and self-efficacy	% of population who report a high level of perceived control over life changes	41.6%	GSS Social Networks (2008)
Violence	% of population who experienced any of three types of child abuse before age 16 (physical abuse, sexual abuse or exposure to intimate partner violence)	32.3%	CCHS Mental Health (2012)
	% of population who report being the victim of physical or sexual assault in the past 12 months	3.9%	GSS Victimization (2014)
	% of population who report being the victim of spousal violence in the past 5 years	2.7%	GSS Victimization (2014)
Health status	% of population who self-rate their health as "excellent" or "very good"	58.6%	CCHS (2013)
	% of population with no or mild disability	68.1%	CCHS (2013)
Physical activity	% of population who are "active" or "moderately active" during their leisure time based on self-reported data	53.8%	CCHS (2013)
	% of population aged 18–79 years who accumulate at least 150 minutes per week	13.6%	CHMS (2009–2011)

Centre for Chronic Disease Prevention (2016). Positive Mental Health Surveillance Indicator Framework Quick Statistics, adults (18 years of age and older), Canada, 2016 Edition. Ottawa (ON): Public Health Agency of Canada.. Retrieved from: <https://infobase.phac-aspc.gc.ca/positive-mental-health/>

# **Social Determinants of Mental Health and the specificity of MHP**

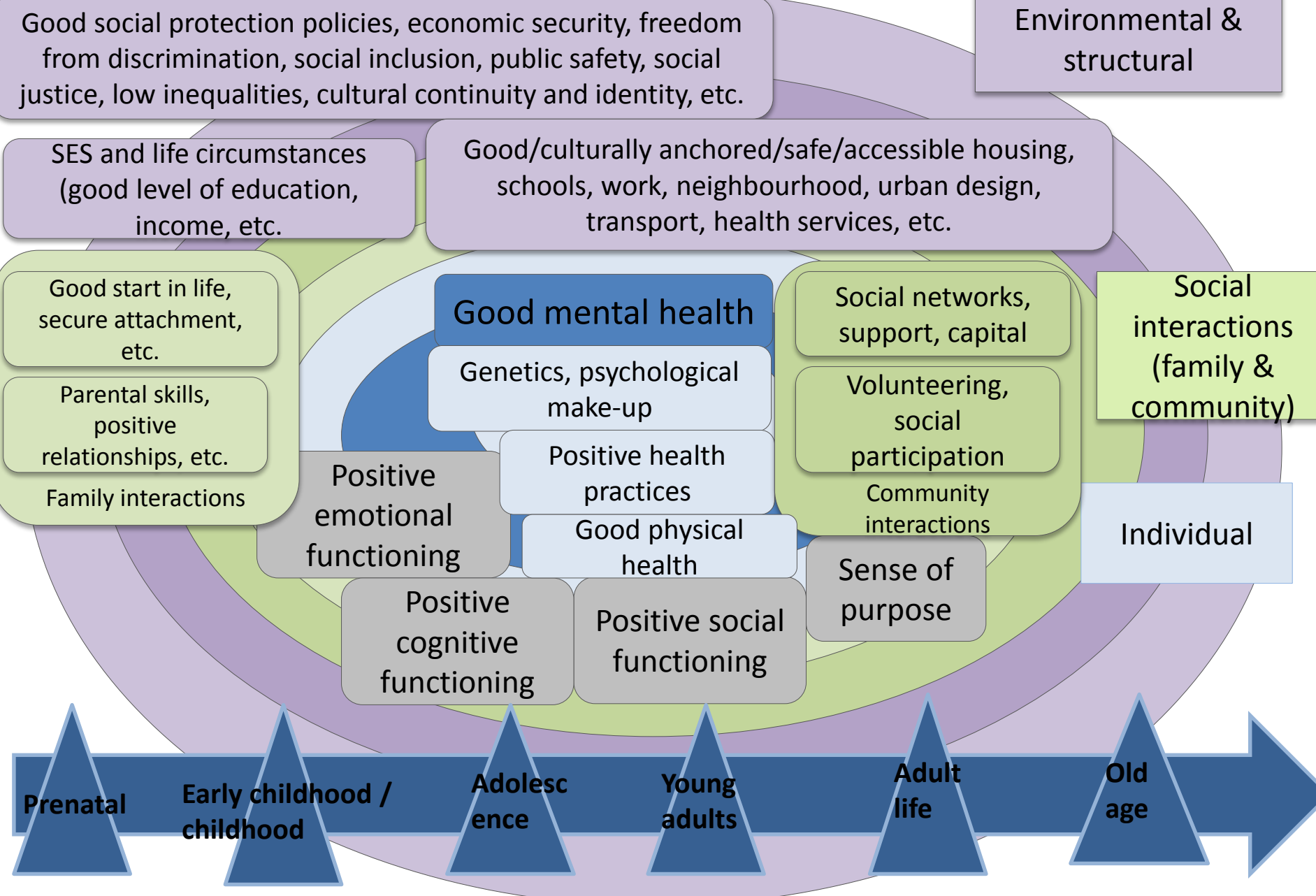
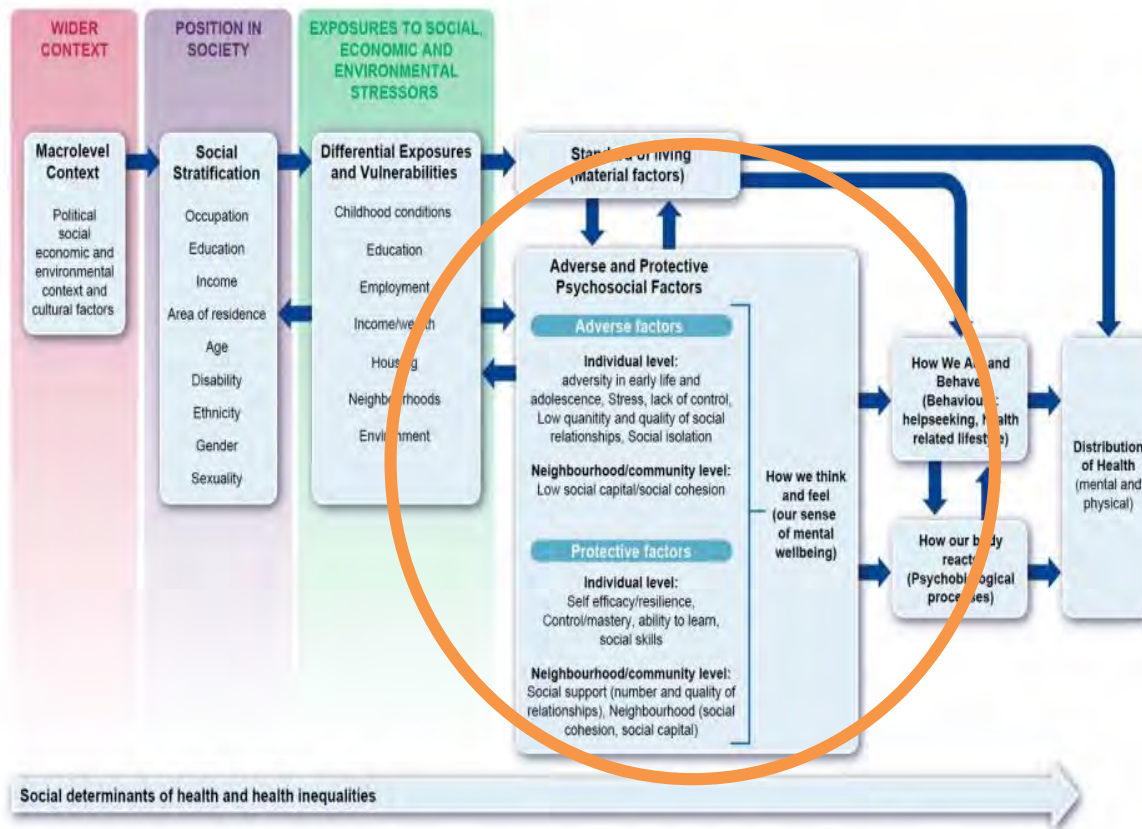


Figure 1: Psychosocial pathways: linking social determinants with psychobiological processes, health behaviours and distribution of health outcomes



Relative importance of material factors - housing, income, employment - **and also** consideration of psychosocial factors – self efficacy, control, mastery, resilience, relationships, social competency skills, social cohesion, participation...

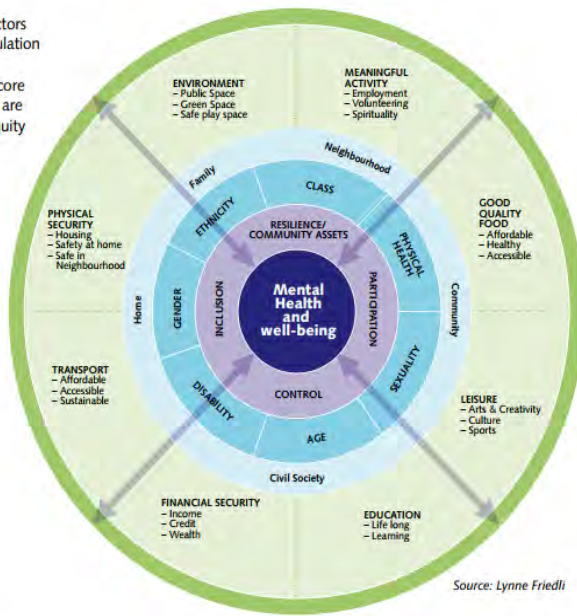
PHE and UCL Institute of Health Equity (2017): Psychosocial pathways and health outcomes: Informing action on health inequalities:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/647709/Psychosocial\\_pathways\\_and\\_health\\_equity.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/647709/Psychosocial_pathways_and_health_equity.pdf)



Figure 2.2: A dynamic model of mental well-being for assessing mental well-being impact

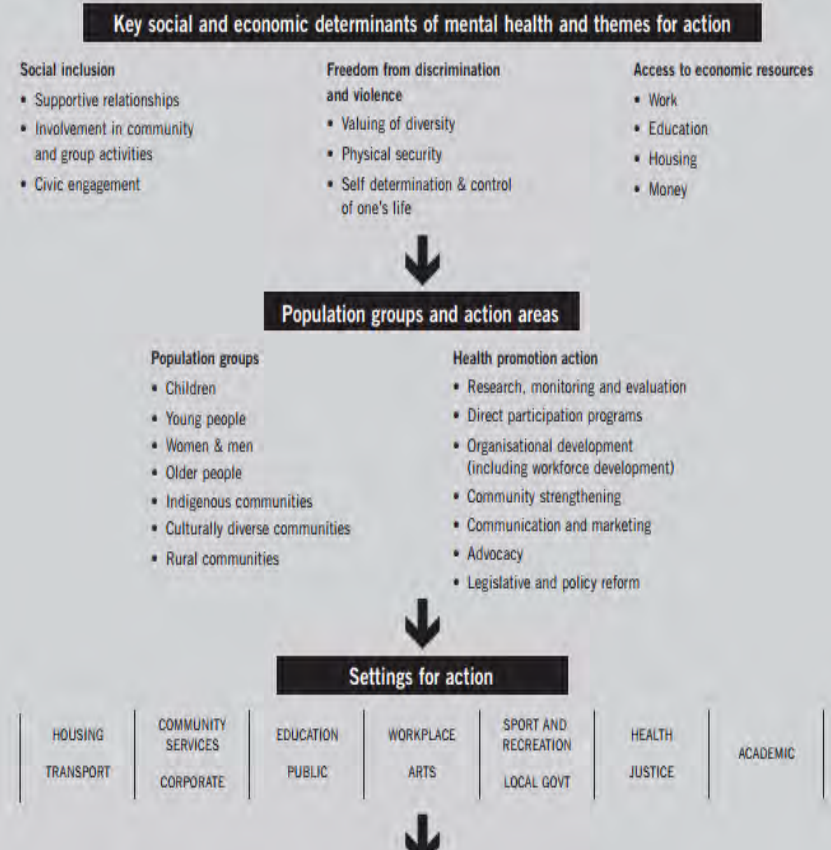
The four protective factors are influenced by population characteristics, wider determinants and the core economy. All of which are influenced by levels equity and social justice.



Source: Lynne Friedli

Equity and social justice | Wider determinants | Social relationships and the core economy | Population characteristics | Four protective factors | Lynne Friedli MWIA Collaborative April 2009

Figure 1: VicHealth 2005 Framework for the Promotion of Mental Health and Wellbeing



Ciggins, T., Cooke, A., Friedli, L., Nicholls, J., ScottSamuel, A., & Stansfield, J. (2007). **Mental well-being impact assessment: A Toolkit. A living and working document.** Hyde, Cheshire: Care Services Improvement Partnership (CSIP). North West Development Centre: <https://healthycampuses.ca/wp-content/uploads/2014/07/MentalWellbeingImpactAssessmentToolkitforwellbe-1.pdf>

Keleher, H. & Armstrong, R. 2005, **Evidence-based mental health promotion resource**, Report for the Department of Human Services and VicHealth, Melbourne: <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Evidence-based-mental-health-promotion-resource---entire-resource>

# The specificity of MHP

Keleher and Armstrong (2005):

Social inclusion, freedom from discrimination and violence, access to economic resources.

Coggins, T., Cooke, A., Friedli et al. (2007)

Resilience and community assets, participation, control, inclusion

- **Yes**, there is no health without MH: MH is rooted within known health and PH models
- **However**, focus of PH mostly on physical health- insufficient consideration of psychosocial factors
- **Also**, even when intention is to look upstream: Possibility of lifestyle drift, with focus on health behaviours (smoking, exercise, alcohol, substance use)
- **Therefore**, MHP is a reminder that **psychosocial factors** are deeply connected to health outcomes, to health inequalities, to how our societies function, and to everything that we are and are capable of doing.
- **They need particular attention.**

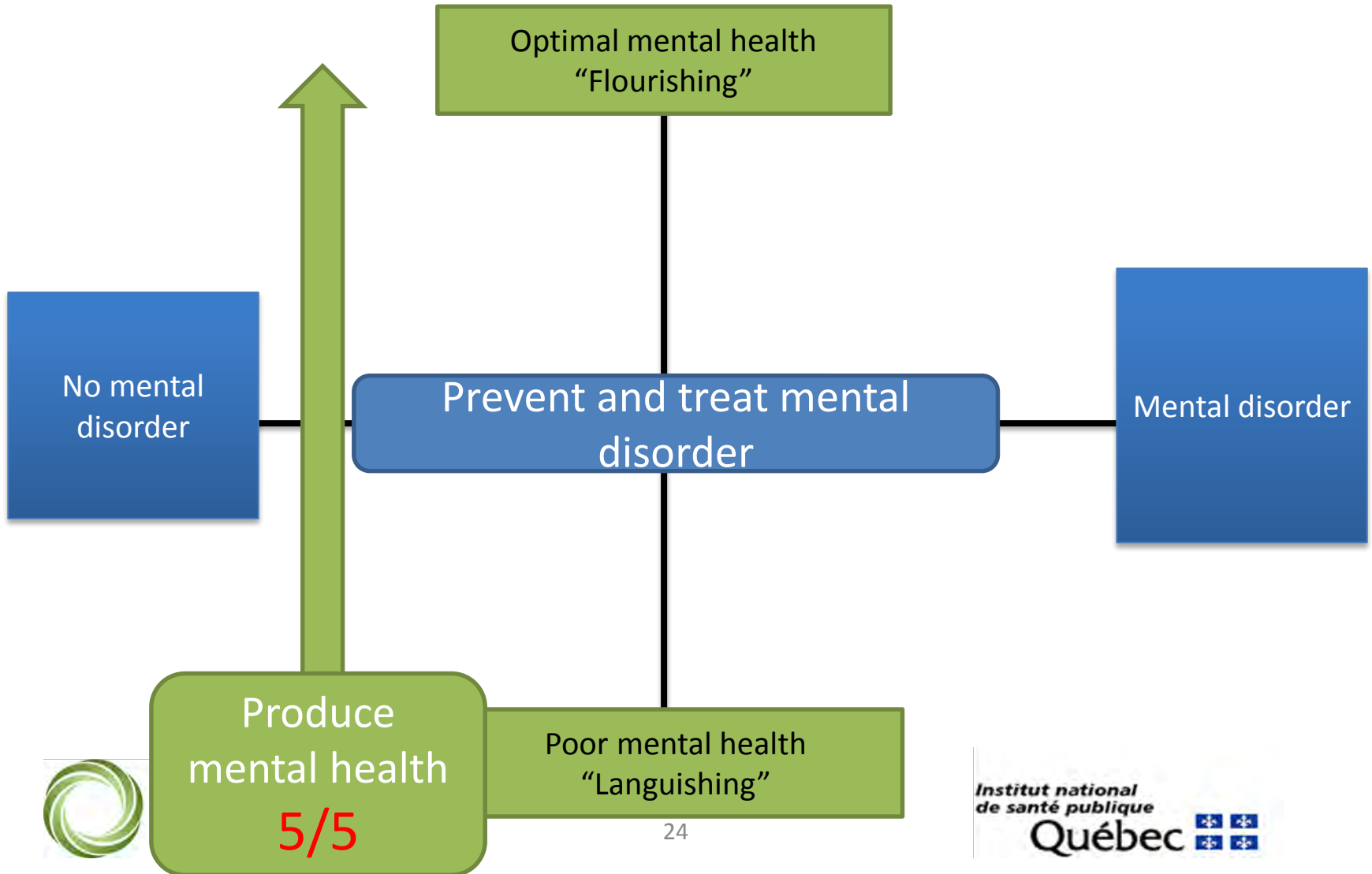


Graph by Friedli presentation, 2011



# **Mental Health Promotion Evidence for action**

# Improve the population's mental health: reconciling two logics





Optimal mental health  
"Flourishing"

## OTTAWA CHARTER FOR HEALTH PROMOTION



Health Canada, Population and Public Health Branch AB/NWT

Poor mental health  
"Languishing"

*Psychological skills  
and attributes*

Support  
people

Create Mentally  
healthy places:  
Resilient places  
and  
communities

Reduce  
structural  
barriers to MH

*Extent to which  
communities are  
able to exercise  
informal social  
controls or come  
together to tackle  
common  
problems"  
"mostly about the  
quality of human  
relationships*

*Policy responses that enhance  
connections, collectivity and financial  
security*

Inspired by Friedli  
presentation, 2011



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# Promoting Mental Health for All A Known Public Health Model

- **Improve everyone’s mental health, including recovery for those with mental disorders**

- **Associated to improvements in social, economic, health functioning for all throughout life trajectory** (Herrman, Saxena, & Moodie, 2005; IUHPE, 2005; Herrman & Jané-Llopis, 2012; Friedli, 2009).

- **Reduce the incidence and prevalence of certain common mental disorders.**

(Hosman & Jané-Llopis, 1999; Barry, 2007; IUHPE, 2005, Herrman & Jané-Llopis, 2012; Keyes, Dhingra, & Simoes, 2010; Keyes, Eisenberg, Perry et al., 2012).

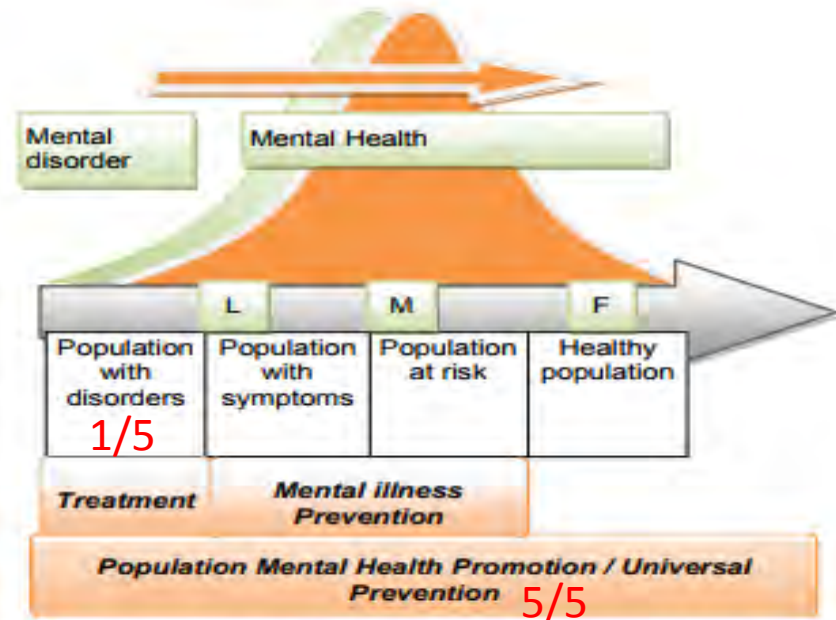
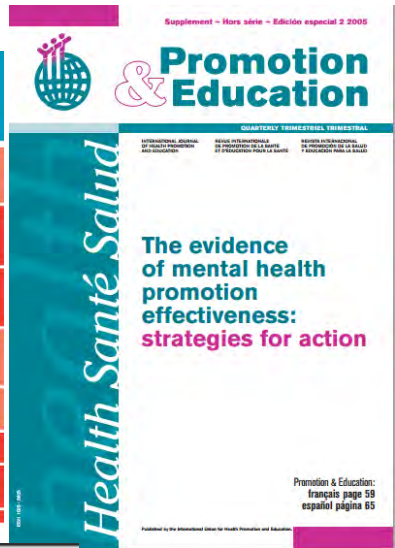
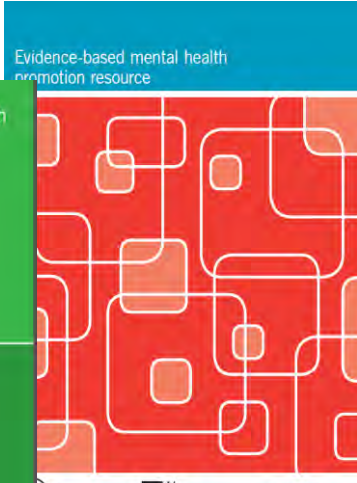
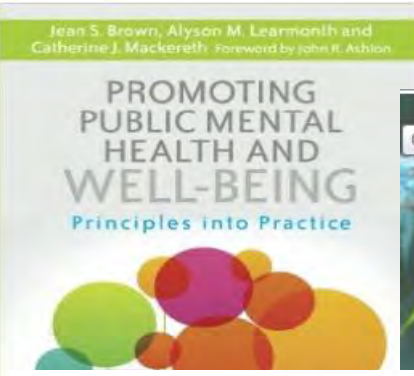


Figure 5 Population mental health promotion (inspired by Barry, 2001)

Mantoura, P. (2014). *Defining a population mental health framework for public health*. Montréal, Québec: National Collaborating Centre for Healthy Public Policy. Retrieved from: [http://www.ncchpp.ca/docs/2014\\_SanteMentale\\_EN.pdf](http://www.ncchpp.ca/docs/2014_SanteMentale_EN.pdf)



# Intervention and public policies to promote population mental health



**Framework for healthy public policies favouring Mental Health**  
March 2014

Good mental health, in its broad definition, is more than the absence of disease, and consists of a state of " flourishing," which is a combination of feeling good and functioning effectively most of the time (The Government Office for Science, 2006; Huppert, 2008; Kessler, 2007; Huppert & So, 2009). It is considered a resource for life for individuals as well as when it is considered at the population level. Defined in this manner, good mental health is the basis of the many skills that are needed for individuals and countries to prosper and flourish.

Higher levels of mental health, independently of mental disorders, are associated with positive outcomes in education, physical health, productivity, relationships, recovery rates, employment and earnings, health behaviours and quality of life. In addition, the best outcomes are found in those who are "flourishing" in life, i.e., those who have good mental health, compared to those who have average or poor mental health. The latter individuals, in turn, have the least favourable outcomes. This is true as well for those who have a mental disorder (Fergusson, 2002, 2007).

Mental health just like physical health is, socially produced and is strongly associated with a number of social determinants. Hence, to improve mental health and reduce mental health inequalities, interventions and policies ought to come from those sectors which can exert

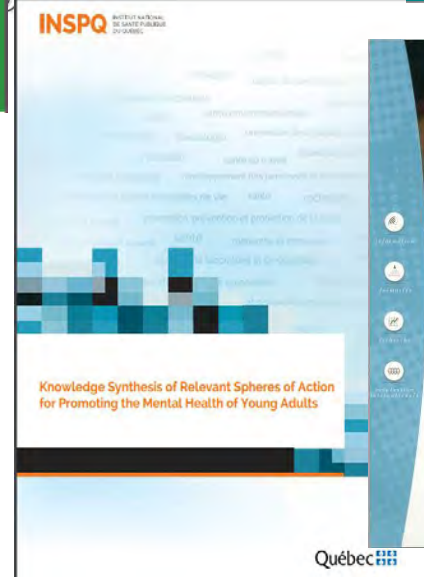
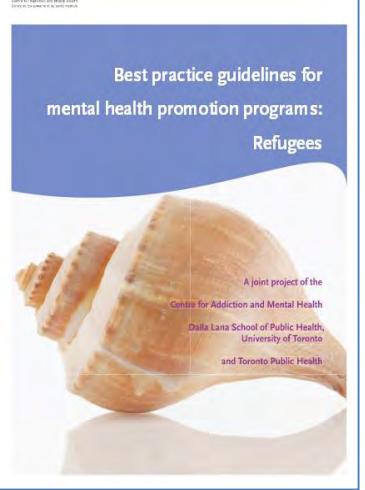
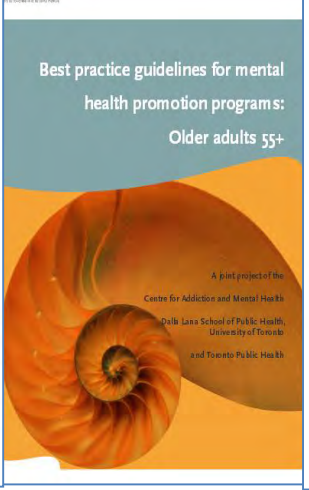
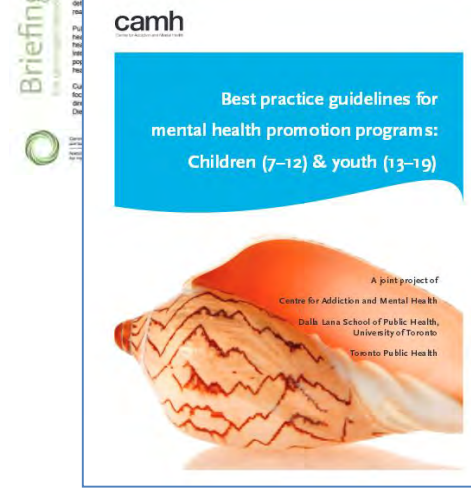
Public policy refers to "a strategic action led by a

Public policies in these sectors may have a positive or negative effect on mental health. It is therefore necessary to analyze the potential negative effects of policies on mental health (Cognitive, Cooper, French, Michels, Scott-Damund, & Stamford, 2007), and to optimize the positive effects of policies via healthy public policies favouring mental health.

This briefing note will propose a framework for healthy public policies favouring mental health (HPP-FMH). In the first section, we define what is meant by this approach. In the second section, we present the determinants of mental health. The influence that HPP-FMH exert on these determinants is the basis upon which they are expected to have impacts on mental health. In the third section, we propose a conceptual framework to illustrate the policy areas that influence mental health. Finally, we present a brief overview of evidence for promoting HPP-FMH.

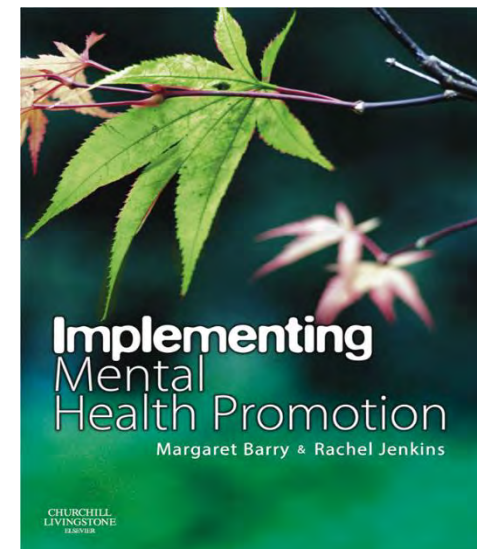
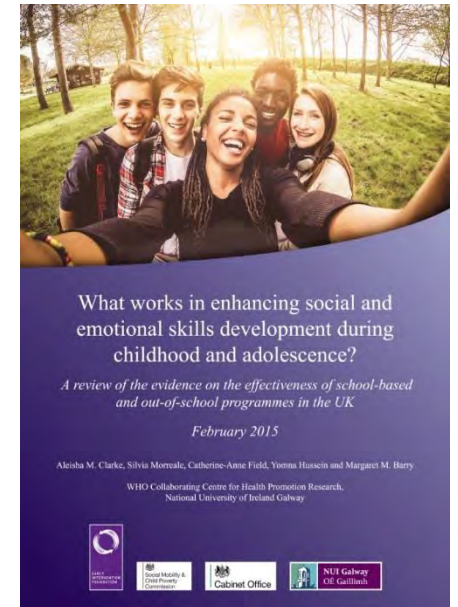
What is meant by Healthy Public Policies Favouring Mental Health (HPP-FMH)?

Public policy refers to "a strategic action led by a



# Evidence Syntheses

- WHO Evidence Brief on Implementation of Global Mental Health Action Plan in the Eastern Mediterranean Region.  
*Promotion of Mental Health and Primary Prevention of Mental Disorders: Priorities for Implementation*  
Barry, Clarke & Petersen (2015) *EMHJ* 21(6), 424-432
- Barry, Clarke, Jenkins & Patel, V. (2013) – A systematic review of interventions in LMICs... *BMC Public Health*, 13:835
- Barry, M. M. and Dowling, K. (2015) *A Review of the Evidence on Enhancing Psychosocial Skills Development in Children and Young People*. Report for the IUHPE & Picardie Regional Health Agency, France
- Barry, Clarke, Morreale, & Field (2017) Review of the evidence on the effects of community-based programs on young people's social and emotional skills. *Adolescent Research Review*
- Barry, M. M. and Jenkins, R. (2007) *Implementing Mental Health Promotion* (2<sup>nd</sup> edition in progress)



# « Best, Good, Promising Buys »

## Settings and life stages with best evidence for cost effectiveness of interventions:

- Home: Parents & Early years (Individual skills and relationship building)
- Life long learning: universal SEL and whole school approaches across life trajectory and transitions (Individual skills, relationship building, inclusion and participation)
- Improving working lives: (Individual skills, relationship building, control, and participation)
- Mental health of older people: (promising) (relationships, participation and inclusion)
  
- Internet/Virtual settings: Promising evidence from the Internet and social media (youth, parents)
- Holistic health care settings: Lifestyle (diet, exercise, alcohol, sleep), SDMH, MH literacy (“all contacts count”)
- Community-based approaches (empowerment, opportunities to exercise control, to contribute and participate, to establish relationships, MH literacy)
- Policies: Alcohol and access to means of self harm regulations
  - AND favoring social inclusion, tolerance, freedom from discrimination and violence, cultural continuity and identity, access to essential resources and opportunities.

McDaid & Park, 2011; Herrman & Jané-Llopis, 2012; Jané-Llopis, Anderson, Stewrt-Brown et al., 2012;Friedli & Parsonage, 2007; INSPQ, 2008; 2018; Department of Health, UK, 2015; PHE, 2018; Jacka, et al., 2013; Huppert, 2005, Clarke, Chambers, and Barry, 2017; Clarke, Kuosmanen, & Barry, 2015.



# Scope of interventions for MHP

**Material resources and equity in distribution**  
(Increasing equitable assets that support mental wellbeing : financial security, environments)

**Relationships and respect:**  
Family, relationships, support, networks, respect for people experiencing misfortune, anti discrimination, tolerance, inclusion

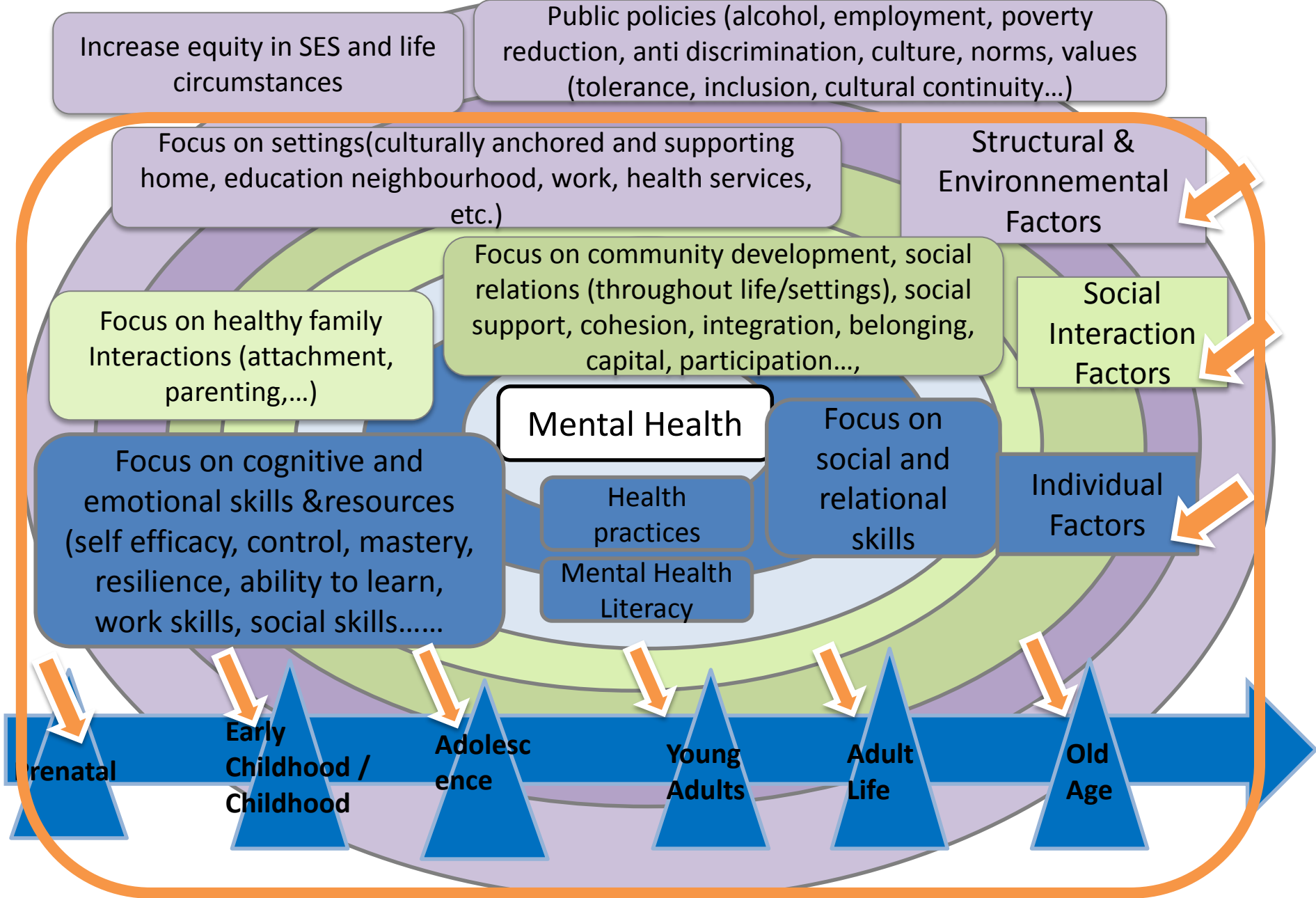
“Making every contact count”

Interventions to promote mental health and wellbeing

**Meaningful activity:**  
**Opportunities to contribute** (meaningful work, volunteering, community participation)

**Inner resources**  
Strengthening psychosocial life skills and resilience (behaviours, attitudes, feelings)





# WHO?

The roles and needs of the population  
mental health workforce

Building system capacity





# NCC survey on PMH needs of the PH workforce and Ontarian surveys of PH units addressing adult, child and youth mental

## Population Mental Health in Canada: Summary of Emerging Needs and Orientations to Support the Public Health Workforce

March 2017

### Introduction

Mental health<sup>1</sup> is an essential part of our individual and collective health. The importance of mental health promotion across the whole population has entered the mainstream policy agenda. Many strategy and policy documents in mental health and public health have integrated the goal of mental health promotion. Mental health promotion is a key component of the mental disease prevention consequence, a dedicated is increasingly called upon objectives. This workforce sufficiently supported to in effective ways with regard health.

responsible for these recommendations; nor is it meant as a strategic analysis identifying what is already available, what is missing or how to implement each recommendation. It does, however, provide general suggestions and possible orientations for next steps.

### Canadian survey initiatives

## Population Mental Health in Canada: An Overview of the Context, Stakeholders and Initiatives to Support Action in Public Health

March 2017

### Introduction

In Canada, and elsewhere in the world, we are seeing a boom in integrated mental health strategies. These consider that mental health and mental disorders are conceptually distinct but linked. In consequence, they recommend action to promote mental health for the entire population, in addition to interventions aiming at preventing mental disorders and suicide, and providing treatment and rehabilitation to persons living with mental disorders. These strategies are based on a holistic understanding of health, which implies that physical health and mental health are inseparable (i.e., you cannot consider one without the other). Finally, these strategies are based on partnerships between mental health, public health and other sectors.

work. These concern both dedicated and broader workforces. In Canada, while there is clearly enthusiasm at the policy and strategic levels, the local and regional public health workforce is not sufficiently supported to implement these recommendations, despite the fact it is being increasingly called on to take action in MHP and MDP and to establish partnerships with actors from clinical, community and other sectors with the aim of improving the population's mental health.

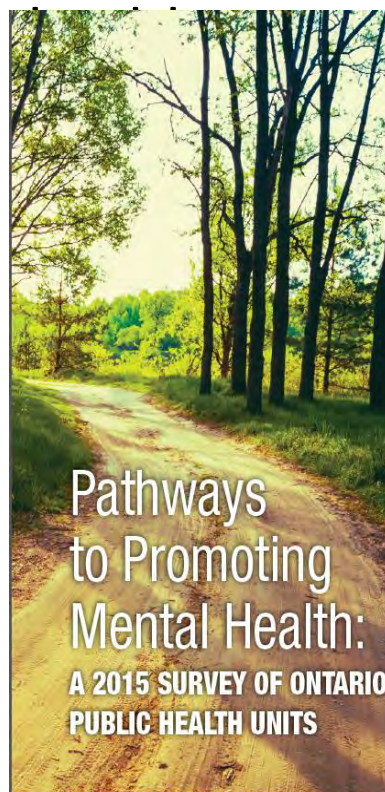
This document focuses on outlining the context in which public health's population mental health-related goals are evolving so that public health practitioners can better understand the momentum they are witnessing, access key resources, as well as become aware of certain initiatives intended to support them. First, we outline the international, national and provincial contexts and identify guiding resources. Then we present some recommendations and activities that have been proposed elsewhere to support the public health workforce in this field. These resources from abroad may prove useful in guiding Canadian public health practitioners. Finally, we mention recent initiatives that identified assets and needs of the Canadian public health workforce in this field.

### Mental health in public health: a global movement taking varying shapes

For the last ten years, both internationally and nationally, policy, strategy and program documents have shown a growing concern for the population's mental health and, in particular, a desire for public health to adopt a leadership role in advancing MHP and MDP goals.

To foster the population's mental health, the literature stresses the importance of a dedicated public health workforce (that is already specialized in promoting health and preventing disease, and could extend that specialization to mental health promotion [MHP] and mental disorder prevention [MDP]). This public health workforce already develops, facilitates and implements promotion and prevention practices and policies in numerous environments. The literature also emphasizes the need for a broader workforce, whose primary mission is not promotion and prevention. This broader workforce includes actors in the various clinical sectors (physical and mental health), from other sectors (such as education, employment, etc.), as well as from community sectors. These actors' interventions in the field of population mental health or in the area of social determinants of mental health are nonetheless essential (Barry and Jenkins, 2007; Public Health England [PHE], 2015a; Compton and Shan, 2015).

To facilitate and enable the implementation of these integrated strategies aiming at fostering the population's mental health, recommendations and initiatives have been proposed elsewhere in the



## Pathways to Promoting Mental Health: A 2015 SURVEY OF ONTARIO PUBLIC HEALTH UNITS

IDENTIFYING AREAS OF FOCUS FOR MENTAL HEALTH PROMOTION IN CHILDREN AND YOUTH FOR ONTARIO PUBLIC HEALTH

July 2013

### Connecting the Dots

How Ontario Public Health Units are Addressing Child and Youth Mental Health

Briefing Note For up-to-date knowledge relating to healthy public policy



Centre de collaboration nationale sur les politiques publiques et la santé National Collaborating Centre for Healthy Public Policy

Briefing Note The up-to-date knowledge relating to healthy public policy

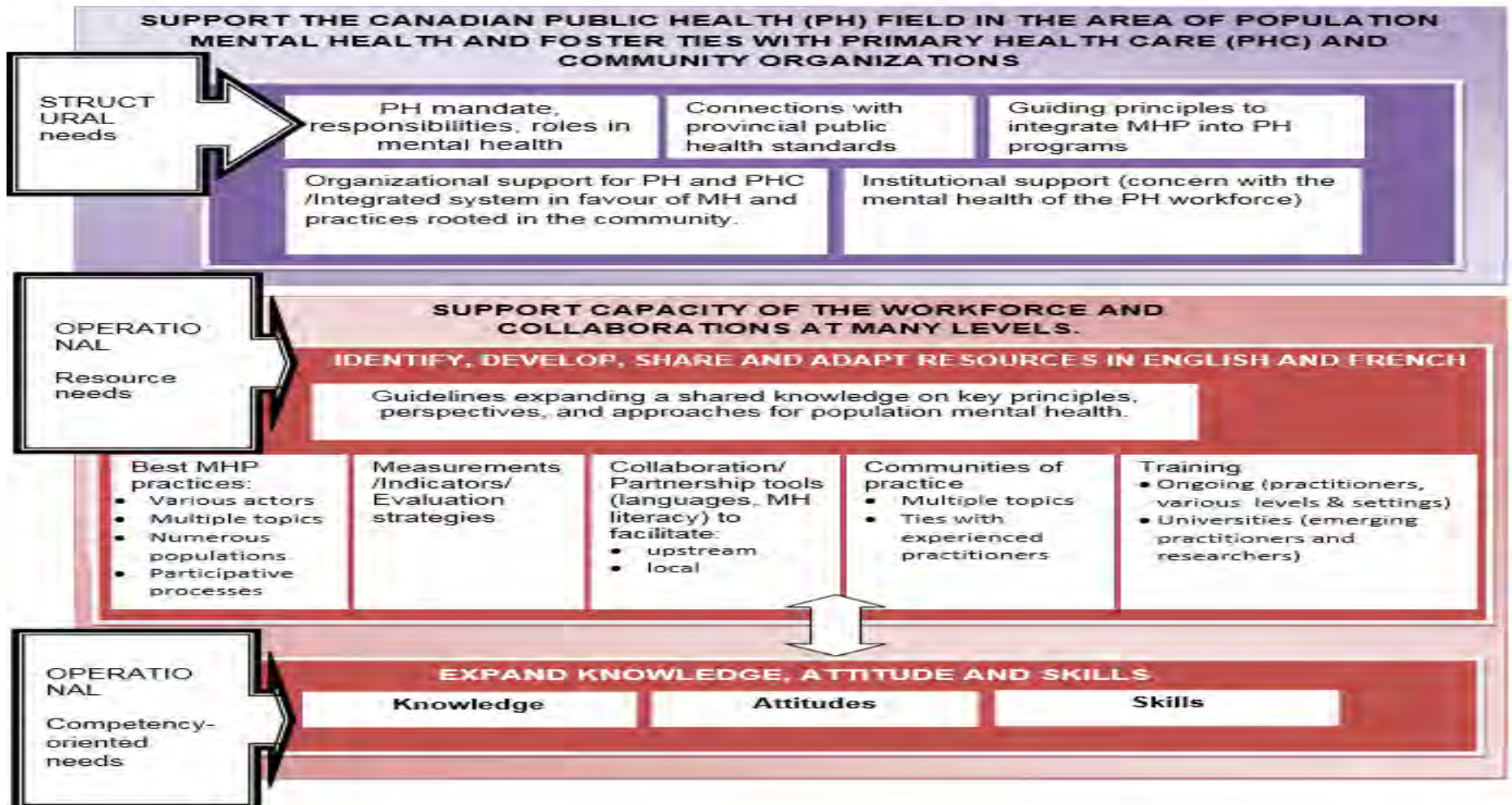


Centre de collaboration nationale sur les politiques publiques et la santé National Collaborating Centre for Healthy Public Policy

Institut national de santé publique Québec

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# Synthesis of Needs (4 Canadian surveys)



# NCCPH Collective activities on PMHP



POPULATION MENTAL HEALTH AND WELLNESS PROMOTION  
 COMMUNITY DEVELOPMENT

## Mental Health (equated with positive mental health):

- o Necessary for a life that is healthy, fulfilling, and productive.
- o More than the absence of mental illness.
- o Begins before birth and continues through the lifespan.
- o Shaped by life circumstances, life settings and the events throughout our lives.
- o Can fluctuate throughout life from a state of languishing to a state of flourishing.
- o Fluctuations in mental health affect the community as well as the individual's quality of life and general health.
- o Modifiable by addressing risk and protective factors from individual to societal levels.

## Who is involved? Everyone

- Mental health is everybody's business: It can only be achieved through an intersectoral approach, an all of government approach, as well as good engagement of the public through an all-of-society approach.
- Other sectors (education, housing, justice etc.) may not have mental health promotion as their core activity, yet their actions and interventions deeply impact population mental health and wellness.
- Public health actors are increasingly called upon to play a leading role – as a "specialist workforce" for PMHP as well as to establish partnerships with the overall workforce engaged in physical and mental health care, social services, community support, and other sectors.

## HOW is PMHP done?

By addressing the social determinants of mental health and wellness at societal, environmental, community, family and individual levels, throughout the life course.

- o Access to essential resources and opportunities; social inclusion; tolerance; cultural diversity, continuity and identity; freedom from discrimination and violence are key.

Through multiple simultaneous strategies combining:

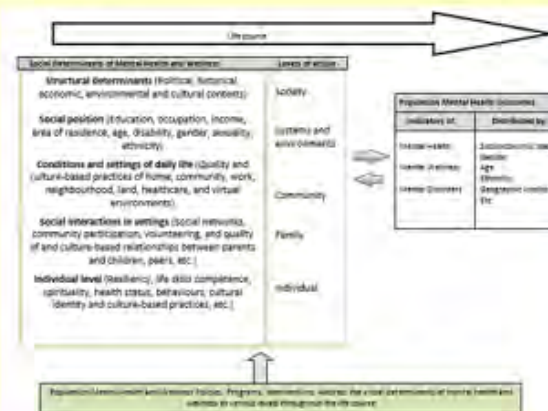
- o Healthy public policies
- o Creating supportive environments
- o Strengthening community action
- o Reinforcing personal skills
- o Reorienting health services

Using:

- o Proportionate universalism
- o Cultural and gendered approach
- o Participation and empowerment
- o Strength and competence enhancement

## What is Population Mental Health and Wellness Promotion (PMHP)?

Improve mental health and wellness for all and reduce inequalities in mental health and wellness



## Why is it important to promote mental health?

- Improved mental health is associated with improvements in physical health, longevity, healthy behaviours, healthy child development, school readiness and success, productivity & employment, participation, social capital, social relations, community safety & efficacy, quality of life, recovery (mental illness and addictions), etc.
- These improvements affect everyone: those who are living with mental illnesses, and those who are not.
- Improved mental health is associated with reduced incidence and prevalence of mental illness, and can support reduced burden of substance use problems.
- Populations and systems benefit from mental health promotion.
- There is a return on investment for mental health promotion and mental illness prevention. A long term view is necessary.



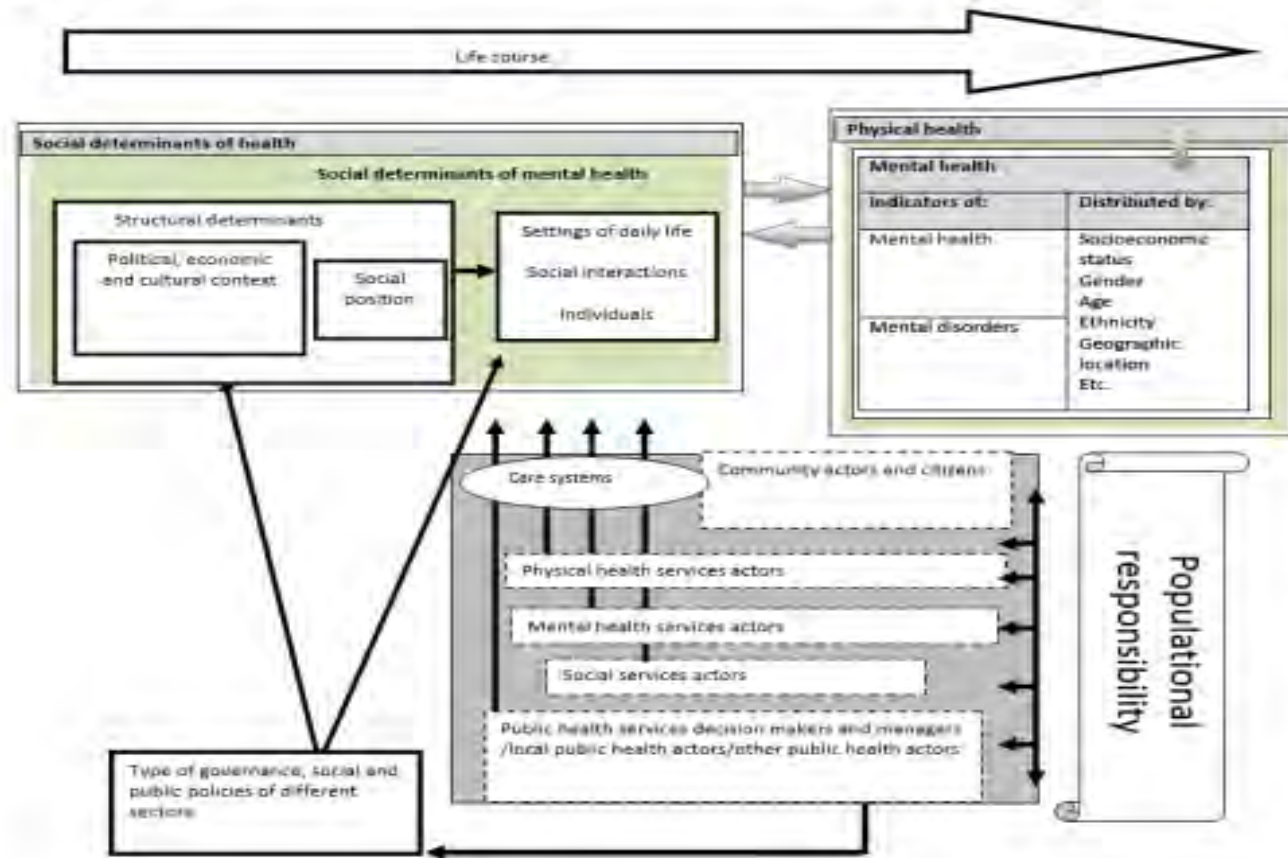
Centre de collaboration nationale sur les politiques publiques et la santé

National Collaborating Centre for Healthy Public Policy

<http://nccph.ca/projects/mentalhealth/>

Building on expertise	To forge a specialised PH workforce for mental health and wellness promotion
Champion/Lead	Support and integrate shifts in paradigms about MH and communicate them effectively. Advocate for MHP, creation of MHWP standards, resources, addressing inequities, HPP favourable for MH, MH in all policies.
Evaluate Monitor Assess	Analyse community assets/needs and measure outcomes of programs and policies using indicators of positive mental/strength based indicators that are culturally relevant/participatory/community led processes.
Integrate Embed	Recognise what MHP is, analyse where it already exists in practices, and what gaps remain to be filled / Focus on holistic intervention-recognise links between physical and mental health. / Know and embed evidence-based interventions /Integrate Indigenous Frameworks and knowledge, multiple perspectives, types of evidence, processes. Recognize and integrate a wider workforce, including Indigenous Elders.
Mobilize knowledge	Share the message effectively: Make the economic case /Train the workforce/ Train the public / Recognise and use multiple languages
Partner Convene	Build on existing partnerships, and develop others Work in partnership with communities/*community led initiatives Work with other sectors, health and mental health sectors Co-produce, Listen, self-reflect, adopt cultural humility. Recognise multiplicity of languages for a sha

# Roles of the entire workforce involved in population mental health



Source: adapted from Mantoura, 2014b; Commission on Social Determinants of Health, 2009.

Mantoura, P., Roberge, M.-C., & Fournier, L. (2017). A Framework for Supporting Action in Population Mental Health. Montréal, Québec: National Collaborating Centre for Healthy Public Policy. Authorized translation of the following original article: Mantoura, P., Roberge, M.-C. et Fournier, L. (2017). Un cadre de référence pour soutenir l'action en santé mentale des populations. Santé mentale au Québec, XLII(1), Printemps 2017, 105-123. Retrieved from: [http://www.ncchpp.ca/553/publications.ccnpps?id\\_article=1711](http://www.ncchpp.ca/553/publications.ccnpps?id_article=1711)

# The Public Mental Health Workforce involved in promoting MH- PHE (2015)

1. Leaders advocate for the mental health of citizens as a valuable resource for thriving communities and economies.
2. A public health specialist workforce that has expertise to lead mental health as a public health priority.
3. A local workforce working with communities to build healthy and resilient places.
4. Frontline staff are confident and competent in communicating with people about mental health and supporting them to improve it.
5. Frontline staff are confident and competent in recognizing signs of mental distress and supporting children, young people, parents and adults appropriately.
6. The health and social care workforce has the knowledge and skills to improve the health and wellbeing of people with a mental illness and reduce mental health inequalities.

Public Health England [PHE]. (2015). *Public Mental Health Leadership and Workforce Development Framework*. London: Public Health England. Retrieved from:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/410356/Public\\_Mental\\_Health\\_Leadership\\_and\\_Workforce\\_Development\\_Framework.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/410356/Public_Mental_Health_Leadership_and_Workforce_Development_Framework.pdf)



# Public mental health leadership and workforce development framework

## Public Health England, 2015

**Table 1. Core principles for public mental health practice**

Know	Believe	Act
1. Know the nature and dimensions of mental health and mental illness.	5. Understand your own mental health, what influences it, its impact on others and how you can improve it.	9. Communicate effectively with children, young people and adults about mental health.
2. Know the determinants at a structural, community and individual level.	6. Appreciate that there is no health without mental health and the mind and body work as one system.	10. Integrate mental health into your own area of work and address mental and physical health holistically.
3. Know how mental health is a positive asset and resource to society	7. Commitment to a life-course approach and investment in healthy early environments.	11. Consider social inequalities in your work and act to reduce them and empower others to.
4. Know what works to improve mental health and prevent mental illness within own area of work.	8. Recognise and act to reduce discrimination against people experiencing mental illness.	12. Support people who disclose lived experience of mental illness.

Public Health England [PHE]. (2015). *Public Mental Health Leadership and Workforce Development Framework*. London: Public Health England. Retrieved from:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/410356/Public\\_Mental\\_Health\\_Leadership\\_and\\_Workforce\\_Development\\_Framework.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/410356/Public_Mental_Health_Leadership_and_Workforce_Development_Framework.pdf)



# Recognising/integrating/Implementing MHP

Focus on MH determinants, in particular:

- Inclusion, social connections, resilience, community assets, participation, freedom from discrimination/violence
- Adopt a strength-based approach across the life course with specific attention to early years
- Using socio ecological approach- Ottawa Charter
  - Support individuals, as well as (and in interaction with)
  - their families, early childhood/childhood/young adult learning environments, workplaces, communities (and other settings, i.e. virtual)
  - Link with community development approaches,
  - Support integrated holistic MH Promoting services (make every contact count),
  - champion for mentally healthy public policies in support of access to economic resources and opportunities (whole of government, whole of society approach)
- Approach with a culture and equity lens, using participatory and empowering processes
- **Maintain and develop partnerships: Collaborate with and support other sectors (HPP-FMH / MHIA), primary care, contribute to breaking siloes, communities.**
- Obtain the necessary support (engage political will, organisational support, knowledge, competency building (MHP/Cultural competence and humility), and mobilise a public demand for a mentally healthy society (media).
- Evaluate and monitor implementation process and outcomes
- **Build capacity of the broad workforce (expand knowledge base and competencies in all sectors that are pertinent) and integrate a wider workforce (i.e. communities, elders)**
- As part of a universal approach, be wary of your own mental health.





THANK YOU...and...



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