

Population Mental Health: Roles of Public Health

Mental Health Course

Université de Montréal

June 6, 2018

Pascale Mantoura
National Collaborating Centre for Healthy Public Policy
(NCCHPP)



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

*Institut national
de santé publique*
Québec

National Collaborating Centre for Healthy Public Policy (NCCCHPP)

Our mandate

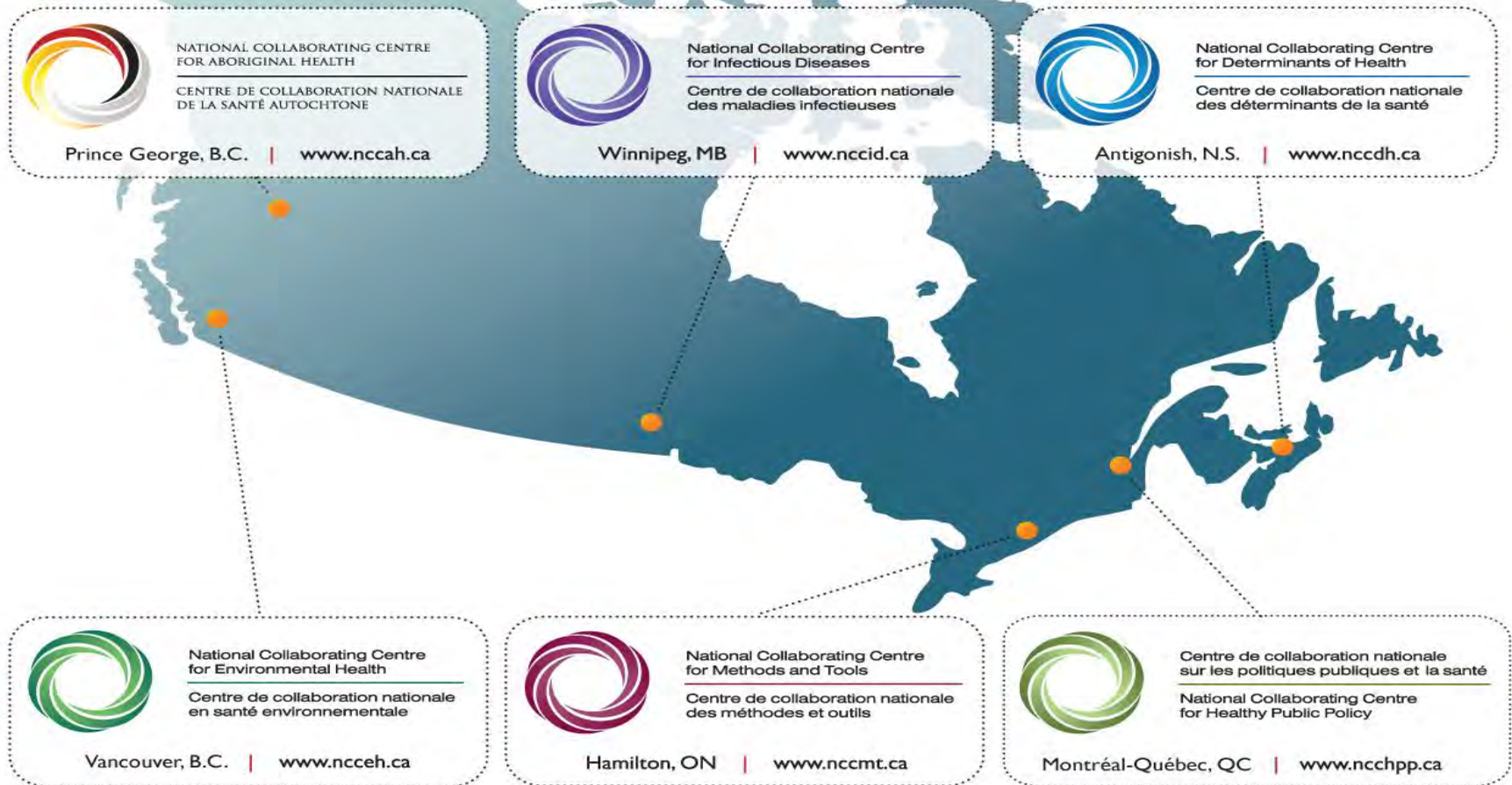
- Support public health actors in their efforts to promote healthy public policies.

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



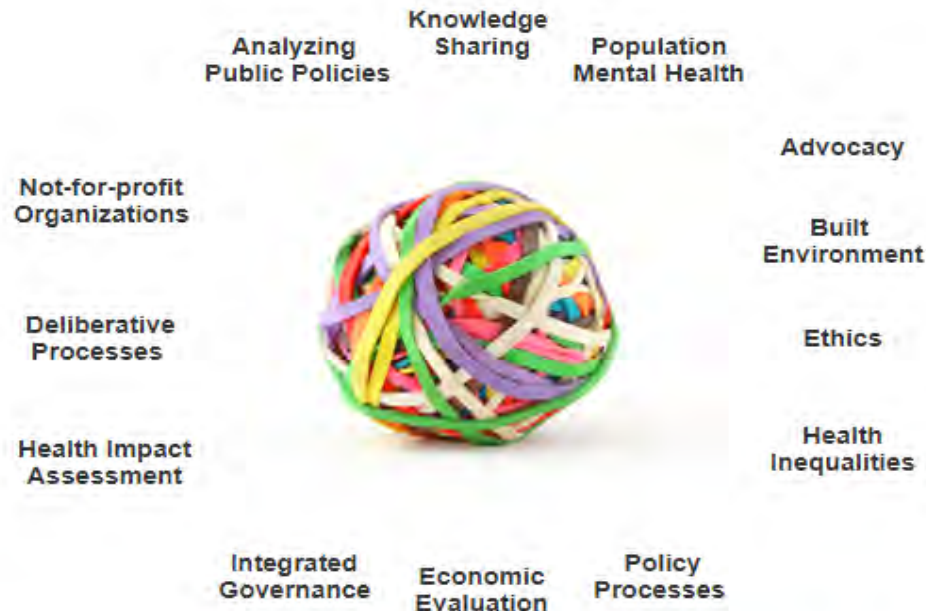
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Our projects



How can we make healthy public policies?

Learn about public policies and their effects on health.

Generate and use knowledge about healthy public policies.

Identify models for intersectoral collaboration as well as potential collaborators.

Influence the development of public policies.

What's New

The NCCHPP was at *Public Health 2018*, we hosted a [symposium and a presentation on public health ethics](#).

Webinar - [Practical Approaches to Wicked Problems: What Works?](#) Click to watch and listen to the recording of the webinar.

NCCHPP & NCCDH Webinar - [Public Health Ethics and Equity: Naming and Navigating Ethical Issues in Public Health Practice](#). Click to watch and listen to the recording of the webinar.

New Publications

Summary - [Ethics Education in Public Health: Where Are We Now and Where Are We Going?](#)

Briefing Note - [How Can We \(and Why Should We\) Analyze the Ethics of Paternalistic Policies in Public Health?](#)

Briefing Note - [An Introduction to Punctuated Equilibrium: A Model for Understanding Stability and Dramatic Change in Public Policies](#)

Summary - [Policy Makers' Advisors, Scientific Knowledge and Knowledge Sharing: Highlights of a Literature Review and Key Lessons](#)

Article - [A Framework for Supporting Action in Population Mental Health](#)

Do you consider that public health practice has links with population mental health?



Why?



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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 ”

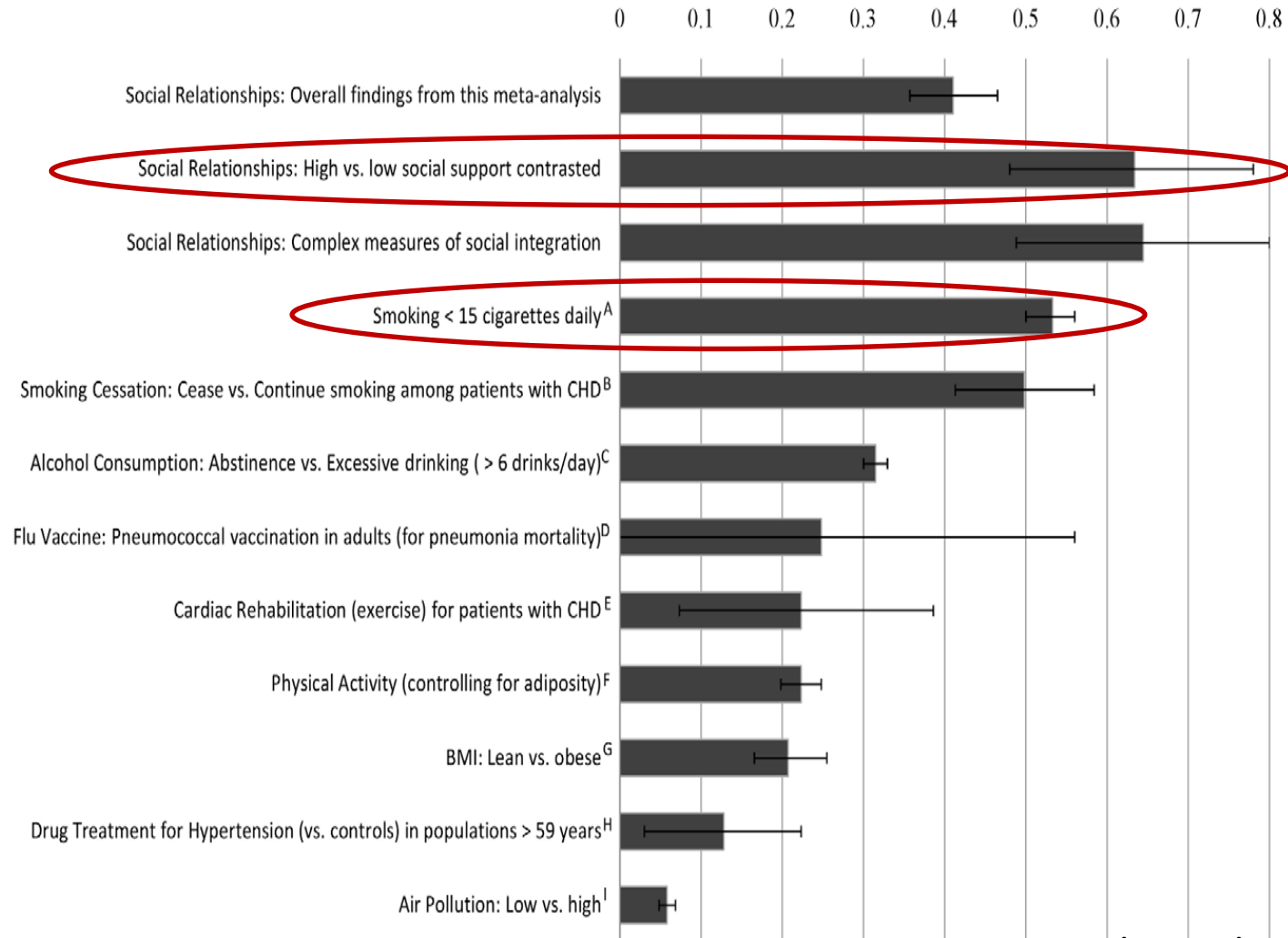


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Social relationships have big impacts – not just on mental health and wellbeing but also ‘hard’ impacts like mortality

Meta analysis: comparative odds of decreased mortality



Momentum for change in mental health and public health

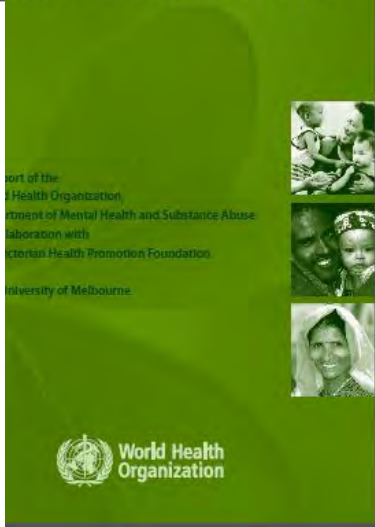
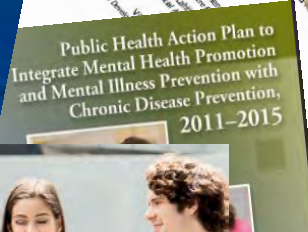
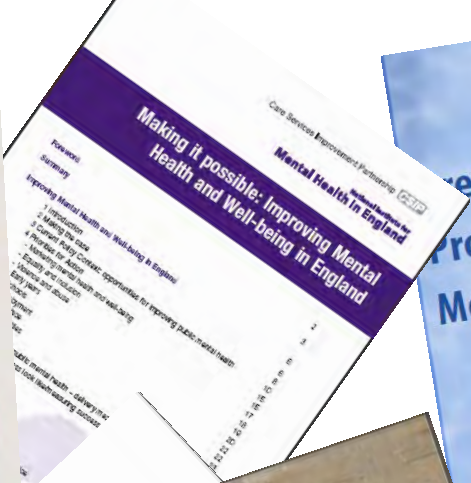
- ❑ Heavy and inequitable burden of mental disorders (1/5) and of poor mental health (languishing).
- ❑ Recognition that treating mental ill health alone will not improve mental health at population level
- ❑ Improved understanding of (positive) mental health as a resource for life and health (5/5).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





Questions d'actualité en santé mentale au Canada – L'impact économique de la maladie mentale

Publication n° 2013-87-F
Le 27 septembre 2013

LA NÉCESSITÉ D'INVESTIR DANS LA SANTÉ MENTALE AU CANADA

Une personne sur cinq est aux prises avec une
maladie mentale chaque année au Canada



MAKING THE LONG-TERM ECONOMIC CASE FOR INVESTING IN MENTAL HEALTH TO CONTRIBUTE TO SUSTAINABILITY

Written by David McDaid,
under the IMPACT contract to support the
European Pact for Mental Health and Well-being

Mental Health Promotion and Prevention: The Economic Case

Martin Knapp, David McDaid and
Michael Parsonage (editors)

Personal Social Services Research Unit,
London School of Economics and Political Science

January 2011

Report to be published by the Department of Health, London



Rendement du capital investi

Promotion de la santé mentale et prévention
de la maladie mentale

Promoting mental health and preventing mental illness: The economic case for investment in Wales



OCTOBER 2009



POURQUOI INVESTIR EN SANTÉ MENTALE CONTRIBUE À LA PROSPÉRITÉ ÉCONOMIQUE DU CANADA ET À LA PÉRENNITÉ DE NOTRE SYSTÈME DE SOINS DE SANTÉ

FICHE DE RENSEIGNEMENTS - PRINCIPAUX FAITS

The Life and Economic Impact of Major Mental Illnesses in Canada

December 2012
Report on behalf of the Mental Health Commission of Canada by:
RiskAnalytica
Mental Health Commission of Canada

North York Corporate Centre
4370 Yonge Street, Suite 400
Toronto, ON M3J 1M4
Tel: (416) 751-1424
Fax: (416) 306-2386
www.riskanalytica.com

Mental Health Promotion: Building an Economic Case

Lynne Fritch & Michael Parsonage



"Mental health is the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity."

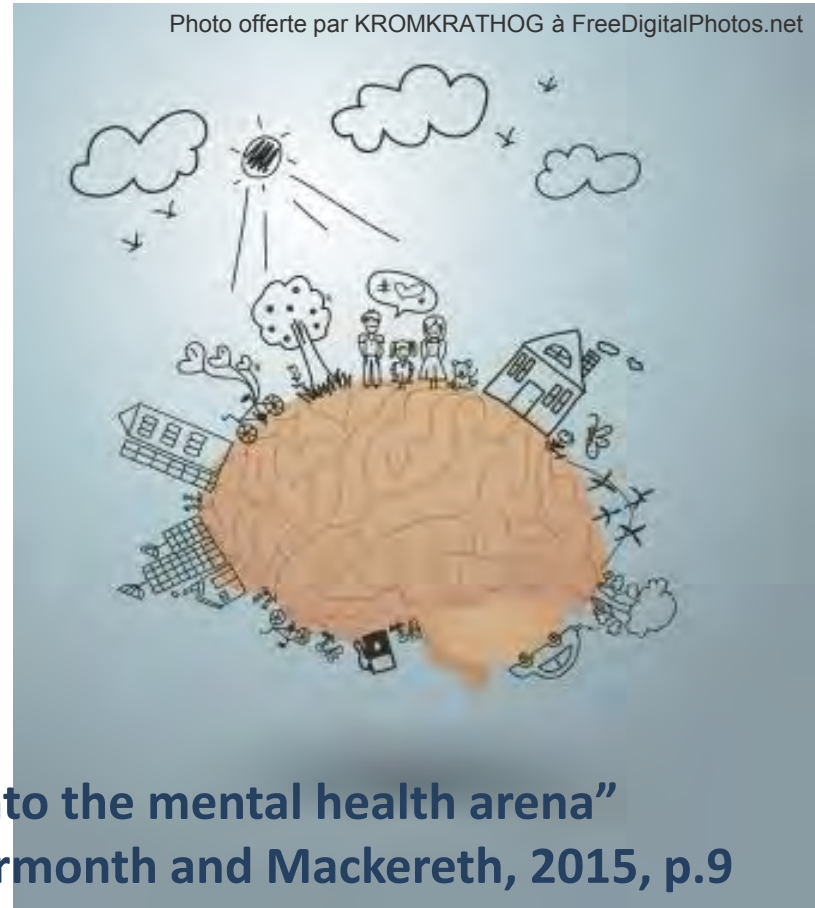
Points toward a renewed perspective in order to keep people from becoming mentally ill and to improve the mental health status of the whole population.





TRANSITION

**“Translation of New Public Health thinking into the mental health arena”
John Ashton Foreward in Brown, Alyson, Learmonth and Mackereth, 2015, p.9**



WHAT?

Context of NCC Work

Main elements of PMH (definitions, distinctions, determinants, indicators)

NCCHPP/PH Population Mental Health (PMH) Projects

- An Environmental scan :
 - High enthusiasm/momentum at policy level
 - Discrepancy at local/regional level
- Frameworks (2 briefing notes,
- 1 article): **To help legitimise/support/clarify the topic, the workforce, the roles, ...**

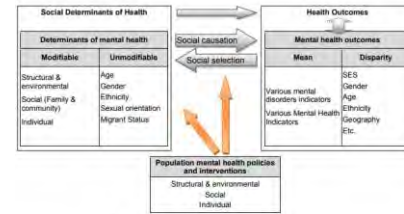


Figure 1 Framework for population mental health
Adapted from King & Robart, 2005 and David King's blog: <http://www.psychologyandmentalhealth.org/blog/author/davidking/>, consulted online on December 6, 2013.



Figure 2 Policy Framework for Mental Health

Mantoura, P. (2014). Defining a population mental health framework for public health. Montréal, Québec: National Collaborating Centre for Healthy Public Policy.

http://www.ncchpp.ca/553/publications.ccnpps?id_article=1268

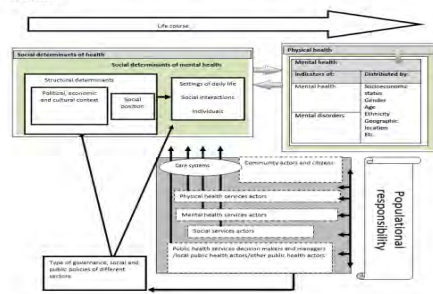
Mantoura, P. (2014). Framework for healthy public policies favouring Mental Health. Montréal, Québec: National Collaborating Centre for Healthy Public Policy.

http://www.ncchpp.ca/553/Publications.ccnpps?id_article=1203

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.

http://www.ncchpp.ca/553/publications.ccnpps?id_article=1711

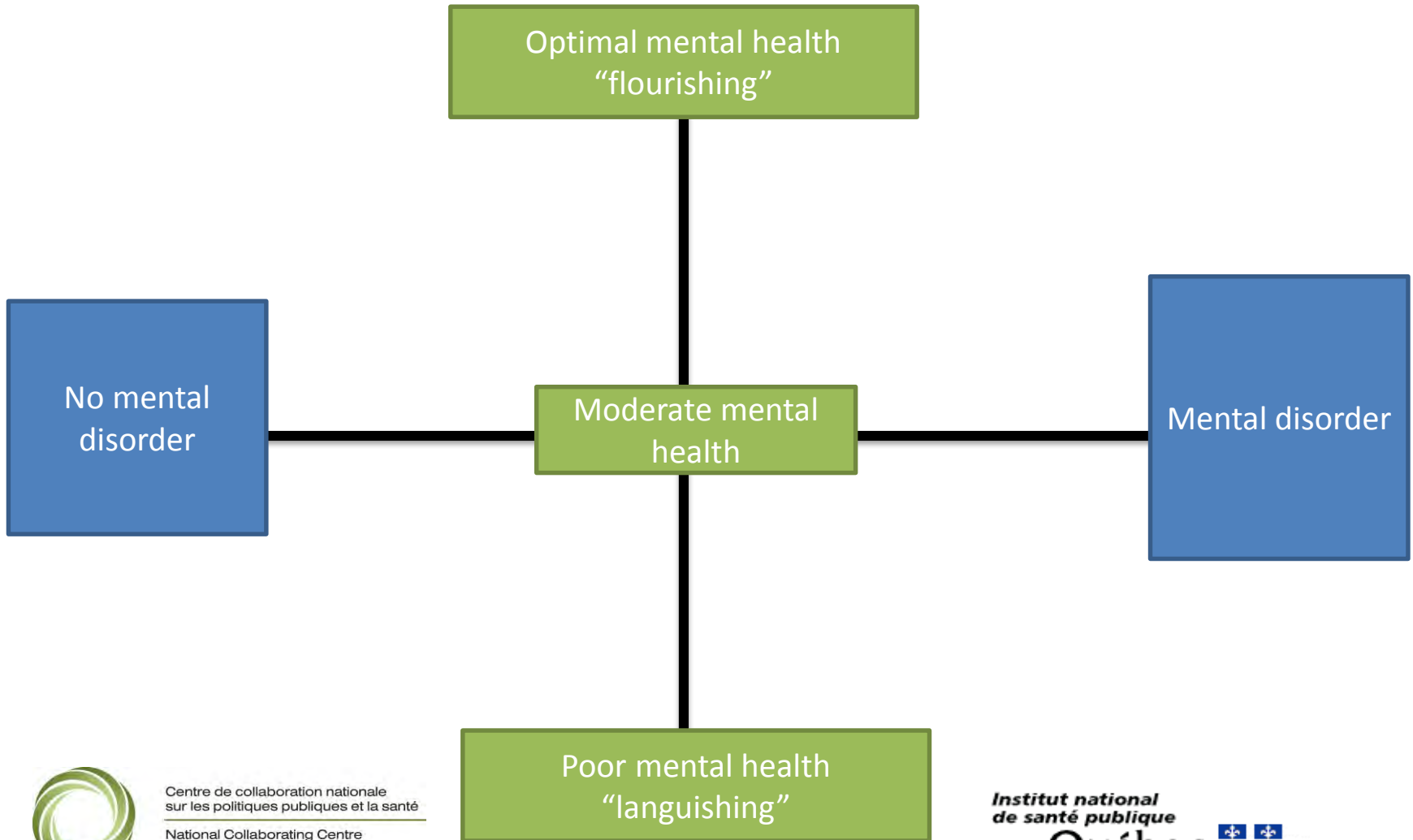
Roles of the entire workforce involved in population mental health



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



PMH: Considering the complete model of MH



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).



Mental health and mental disorders

The case of Lucy: 29 years old, in a relationship, two children ages 4 and 8 :

- Many miles of public transit to get to work;
- Often late at daycare and school;
- Rarely present spouse during the week, works nights;
- Loving but poorly available extended family;
- Difficult relationship with parents;
- Limited budget, no flexibility for contingencies;
- Not very available to help with homework or play with the kids;
- Feels incompetent, unhappy, overwhelmed and stressed.

Credits to Marie Claude Roberge for slide, presentation 2017

What could we say about Lucy's Mental Health?

Credits to Marie Claude Roberge for slide, presentation 2017

Mental health and mental disorders

The case of Mary: 33 years old, separated, two children, ages 4 and 7:

- Has gone through many unstable moments;
- Diagnosed with bipolar disorder;
- Works part time;
- Satisfactory Joint custody;
- Children developing well;
- Lives in ;
- Habite dans une coopérative d'habitation;
- Réseau de soutien formel et informel présent;
- Se sent heureuse, entourée et en contrôle de sa vie.

Credits to Marie Claude Roberge for slide, presentation 2017

What could we say about Mary's Mental Health?

Credits to Marie Claude Roberge for slide, presentation 2017

Measure and indicators

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>

POSITIVE MENTAL HEALTH SURVEILLANCE INDICATOR FRAMEWORK

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

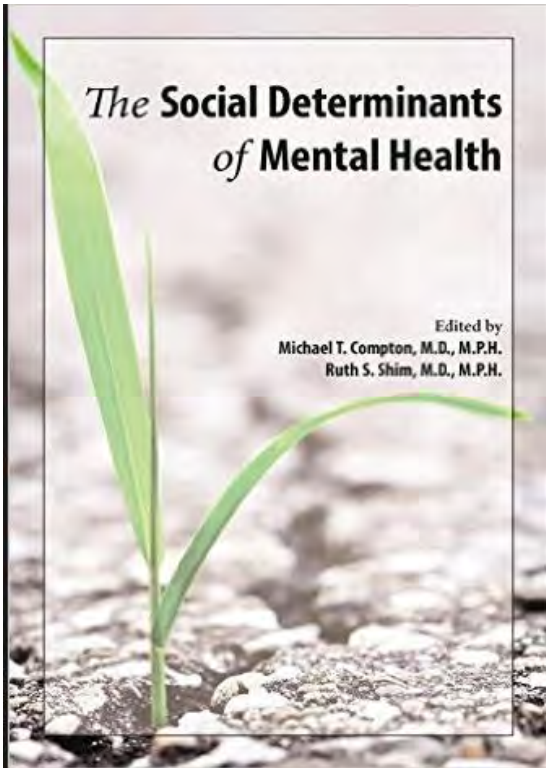
 [Tweet this article](#)

INDICATOR GROUP	INDICATOR MEASURE(S)	LATEST DATA	DATA SOURCE (YEAR)
POSITIVE MENTAL HEALTH OUTCOMES			
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)
INDIVIDUAL DETERMINANTS			
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 chances	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

What influences Lucy's, Mary's and their children's mental health?



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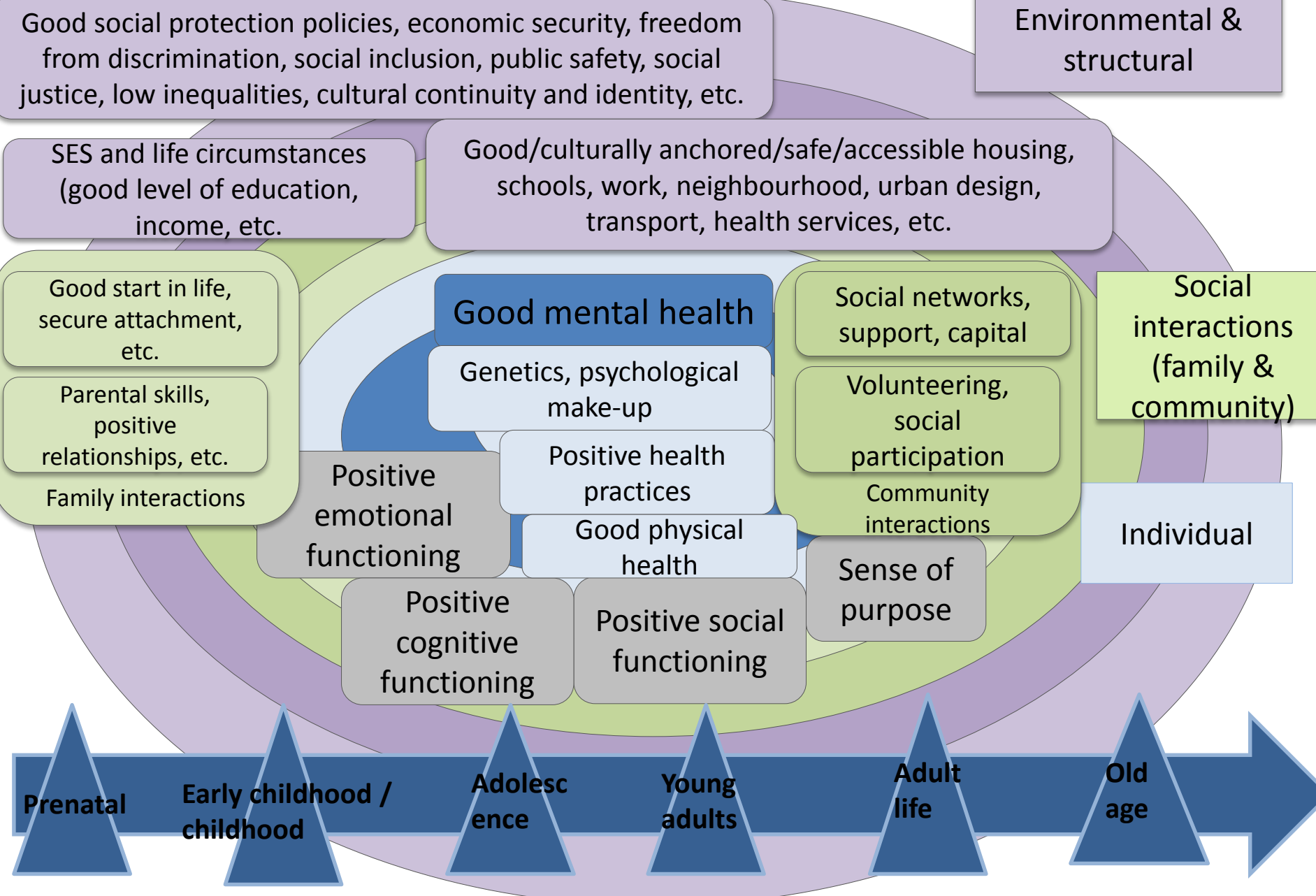
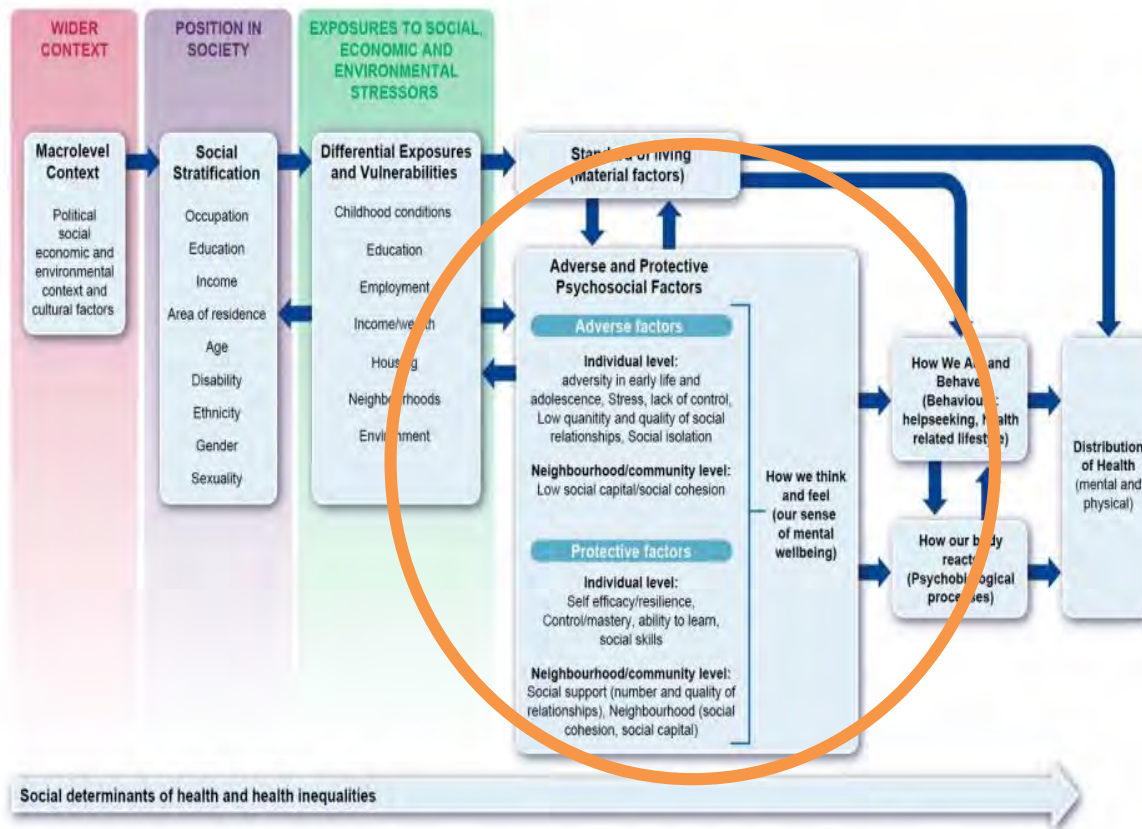


Figure 1: Psychosocial pathways: linking social determinants with psychobiological processes, health behaviours and distribution of health outcomes



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...

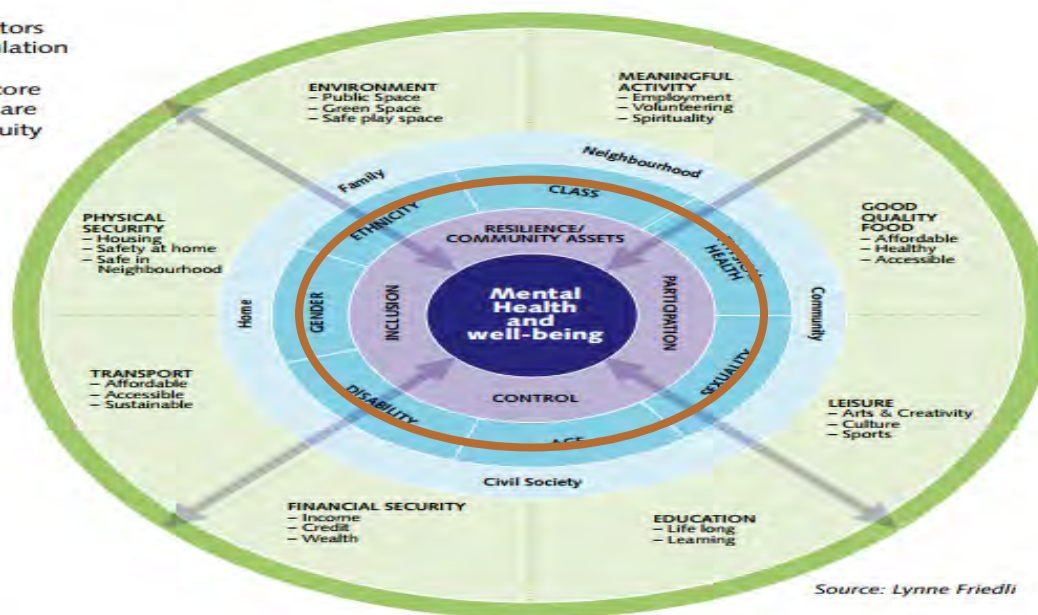
PHE and UCL Institute of Health Equity (2017): Psychosocial pathways and health outcomes: Informing action on health inequalities:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/647709/Psychosocial_pathways_and_health_equity.pdf



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.



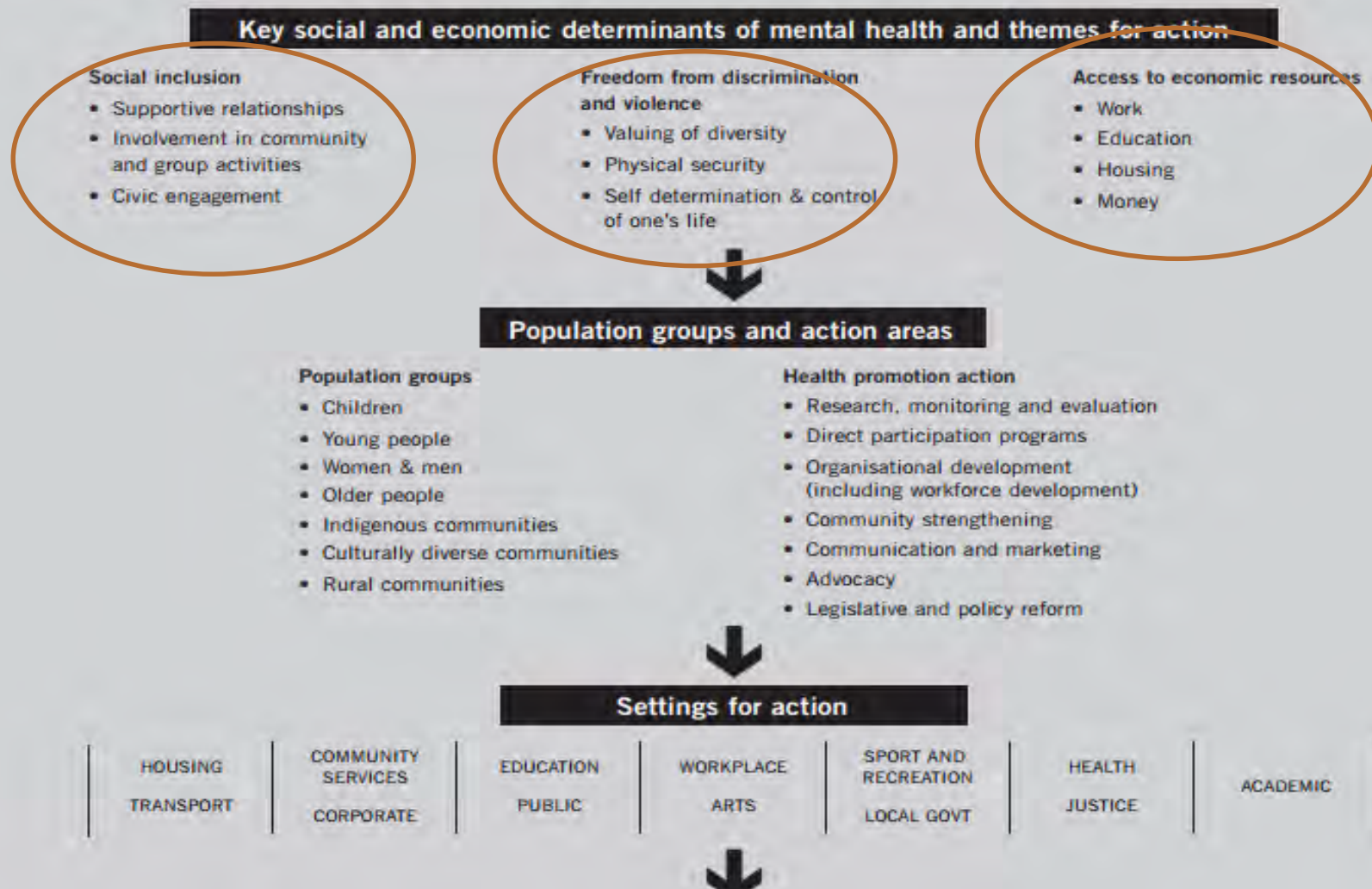
Source: Lynne Friedli

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

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>



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



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



“The public mental health equivalents of sewers and clean water are respect, social relations and social justice!”

Lynne Friedli

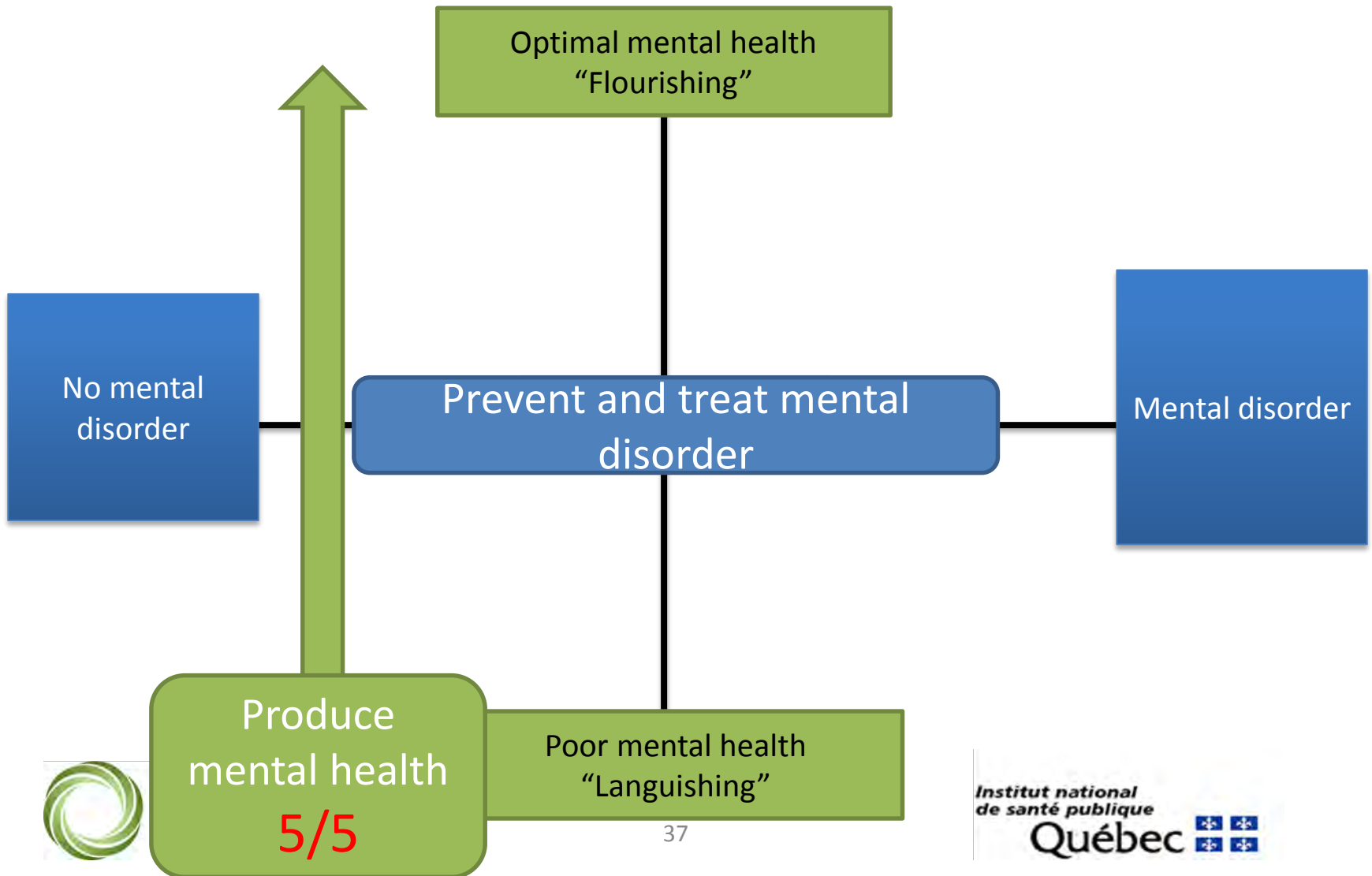
Mental Health Promotion

“The process of enhancing the **capacity** of individuals and communities to **take control over their lives and improve their mental health**. Mental health promotion uses strategies that foster **supportive environments and individual resilience**, while showing respect for **culture, equity, social justice, interconnections, and personal dignity**”.

(Joubert et al., 1996 in *Best practice guidelines for mental health promotion programs: Children (7–12) & youth (13–19)*, CAMH 2014)



Improve the population's mental health: reconciling two logics



Promote Mental Health

100 % of the population

5/5

Prevent (Mental Illness)
Population at risk

Treat (Mental illness)
1/5

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"*

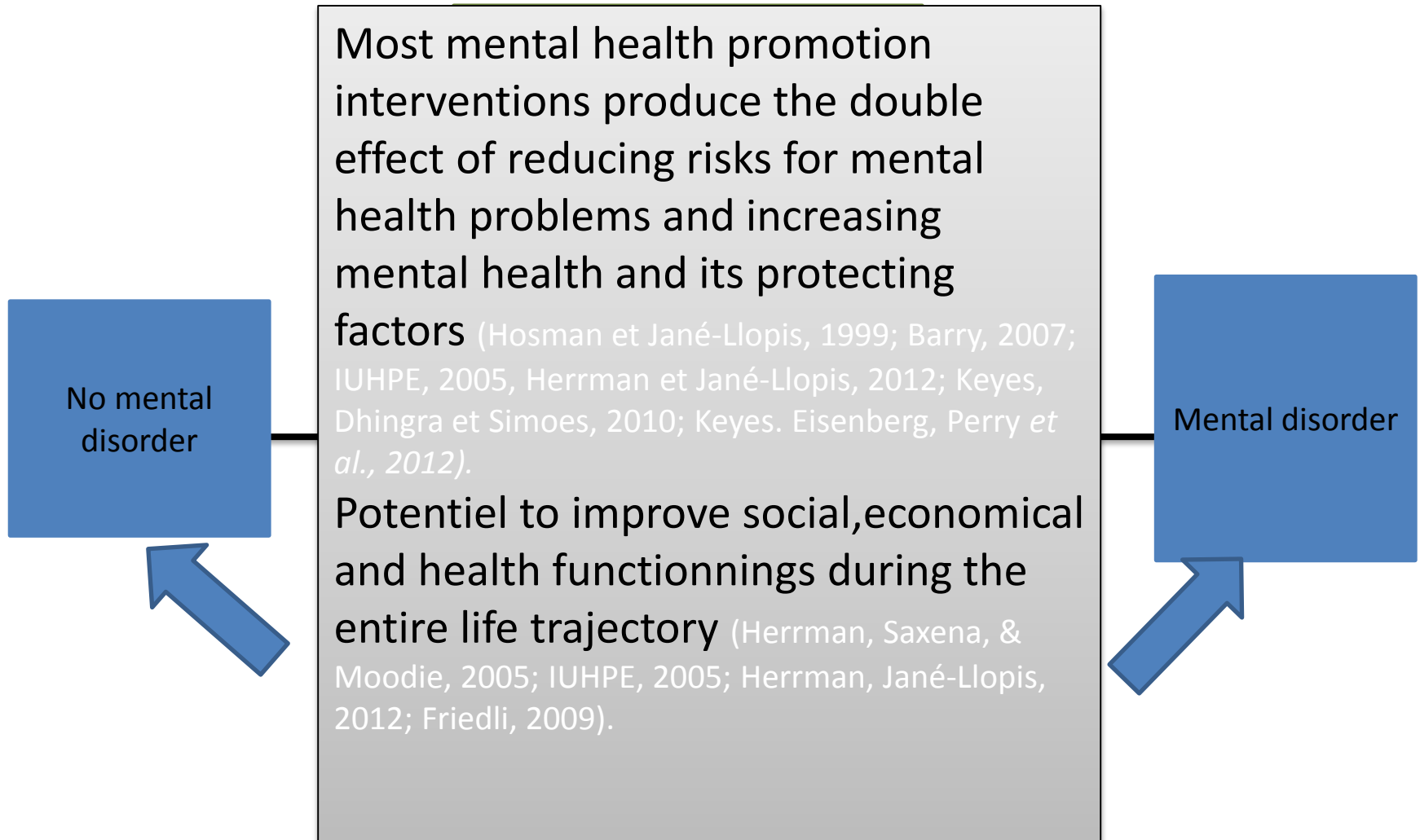
Inspired by Friedli
presentation, 2011



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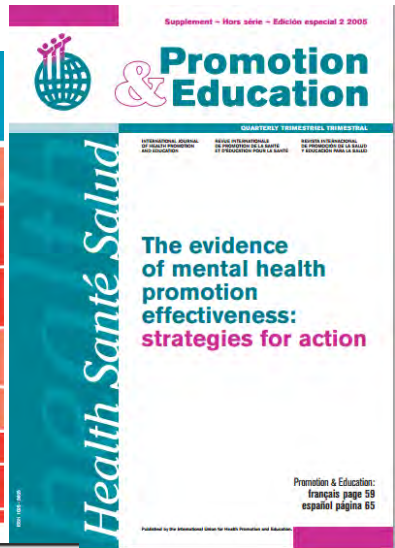
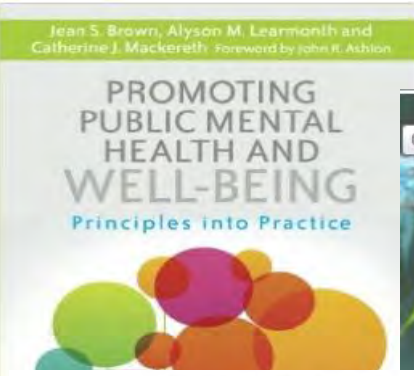
What evidence to support the promotion of mental health?



MHP intervention

- Improves physical health and management of chronic diseases and health practices.
- Potential to reduce risks for mental disorders and suicides and to improve mental health and protective factors.
- Improvement of social, economic, health functioning during entire life trajectory.
- Impact on social and health inequalities.
 - better educational performance, reduced school dropout rates,
 - greater productivity of workers and increased earnings, ,
 - improved relationships within families, improved circumstances for child development,
 - safer communities and reduced crime
 - Contributes the reduction of risk behaviours such as tobacco use, the misuse of alcohol and drugs and unsafe sex.
 - These results are not merely the consequence of absence of mental disorder (Hosman et Jané-Llopis, 1999; Barry, 2007; IUHPE, 2005, Herrman et Jané-Llopis, 2012; Keyes, Dhingra et Simoes, 2010; Keyes. Eisenberg, Perry *et al.*, 2012; Herrman, Saxena, et Moodie, 2005; Friedli, 2009; Moodie et Jenkins, 2005 ; Herrman et al., 2005).

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, 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

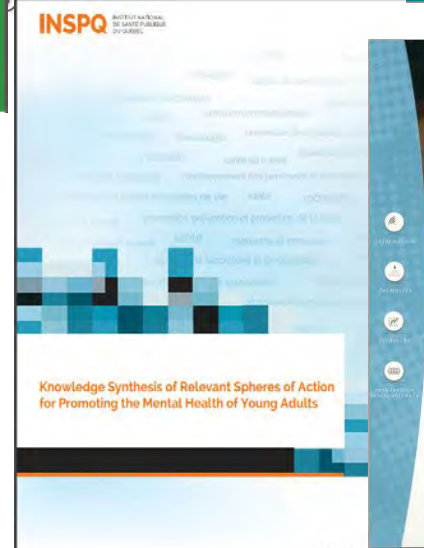
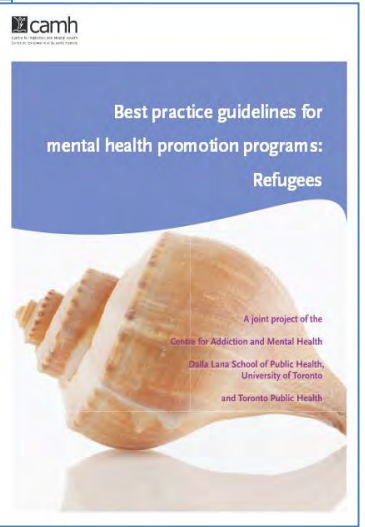
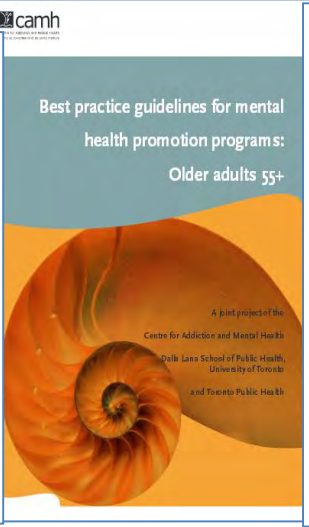
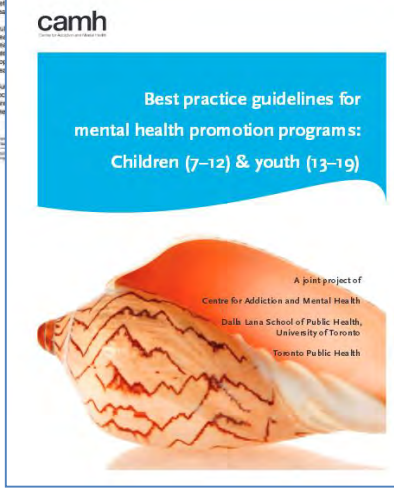
Public policies in these sectors may have a positive or negative effect on mental health. It is therefore necessary to analyze the potential negative effects of policies on mental health (Cognitive, Cooper, French, Michels, Scott-Damund, & Stamford, 2007), and to optimize the positive effects of policies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

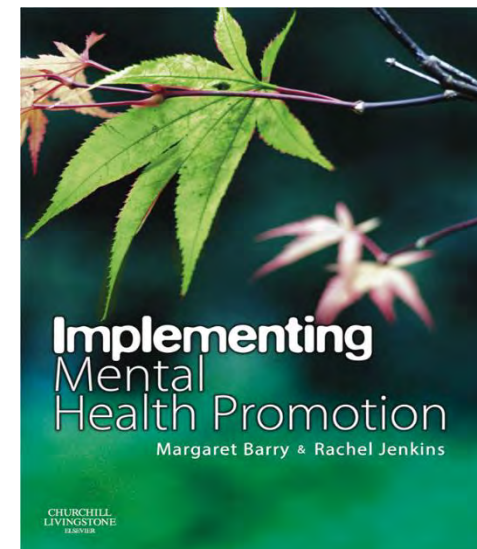
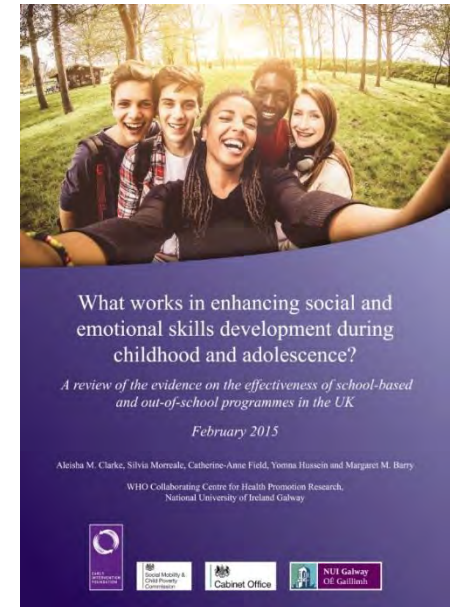
Public policy refers to "a strategic action led by a

Briefing Note



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
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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)



« Best, Good, Promising Buys »

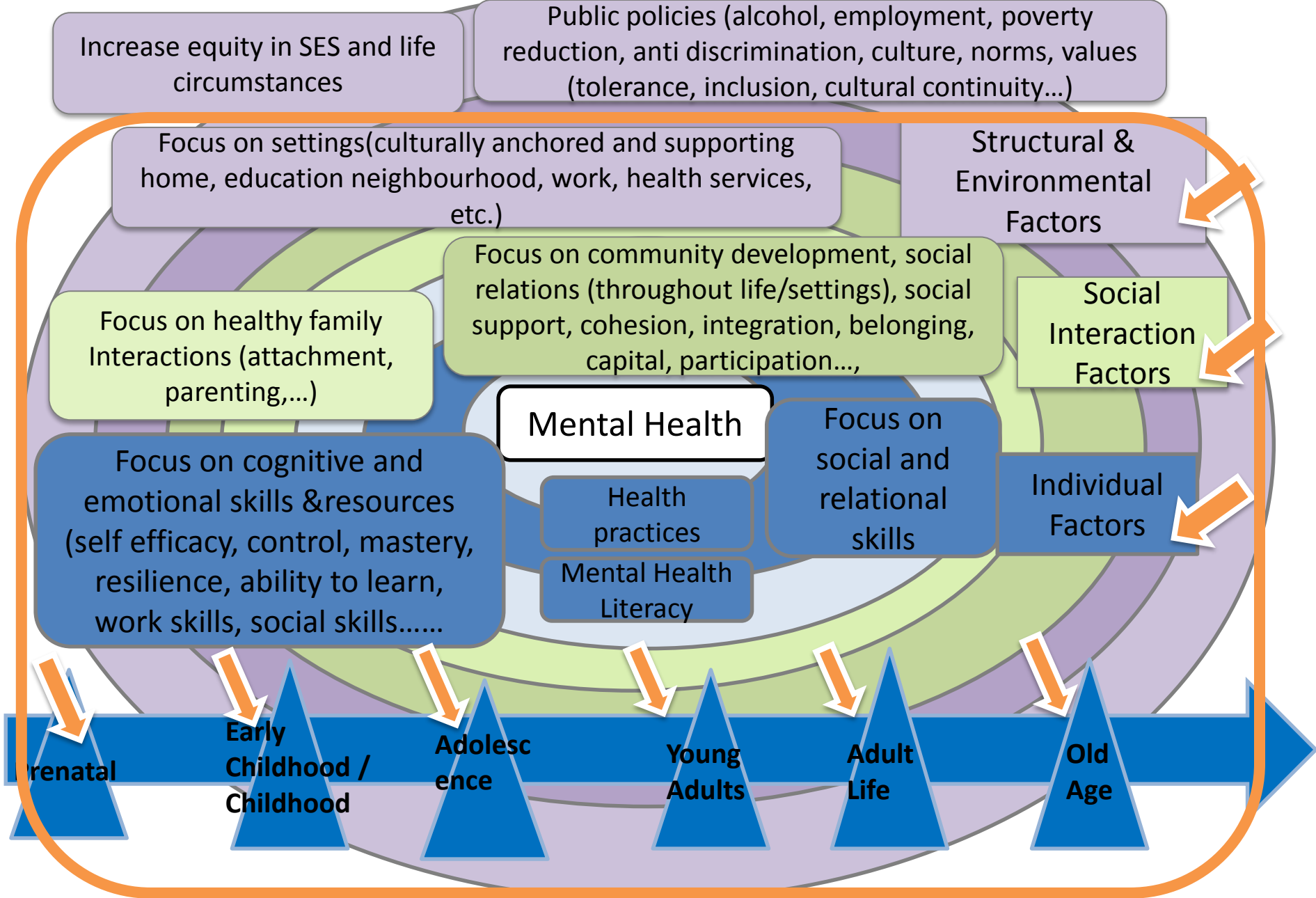
Settings and life stages with best evidence for cost effectiveness of interventions:

- 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), SDM, 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, Stewart-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.





Population Mental Health Promotion

- Strengthen **individuals** : cognitive, emotional resources, identity, social relations, life skills.
- Favor **relationships / social inclusion**: networks, social support, feeling of belonging, social integration, engagement and social participation, belonging to clubs and associations, participation in leisure activities, volunteering, ...
- Aim for **supporting living environments**: home, schools, neighbourhoods, work, ...
- Support **access to resources and opportunities**: supporting relations, education, work, opportunities to contribute socially ...
- **Synergistic Multi level/Sector Action (Ottawa Charter) on the entire life trajectory**
- **Mental health in all policy and society approach (including your own MH)**
- **Universally proportionate** action
- **Participative, empowering** action, work with families, communities, schools, services.

Robust evidence for action- high quality, multifactorial interventions implemented in partnership can produce long-lasting and multiple positive effects.

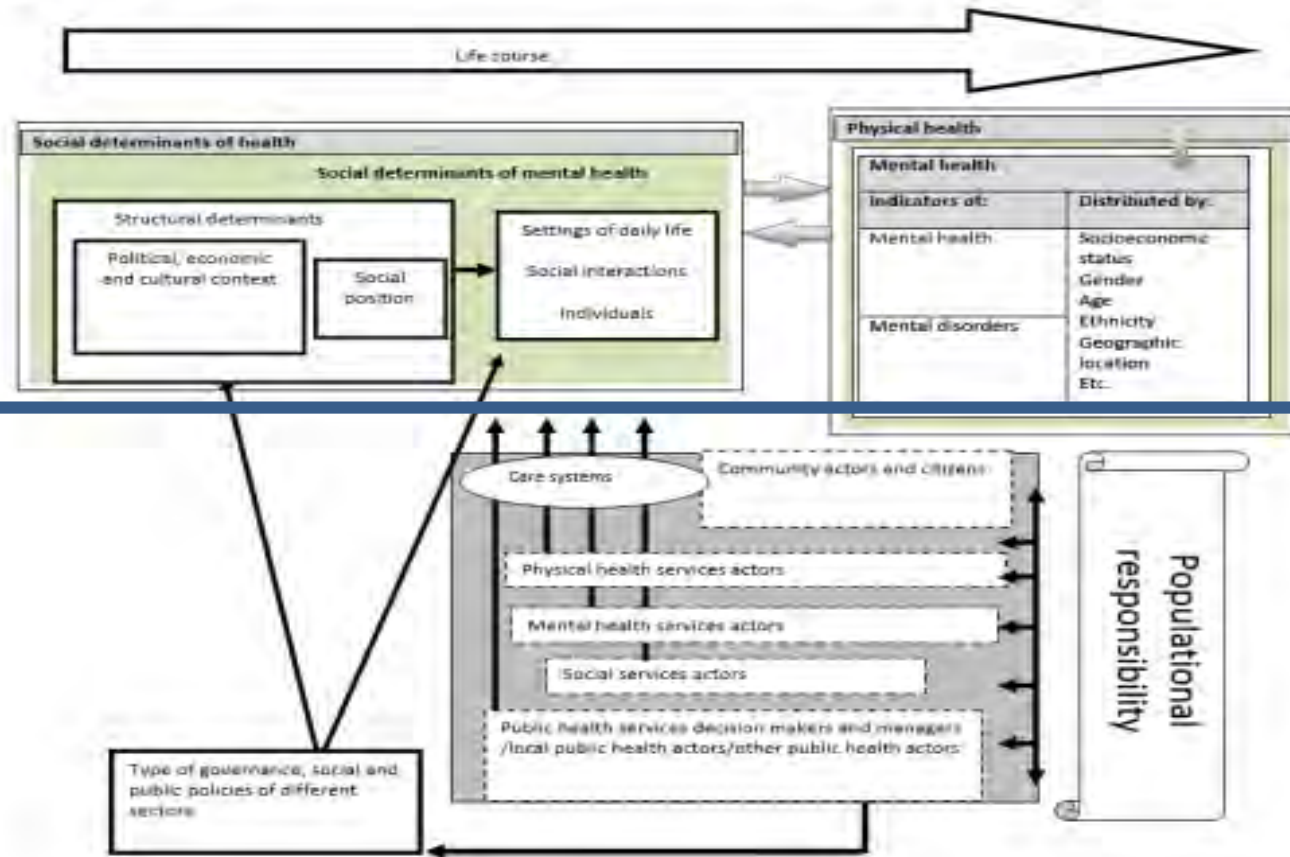


WHO?

The roles and needs of the workforce with a role to play in improving mental health at the level of the population.



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

WHO is involved in PMH?

- 1) A broad workforce (PH, other sectors, health and social services, communities, Elders)
- 2) PH is well positioned and skilled to champion the work
 - Build on basic health promotion competencies

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



Needs of the PH actors in PMH

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

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

March 2017

Introduction

Mental health¹ 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 recognize the goal of mental health promotion as a consequence, a dedicated effort is increasingly called upon to achieve this. This workforce is sufficiently supported to implement effective ways with regard to mental health.²

Four Canadian initiatives past three years have assessed practitioners' needs and recommendations with respect to population mental health. This document provides a synthesis of the findings and avenues for action. It is for various stakeholders:

- Grasp the needs of the regional levels with mental health, and
- Develop resources, to support that workforce.

This document does not provide recommendations as the original reports, and read understanding of the recommendations to refer to the 'who' could respond to the recommendations.

¹ The term 'mental health' is a resource for life and health.

² Here the term 'population mental health' in the population mental health throughout the strategies, which target both mental health and the social 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.

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.

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).

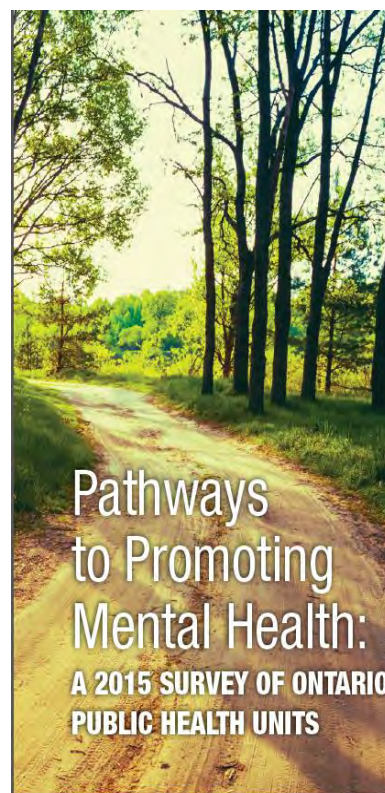
To facilitate and enable the implementation of these integrated strategies aiming at fostering the population's mental health, recommendations and initiatives have been proposed elsewhere in the

world. 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.



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

camh
Centre for Addiction and 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

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institut national de santé publique
Québec

Institut national de santé publique
Québec

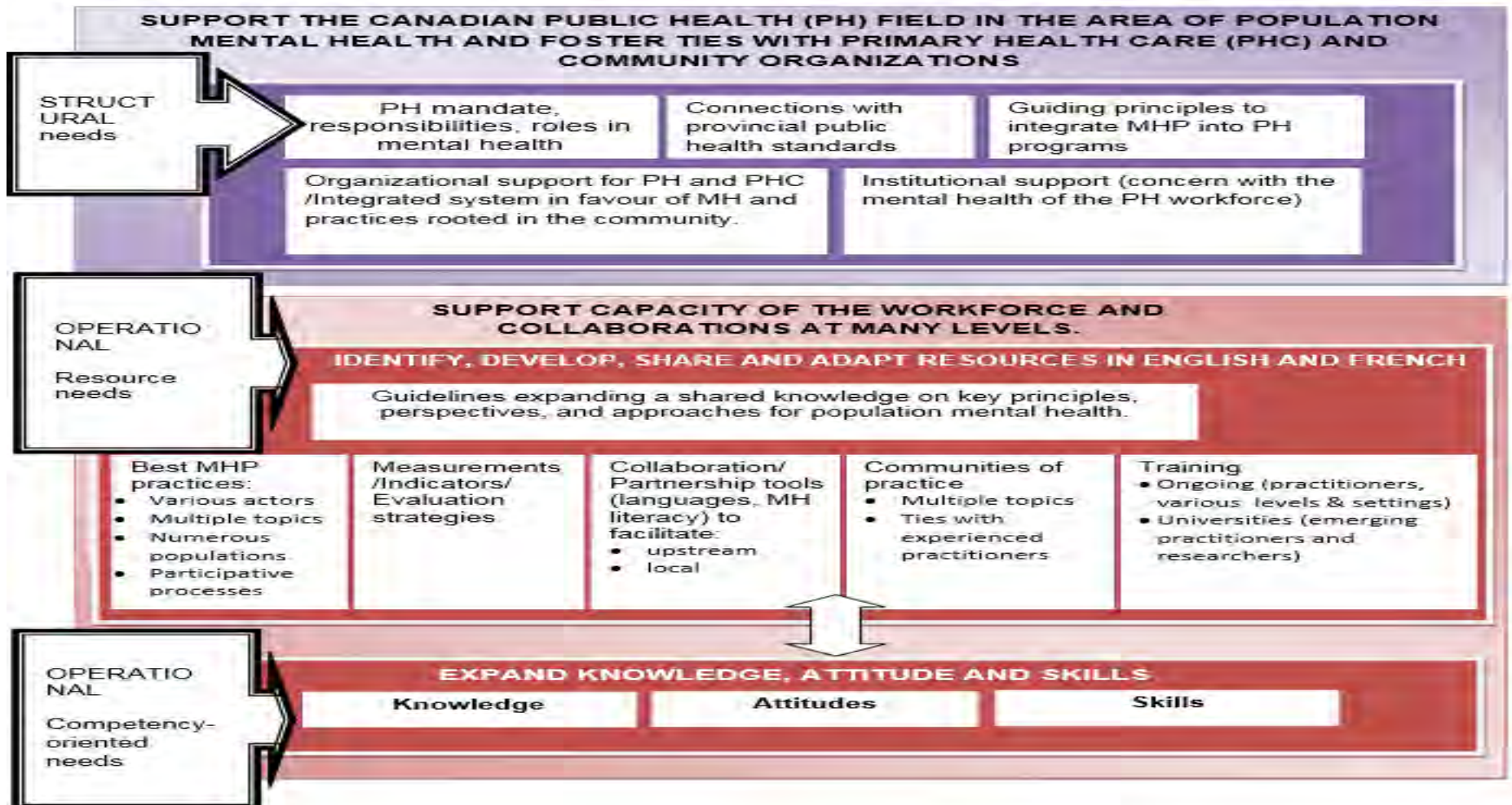
camh
Centre for Addiction and Mental Health

Public Health Ontario

Santé publique Ontario

Éd Toronto Public Health

Synthesis of Needs (4 Canadian surveys)



What roles for the public mental health workforce?

NCCPH: 2 collective projects Explore needs and roles of actors and stakeholders...



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



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

Institut national
de santé publique
Québec





NCCs convene national gathering, explore public health roles for mental health and wellness

Categories:

Working in partnership to focus on positive mental health and wellness

On February 28, 2018, in Gatineau, Québec, the NCCs, in partnership with the [Public Health Agency of Canada](#), the [Centre for Addiction and Mental Health](#), the [Canadian Mental Health Association](#), and the [Mental Health Commission of Canada](#), brought together 70 leaders from public health, mental health and Indigenous health organizations from all provinces and territories. This two-day forum, entitled *Population mental health and wellness promotion: Clarifying the roles of public health*, was oriented to population health, and underpinned by determinants and enablers of positive mental health and wellness. Positive mental health is a multi-faceted concept, one that is distinct from mental illness and embraces emotional, psychological and social components. Although holistic considerations of health which include positive mental health are recent in Eurocentric worldviews, they have been, and continue to be, central to Indigenous peoples. Thus, the forum intentionally bridged Indigenous and non-Indigenous knowledge. Accordingly, NCCs, partners and representatives from the Thunderbird Partnership Foundation, University of Toronto, Ottawa Public Health, Saskatchewan Health Authority, Institut national de santé publique du Québec, and the BC Ministry of Health contributed to the event's advisory committee.

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



Results: Build on assets and expertise in PH

To forge a specialised PH workforce for mental health and wellness promotion

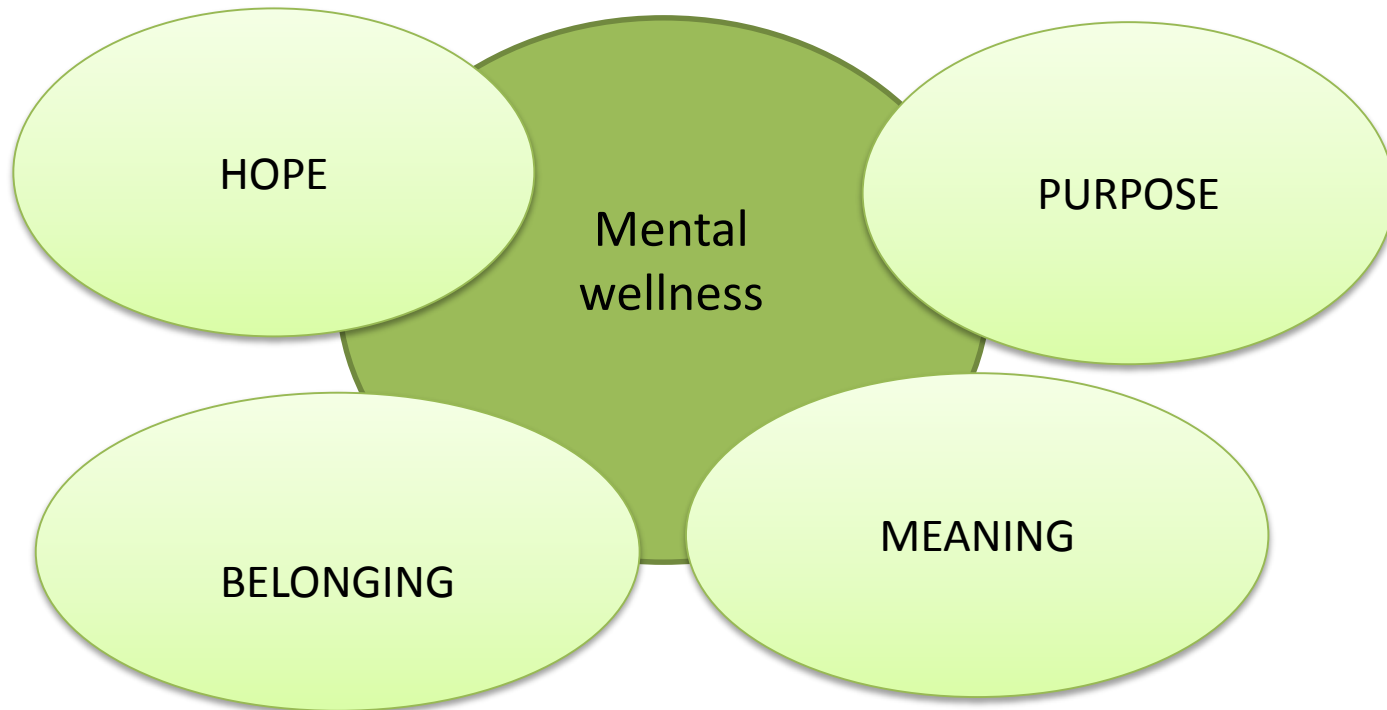
- Champion/Lead ...
- Evaluate/ Monitor/ Assess...
- Integrate/Embed...
- Mobilize knowledge...
- Partner /Convene...
- ...



Roles of PH in PMH

- 1) Champion/Lead
 - Support and integrate shifts in paradigms about MH and communicate them effectively.
 - Advocate for MHP, creation of MHWP standards, obtaining resources, addressing inequities, HPP favourable for MH, MH in all policies.
- 2) Evaluate/Measure what counts
 - 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.

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



Roles of PH in PMH

3) 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.

4) Mobilize knowledge

- Share the message effectively
- Make the economic case
- Train the workforce
- Train the public
- Recognize and use multiple languages

5 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 shared understanding and which enable vested partnerships.

Public mental health leadership and workforce development framework - Confidence, competence, commitment, Public Health England

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



Lead, partner, advocate, evaluate...

Facilitate, collaborate, promote health, etc.

- Whether you work in a specialised public health role or generalist/general work force, consider what you can do within your sphere of influence to advance the public's mental health as a leader, partner and advocate.
- Move, wherever possible, from deficit to strengths-based approaches and ensure you promote good mental wellbeing, address the factors that create mental wellbeing and tackle mental health problems.
- Adopt a proportionate universalism approach, including universal interventions to promote mental wellbeing across whole populations, with more progressively targeted interventions to address specific needs among more vulnerable and at risk groups.
- As part of the universal approach, ensure that you are working towards your own mental wellbeing and that of your colleagues.
- Move towards ensuring mental health receives the same billing and priority as physical health in your work.
- Adopt a life course approach. The foundations of mental health are laid down in infancy in the context of family relationships. Place-based intervention in settings such as schools, workplaces and communities complements the life course approach and makes the most of existing opportunities.
- Reduce stigma and discrimination by increasing mental health and wellbeing literacy across the whole population. Include interventions to improve understanding of the impact stigma and discrimination have on the lives of people with mental health problems.
- Contribute to the expansion of the public mental health evidence base and focus on the interventions and activities that make the biggest impact.
- Ensure that you build evaluation into everyday practice and monitor the effects of practice on mental health.

The roles of a front line public mental health practitioner

I am currently employed by a county council as a public health consultant. My role involves finding ways to improve the mental wellbeing of our local population. My approach encompasses four broadly overlapping areas of public health practice: leadership, partnership, advocacy and measuring change.

(1) As Leader: With control over the allocation and implementation of some of the public health grant, and responsibility for assessing the need and evidence base, direct contracting and procuring services, I have commissioned:

- Mental health awareness training
- A Healthy Workplace service offering health and wellbeing support for small businesses, support for offenders in the community³ via a Probation Health Trainer Service
- Reading Aloud – Community reading groups which help combat social isolation and aim to build confidence and mental resilience in those experiencing mental health problems.⁴

We are also responsible for direct commissioning of children and young people/school based mental health services, through which I have appointed two healthy school advisers to support schools to improve pupils' mental/emotional health and wellbeing and organised the follow Mental Health Promotion training in schools:

- Positive Psychology Coaching Skills (Youth Mental Health 1st Aid training)
- Suicide & Self Harm awareness training
- Teenage Mediation⁵
- 'Thinkwise' – CBT programme delivered to year 6 pupils

(2) As Partner: Understanding the health impact of other departments' and partner's policies, I work with others to develop joint initiatives. This can include joint strategies, commissioning and sharing of resources including budgets. This work has involved:

- Working with housing partners to influence the development of housing provision and neighbourhoods that are conducive to mental wellbeing. Forming alliances with CCGs/ other NHS partners and with the voluntary sector to support work to improve mental health but also to increase awareness of the mediating role of mental wellbeing in achieving wider health outcomes.
- Leading the local Suicide audit and prevention group

(3) As Advocate: When not in a position to have any direct control over an issue or policy, a key role of mine is to champion and advocate for change, tackling mental health inequalities, stigma and discrimination. This has included raising awareness of mental health and wellbeing with departments unaware of the effects of their decisions, completing health impact assessments, attending relevant boards and committees and engaging with the media, political bodies and individuals.

(4) As Evaluator: Where possible I adopt an evidence based approach in all of the programmes/ activities that I lead on and commission. I therefore aim to keep abreast of key developments and look to national bodies for guidance on best practice. However, public mental health is an emergent field and as a result there are gaps in the evidence base. Where there is a strong argument to intervene in an area where promising practice exists I see it as my role to ensure that these interventions are piloted and well evaluated before being implemented at scale. I also consider that I have a responsibility to share what is known to work and for whom in real life situations to influence not just local prioritisation but to help build the wider public mental health evidence base, including publishing findings and disseminating these more widely. This is an area of development for myself.

Challenges for the workforce

- Knowledge, skills, values
- Policies
- Implementation structures
- Science and research

In Summary...

- Recognize that mental health and illness are on two separate but interrelated continuums
- Act on the SDMH at structural and environmental levels, in life settings, in communities and families, on social relations, and individual competencies.
- Aim essentially at inclusion, social connections, resilience, community assets, participation, freedom from discrimination/violence
- Adopt a life course perspective
- Improve everyone's mental health including those who are at risk or are mentally ill; and reduce inequalities in mental health.
- Consider health holistically: links between physical and mental health.
- PH is ideally situated and can build on expertise and establish indispensable partnerships with other actors and communities.

Thank you...

Questions, comments:

Pascale Mantoura, NCCHPP

Pascale.Mantoura@inspq.qc.ca

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