WRITTEN BY THE NATIONAL COLLABORATING CENTRE FOR HEALTHY PUBLIC POLICY


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Healthy public policies and population mental health promotion for children and youth

This document is part of a collection produced by the six National Collaborating Centres for Public Health to encourage mental health promotion for children and youth within a strong, integrated public health practice. The collection provides numerous entry points for the public health sector to collaborate with other stakeholders to support evidence-informed action that addresses the determinants of mental well-being for all children and youth in Canada.

This paper clarifies the relationships between healthy public policies (HPPs), mental health promotion and reducing inequalities in the mental health of children and youth. It provides information and key resources to support public health practitioners who want to create and influence public policies that support mental health. Details on search methods and terms used for this paper can be found in the introduction document: *Population mental health promotion for children and youth - a collection for public health in Canada*.

The development of mental health[i] begins before birth and continues throughout infancy and childhood. Mental health is essential for functioning through the lifespan. In children and youth as well as in adults, mental health can be understood as a state of social and emotional well-being, and not merely the absence of disorder *(Howell, Keyes, & Passmore, 2013; Patalay & Fitzsimons, 2016)*. It follows that we must understand and consider mental health and mental illness as independent but correlated dimensions, belonging to separate but interrelated continuums. For children and youth as well as for adults, promoting mental health is conceptually a separate activity from preventing mental illness, although, in practice they often intersect, and the former contributes to the latter. In Canada, a "population health approach for children's mental health" has been proposed; this approach integrates promotion for all, in combination with prevention and treatment for children at risk and those living with disorders *(Waddell, McEwan, Shepherd, Offord, & Hua, 2005)*.

[i] The term "mental health" is used here in its positive form as a resource for life and health. As such, it is equated with "positive mental health", "socio-emotional well-being", and "well-being".

Population mental health promotion is about fostering the development of individual and community mental health, resourcefulness and capacity. It is also about creating supportive environments or life settings *(Joubert, 2009)* and reducing inequalities in mental health *(Mantoura, 2014a; Centre for Addiction and Mental Health, Dalla Lana School of Public Health, University of Toronto, & Toronto Public Health, 2014)*. Researchers recommend using public policies to promote mental health across the life course because of mental health's importance to quality of life, social relationships, productivity and social capital *(Jenkins & Minoletti, 2013)*. Mental health promoting public policies can also help manage and mitigate the effects of mental illnesses on parents, children and youth.

FRAMING THE LINKS BETWEEN HEALTHY PUBLIC POLICIES AND POPULATION MENTAL HEALTH PROMOTION FOR CHILDREN AND YOUTH

Public policies can promote mental health in children and youth by strengthening the environments of their lives and their parents' lives: (i.e., their family, community and learning environments) and by supporting their individual capacities *(National Mental Health Dementia and Neurology Intelligence Network, 2015; Raphael, 2014; Center on the Developing Child at Harvard University, 2010)*.

The illustration (Figure 1) positions the social determinants of mental health for children and youth as the main areas of focus for population mental health promotion interventions, including healthy public policies. It distinguishes between the structural determinants (the social determinants of inequalities in health) and the intermediary determinants (the social determinants of child and youth mental health[ii]). It also shows the positive and negative mental health outcomes[iii] and developmental domains, throughout all of life's developmental stages and transitions. Each transition is a distinct period that presents different issues which can create vulnerabilities throughout life, and requiring interventions and policies that take these stages, and transitions into consideration.[iv]

Overview of possible policy examples to promote mental health of children and youth

There is still little information on the prevalence and determinants of mental health in children and young people, as well as on their distribution in the population, as there is a scarcity of research which theorizes inequalities in mental health. Although there is limited evidence on policies that promote mental health and reduce mental health inequalities in children and youth, available evidence does suggest that, to achieve such objectives, policy makers need to address the underlying drivers of mental health inequalities, i.e., the broad political, cultural, social and economic contexts as well as living conditions. Interventions and policies must be developed across sectors to address these many levels and layers of influence concurrently, and across the life course. Targeting only those who are most disadvantaged will not improve mental health across the population and at all income levels (the gradient). Interventions and policies, therefore, must be universal, and proportionate to need. Finally, to promote mental health for children and youth, HPPs need to complement stages of child and youth development, bring gender and Indigenous perspectives into the mainstream, and integrate participatory mechanisms that reflect youth perspectives and foster cultural relevance. Mental health indicators are key elements to integrate mental health promotion for children and youth into healthy public policies. Few mental health indicators are available that are developmentally appropriate, gender sensitive and culturally relevant for Indigenous youth *(Welsh et al., 2015; World Health Organization and Calouste Gulbenkian Foundation, 2014)*.

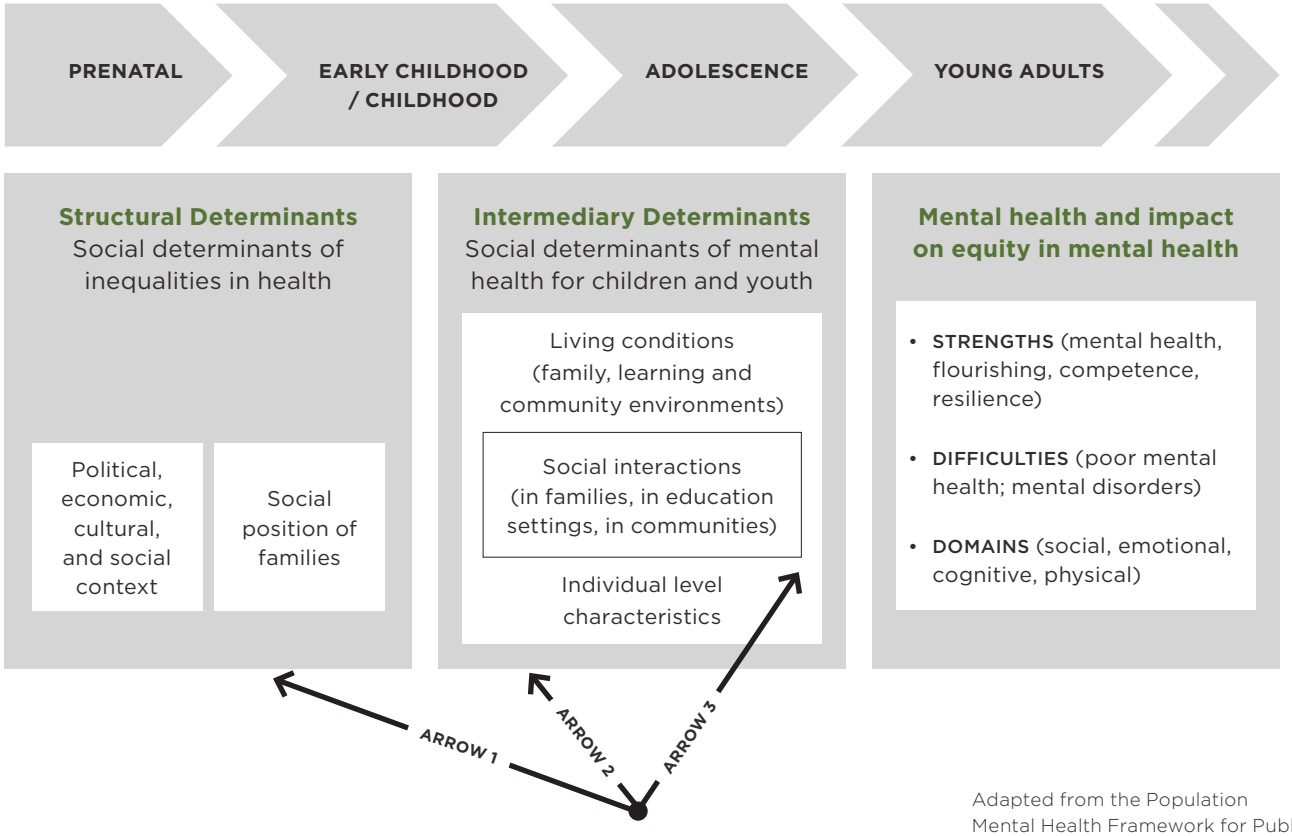
[ii] "Structural" and "intermediary" determinants are the terms used in this collection of documents to refer to different types of social determinants identified by the World Health Organization's Commission on Social Determinants of Health (Solar & Irwin, 2008).

[iii] The literature on child and youth mental health (and mental health-related topics) uses many terms to refer to positive dimensions of mental health such as "flourishing," "resilience," "youth competence," "positive youth development" and "socio-emotional well-being." Some of these terms are included in Figure 1.

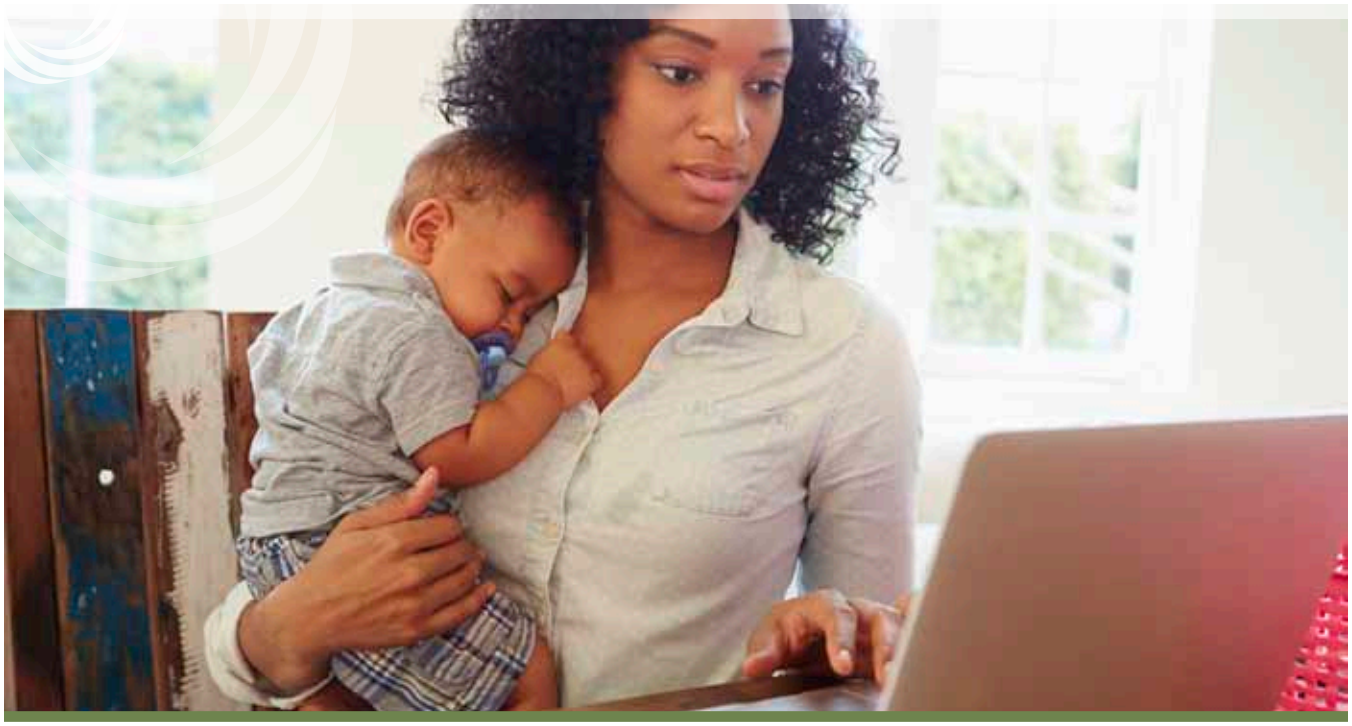
[iv] For more information, please see *Foundations: definitions and concepts to frame population mental health promotion for children and youth* in this Collection.

Most public policies are developed outside the formal health and mental health sectors. Although health (or mental health) may not be the primary goal of these policies, many are considered to be healthy public policies because they have the capacity to influence the physical and mental health of the population. Research suggests that in Canada, there are differences in mental health and illness outcomes between female and male children and youth, and between Indigenous and non-Indigenous children and youth *(Centre for Addiction and Mental Health et al., 2014)*. These differences are a result of social and economic conditions that are distributed differently across social categories, and also have varying impacts on the individuals who belong to those social categories *(De Pauw & Glass, 2008; Centre for Addiction and Mental Health et al., 2014)*. The examples provided will identify policy areas that provide opportunities to promote mental health among children and youth across the life course, with a focus on reducing mental health inequalities, and in particular, mental health inequalities that are related to gender or Indigenous status.

Figure 1: Population mental health promotion interventions for children and youth



Adapted from the Population Mental Health Framework for Public Health (Mantoura, 2014a), and from the Population Health Framework for Children's Mental Health Indicators (Waddell, Shepherd, Chen, & Boyle, 2013)



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Structural determinants

The structural determinants of health are also known as the social determinants of inequalities in health *(Graham, 2004)*.[v] They represent the political, social, economic and cultural contexts which influence how fundamental resources for health and mental health are distributed, thereby shaping various personal identities or social positions in Canadian society, such as gender and Indigenous status.

Socio-economic inequalities are associated with poor mental health outcomes in children *(Pickett & Wilkinson, 2015)*. Culture influences the experience of gender within families through culturally-determined gender roles and identities *(McInturff & Lambert, 2016)*. Young girls and boys are influenced by the messages they receive about appropriate expectations and roles, which can create pressure that can lead to negative impacts on their mental health *(De Pauw & Glass, 2008)*. Lesbian, gay, bisexual, transgender, transsexual, two-spirit, intersex and queer (LGBTTTIQ) students and those with LGBTTTIQ parents experience higher levels of discrimination and abuse, compared to other students. *(Centre for Addiction and Mental Health et al., 2014)*.

For Indigenous children and youth, cultural influences such as rapid culture change, cultural oppression, or the cultural discontinuity which followed the experience of residential schools have had repercussions for their mental health *(Kirmayer, Simpson, & Cargo, 2003)*.[vi]

Social position also affects whether children and parents have access to the necessary prerequisites for mental health *(Raphael, 2014)*. For example, women frequently experience risk factors (lack of income, lack of power, economic dependence, more discrimination and violence) that lead to mental illness and poor mental health. Indigenous families living in rural areas face multiple risk factors, including poverty lack of access to health, social and educational services and programs, and the inter-generational effects of residential schools *(Kirmayer, Simpson, & Cargo, 2003)*.

[v] For added information on the distinction between the social determinants of health and the social determinants of inequalities in health, and on policy approaches that can address these to reduce health inequalities, see Mantoura & Morrison (2016).

[vi] For more information, please see *Considerations for Indigenous child and youth population mental health promotion in Canada* in this Collection

Over the course of a lifetime, these circumstances have the potential to expose children and youth to cumulative risk factors, and limited protective factors, resulting in poor mental and physical health as well as physical and mental disease[vii] *(World Health Organization and Calouste Gulbenkian Foundation, 2014).*

Impact on inequalities in mental health

Policies targeting structural determinants can influence the mental health of the entire population, but they are particularly effective at reducing mental health inequalities. These policies affect the distribution of fundamental resources for mental health, and influence multiple exposures to risk and protective factors throughout life. Mental health is particularly supported when we reorient public policies to increase access to essential economic resources, social inclusion, tolerance and freedom from discrimination and violence *(Keleher & Armstrong, 2005).*

Examples of policy areas

To target structural determinants (Arrow 1 in Figure 1), public policies could:

- Focus on reducing family poverty *(Raphael, 2014).*
- Protect families, while addressing the challenges associated with gender and with transitions in family life by providing, for example, high levels of support for paid parenting leave (including leave for fathers) and high levels of support for regulated childcare and early childhood education *(Engster & Stensöta, 2011; McInturff & Lambert, 2016).*
- Support improved education for mothers (one of the strongest predictors of children's physical and psychological lifelong health) *(Park, Fuhrer, & Quesnel-Vallée, 2013).*
- Address the distribution of wealth and income *(Pickett & Wilkinson, 2015).*
- Promote employment and better wages for women *(Posen, Siddiqi, & Hertzman, 2015).*
- Promote the development and enforcement of anti-discrimination laws *(Raphael, 2015).*
- Emphasize mass media to promote mental well-being, targeting children and their parents in culturally appropriate ways *(Welsh et al., 2015).*

Intermediary determinants

The social determinants of child and youth mental health correspond to the many factors and living conditions which affect children's lives, and particularly their socio-emotional, cognitive and physical development. These factors include the family unit as the most important influence, as well as the broader settings in the lives of children and youth, such as education, the community, health and social services and built, natural and online environments[viii] and settings.

The quality of the relationships within these settings (with parents/carers, caregivers, educators and peers) are essential to foster mental health in children and youth across the life course. Safe, supportive, tolerant, inclusive and stimulating environments strongly influence child and youth mental health. HPPs, which provide opportunities to learn, play, interact and participate, can support these environments. All healthy public policies must take into account the different needs of boys and girls to support them to take action on issues that concern their lives, as well as adopt healthy behaviours *(Center on the Developing Child at Harvard University, 2010; Poissant, 2014; Welsh et al., 2015; Centre for Addiction and Mental Health et al., 2014).*

Impact on inequalities in mental health

HPPs which target intermediary determinants can help improve living conditions in families and communities, facilitate the quality of and opportunity for social interactions, enhance possibilities for social participation, and strengthen individual capabilities, behaviours and characteristics that support the mental health of mothers, fathers, boys and girls. Since these policies do not influence how key resources are distributed in society, they will not address inequalities in mental health across the entire population. They can, however, help to reduce mental health gaps between targeted boys and girls, mothers and fathers, and the general population.

[vii] For more information, please see *Considerations for Indigenous child and youth population mental health promotion in Canada* and *Infectious diseases and population mental health promotion for children and youth* in this Collection.

[viii] For more information, please see *Environmental influences on population mental health promotion for children and youth* in this Collection.

Examples of policy areas

To target intermediary determinants[ix] public policies could (Arrow 2 in Figure 1):

- Enable cultural continuity for Indigenous people and value Indigenous cultures in mainstream Canadian urban settings (this could play an important role in increasing the mental health of Indigenous populations) *(Currie, Wild, Schopflocher, Laing, & Veugelers, 2013).*
- Promote youth engagement in community planning and decision making *(Jenkins & Minoletti, 2013).*
- Integrate health and social services policies that are youth-friendly, gender sensitive and culturally adapted (*Public Health England, 2015).*
- Create education policies that focus on integrating socio-emotional development (whole school approaches) with a gender-sensitive lens (*Weare & Nind, 2011).*
- Support whole-of-community policies (place-based policies across sectors) that:
  - » facilitate and remove barriers to successful school-to-work transitions for youth,
  - » target Indigenous youth,
  - » create opportunities and remove barriers for youth to socialize *(Welsh et al., 2015).*

THE IMPORTANCE OF SOCIAL INTERACTION, RELATIONSHIPS AND NETWORKS

Parents and caring adults

Social interactions, relationships and networks are social determinants of child and youth mental health which play a major role in the lives of children and youth during their formative years, and throughout the life course. The most influential relationships of childhood and youth occur first within the family (through quality of attachment and parenting), and also in educational and other communities (including virtual). The quality of parenting, or the quality of a caring relationship with at least one trusted adult is the most important factor for mental health promotion. While parenting/caring abilities are very important in early years, they continue to influence outcomes in older children and adolescents *(Herrman & Jané-Llopis, 2012; Barry & Friedli, 2008).* Other caregivers, such as childcare providers, also influence children's development and growth. The primary focus of interventions and policies at this level is often to improve knowledge, attitudes and behaviours of parents and carers, through universal and targeted support and education. Studies show that it is important to consider and support the parenting skills of both mothers and fathers *(Bretherton, 2010).*

Impact on inequalities in mental health

Quality parenting and caring are influenced by many factors: skills and knowledge, time available, mental and physical health resources, family functioning, style of parenting/caregiving and material resources *(Center on the Developing Child at Harvard University, 2010; Higgins, 2015)*. Both material resources and psychosocial assets (such as quality of parenting or social relations) are fundamentally important to support children and youth to flourish *(Friedli, 2009; Strazdins, OBrien, Lucas, & Rodgers, 2013).* Both factors can occur together or separately. This suggests that psychosocial assets can play as great a role as material resources in the lives of children *(Welsh et al., 2015).* Public policies which reduce childhood poverty or increase material resources for families provide many favourable outcomes, but are not sufficient to ensure quality parenting. They can create a foundation for policies and interventions to promote quality parenting. To reduce inequalities in quality parenting, particular attention must be directed to HPPs that favour the environments and capacities that lead to quality parenting *(Waylen & Stewart-Brown, 2010; Center on the Developing Child at Harvard University, 2010; Bartley, 2012).*

[ix] See Mantoura (2014b) for other examples of healthy public policies that can favour mental health by tackling living conditions and environments.

Examples of policy areas

To strengthen relationships and networks for children and youth, public policies could (Arrow 3 in Figure 1):

- Be place-based (cross-sectoral public policies at the community level) and support skill-building for mothers and fathers, while reducing time pressures *(Welsh et al., 2015; Centre for Community Child Health, 2011).*
- Tackle work-family balance and help mothers and fathers combine employment with caregiving. Such policies could demonstrate health benefits across generations, but are particularly important in early childhood *(Strazdins et al., 2013).*
- Support culturally-based community development approaches which are particularly important for Indigenous children and youth. These policies can include structural supports for positive parenting and reduce risk factors in Indigenous families *(Blackstock & Trocmé, 2005).*

PUBLIC HEALTH ROLES

The public health workforce interacts with people from other sectors at various levels (municipal, regional, provincial) to share knowledge, influence, and to evaluate and support the implementation of healthy public policies for child and youth mental health. Previous work from the National Collaborating Centre for Healthy Public Policy (NCCHPP) *(Benoit, Martin, & Malai, 2015)* established potential roles for public health practitioners/professionals in the area of public policy. These roles can be adapted to mental health promotion objectives. These adapted roles are:

1. **Share knowledge about mental health and support mental health literacy.**
   Improving the mental health literacy of the public, policy makers and the media can help improve overall understanding about the mental health implications of policies *(Watson & McDonald, 2016).* Public health leadership and advocacy skills are essential to champion

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mental health in public policies. Improving mental health literacy involves acknowledging the many languages of mental health. To this end, public health practitioners/professionals can help to build a common understanding about mental health across sectors. Improving mental health literacy also involves building competency and skills in mental health, which may be an important enabler for the public health system overall.

2. **Analyze and evaluate both prospectively and retrospectively the impact of various policies and programs on mental health**
   Mental health/well-being impact assessment (MHIA) is a practice used to assess the potential impacts of programs and policies on mental health. MHIA can help public health practitioners/professionals to establish partnerships with other sectors whose activities have potential mental health impacts. It can also help public health practitioners/professionals to shape mental health promotion objectives. MHIA takes a holistic perspective which links many sectors, including civil society to share a common vision. It helps to engage those who are affected by and vulnerable to the impacts of policies or projects *(St-Pierre, 2016)*. To support MHIA, public health practitioners/professionals can also contribute to developing, implementing and using appropriate mental health indicators.

3. **Champion mental health in policies and programs**
   There is a need to advocate for a coherent, cross-government approach to supporting mental health in children and adolescents, and to recognize the importance of employment, social, health and education policy in particular *(Welsh et al., 2015)*.

Intersectoral collaboration is essential to influence policies across all domains of society to achieve mental health and healthy child and youth development objectives *(Muhajarine, Anderson, Lysack, Guhn, & Macqueen Smith, 2012)*.
Implementing mental health in policies and programs can occur at many levels. Public health practitioners/professionals can:

- Build mental health literacy,
- Promote understanding about the mental health impacts of policies,
- Share evidence to support policy making,
- Support strong community and civil society participation,
- Include youth voices,
- Support collaborative approaches and build relationships with policy makers *(Joint Action on Mental Health and Wellbeing policy brief, 2015)*.

POPULATION MENTAL HEALTH PROMOTION FOR CHILDREN AND YOUTH

Visit NCCPH.CA to download the complete collection

General resources

- Population mental health promotion for children and youth – a collection for public health in Canada
- Foundations: definitions and concepts to frame population mental health promotion for children and youth
- Scan Report: resources for population mental health promotion for children and youth in Canada
- Database of resources for population mental health promotion for children and youth in Canada

Topical papers

- Environmental influences on population mental health promotion for children and youth
- Chronic diseases and population mental health promotion for children and youth
- Infectious diseases and population mental health promotion for children and youth
- Healthy public policies and population mental health promotion for children and youth
- Considerations for Indigenous child and youth population mental health promotion in Canada

Click the links below to access each resource. Broken link? Let us know at communications@nccph-ccnsp.ca

RESOURCES

Guidelines

Canadian Institutes for Health Information [CIHI]

- Waddell, C. (2008). *Creating mentally healthy communities, starting with children*. Ottawa, Canada: CIHI.
- (2009). *Mentally healthy communities: Aboriginal perspective.* Ottawa, Canada: CIHI.
- (2009). *Improving the health of Canadians: exploring positive mental health.* Ottawa, Canada: CIHI.

Department of Health Victoria (Australia)

- Keleher, H. & Armstrong, R. (2005). *Evidence-based mental health promotion resource.* Report for the Department of Human Services and VicHealth, Melbourne, Australia.

World Health Organization

- Friedli, L. (2009). *Mental health, resilience and inequalities.* Copenhagen, Denmark: World Health Organization Regional Office for Europe.
- Herrman, H., Saxena, S., & Moodie, R. (2005). *Promoting mental health. Concepts, emerging evidence, practice: a report of the World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and the University of Melbourne.* Geneva, Switzerland: World Health Organization.
- (2014). *Social determinants of mental health.* Geneva, Switzerland: World Health Organization and Calouste Gulbenkian Foundation.

Best practices: Policy implementation and analysis for mental health promotion

Department of Health (Aus)[DH-Aus]

- (2012). *Using policy to promote mental health and wellbeing - A guide for policy makers.* Melbourne, Australia: Prevention and population branch, Victorian Government.

Department of health-UK [DH-UK]

- (2014). *Wellbeing – Why it matters to health policy. Health is the top thing people say matters to their wellbeing.*

Joint action on mental health and wellbeing policy brief [JAMHW]

- (2015). *Mental health in whole-of government policies. Joint action on mental health and wellbeing policy brief.*

Mental Health Foundation [MHF]

- UK. Elliott, I. (2016). *Poverty and mental health*. Policy Review. London, United Kingdom: Mental Health Foundation.

National Collaborating Centre for Healthy Public Policy [NCCHPP]

- St-Pierre, L. (2016). *Mental health in the field of health impact assessment*. Montréal, Québec: National Collaborating Centre for Healthy Public Policy.

National Alliance of Voluntary Sector Mental Health Providers

- Coggins, T., Cooke, A., Friedli, L., Nicholls, J., Scott-Samuel, 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.

WHO-Euro

- Jenkins, R. & Minoletti, A. (2013). *Promoting mental health: A crucial component of all public policy. In Health in all policies. Seizing opportunities, implementing policies* (pp. 163–181). Finland: Ministry of Social Affairs and Health: K. Leppo, E. Ollila, S. Peña, M.Wismar, & S. Cook.

Training/capacity building

Association for Young People's Health [AYPH]

- (2016). *A public health approach to promoting young people's resilience*. London, United Kingdom: AYPH.

Department of Health UK

- (2015). *Public mental health leadership and workforce development framework: Executive summary.* London, United Kingdom: Public Health England.

Faculty of Public Health (UK) and Mental Health Foundation

- (2016). *Better mental health for all: A public health approach to mental health improvement.* London, United Kingdom: Faculty of Public Health and Mental Health Foundation.

What Works Center for Wellbeing

- Wellbeing in Policy and Practice Course.

Frameworks and strategies: Children and youth

Centre for Addiction and Mental Health [CAMH]

- (2014). *Best practice guidelines for mental health promotion programs: Children (7–12) & youth (13–19).* Toronto, Canada: CAMH.

Center on the Developing Child at Harvard University (CDC) Harvard

- (2010). *The Foundations of Lifelong Health Are Built in Early Childhood.* Cambridge, USA: CDC at Harvard University.

Mental health Foundation of New Zealand [MHF-Nz]

- (2010). *Review of Evidence about the Effectiveness of Mental Health Promotion Programmes Targeting Youth/Rangatahi.* Auckland, New Zealand: MHF of New Zealand.

National Institute for Health and Care Excellence (UK) [NICE]

- (2013). *Social and emotional wellbeing for children and young people.* United Kingdom.

Public Health England (PHE)

- (2014). *Improving young people's health and wellbeing: A framework for public health*. London, United Kingdom: PHE.

Vic Health (Australia)

- Welsh, J., Ford, L., Strazdins, L., & Friel. S. (2015). *Promoting equity in child and adolescent mental wellbeing*. Victoria, Australia: Victorian Health Promotion Foundation.

Measurement/indicators: child and youth

National Mental Health, Dementia and Neurology Intelligence Network Mental Health

- (2015). *Measuring mental wellbeing in children and young people*. London: United Kingdom.

NHS Scotland

- (2012). *Establishing a core set of national, sustainable mental health indicators for children and young people in Scotland: Final report.* Scotland, United Kingdom.

Pan-Canadian Joint Consortium for School Health [JCSH]

- Freeman, J., Hussain, A. & Reid, M-A. Prepared for the Pan-Canadian Joint Consortium for School Health. (JCSH). (2016). *Core indicators model (CIM)*. Canada: JCSH.

Anna Freud National Centre for Children and Families

- (no date). *Measuring and monitoring children and young people's mental wellbeing: A toolkit for schools and colleges*. London, United Kingdom: Anna Freud National Centre for Children and Families.

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