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

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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. Those 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 Shim, 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.

2

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

As early as 2001, the World Health Organization (WHO) began stressing the need for concern for mental health, and mental health promotion and prevention (World Health Organization [WHO], 2001). In 2002, the WHO identified a leadership role for public health in creating the conditions needed to meet MHP and MDP goals (World Health Organization [WHO], 2002). In its Mental Health Action Plan 2013-2020, the WHO explains that "[m]ental health, like other aspects of health, can be affected by a range of socioeconomic factors [...] that need to be addressed through comprehensive strategies for promotion, prevention, treatment and recovery in a whole-of-government approach" (World Health Organization [WHO], 2013, p. 7).

Many non-government organizations recognize MHP and MDP as priorities, including the World Federation for Mental Health, the Clifford Beers Foundation, the Carter Center, the World Psychiatric Association, the International Union for Health Promotion and Education (IUHPE) and others. MHP and MDP have also become the focus of a dedicated international conference: the World Conference on Mental Health Promotion and Prevention of Mental and Behavioural Disorders was first held in 2000 and is now held every two years (Parham, 2005). Major projects have also addressed the issue, such as DataPrev in Europe[1] and Foresight in the UK.[2]

Some governments have worked toward rising to the ambitions and challenges identified by the WHO by developing policies, strategies and action plans that incorporate MHP and MDP objectives and include partnering with other sectors. Australia, New Zealand, Scotland, Ireland, Finland and the UK are some of the leaders in this area. The UK has proposed a national government strategy, *No health without mental health* (Department of Health – UK, 2011) and has issued a plethora of documents and orientation, implementation and support initiatives. Canada joined the group in 2012 with its first national mental health strategy, which stated a growing concern for the prevention of mental disorders and suicide and for promoting mental health for all (Mental Health Commission of Canada, 2012).

Europe has also been very active in the last decades in recognizing the need to include mental health among the first priorities of the public health agenda (Wahlbeck, 2011; 2015). European authorities have developed a mental health promotion and mental disease prevention policy for Europe (Jané-Llopis & Anderson, 2005), a strategy for mental health for the European Union (Commission of the European Communities, 2005), as well as a joint action on mental health and well-being. The joint action on mental health and well-being, developed in 2013, aims to build a framework for action in mental health policy at the European level and proposes a variety of useful resources.[3] European authorities have broadly supported the view that "mental health needs to be brought out from professional, organisational and political isolation into the broader sphere of public health" (Lavikainen, Lahtinen, & Lehtinen, 2000, p. 13).

Lastly, the United States has produced a number of reports stressing the importance of incorporating MHP and MDP into the entire spectrum of mental health interventions (Power, 2010). The U.S. has also published a public health approach to children's mental health (Miles, Espiritu, Horen, Sebian, & Waetzig, 2010) and a strategic local action plan for a public health approach to children's mental health (Hogg Foundation for Mental Health, 2009). In 2011, U.S. authorities incorporated mental health and public health chronic illness programs into the *Public health action plan to integrate mental health promotion and mental illness prevention with chronic disease prevention, 2011-2015* (Centers for Disease Control and Prevention, 2011). To date, however, there is no national-level integrated mental health policy.

A number of success factors and common issues emerge from the various policy models and structures to guide action in MHP and MDP that have been put forward by these countries (GermAnn & Ardiles, 2009; Jané-Llopis & Anderson, 2005; Parham, 2008). These are shown in Table 1 on the following page:

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[1] See: https://ec.europa.eu/research/fp6/ssp/dataprev_en.htm
[2] See: https://www.gov.uk/government/collections/mental-capital-and-wellbeing

[3] See: http://www.mentalhealthandwellbeing.eu/

Table 1   Success factors and issues in relation with the implementation of MHP and MDP interventions

Success factors	Issues
• Strong leadership • Government commitment • Allocation of MHP and MDP dedicated resources • Intersectoral collaboration • Development of a knowledge base • Important place for evidence-based MHP and MDP practice • Workforce development and training in MHP and MDP • Support for implementation • Policy and program impact assessment	• Facilitate participation by other sectors • Establish a shared language and vision • Assign responsibility (mandates, clear roles in implementation) • Ensure leadership in coordinating intergovernmental and intersectoral collaboration • Identify governments and coalitions (leaders) that champion good mental health through whole-of-government approaches • Develop research to support investment and implementation • Communicate the vision • Incorporate MHP and MDP plans and policies into public health and existing programs and organizations • Obtain the necessary resources • Avoid a retreat to prioritizing policies based solely on treatment and the provision of services • Avoid patchy implementation of action plans and policies despite clear, relevant directives

The Canadian context and main stakeholders

FEDERAL LEVEL

In recent decades, Canada has been quite prolific with regard to conceptual advances fostering a more holistic approach to mental health. In 1988, it was already making a conceptual distinction between mental health and mental disorders in a pioneering working document, *Mental health for Canadians: Striking a balance* (Health and Welfare Canada, 1988), which helped to integrate mental health promotion within health promotion. In 2003, the first study on mental health, mental disorders and addictions yielded the report *Out of the shadows at last: Transforming mental health, mental illness and addiction services in Canada* (Kirby & Keon, 2006); one of the document's key recommendations was the establishment of the Mental Health Commission of Canada (MHCC). In 2009, the Commission put forward its national mental health framework, *Toward recovery and wellbeing,* which stressed the importance of evidence in promoting mental health and preventing mental disorders (Mental Health Commission of Canada [MHCC], 2009). In 2010, Canada's health ministers and ministers of health promotion/healthy living adopted the declaration on prevention and promotion entitled, *Creating a healthy Canada: Making prevention a priority.* The declaration recognizes that "[p]ositive mental health and mental fitness are a foundation for optimal overall health and well-being, throughout the lifespan" (Public Health Agency of Canada, 2010, p. 1).

The MHCC's national mental health framework, produced in 2009, was a forerunner to the first mental health strategy in 2012, *Changing directions, changing lives,* which emphasized health determinants and was strategically oriented toward reducing inequalities in mental health and taking diversity into account. However, the strategy is simply a guideline for stakeholders across Canada interested in these objectives. The MHCC cannot provide the resources needed to support their

4

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

implementation. The MHCC remains an active participant and continues to offer an array of resources and initiatives, including a knowledge exchange centre, a set of 55 national indicators to measure and report on the mental health of Canadians,[4] a program to promote mental health and combat the stigmatization associated with mental disorders in the workplace,[5] and many others.[6]

For its part, the Public Health Agency of Canada (PHAC) plays its role through multiple national structures and programs. Several of its initiatives promote mental health by focusing on health determinants. All of the Chief Public Health Officer of Canada's reports on the State of Public Health in Canada are relevant to population mental health. The PHAC has also developed and pursued mental health action within the framework of its strategic orientations. For example, *Strategic horizons 2013-2018* (2013), PHAC's five-year strategic plan, indicates that promoting positive mental health, preventing mental illness and preventing suicide are key priorities (Public Health Agency of Canada, 2013). The PHAC's Innovation Strategy identified mental health as a priority area. Numerous mental health promotion interventions were financed in Canada in more than 50 communities, in a variety of contexts and with diverse populations (Office of Evaluation, Health Canada and the Public Health Agency of Canada, 2015, p. 31). These interventions will be assessed to add to the best practice knowledge base in mental health promotion at population level. The 2015 Innovation Strategy evaluation indicates that the program supports intervention research in priority public health fields, including mental health (Office of Evaluation, Health Canada and the Public Health Agency of Canada, 2015, p. ii). The *Canadian Best Practices Portal* [7] offers an array of resources to support planning and implementation of mental health promotion programs. Lastly, PHAC recently put forward a *Positive mental health surveillance indicator framework* (Centre for Chronic Disease Prevention,

Public Health Agency of Canada, 2016), accompanied by an interactive tool.[8]

The Canadian Institute for Health Information (CIHI) has also played a role in supporting mental health promotion and prevention of mental disorders. Between 2007 and 2011, mental health was a priority theme for the CIHI (CIHI, 2008; 2009a; 2009b; 2011a; 2011b). The *Improving the health of canadians 2007-2009* report series comprised three reports on mental health that focus on the determinants of mental health among Canada's vulnerable populations.[9]

In collaboration with stakeholders, Statistics Canada developed the 2012 Canadian Community Health Survey - Mental Health (CCHS), to propose a standard measure of positive mental health as a common point of reference for research, policy and practice (Hubka & Lakaski, 2013). The CCHS included metrics on positive mental health by means of the Corey Keyes Mental Health Continuum Short Form (MHC-SF). The decision to use the MHC-SF confirmed that the approach adopted in the CCHS was consistent with the two-continuum (i.e., that positive mental health and mental illness are related but distinct) model of mental health and mental illness already advocated in *Mental health for Canadians: Striking a balance* (Health and Welfare Canada, 1988; Hubka & Lakaski, 2013).

A number of pan-Canadian initiatives, projects and think tanks have also fostered reflection and the development of a variety of policy and strategy documents over the last few decades, or are still sustaining advances in MHP and MDP.

International groups have also been formed, such as the *International Knowledge Exchange Network for Mental Health*, initiated by the Mental Health Commission of Canada and the International Initiative for Mental Health Leadership. The group unites mental health experts from Canada, New Zealand, Sweden, Australia, Ireland and the United Kingdom. Its aim is to "increase the capacity for effective knowledge exchange in mental health by connecting people, ideas, and resources on a global level […] Its goal is to "reduce the time from innovation to implementation to improve population

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[4] See: http://www.mentalhealthcommission.ca/English/focus-areas/mental-health-indicators-canada

[5] See: http://www.mentalhealthcommission.ca/English/initiatives/11976/supporting-workplace-mental-health

[6] See the MHCC site at: http://www.mentalhealthcommission.ca/English

[7] See: http://cbpp-pcpe.phac-aspc.gc.ca/public-health-topics/mental-health-and-wellness/

[8] See: http://infobase.phac-aspc.gc.ca/positive-mental-health/

[9] See: https://secure.cihi.ca/estore/productSeries.htm?pc=PCC367

mental health […]" (Mental Health Commission of Canada, 2016).

Many organizations are also involved in contributing to our understanding, working in this field and providing numerous resources. These include the Centre for Addiction and Mental Health (CAMH), in particular its health promotion resource centre (CAMH HPRC),[10] the Canadian Mental Health Association, a nation-wide, voluntary organization, with numerous branches across Canada,[11] the National Collaborating Centres for Public Health (NCCPH) of which the National Collaborating Centre for Healthy Public Policy (NCCHPP) is part, and that have initiated a collaborative project on population mental health,[12] and many others.

PROVINCIAL LEVEL

Over the past ten years or so, Canada's provinces have developed healthy public policies to foster health (and mental health), public health and suicide prevention policies, strategies and action plans, and mental health and addiction policies and action plans. In most cases, they include a positive vision of mental health and strive to promote mental health for the whole population.

Public policies and orientation documents in other sectors frequently target the priority areas for action, as well as populations identified in the MHCC's mental health strategy. They are strongly linked to population mental health, although the connection is not always explicit. For example, they are concerned with the following areas and populations: children and youth, Indigenous peoples, health at work, combatting stigmatization, housing, healthy living, diversity, social inclusion and poverty reduction, substance abuse, suicide, etc. Many of these policies and strategies are also listed in the NCCHPP's scan of mental health strategies in Canada (2014).[13]

Several provincial mental health orientation documents take a holistic view of mental health and addictions; they focus on the entire continuum of mental health care and needs, ranging from clinical intervention and recovery, to MDP and MHP *for all*,

and include suicide prevention. They thus promote collaborative ties with public health actors, and identify numerous MHP and MDP strategies to be carried out by these actors. In the last few years, Alberta, British Columbia, Manitoba, Ontario, Québec, New Brunswick, Nova Scotia, Newfoundland and Labrador, the Northwest Territories, Saskatchewan, Prince Edward Island and, most recently, Yukon have produced mental health and addictions plans. These plans are also included in the NCCHPP's scan of mental health strategies in Canada (2014).

Provincial public health orientation documents have also, in some cases, put MHP and MDP on their agendas, though they are present in varying degrees. Some explicitly incorporate these objectives, as is the case with British Columbia (B.C. Ministry of Health, 2013), and with Manitoba. Manitoba offers a regional mental health promotion program (Winnipeg Regional Health Authority, 2014) that stems from the regional mental health program and the public and population health program. Manitoba has also moved its *Towards Flourishing* project into a permanently provincially-funded program, and has integrated a mental health promotion intervention into an existing home visiting program within public health.[14] Other provincial programs position mental health as a crosscutting preoccupation within promotion and prevention actions, adopting a holistic approach to individuals' health and stressing certain stages of life or priority sectors to foster mental health and well-being, such as early childhood or the workplace, as seen, for example, in the *Programme National de santé publique du* Québec 2015-2025 (PNSP [Québec's ten-year public health plan]) (Ministère de la Santé et des Services sociaux [Québec's ministry of health and social services], 2015).

LOCAL AND REGIONAL LEVELS:
HOW TO SUPPORT THE DEDICATED AND BROADER WORKFORCES THAT ARE ATTEMPTING TO DEAL WITH THESE NEW CHALLENGES?

In Canada, as is the case elsewhere in the world, the MHP and MDP objectives within policies, programs, action plans and strategies call for the involvement of both the dedicated public health workforce and the broader workforce. Thus, it is the local and regional public health actors who must, in priority, implement and deliver the various intervention, evaluation,

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[10] See: https://www.porticonetwork.ca/web/camh-hprc
[11] See: http://www.cmha.ca/
[12] See: http://www.nccph.ca/329/Population-Mental-Health.ccnsp
[13] See: http://www.ncchpp.ca/553/publications.ccnpps?id_article=1257

[14] See: http://www.gov.mb.ca/healthychild/towardsflourishing/

6

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

lobbying, research and collaboration mechanisms that make it possible to achieve these objectives. Public health practice is rooted in collaboration. The implementation of partnerships with the broader workforce is therefore essential (mental and physical health care professionals, social services, and the community milieus, professionals from other sectors [education, housing, transportation, employment, income, urban development, justice system, arts, etc.]). Given this context, it has been deemed necessary to focus more specifically on the needs of public health actors tied to population mental health intervention (i.e., interventions aiming at the social determinants of mental health in various contexts, and settings throughout the life course to improve mental health at population levels and reduce inequalities in mental health) and to propose avenues for action and recommendations aimed at building workforce capacity.

International experiences

European authorities have identified a number of principles for supporting the workforce so that they can engage in MHP and MDP action (Jané-Llopis and Anderson, 2005). Essentially these are to:

- Build the capacity of, and to train, not only the public health workforce, but also the broader workforce including clinical and community actors as well as actors from other sectors, so they can act as enablers, mediators, and advocates;
- Support actors so that they may work in collaboration and recognize the importance and benefit of multisectoral policies and actions for population mental health;
- Expand the knowledge base for public health and its partners; and
- Support effective implementation through resources, personnel and infrastructure.

The United Kingdom offers a variety of support and orientation resources to enable the public health workforce to take a leading role and to make mental health a public health priority. The UK's Faculty of Public Health offers training resources.[15] Public Health England also recently put forward a leadership and workforce development framework (PHE, 2015a) for supporting the public health

workforce in mental health.[16] This framework followed an initial needs identification exercise. It proposes six ambitions that express the potential roles of diverse categories of actor constituting the workforce in the broadest sense:

- Leaders that advocate for the mental health of citizens;
- A public health specialist workforce that can lead in mental health as a priority for public health;
- A local workforce that works with communities to build healthy and resilient places;
- A frontline workforce that could promote its clienteles' mental health;
- A frontline workforce that is capable of recognizing signs of mental distress and supporting children, young people, parents and adults appropriately; and
- A health and social care workforce that is equipped with the knowledge and skills to advance the health and well-being of people with a mental disorder and reduce mental health inequalities (PHE, 2015a, p. 10).

The ambition identified for each the six categories of actor comes with key competencies that can be developed in each of the different functions. In addition, the framework identifies 12 core principles that identify the common knowledge, beliefs and skills required by the entire workforce to improve mental health. These are shown in Table 2 on the following page.

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[15] See: http://www.fph.org.uk/better_mental_health_for_all

[16] See: https://www.gov.uk/government/publications/public-mental-health-leadership-and-workforce-development-framework

Table 2   Core principles for public mental health practice in the UK (PHE, 2015a, p. 10)

(Note: the text in this table is cited directly.)

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 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.

This framework also includes a call to action through which multiple partners have committed themselves to working together to "help build the capacity and capability of leaders and build a workforce that is confident, competent and committed to improving the public's mental health and wellbeing" (PHE, 2015b, p. 4). Furthermore, just as the European recommendations do, this framework identifies the need to raise awareness about the importance of mental health not just within public health and health care but also among other influential partners (PHE, 2015a). In short, PHE emphasizes the idea that all contacts count and must be leveraged to improve the population's mental health.

Canadian scans of assets and needs

In Canada, as discussed above, there have been numerous stakeholders developing orientation documents and resources to support and guide the field of population mental health. However, there is no formalized collaborative and collective orientation as of yet to support the public health and broader workforce in this field. In recent years, we have seen, however, the emergence of initiatives to identify public health actors' assets and needs in dealing with national and provincial public and mental health orientations aiming at MHP and MDP.

An NCCHPP document (Mantoura, 2017) summarizes four such initiatives, presents common emerging needs, and proposes orientations for enabling the workforce to address population mental health. We have drawn from certain elements of that document to develop Table 3 on the following page, which we present as a conclusion.

Conclusion

In this briefing note, we have discussed how population mental health is becoming even more of a priority on public health policy and strategy agendas, and we have identified that actors from the dedicated and broad workforces at local and regional levels require support.

The European and UK initiatives identify principles and resources to support the dedicated and broad workforces in this field. In Canada, four recent initiatives have identified emerging needs and addressed useful avenues for action.

As a conclusion, Table 3 synthesizes and compares main avenues for action from the European, UK and Canadian initiatives. In accordance with the colour code proposed elsewhere (Mantoura, 2017), the main avenues for action that are of a structural nature (systems level) are identified in purple, the main avenues for action that are of an operational nature (practitioners' level) are identified in red, and finally, the avenues for action put forth by the UK and European initiatives only are identified in green.

8

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

These final three avenues for action, as indicated by the shaded areas, have not specifically been addressed in the Canadian needs assessments. However, when added to the others, they represent areas of interest for future development that could be useful for supporting Canadian practitioners in this field.

Table 3 **Synthesis of main avenues for action to support the public health workforce in population mental health**

Main avenues for action	EU	UK.	Can[17]
Clarify roles, mandates, and responsibilities for a variety of actors in many tiers and contexts of action.	X	X	X
Support infrastructure: dedicated resources, organizational/management support, supported collaborative practices (less silos, more integration, etc.).	X	X	X
Integrate MHP/MDP activities, principles, programs into current PH policies, programs and standards.	X	X	X
Train and support the dedicated and broad workforces, through diverse resources, and build leadership and capacity.	X	X	X
Expand the knowledge, attitude and skills base of the public health workforce.	X	X	X
Identify competencies to support public health action in population mental health.		X	
Propose a broad collaborative strategy for implementing support.	X	X	
Ensure leadership in coordinating intergovernmental, intersectoral collaboration, and whole-of-government approaches.	X	X	

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17 This column represents the synthesis of needs assessments initiatives in Canada (Mantoura, 2017).

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10

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

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