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

March 2017

Introduction

Mental health[1] is an essential part of our individual and collective health. The importance of mental health promotion across the whole population has entered the mainstream policy agenda. Many strategy and policy documents in mental health and public health have integrated the goal of mental health promotion (MHP) and mental disease prevention (MDP). In consequence, a dedicated and broader workforce is increasingly called upon to contribute to those objectives. This workforce, however, is not yet sufficiently supported to intervene in the most effective ways with regards to population mental health.[2]

Four Canadian initiatives undertaken during the past three years have assessed public health practitioners' needs and suggested recommendations with regards to public health's action in population mental health. This document provides a synthesis of these emerging needs and avenues for action. It is particularly intended for various stakeholders who wish to:

- Grasp the needs of the workforce at local and regional levels with regards to population mental health, and

- Develop resources, tools or strategies to support that workforce.

This document does not detail the different recommendations as they are outlined in the original reports, and readers who seek in-depth understanding of the recommendations are encouraged to refer to those. It does not establish 'who' could respond to those needs or be responsible for these recommendations; nor is it meant as a strategic analysis identifying what is already available, what is missing or how to implement each recommendation. It does, however, provide general suggestions and possible orientations for next steps.

Canadian survey initiatives

In Canada, four initiatives have identified public health actors' assets or enablers, and needs, and formulated recommendations in certain instances with regards to population mental health-related activities.

Two focused specifically on children and youth in Ontario:

A. The study, *Connecting the dots: How Ontario public health units are addressing child and youth mental health* (Centre for Addiction and Mental Health [CAMH], Public Health Ontario, & Toronto Public Health, 2013) presents the range of mental health activities, services, initiatives and programming undertaken by Ontario public health units with children and youth and identifies their sustaining financing and mandates.[3]

B. The study, *Identifying areas of focus for mental health promotion in children and youth for Ontario public health: A locally driven collaborative project 2014-2015*, set out "to identify the evidence-informed areas of focus for child and youth mental health promotion initiatives that are consistent with the core principles of Ontario's public health system" (Murphy, Pavkovic, Sawula, & Vandervoort, 2015, p. 3). Drawing from interviews with provincial stakeholders and public health leaders, and an inventory of the literature, it highlights needs, priorities and

---

1. The term 'mental health' is used in its positive form as a resource for life and health.

2. Here the term 'population mental health' refers to an approach that focuses on interventions aiming to improve mental health in the population and reduce inequalities in mental health throughout the life course, using multiple strategies, which target both the social determinants of mental health and the social determinants of inequalities in mental health.

3. The report is available at: http://www.camh.ca/en/hospital/about_camh/provincial_systems_support_program/Documents/Connecting%20the%20Dots%20FINAL.pdf

2

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

recommendations for public health in MHP for Ontario's children and youth.[4]

Two other projects dealt with the activities of public health actors involved in mental health targeting the general population:

C.   The study, *Pathways to promoting mental health: A 2015 survey of Ontario public health units* (Centre for Addiction and Mental Health - Health Promotion Resource Centre [CAMH HPRC], 2015) presents an overview of MHP activities delivered by Ontario's 36 public health units to Ontarians of all ages and in all life stages.[5]

D.   The exploratory survey undertaken by the National Collaborating Centre for Healthy Public Policy (NCCHPP), in conjunction with the other National Collaborating Centres for Public Health (NCCPH), *Main types of needs of the public health workforce for population mental health* (Mantoura, 2016), henceforth referred to as the NCCPH survey, brought to light the assets and needs identified by actors from the dedicated public health workforce as well as the broader workforce who are involved in the area of mental health.[6]

It is interesting to note (see Table 1 on the following page) that the assets and needs identified by various public health actors working in numerous settings across Canada in the NCCPH survey (D) were similar and coherent with those identified by the Ontario partners who focused on public health actors' activities within Ontario's public health units (A and C) and with those identified through interviews with provincial stakeholders and public health leaders in Ontario (B). Table 1 summarizes the 'assets/enablers' and 'needs/deficiencies and/or recommendations' identified by the four Canadian surveys.

---

[4]   The report is available at: https://www.publichealthontario.ca/en/eRepository/MentalHealth_FinalReport_LDCP_2015.pdf

[5]   The report is available at: https://www.porticonetwork.ca/documents/81358/0/Pathways_Report+1.pdf/71c9ac68-a70d-431e-800c-31a95bdcd175

[6]   The report is available at: http://www.ncchpp.ca/553/Publications.ccnpps?id_article=1569

Briefing Note   **3**
Population Mental Health in Canada: Summary of Emerging Needs and Orientations
to Support the Public Health Workforce

Table 1   Assets, needs and recommendations identified in Canada for population mental health

	Assets/enablers	Needs/deficiencies (plain text) and/or recommendations (italicized)
A. *Connecting the dots: How Ontario public health units are addressing child and youth mental health*	• "partnerships • embedded approaches to addressing child and youth mental health • strong leadership and commitment within health units • fundamental public health approaches, principles and frameworks • health unit structure and size • staff expertise" (CAMH, Public Health Ontario, & Toronto Public Health, 2013, p. 2).	• "lack of a provincial mandate contributing to unclear roles • lack of dedicated resources • coordination challenges among community partners • lack of focus on mental health promotion and mental illness prevention • stigma • gaps in mental health service system/unmet needs" (CAMH, Public Health Ontario, & Toronto Public Health, 2013, p. 2).
B. *Identifying areas of focus for mental health promotion in children and youth for Ontario public health. A locally driven collaborative project 2014-2015*	N/A	• Lack of understanding of MHP and the related terminology. • Lack of clarity regarding roles for public health. • Lack of sufficiently clear mandates and structures to support public health in MHP actions. • Lack of sufficient public awareness of MHP and the link between physical health and mental health. • Lack of sufficient system integration. • *Develop a shared understanding of mental health and MHP across various sectors.* • *Develop a shared understanding of the links between physical health and mental health (holistic health).* • *Form a clear and consistent mandate for MHP within public health.* • *Implement MHP across the lifespan.* • *Advocate for intersectoral collaboration to advance the MHP agenda.* • *Focus on the underlying social determinants of health.* • *Concentrate public health action on best MHP practices with youth and children (this should include social connectedness, parenting, resiliency, stigma reduction, physical health, and mental health literacy).*
C. *Pathways to promoting mental health: A 2015 survey of Ontario public health units*	• All 36 units are engaged in MHP. • The priority is on risk and protective factors focused on individuals and families. • 39% of the units explicitly mentioned MHP in strategic planning and accountability documents. • 31% of units have staff exclusively dedicated to MHP, while 58% have staff whose primary function is MHP. • The staff promoting mental health to Ontarians of all ages and stages were most often public health nurses (CAMH HPRC, 2015, p. 6).	• "*Recommendation # 1: Establish a common understanding of MHP to inform cohesive, consistent and measurable strategies for promoting mental health across Ontario's PHUs, the public health sector and other sectors.* • *Recommendation # 2: Establish evidence-informed guiding principles for integrating MHP programming in public health and support the public health workforce to implement MHP at the PHU level, across the public health sector and other sectors.* • *Recommendation # 3: Align current and new MHP activities with the existing Ontario Public Health Standards to/and promote health equity and mental health, 2008 or as current.* • *Recommendation # 4: Continue to leverage partnerships to strengthen MHP in the public health system and the mental health and addictions system.* • *Recommendation # 5: Continue to improve and promote the sustainability of effective MHP programming with performance measurement and evaluation strategies*" (CAMH HPRC, 2015, pp. 35-37).

4

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

Table 1 **Assets, needs and recommendations identified in Canada for population mental health (contd.)**

	Assets/enablers	Needs/deficiencies (plain text) and/or recommendations (italicized)

D. *Main types of needs of the public health workforce for population mental health*	• Strong operational knowledge in the field of mental health.
	• Participation in mental health-related activities.
	• Creation of partnerships to support mental health.
	• Use of a variety of available tools, resources and training.
		Structural needs expressed
		• Clarify public health mandates, roles and responsibilities in MHP and MDP.
		• Provide organizational support (availability of adequate financial and human resources) for MHP and MDP work in public health and in primary health care, as well as to support integrated practices favourable for MH and rooted in the community (more resources, more collaboration, more communication, less silos, etc.).
		• Demonstrate a concern for institutional support (concern for the mental health of the public health workforce).
		Operational needs expressed
		• Expand the knowledge, attitude, and skills bases through varied resources:
		  ▪ Provide guidelines that include clear definitions (MHP, MDP, population mental health), distinctions between fields of intervention (i.e., differences between MHP and MDP) and clear connections between the various facets of population mental health (mental and physical health, social determinants of health and mental health, social inequalities and mental health, etc.).
		  ▪ Support collaborations at the level of upstream intersectoral actions as well as at the level of front-line interventions (public health, primary physical and mental health care, community settings) by supporting mental health literacy and fostering a shared understanding while acknowledging the variety of languages and terminologies.
		  ▪ Identify, develop and facilitate access to customized training and make this available for various audiences (decision makers, managers, local public health actors, primary health care actors, community actors, the general public, universities, etc.).
		  ▪ Institute or facilitate access to communities of practice.
		  ▪ Develop and/or make easily available best practice resources (tailored for diverse professionals in multiple settings, for multiple subpopulations, in varied subject areas, and using a participatory process). Ask and then answer: What works? With whom? In which context? How?
		  ▪ Identify, develop and facilitate access to monitoring and evaluation instruments, indicators and tools.

Synthesis: Needs in population mental health

Respondents whose feedback informed these four initiatives indicate that public health actors do extensive work in MHP and MDP in a variety of areas and fields of practice. They build partnerships and have a good level of understanding about mental health, mental disorders, and the links between these and physical health, determinants of health, and the diverse practice environments in public health. They also know of and use resources and tools to support their practices, and mobilize fundamental public health approaches, principles and frameworks. Despite these assets, there are still many needs in the area of support for the public health workforce involved in population mental health-related activities.

CHARACTERIZING THE WORKFORCE INVOLVED IN POPULATION MENTAL HEALTH

To foster the population's mental health, the literature stresses the importance of a dual and combined workforce:

1. A 'dedicated' public health workforce that is specialized in promoting health and preventing

Briefing Note 5
Population Mental Health in Canada: Summary of Emerging Needs and Orientations
to Support the Public Health Workforce

diseases. This workforce already develops, facilitates and implements practices and policies in numerous settings, and can transfer its abilities into the areas of MHP and MDP; and

2. A broader workforce, whose *primary* mission is not promotion and prevention (this includes actors in clinical physical and mental health sectors, as well as actors from other sectors such as education, employment, etc., as well as from the community). This workforce contributes to public health's objectives in population mental health, although its activities have not yet been sufficiently documented (Barry & Jenkins, 2007; Heginbotham & Newbigging, 2013; Public Health England [PHE], 2015a; Compton & Shim, 2015).

The NCCPH survey results apply to both the dedicated and broader workforces:

- The results indicate that the set of needs identified concern the various actors who are directly engaged in dedicated public health activities and intervene at a variety of levels in a variety of sectors.
- They also highlight the importance of supporting those working in broader and related fields (primary health care in mental or physical health, other sectors and in community settings) as well as the collaborative ties to be established both locally, and more upstream between this broader workforce and public health.

The results, therefore, point to the usefulness of tailoring the responses provided to various actors in diverse environments. For example, support resources could be developed in collaboration with, or adapted to:

- Different public health actors involved in decision making, management, programming and planning;

- Local public health actors potentially concerned by MHP and MDP
  o in a variety of settings (various educational settings, workplaces, multiple communities, etc.);
  o with a range of clienteles including children and youth, adults, the elderly, the general population, and vulnerable groups (Indigenous communities, newcomers, persons living with mental disorders, carers, people with addiction issues, etc.); and
  o in a variety of functions (mental health promotion intervention, support for preventive clinical practices, lobbying at the municipal level for public policies favourable to mental health, etc.);
- Various clinical actors involved in mental and physical health (family doctors, mental health practitioners, etc.); and
- Various community and lay actors including volunteers involved in, for example, advocacy, mental health promotion with the general public, or with families or individuals with lived experience of mental health problems and disorders, etc.

TWO BROAD CATEGORIES OF NEEDS IN POPULATION MENTAL HEALTH

Looking at the four needs identification exercises, we can identify two broad categories of needs that are common to all. These are structural needs (systems level) (in purple in figures 2 and 3 on the following page), and operational needs (practitioners' level) (in red in figures 1 and 2 on the following page). Operational needs include resource needs as well as those needs related to building competencies (knowledge, attitudes and skills) for population mental health.
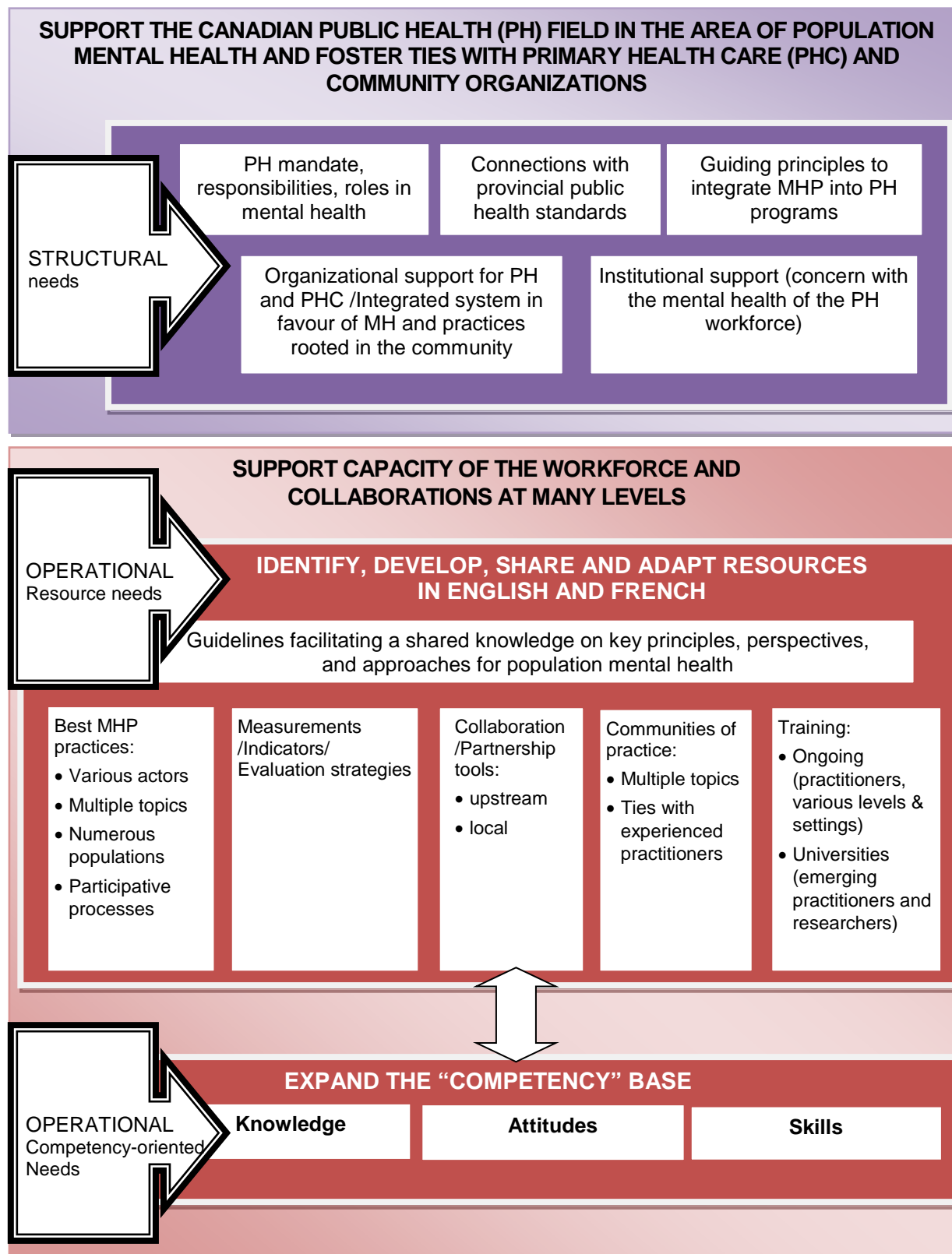
6

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

SUPPORT THE CANADIAN PUBLIC HEALTH (PH) FIELD IN THE AREA OF POPULATION MENTAL HEALTH AND FOSTER TIES WITH PRIMARY HEALTH CARE (PHC) AND COMMUNITY ORGANIZATIONS

STRUCTURAL needs

PH mandate, responsibilities, roles in mental health	Connections with provincial public health standards	Guiding principles to integrate MHP into PH programs

Organizational support for PH and PHC /Integrated system in favour of MH and practices rooted in the community

Institutional support (concern with the mental health of the PH workforce)

SUPPORT CAPACITY OF THE WORKFORCE AND COLLABORATIONS AT MANY LEVELS

OPERATIONAL Resource needs

IDENTIFY, DEVELOP, SHARE AND ADAPT RESOURCES IN ENGLISH AND FRENCH

Guidelines facilitating a shared knowledge on key principles, perspectives, and approaches for population mental health

Best MHP practices:	Measurements /Indicators/ Evaluation strategies	Collaboration /Partnership tools:	Communities of practice:	Training:
• Various actors • Multiple topics • Numerous populations • Participative processes		• upstream • local	• Multiple topics • Ties with experienced practitioners	• Ongoing (practitioners, various levels & settings) • Universities (emerging practitioners and researchers)

EXPAND THE "COMPETENCY" BASE

OPERATIONAL Competency-oriented Needs

Knowledge	Attitudes	Skills

Figure 1 **Summary of needs and orientations for action identified in four Canadian surveys to support the workforce for population mental health**

Briefing Note   **7**
Population Mental Health in Canada: Summary of Emerging Needs and Orientations
to Support the Public Health Workforce

SYNTHESIS OF STRUCTURAL NEEDS

With a view to providing more structural support to the overall public health field in developing and deploying population mental health action, the results from the surveys suggest it would be useful to:[7]

1. Clarify the mandates, roles and responsibilities of public health (A, B, C, D) for population mental health, as well as of actors from the broader workforce (D); and when appropriate and possible;
2. Establish how these mandates, roles and responsibilities relate to the provinces' different public health norms and standards of practice (C);
3. Develop evidence-informed core principles so as to integrate MHP programs and practices into public health (C);
4. Obtain the necessary organizational support (infrastructure, dedicated resources, management support) to (A,D):
   − Develop or reinforce action in favour of MHP and MDP;
   − Reinforce the links between public health, primary health care and community actors so as to break down silos and make the proposed services more holistic, integrated and optimal;
5. Be mindful of the mental health of those in the public health workforce through organizational practices favourable to mental health (D).

SYNTHESIS OF OPERATIONAL NEEDS

With a view to providing more operational support to the public health workforce, and to practitioners' collaboration with actors in the wider workforce, the survey results suggest 1) making an array of resources available (identify, develop, facilitate access to, or adapt) while 2) focusing on expanding knowledge, attitudes and skills identified as useful for population mental health interventions.

Operational - resource Needs

Respondents to the NCCPH survey explicitly expressed the need that the resources be offered in both English and French, and that they be principally geared toward supporting MHP and MDP interventions, collaborations, evaluations, follow-up and research practices. These resources would include:

1. Guidelines that would expand knowledge and enable a common knowledge base on key concepts, approaches, and principles useful to a population mental health approach (e.g., MHP and MDP interventions throughout the life course, social determinants of mental health, a holistic approach to health that links physical health [including infectious diseases, chronic diseases] to mental health, social inequalities and mental health, the relation of mental health to mental illness, etc.) (many elements are found in B, C, D);
2. Continuing education on various themes that is accessible and adapted to different sectors and actors, and ensuring that mental health is inserted into university curriculum in the various fields in question (D);
3. Providing and diffusing targeted and contextualized best practices and policy briefings (present in B, C, and strongly present in D);
4. Communities of practice (D);
5. Collaboration support tools (frontline and upstream) geared toward mental health literacy and acknowledgement of the various mental health languages (present in A, B, C, and treated in depth in D); and
6. Mental health data, measurement, monitoring and evaluation tools (C, D).

As emerging needs concern actors whose practices are in very diverse settings, contexts, and involve interactions with numerous populations, the recommendation is to anchor resource development and knowledge sharing tools in participative processes. Such processes facilitate consideration of culture and diversity in population mental health practices and programs, and offer the mechanisms to ensure that these practices and programs are sensitive to various understandings of mental health and wellbeing (Barry, Patel, Jané-Llopis, Raeburn, & Mittelmark, 2007).

---

7   Readers interested in deeper understanding of the needs or associated avenues for action are strongly encouraged to refer to the original reports. The initiatives that discuss each need or avenue in more detail are identified by (A, B, C, D) in parentheses. As a reminder, A: *Connecting the dots: How Ontario public health units are addressing child and youth mental health*; B: *Identifying areas of focus for mental health promotion in children and youth for Ontario public health*; C: *Pathways to promoting mental health*; and D: *Main types of needs of the public health workforce for population mental health*.

8

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

Table 2 below presents examples of types of actors, populations, and settings identified in the NCCPH survey as related to requests for resources. These same actors and populations could participate and contribute to knowledge co-production and sharing processes.

Table 2   Types of actors, target populations and settings

Actors	• Public health managers/decision makers/program planners • Various local public health actors • Other public health actors • Clinical, primary health care actors (physical health, mental health and social services) • Community actors and volunteers • Actors in other sectors
Target populations[8]	• Indigenous persons/communities • LGBT • Men • Elderly • New immigrants and refugees • Homeless • Children and youth • Parents • Transition ages • Adults • Populations with addictions • Populations with lived experience of mental disorders • General population • Families and friends of people living with mental disorders • Rural communities • Socioeconomically vulnerable populations • Francophone minority populations outside Québec • The media
Settings	• Community • Home (family environment) • Daycare • School • Colleges and universities • Work settings • Health care settings • Social media and web community • Military base in Ottawa • Homes, old age residences.

---

[8]   Specific attention to intersections of some of these populations' vulnerabilities throughout life is also necessary.

Briefing Note   **9**
Population Mental Health in Canada: Summary of Emerging Needs and Orientations
to Support the Public Health Workforce

Table 3   **Summary of knowledge, attitude and skills needs to support the workforce involved in population mental health**

"Knowledge"-type needs	• Know key mental health orientations, strategies, policies and available resources. • Expand the knowledge base. • Know what works, with whom and where. • Know mental health data, follow-up and evaluation measures and strategies adapted to various contexts. • Know resources and networks in own field and level of practice.
"Attitudes and skills"-type needs	• Understand that everyone has something to contribute to the work (mental health is everyone's business). • Adopt a champion role in public health. • Know how to effectively communicate the importance of mental health to partners. • Adapt your language to your audience when you speak of mental health to better reach people and to facilitate a common understanding and more collaboration. • Know, defend and support links between mental health, its promotion, and public health. • Understand how your own mental health interacts with your ability to promote mental health at population level. • Understand how mental health is part of known public health frameworks. • Understand that mental health and physical health ought to be treated with the same importance. • Adopt a collaborative and integrated practice. • Effectively communicate the economic value (return on investment) of promotion and prevention. • Adopt a participatory practice, and include participatory processes in resource development and sharing. • Integrate and use mental health data, measures and follow up and evaluation strategies in various contexts. • Adopt a perspective of action that is rooted in the life course approach. • Adopt a concern for mental health promotion intervention for early childhood and youth. • Understand the impacts of stigmatization and discrimination on mental health.

Operational - knowledge, attitude and skills needs

Needs in terms of knowledge, attitudes and skills have been identified through the needs assessment initiatives. Although they are not evidence-informed recommendations or validated guidelines for population mental health competencies, they do represent a good base from which to orient future activities. They are summarized[9] in Table 3 above.

Examples of possible orientations to support the public health workforce

Although the objective of this briefing note is not to suggest precise implementation strategies, we make some tentative suggestions towards steps forward for both structural and operational orientations.

STRUCTURAL, SYSTEMS-LEVEL ORIENTATIONS

Structural (systems-level) actions would be needed to support the public health field in general, the peripheral and associated field of primary health care and associated social and community services, as well as collaboration and integration mechanisms between sectors and on the ground. For example, such actions would aim at:

Clarifying mandates, roles and responsibilities within each concerned field and for various practice levels and contexts.

 o There have been numerous policy, strategy, and orientation documents and mental health and public health provincial plans and programs[10] that have contributed in many

---

9   The full report of the NCCPH survey shows how these gaps in knowledge, attitudes and skills have been identified. Similar types of needs have been added to this summary when found in other Ontarian surveys.

10   See Mantoura, 2017.

10

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

ways to giving direction in terms of roles and responsibilities for action.

- o A systematic concern for the clarification of the mandate, role and responsibilities of actors in various fields of action and at various levels of intervention could help to increase the level of much-needed support.
- o Explicit mention of how programs and orientations tackle MHP and MDP could also be beneficial, whether in public health or more broadly.
- o Finally, when possible, specific mention of MHP and MDP responsibilities in public health's and associated fields' norms and standards could legitimize the work and strengthen support.

Public health practitioners are seen as already having the necessary expertise to implement this work (Barry and Jenkins, 2007): they are already facilitating partnerships, promoting health in general, evaluating the impacts of policies on health, and acting as advocates of health in many settings. Transferring this expertise to mental health promotion would be a natural progression for them.

International examples

Public Health England has identified various ambitions (for the dedicated and broader workforce) to guide mental health promotion work (PHE, 2015). Examples of roles for the public health workforce have also been suggested, such as: leaders, facilitators, partners, advocates, evaluators (Faculty of Public Health and Mental Health Foundation, 2016). Such tools can be used to clarify the roles and responsibilities of various actors for population mental health in Canada.

Canadian example

The Winnipeg Regional Health Authority (WRHA) – Mental health promotion program - Strategic planning conceptual framework (WRHA, 2016) illustrates a mental health promotion program which integrates role identification as well as capacity building for various practitioners.

Providing the necessary infrastructure, resources and support that render those responsibilities, roles and mandates feasible, and that facilitate

collaborations and reinforce links between public health, primary health care, and community actors.

- o This includes, among other things, a concern for work policies and programs that are favourable to the mental health of the workforce, both dedicated and broader (i.e., that promote employee mental health within the workforce's organizations);
- o This also requires, among other things, concerned, informed and dedicated managers and decision makers (i.e., that foster mental health literacy at leadership and decision-making levels).

International example

To widely implement the required support, the European Union, as well as the United Kingdom,[11] have encouraged a broad collaborative strategy through which multiple partners have committed themselves to working together (PHE, 2015b). This appears to be a logical and important approach to implement a coherent and collaborative Canadian measure rallying key partners around population mental health objectives.

Canadian examples

Strategies such as developing and sustaining effective working partnerships and collaborations to foster mental health within communities have been included within recent Canadian mental health promotion strategic planning initiatives: See the *Rapport de la Direction de Santé publique de l'Estrie* - Prioriser la santé mentale et le bien-être en Estrie : 7 défis à relever ensemble (Direction de la santé publique du Centre intégré universitaire de santé et de services sociaux de l'Estrie-Centre hospitalier universitaire de Sherbrooke, 2016), and the *Winnipeg Regional Health Authority (WRHA) – Mental health promotion program - Strategic planning conceptual framework* (WRHA, 2016).

Integrating mental health promotion programming and practices into public health programs, policies and plans (as well as primary health care, mental health care and community programming). To facilitate this integration, a common and shared understanding of MHP and its implementation principles would be useful.

---

[11] Experiences from the European Union and England have been reviewed elsewhere (Mantoura, 2017).

Briefing Note   **11**
Population Mental Health in Canada: Summary of Emerging Needs and Orientations
to Support the Public Health Workforce

International literature

MHP implementation principles are mainly supported in the literature by:

- A holistic view of health which considers mental health in all public health interventions, with a level of importance alongside that of physical health,

- Measuring mental health as one of the outcomes of various strategies, programs, and interventions.

- A move from a deficit-based to a strength-based approach,

- A focus on action on the social determinants of mental health and of inequalities in mental health.

- Applying the health promotion strategies of the Ottawa Charter.

- Integration of a universally-proportionate perspective to promote mental health.

- Adoption of a life course approach to mental health which considers in particular certain life stages as foundational for mental health, as well as the importance of supporting mental health through all stages and transitions of the lifespan.

- A focus on improving mental health literacy across the whole population, in order to reduce stigma and discrimination, and share a common vision that can support collaboration.

- A focus on intersectoral collaboration for the improvement of the population's mental health.

- Support for the expansion of the public health evidence base for mental health promotion.

- A focus on culturally appropriate practices based on participatory processes, capacity building and empowerment (Barry, 2007; Faculty of Public Health and Mental Health Foundation, 2016).

Canadian examples

Manitoba's *Towards Flourishing* project (Government of Manitoba, website) shows the integration of an MHP program into public health programs.

Fostering mental health in our community (strategic direction #2) - Ottawa Public Health strategic direction 2015-1018 - (Ottawa Public Health, 2016), as well as the *Rapport de la Direction de Santé publique de l'Estrie - Prioriser la santé mentale et le bien-être en Estrie : 7 défis à relever ensemble* (Direction de la santé publique du Centre intégré universitaire de santé et de services sociaux de l'Estrie-Centre hospitalier universitaire de Sherbrooke, 2016) illustrate how public health orientations are integrating mental health promotion principles.

OPERATIONAL ORIENTATIONS

A collaborative and participatory strategy can be proposed to support the public health workforce as well as the wider workforce and to build their capacity and leadership. This strategy may then involve multiple stakeholders and practitioners to:

Identify/adapt/develop/suggest targeted and contextualized tools and resources to support practices at many levels, in many settings, and for a variety of populations. First steps could include:

- o Identifying networks and stakeholders to collaborate towards a shared perspective;
- o Scanning existing and available resources on MHP and MDP (guiding/orientation documents on key principles and perspectives; evidence based resources; communities of practice; training material; indicators, measurement and evaluation tools and strategies); intended for the public health and the broader workforce;
- o Identifying gaps and opportunities;
- o Identifying collective strategies and actions to expand the support provided to actors in various fields and settings.

Work towards expanding knowledge, attitudes and skills for population mental health practice.

- o Knowledge, attitudes and skills-types of needs have been identified through the four Canadian needs identification initiatives (Table 3) and represent a good base to initiate and guide actual work.
- o Expanding knowledge, attitudes and skills would require a standardized and evidence-informed approach to identify and establish a common competency baseline for population mental health.
- o To this end, here again, experiences from the European Union and the United Kingdom may provide some support. Public Health England (PHE, 2015a) proposed competency-based principles to guide broad public mental health practice.
- o These principles suggest that the ensemble of needs identified through the Canadian surveys (both structural needs and operational needs) represent a good direction in terms of supporting the public health and wider workforce in Canada.

12

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

o Competency frameworks to guide the Canadian public health and wider workforce's practices towards population mental health could be among the tools to develop to establish a common, shared, cohesive and consistent baseline for population mental health practice.

By way of conclusion, Figure 2 below summarizes potential avenues for action to support the dedicated and broader workforce in population mental health.
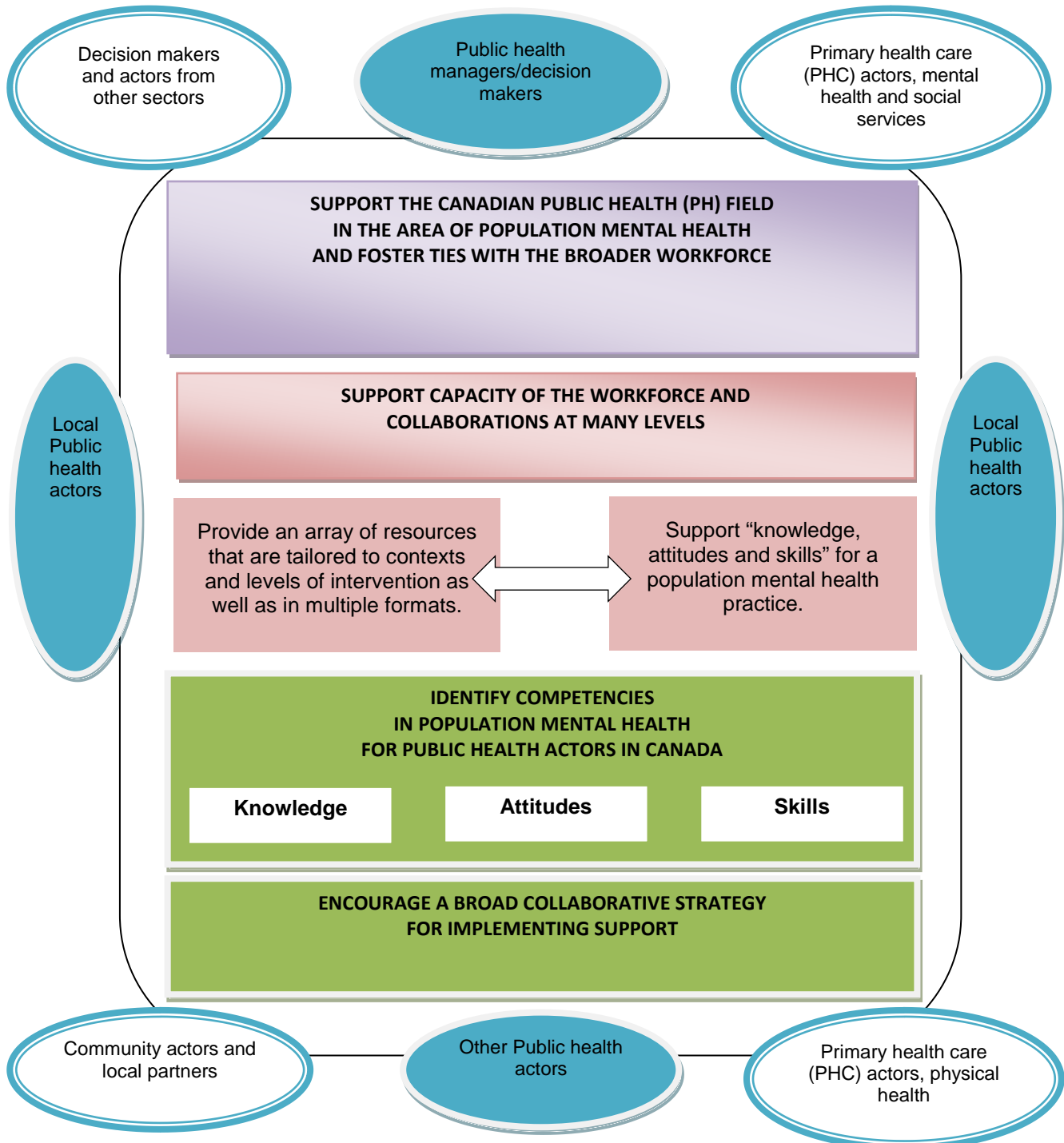
Figure 2   **Summary of avenues for action to support the workforce in population mental health**

Briefing Note   **13**
Population Mental Health in Canada: Summary of Emerging Needs and Orientations
to Support the Public Health Workforce

References

Barry, M. M. (2007). Generic principles of effective mental health promotion. *International Journal of Mental Health Promotion, 9*(2), 4-16.

Barry, M. M. & Jenkins, R. (2007). *Implementing mental health promotion.* Oxford: Churchill Livingstone Elsevier.

Barry, M. M., Patel, V., Jané-Llopis, E., Raeburn, J., & Mittelmark, M. B. (2007). Strengthening the evidence base for mental health promotion. In D. V. McQueen, & C. M. Jones (Eds.), *Global perspectives on health promotion effectiveness* (pp. 67-86). New York: Springer.

Centre for Addiction and Mental Health [CAMH], Public Health Ontario, & Toronto Public Health. (2013). *Connecting the dots: How Ontario public health units are addressing child and youth mental health.* Toronto, Canada : Centre for Addiction and Mental Health, Public Health Ontario, & Toronto Public Health. Retrieved from: http://www.camh.ca/en/hospital/about_camh/provincial_systems_support_program/Documents/Connecting%20the%20Dots%20FINAL.pdf

Centre for Addiction and Mental Health - Health Promotion Resource Centre [CAMH HPRC]. (2015*). Pathways to promoting mental health: A 2015 survey of Ontario public health units.* Toronto, Canada: Centre for Addiction and Mental Health. Retrieved from: https://www.porticonetwork.ca/documents/81358/0/Pathways_Report+1.pdf/71c9ac68-a70d-431e-800c-31a95bdcd175

Compton, M. T. & Shim, R. S. (2015). *Social determinants of mental health.* Washington, DC: American Psychiatric Publishing.

Direction de la santé publique du Centre intégré universitaire de santé et de services sociaux de l'Estrie-Centre hospitalier universitaire de Sherbrooke. (2016). *Rapport de la direction de santé publique - Prioriser la santé mentale et le bien-être en Estrie : 7 défis à relever ensemble.* Sherbrooke, Canada: Direction de la santé publique du Centre intégré universitaire de santé et de services sociaux de l'Estrie – Centre hospitalier universitaire de Sherbrooke. Retrieved from: http://www.santeestrie.qc.ca/clients/CIUSSSE-CHUS/medias-publications/publication/portraits-population/Rapport_Sante_mentale2015.pdf

Government of Manitoba. *Towards Flourishing.* (2016). Webpage consulted on December 12, 2016, at: http://www.gov.mb.ca/healthychild/towardsflourishing/

Faculty of Public Health 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. Retrieved from: http://www.fph.org.uk/uploads/Better%20Mental%20Health%20For%20All%20FINAL%20low%20res.pdf

Heginbotham, C. & Newbigging, K. (2013). *Commissioning health and wellbeing.* London: SAGE.

Mantoura, P. (2016). *Main types of needs of the public health workforce for population mental health.* Montréal, Canada: National Collaborating Centre for Healthy Public Policy. Retrieved from: http://www.ncchpp.ca/553/publications.ccnpps?id_article=1569

Mantoura, P. (2017). *Population mental health in Canada: An overview of the context, stakeholders and initiatives to support action in public health.* Montréal, Canada: National Collaborating Centre for Healthy Public Policy. Retrieved from: http://www.ncchpp.ca/docs/2017_SMP_PMH_Context_En.pdf

14

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

Murphy, J., Pavkovic, M., Sawula, E., & Vandervoort, S. (2015). *Identifying areas of focus for mental health promotion in children and youth for Ontario public health. A locally driven collaborative project 2014-2015.* Ottawa, Canada: Agency of Health Protection and Promotion. Retrieved from: https://www.publichealthontario.ca/en/eRepository/MentalHealth_FinalReport_LDCP_2015.pdf

Ottawa Public Health. (2016). *Fostering mental health in our community* (strategic direction #2)*, Ottawa Public Health strategic direction, 2015-2018.* Ottawa, Canada: Ottawa Public Health.

Public Health England [PHE]. (2015a). *Public mental health leadership and workforce development framework.* London, United Kingdom: 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

Public Health England [PHE]. (2015b). *Public mental health leadership and workforce development framework. Call to action.* London, United Kingdom: Public Health England. Retrieved from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/410353/Public_mental_health_leadership_and_workforce_development_framework_call_to_action.pdf

Winnipeg Regional Health Authority [WRHA]. (2016). *Winnipeg Regional Health Authority – Mental health promotion program - Strategic planning conceptual framework.* Winnipeg, Canada: Winnipeg Regional Health Authority. Retrieved from: http://www.wrha.mb.ca/extranet/publichealth/files/MentalHlthPromoStratPlanSept2016.pdf

Centre de collaboration nationale
sur les politiques publiques et la santé

National Collaborating Centre
for Healthy Public Policy

Institut national
de santé publique
Québec