Population mental health: A look into public health practitioners practices and needs.

November 20 2014, Ottawa

Preliminary Results of NCCPH “Survey”.

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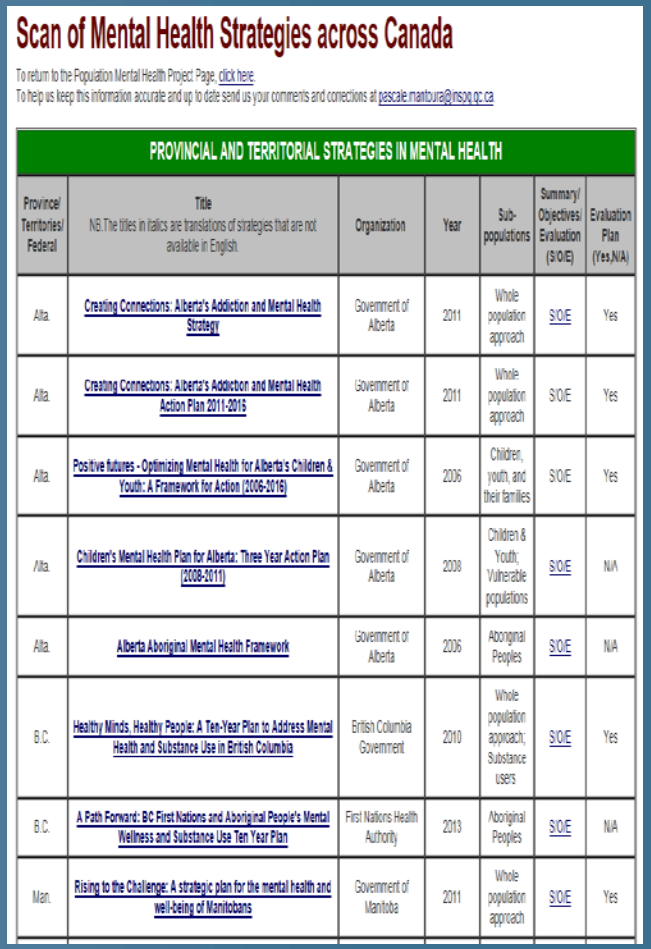
NCCPH Population Mental Health Project

Beginning 2013

- An environmental scan
- Conducted between February - June 2013

Topics

- Organisations
- Foundational documents
- Scan of mental health strategies
- Definitions
- Gaps
- Linkages and networks



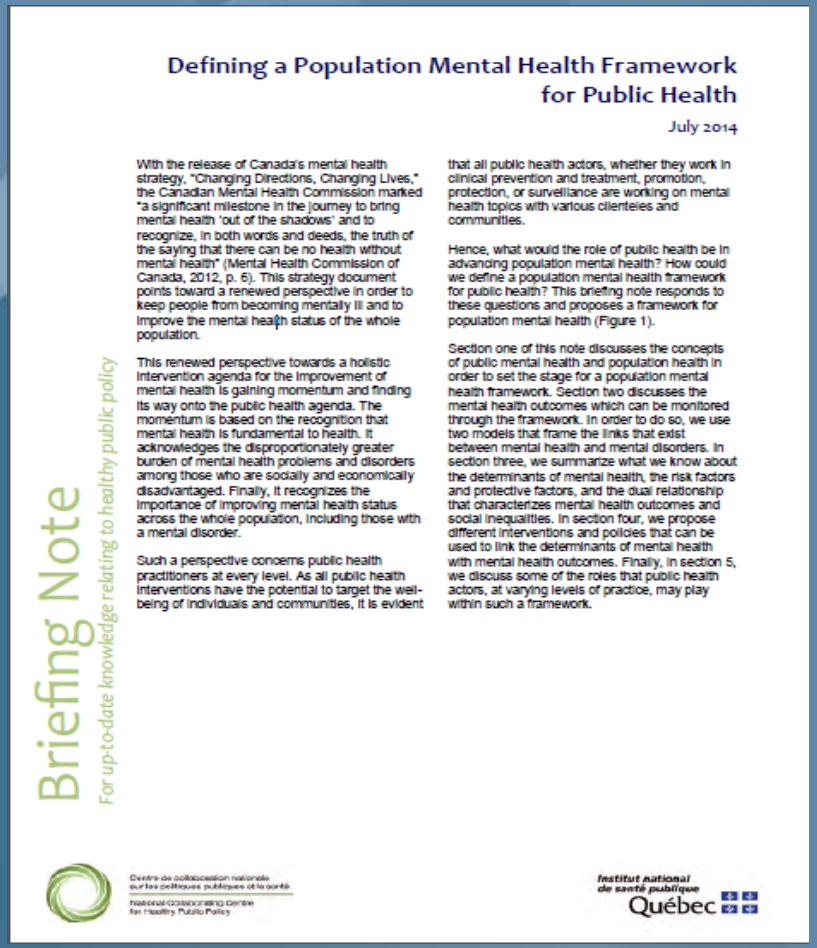
Scan of Mental Health Strategies across Canada

To return to the Population Mental Health Project Page, click here.
To help us keep this information accurate and up to date send us your comments and corrections at pescale.manitoba@inspq.qc.ca

PROVINCIAL AND TERRITORIAL STRATEGIES IN MENTAL HEALTH

Province/ Territories/ Federal	Title NB.The titles in italics are translations of strategies that are not available in English	Organization	Year	Sub-populations	Summary/ Objectives/ Evaluation (S/O/E)	Evaluation Plan (Yes,N/A)
Alta.	Creating Connections: Alberta's Addiction and Mental Health Strategy	Government of Alberta	2011	Whole population approach	S/O/E	Yes
Alta.	Creating Connections: Alberta's Addiction and Mental Health Action Plan 2011-2015	Government of Alberta	2011	Whole population approach	S/O/E	Yes
Alta.	Positive futures - Optimizing Mental Health for Alberta's Children & Youth: A Framework for Action (2006-2016)	Government of Alberta	2006	Children, youth, and their families	S/O/E	Yes
Alta.	Children's Mental Health Plan for Alberta: Three Year Action Plan (2008-2011)	Government of Alberta	2008	Children & Youth; Vulnerable populations	S/O/E	N/A
Alta.	Alberta Aboriginal Mental Health Framework	Government of Alberta	2006	Aboriginal Peoples	S/O/E	N/A
B.C.	Healthy Minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia	British Columbia Government	2010	Whole population approach; Substance users	S/O/E	Yes
B.C.	A Path Forward: BC First Nations and Aboriginal People's Mental Wellness and Substance Use Ten Year Plan	First Nations Health Authority	2013	Aboriginal Peoples	S/O/E	N/A
Man.	Rising to the Challenge: A strategic plan for the mental health and well-being of Manitobans	Government of Manitoba	2011	Whole population approach	S/O/E	Yes

Population Mental Health Project Publications



Briefing Note

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

Defining a Population Mental Health Framework for Public Health

July 2014

With the release of Canada's mental health strategy, "Changing Directions, Changing Lives," the Canadian Mental Health Commission marked "a significant milestone in the journey to bring mental health 'out of the shadows' and to recognize, in both words and deeds, the truth of the saying that there can be no health without mental health" (Mental Health Commission of Canada, 2012, p. 6). This strategy document points toward a renewed perspective in order to keep people from becoming mentally ill and to improve the mental health status of the whole population.

This renewed perspective towards a holistic intervention agenda for the improvement of mental health is gaining momentum and finding its way onto the public health agenda. The momentum is based on the recognition that mental health is fundamental to health. It acknowledges the disproportionately greater burden of mental health problems and disorders among those who are socially and economically disadvantaged. Finally, it recognizes the importance of improving mental health status across the whole population, including those with a mental disorder.

Such a perspective concerns public health practitioners at every level. As all public health interventions have the potential to target the well-being of individuals and communities, it is evident that all public health actors, whether they work in clinical prevention and treatment, promotion, protection, or surveillance are working on mental health topics with various clienteles and communities.

Hence, what would the role of public health be in advancing population mental health? How could we define a population mental health framework for public health? This briefing note responds to these questions and proposes a framework for population mental health (Figure 1).

Section one of this note discusses the concepts of public mental health and population health in order to set the stage for a population mental health framework. Section two discusses the mental health outcomes which can be monitored through the framework. In order to do so, we use two models that frame the links that exist between mental health and mental disorders. In section three, we summarize what we know about the determinants of mental health, the risk factors and protective factors, and the dual relationship that characterizes mental health outcomes and social inequalities. In section four, we propose different interventions and policies that can be used to link the determinants of mental health with mental health outcomes. Finally, in section 5, we discuss some of the roles that public health actors, at varying levels of practice, may play within such a framework.

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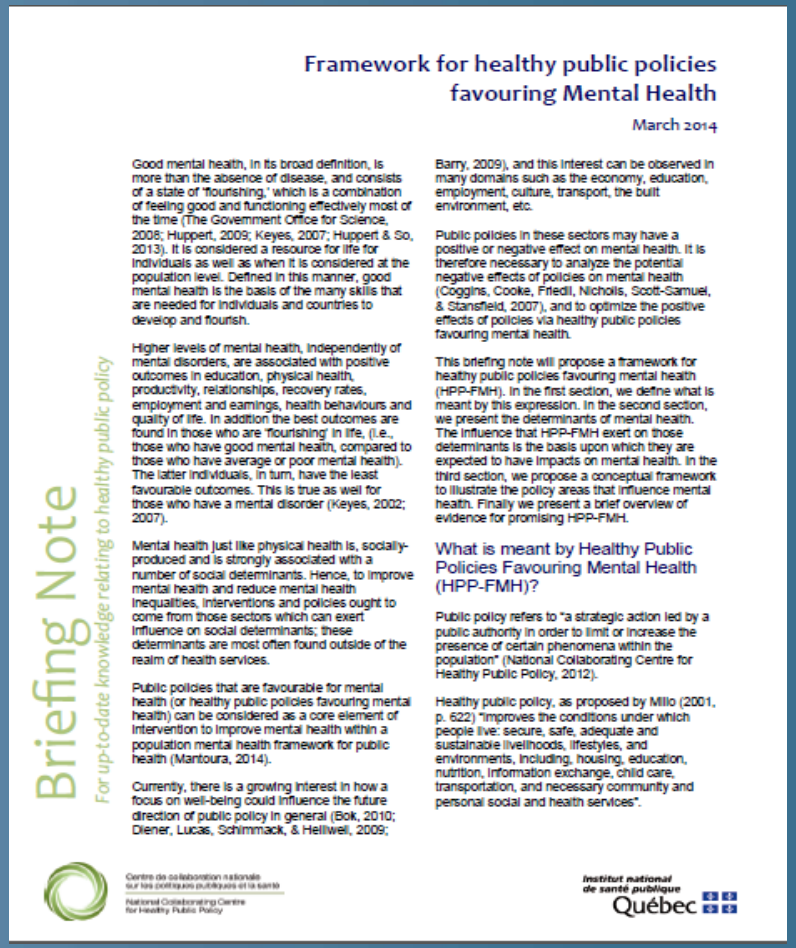

Briefing Note

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

Framework for healthy public policies favouring Mental Health

March 2014

Good mental health, in its broad definition, is more than the absence of disease, and consists of a state of 'flourishing,' which is a combination of feeling good and functioning effectively most of the time (The Government Office for Science, 2008; Huppert, 2009; Keyes, 2007; Huppert & So, 2013). It is considered a resource for life for individuals as well as when it is considered at the population level. Defined in this manner, good mental health is the basis of the many skills that are needed for individuals and countries to develop and flourish.

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

Mental health just like physical health is, socially-produced and is strongly associated with a number of social determinants. Hence, to improve mental health and reduce mental health inequalities, interventions and policies ought to come from those sectors which can exert influence on social determinants; these determinants are most often found outside of the realm of health services.

Public policies that are favourable for mental health (or healthy public policies favouring mental health) can be considered as a core element of intervention to improve mental health within a population mental health framework for public health (Mantoura, 2014).

Currently, there is a growing interest in how a focus on well-being could influence the future direction of public policy in general (Bok, 2010; Diener, Lucas, Schimmack, & Helliwell, 2009; Barry, 2009), and this interest can be observed in many domains such as the economy, education, employment, culture, transport, the built environment, etc.

Public policies in these sectors may have a positive or negative effect on mental health. It is therefore necessary to analyze the potential negative effects of policies on mental health (Coggins, Cooke, Friedl, Nicholls, Scott-Samuel, & Stansfield, 2007), and to optimize the positive effects of policies via healthy public policies favouring mental health.

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

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

Public policy refers to "a strategic action led by a public authority in order to limit or increase the presence of certain phenomena within the population" (National Collaborating Centre for Healthy Public Policy, 2012).

Healthy public policy, as proposed by Milio (2001, p. 622) "improves the conditions under which people live: secure, safe, adequate and sustainable livelihoods, lifestyles, and environments, including, housing, education, nutrition, information exchange, child care, transportation, and necessary community and personal social and health services".

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Population Mental Health Project

- Dissemination
  - OHPE item
  - Two webinars
- Needs assessment
  - CDPAC workshop (April 2014)
  - Vancouver focus group (July 2014)
  - Collective survey (June - October 15, 2014)

Overview

- Framing today's discussion
- Purpose and scope
- Method
- Preliminary Results

Framing

- What it's not:
  - A survey!
    - No ability or intention to generalize findings to a whole population of public health practitioners.
  - Final results

- What it is:
  - An exploratory questionnaire to identify key issues and orient future activities.
  - Preliminary results for a collective analysis.

Purpose

- To explore public health's practitioners' needs vis-à-vis population mental health.

Scope of Exploratory Questionnaire

- Provides an overview of practitioners' level of knowledge in the area of mental health.
- Depicts activities linked to mental health within public health practices.
- Illustrates tools and resources that are used by public health practitioners who have interest in mental health.
- Shows gaps and needs that are associated to some practitioners' practices concerned by population mental health.

Method

- Collaborative production by NCCPH
- 13 closed ended and 3 open ended (plus final comments)
- Available from June to October 15 2014
- 453 public health practitioners participated in the survey
  - 335 English respondents
  - 118 French respondents
- Invitations through subscription lists and voluntary participation.

The Analysis

- Only English respondents analysed (for now)
  - Qualitative analysis
  - Open-ended coding procedure
  - Conceptual categorisation of codes to characterise needs.

Preliminary Results*

* All the results presented in this ppt. reflect the compilation as of November 2014, on English respondents only.

Who are the Public Health Practitioners who Answered the English Questionnaire?*

* All the results presented in this ppt. reflect the compilation on November 2014 on English respondents only.

Who are the public health practitioners who answered the English questionnaire? *

	Mental Health	Mental Illness	Public Health	Total Count
Promotion	70 (29%)	19 (8%)	143 (59%)	244
Prevention or clinical preventive services	23 (9%)	10 (4%)	64 (26%)	244
Therapy, counselling, clinical public health practitioner	15 (6%)	12 (5%)	25 (10%)	243
Program Planning and implementation	36 (15%)	11 (5%)	92 (38%)	244
Research-evaluation	29 (12%)	14 (6%)	67 (27%)	244
Knowledge transfer	47 (19%)	20 (8%)	101 (42%)	243
Mass media-communication	14 (6%)	5 (2%)	33 (14%)	244
Public health decision maker	5 (2%)	1 (0%)	44 (18%)	244
Consulting	18 (7%)	4 (2%)	37 (15%)	243
Epidemiology	9 (4%)	9 (4%)	30 (12%)	244
Policy/ Advocacy	36 (15%)	13 (5%)	82 (34%)	244
Surveillance	8 (3%)	9 (4%)	41 (17%)	243

Health Promoters*

N=197	MH	MI	PH
Promotion	70 (36%)	19 (10%)	143 (73%)
Prevention or clinical preventive services	21 (11%)	10 (5%)	61 (31%)
Therapy, counselling, clinical public health practitioner	11 (6%)	8 (4%)	24 (12%)
Program Planning and implementation	36 (18%)	10 (5%)	92 (47%)
Research-evaluation	25 (13%)	10 (5%)	60 (30%)
Knowledge transfer	40 (20%)	14 (7%)	93 (47%)
Mass media-communication	14 (7%)	4 (2%)	33 (17%)
Public health decision maker	5 (3%)	1 (1%)	42 (21%)
Consulting	18 (9%)	4 (2%)	36 (18%)
Epidemiology	7 (4%)	6 (3%)	24 (12%)
Policy / Advocacy	36 (18%)	13 (7%)	82 (42%)
Surveillance	6 (3%)	6 (3%)	37 (19%)

Clinical Prevention Practitioners & Clinical Practitioners*

N=90	MH	MI	PH
Promotion	28 (31%)	7 (8%)	67 (74%)
Prevention or clinical preventive services	23 (26%)	10 (11%)	64 (71%)
Therapy, counselling, clinical public health practitioner	15 (17%)	12 (13%)	25 (28%)
Program Planning and implementation	17 (19%)	8 (9%)	52 (58%)
Research-evaluation	13 (14%)	4 (4%)	26 (29%)
Knowledge transfer	19 (21%)	7 (8%)	51 (57%)
Mass media-communication	5 (6%)	2 (2%)	20 (22%)
Public health decision maker	4 (4%)	1 (1%)	29 (32%)
Consulting	10 (11%)	4 (4%)	24 (27%)
Epidemiology	4 (4%)	3 (3%)	16 (18%)
Policy/ Advocacy	11 (12%)	6 (7%)	36 (40%)
Surveillance	3 (3%)	87 (97%)	90

Decision Makers*

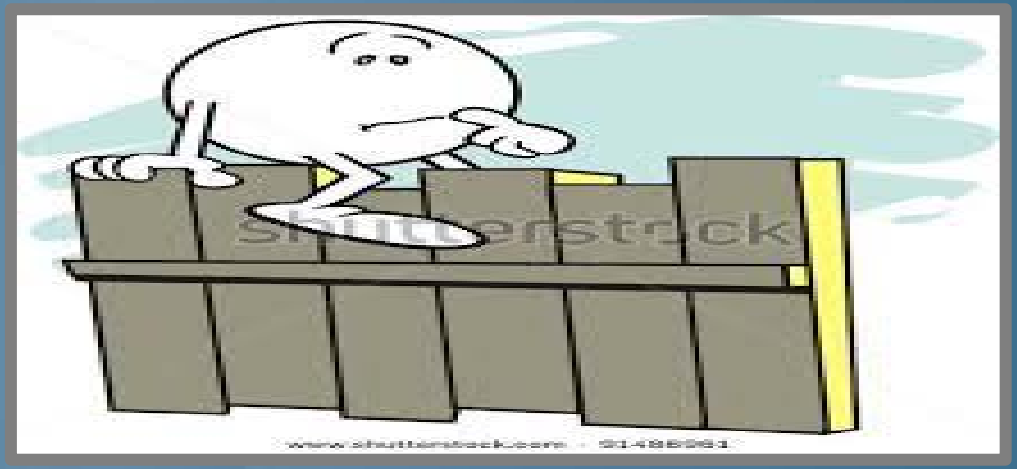
N=44	MH	MI	PH
Promotion	11 (25%)	2 (5%)	36 (82%)
Prevention or clinical preventive services	7 (16%)	2 (5%)	26 (59%)
Therapy, counseling, clinical public health practitioner	1 (2%)	3 (7%)	11 (25%)
Program Planning and implementation	7 (16%)	2 (5%)	31 (70%)
Research-evaluation	5 (11%)	3 (7%)	19 (43%)
Knowledge transfer	7 (16%)	1 (2%)	25 (57%)
Mass media-communication	2 (5%)	1 (2%)	16 (36%)
Public health decision maker	5 (11%)	1 (2%)	44 (100%)
Consulting	4 (9%)	0 (0%)	18 (41%)
Epidemiology	1 (2%)	0 (0%)	14 (32%)
Policy / Advocacy	5 (11%)	2 (5%)	34 (77%)
Surveillance	1 (2%)	0 (0%)	21 (48%)

Policy Actors*

N=97	MH	MI	PH
Promotion	33 (34%)	8 (8%)	65 (67%)
Prevention or clinical preventive services	12 (12%)	7 (7%)	32 (33%)
Therapy, counselling, clinical public health practitioner	4 (4%)	3 (3%)	17 (18%)
Program Planning and implementation	19 (20%)	5 (5%)	54 (56%)
Research-evaluation	19 (20%)	8 (8%)	45 (46%)
Knowledge transfer	25 (26%)	7 (7%)	53 (55%)
Mass media-communication	10 (10%)	4 (4%)	30 (31%)
Public health decision maker	5 (5%)	1 (1%)	34 (35%)
Consulting	11 (11%)	3 (3%)	29 (30%)
Epidemiology	7 (7%)	6 (6%)	20 (21%)
Policy/ Advocacy	36 (37%)	13 (13%)	82 (85%)
Surveillance	5 (5%)	4 (4%)	29 (30%)

Do you consider your practice to be linked with the mental health of the population?*

Response	All (202)	Health Promoters (N=171)	Clinical prevention& practitioners (N=77)	Decision Makers (N=40)	Policy (N=88)
Yes	84%	86%	91%	90%	84%
No	16%	14%	9%	10%	16%



Who are the 16 % who do not consider their practice to be linked?*

	MH	MI	PH	count
Promotion	6 (19%)	3 (10%)	16 (52%)	31
Therapy, counselling, clinical public health practitioner	1 (3%)	1 (3%)	7 (23%)	31
Program Planning and implementation	3 (10%)	1 (3%)	3 (10%)	31
Research-evaluation	1 (3%)	1 (3%)	11 (35%)	31
Knowledge transfer	3 (10%)	2 (6%)	13 (42%)	31
Mass media-communication	1 (3%)	1 (3%)	13 (42%)	31
Public health decision maker	1 (3%)	1 (3%)	3 (10%)	31
Consulting	1 (3%)	1 (3%)	4 (13%)	31
Epidemiology	1 (3%)	0 (0%)	6 (19%)	31
Policy/ Advocacy	4 (13%)	2 (6%)	7 (23%)	31
Surveillance	1 (3%)	2 (6%)	12 (39%)	31

What Do Practitioners Know?*

* All the results presented in this ppt. reflect the compilation on November 20 14, on English respondents only.

How would you describe your knowledge level about mental health (positive mental health. Wellbeing)?*



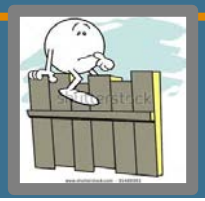


Response	All (N=331)	Health promoters (N=197)	Clinical prevention& Practitioners (N=90)	Decision makers (N=44)	Policy (N=97)	Are concerned (N=170)	Are not concerned (N=32)
Zero (I am not familiar with positive mental health)	0%	0%	0%	0%	0%	0%	0%
Weak (I have some familiarity with the subject)	26%	21%	18%	23%	25%	18%	56%
Intermediate (I have received training, I have up to date knowledge of the field)	48%	48%	49%	52%	47%	52%	28%
Advanced (I am involved in the field or work in mental health promotion)	26%	30%	33%	25%	28%	30%	16%

How would you describe your knowledge level about mental illness?*







Response	All (N=328)	Health promoters (N=197)	Clinical prevention& Practitioners (N=90)	Decision makers (N=44)	Policy (N=97)	Are Concerned (N=170)	Are not concerned (N=32)
Zero (I am not familiar with mental illness)	0%	1%	0%	0%	0%	1%	0%
Weak (I have some familiarity with the subject)	35%	32%	23%	30%	31%	30%	62%
Intermediate (I have received training, I have up to date knowledge of the field)	48%	49%	52%	61%	52%	50%	25%
Advanced (I am involved in the field or work in mental illness)	17%	18%	24%	9%	18%	19%	12%

What Do Practitioners Use in their Everyday Practices?*

* All the results presented in this ppt. reflect the compilation on November 20 4, on English respondents only.

TOOLS USED BY PRACTITIONERS IN THEIR EVERYDAY PRACTICE*

Responses	All n=159	HP n=141	Clinical prev/pract N=65	DecisionM N=30	Policy (N=69)
Guidance Frameworks	23% (1)	25% (1)	29% (1)	40% (1)	26% (1)
(clinical	18% (2)	20% (2)	27% (2)	20% (4)	13% (3)
Training and Tools	15% (3)	11% (6)	18% (3)	26% (2)	15% (2)
	15% (3)	17% (3)	15% (4)	23% (3)	14% (4)
	13% (4)	14% (4)	13% (5)	3%	13%(3)
	11% (5)	17% (3)	7%	6% (6)	15% (2)
otion	10% (6)	12% (5)	9% (6)	3%	10% (6)
	8%	8%	9% (6)	9% (5)	13% (5)

TOOLS USED BY PRACTITIONERS IN THEIR EVERYDAY PRACTICE (2)*

GUIDANCE FRAMEWORKS & APPROACHES

TRAINING AND TOOLS

- TOPICS
  - PHC Clinical Intervention/Prevention (2)
  - General Topics (5)
  - Mental Health Promotion (6)
- FORMATS
  - E - format (3)
  - General research material (3)
  - Brief & practical (4)
  - In person (*)

OTHER

What Do practitioners *Do* in Relation with Population Mental Health?*

* All the results presented in this ppt. reflect the compilation on November 2014 on English respondents only.

Open-ended: How do practitioners describe the links between their practice and population mental health?*

Responses	All concerned N=144	HP N=130	Clinical Prev/pract N=62	DecisionM N=32	Policy (N=65)
Evident links recognized	25%	25%	29%	43%	26%
Perinatal/parenting skills/ECD	18%	20%	24%	18%	10%
Address SDH	16%	17%	9%	18%	26%
Clinical prevention/Mental health promotion	15%	15%	22%	21%	12%
Schools/whole schools	13%	13%	11%	9%	10%
Support MHP initiatives and practitioners/training/capacity building/resources	12%	11%	8%	9%	15%
Direct clinical services (Early ID/ intervention)	7%	5%	8%	9%	4%
MH-Addictions	6%	6%	8%	3%	6%
Surveillance/epidemiology/research	6%	5%	4%	9%	6%
Strategic planning/evaluation/policy related	5%	5%	4%	6%	6%
Vulnerable pop (Aboriginal, racialized, criminal, justice system, seniors)	4%	5%	4%	6%	6%
KT/general public	4%	5%	1%		6%
Youth/suicide prevention	3%	3%	4%		3%
Workplace	2%	3%	1%	3%	6%
KT/PMH approaches/tools	2%	2%			
Support MHP initiatives/advocacy/resource allocation	2%	2%		6%	4%

Closed-ended: What activities would you identify as strengths with regards to mental health?*

Response	All N=171	HP N=152	Clinicians N=67	DecisionM N=35	Policy (N=78)
Knowledge about the links between mental health and physical health	77%	77%	81%	77%	72%
Already involved in interventions potentially related to mental health (determinants of mental health, public policies favouring mental health, surveillance of mental health indicators, etc.)	58%	59%	64%	77%	72%
Other, please specify…	13%	14%	15%	17%	17%

Assets
What Practitioners are Already Doing and Using*

- **Good working knowledge levels in the area of mental health.**
- **Already involved in activities related to mental health.**
- **Already know about and using guidance frameworks and material from key organizations .**
- **Already using many tools, resources, and available training**
  - **Aimed at mental health promotion.**
  - **Aimed at primary health care (supporting clinical and preventive (PHC) interventions)**
- **Already using many research and evaluation resources.**

What Do Practitioners *Need* in Relation with Population Mental Health?*

* All the results presented from here on in this ppt. reflect the compilation on November 2014, on English respondents only.

Open-Ended: what do you need to do your work better?*

- Workforce Support
- Clarifying and strengthening working standards
- Developing knowledge, evaluation, research, facilitating its use and refining its transfer.

Responses	ALL N=150	HP N=133	Clinical N=62	Decision M N=27	Policy N=66
Evidence-informed/strategies/tools	19%(1)	21%(1)	14%(3)	14%(2)	24% (1)
Education/training (Access to)	19%(1)	19%(2)	22%(1)	22% (1)	12% (2)
Standard of practice (Mandate/Role/Time/Money/Legitimacy)	17%(2)	19%(2)	20%(2)	22%(1)	24% (1)
PHC/Community-based support	13%(3)	14%(3)	20%(2)	14% (2)	9% (4)
Data	9%(4)	9%(4)	1%		
Guidance Frameworks (Definitions/Links)	8%(5)	8%(5)	3%	11%(3)	10% (3)
CoP/Networks	6% (7)	6% (6)	6% (4)	22%(1)	9% (4)
Quick-simple (including e material)	6%(8)	6%(7)	4%(5)	3%	6%
Research, websites, papers, books	5% (9)	3%	4%(5)	3%	4%
Intersectoral/frontline linkages	4%	5%(7)	6%(4)	7% (4)	3%
Intersectoral/action/recognition	3%	3%	3%	7% (4)	4%

Gaps in the Practice and what Practitioners Need to Improve their Work*

Workforce Support

- Access to Training & Resources
- Support PHC / Community-based Practices
- Access to Communities of Practice
- Support for Intersectoral Action; Frontline & Upstream

Access to Training & Resources*

- Accessible/Affordable.
- More awareness of opportunities to learn.
  - Formats: Workshops, in person seminars, courses that support flexible learning (for example: CAMH on refugee health), ongoing education, online opportunities for continuing education.

"A workshop and a webinar are not the same thing. Increasingly work is being done through electronic communication. It doesn't work well. There is great value in direct human contact that needs to be considered".

Ranking the ways the NCCPH activities could best be conveyed*

	All n=176	HP N=150	Clinicians N=71	DecisionM N= 35	Policy N=77
Workshop and/or webinar	1	1	1	1	1
Multimedia tools	2	2	2	3	2
Synthesis	3	3	3	2	3

Access to Training & Resources (2)*

- Topics: “Population needs for different age groups; Perinatal mood disorders; Mental health promotion with a public health lens; Mental health promotion models; Education on mental health with new immigrant and refugee clients”.
- Targets:
  - PHN (such as for ex. case studies specific to PHN practice with maternal/child programs).

    “Need for funding opportunities/resources for the training/in servicing of public health nurses in promoting mental wellness in their populations”.
  - Decision makers.
  - More opportunities in the north.

Support PHC / Community-based Practices*

- **Training and Resources**

  "Art therapy training; Education on who and when to screen; How to approach a clientele that you feel is at risk but who does not divulge any personal information; More training working with families with one person with mental health especially if it is the primary care giver; counselling tips; Integration of motivational interviewing and trauma informed care practice in public health".

- **Added and Reconfigured Primary Health Care & Community-based Services**

  "Adequate places to refer postpartum women identified as needing help on postpartum depression screens; More no-cost clinics or practitioners to diagnose and treat in the community; I work part of a police and crisis team, we deal with several homeless and hard to house individuals with co-occurent disorders and a **one stop** resource would be beneficial".

Access to Communities of Practice*

"Opportunity to network with others" and "to be paired with expertise that allows us to understand best practice and evaluate interventions".

Specific topics for communities of practice :

Aboriginal health promotion,

Policy analysis,

Evaluation,

Advocacy.

Support for Intersectoral Action Frontline*

Frontline

- "As a public health frontline staff dealing with inner-city/vulnerable housing, I would find it useful to have further mental health resources/referrals as well as a more formal relationship with mental health practitioners (an interdisciplinary team is ideal);
- "More collaboration between different agencies, treatment centers, and health care practitioners";
- "Connect public health work with mental health";
- "Better connections between public health and mental health fields (frontline etc)".

Support for Intersectoral Action Upstream*

Upstream

- "Tools to facilitate conversations and advocacy with decision makers and those outside of health who play a role in (acting on) the determinants of mental health; Patience to work on population health (SDH) with non-health sector professionals".

- "Recognition of mental health promotion in funding decisions in many sectors including education, health and political arenas; Collaborative and integrated planning between sectors - a population health approach that truly address underlying causes - social determinants (housing, income etc.)".

Making the Case*

- "What would be most helpful would be to **provide research/literature/tools that would encourage & guide government and local health authorities to make appropriate decisions around resource allocation (human and financial) and planning/implementation of mental health promotion programs and training/education programs to staff/nurses in public health**."
-
- "Thank you for doing this! We really **need support in moving work on mental health forward. Things that can help build a strong case will make our work easier".**

Support for Intersectoral Action Upstream (2)*

- From our Vancouver Needs Assessment:
  - Language

"(…) sometimes it's better to figure out what is the factor that you're going to be working on in context of the partnership.

So in workplaces, employers understand psychological health and safety because they understand the health and safety in terms of the well being of their workforce. So they're going to come to the table to talk about that. Whereas if you talk about workplace mental health, it's like oh man, that's not our job, that's not part of our responsibility; but health and safety is a core responsibility of the workplace.

(…) so I think that, if there's some way to kind of find some practical tools or that can move us away from our fixation on finding common vocabulary we can determine what is important in each specific field and build on that".

Gaps in the Practice and what Practitioners Need to Improve their Work*

Clarifying & Strengthening Working Standards

- **Standard of practice**
  - **Clear mandates**
  - **Institutional/organizational Support (resource allocation, legitimacy)**
  - **Clear roles for public health practitioners**
- **Guidance frameworks**
  - **Clear concepts/definitions**
  - **Clear links between elements of population mental health, and public health**

Clear Mandates*

- “Need to legitimize this work through clear mandate and resourcing to support mental health promotion”.
- “If by policy you mean having a mandate to incorporate consideration of mental health in infrastructure planning I would say that's first priority”
- “Mental health promotion needs to be explicitly stated as part of the Ontario Public Health Standards!!!”
- “Need to separate promotion from early intervention and clearly assign responsibility through mandates of sectors”.

Institutional/Organisational Support (Resource Allocation, Legitimacy)*

- "More vocal support from public health decision makers and management about the essential nature of mental health (promotion) in Public Health".
  - "It is difficult to incorporate mental health activities and promotion when our agency does not recognize mental health as part of health promotion - too often the agency has an antiquated idea about mental health as outside our mandate (believing it is the prevention of mental illness instead of the promotion of mental health)".

- "A budget for training, staff development, staff orientation, impetus for governments to follow through on the lip service they put in strategies to mental health promotion, more time".
  - "Resources assigned to health promotion do not include this as a focus of programs; staff add it in when they can find a way to slip it in there as an additional program component".

Clear Roles for Public Health Practitioners*

- “Also, a clear understanding of what is public health’s role in mental health. (What is the) difference between mental health promotion and mental health interventions? For example: we were running support groups for women experiencing PPMD or difficulties coping with transition. The group, the content, and skills were very similar to a program that maybe done in hospital or as outpatients. Is this our role?”
- “Clearer direction as to the role of public health in mental health promotion, mental illness prevention”.

Guidance Frameworks (Links and Concepts)*

- “Examples of advocacy work to promote mental health, i.e. mental health promotion charters”
- “Discussion documents with clear definitions and resources that review evidence of promising interventions for advocacy”
- “Need of Illustrative framework that depicts linkages, better guidelines”
- “Clear mandate and guidance documents, connect public health work with mental health”

Clear Concepts and Definitions*

- “How is mental health promotion going to be defined as it crosses over into many things, i.e.: promoting physical activity, promoting attachment. Is building resiliency not promoting mental health?”;
- “More resources on mental well-being (and the difference between this and mental illness.”
- “Please define "population mental health" in your communications. Are you talking about both positive mental health/well-being and mental illness? This is a broad spectrum, and many people (in public health and the general public) only think of mental illness when talking about mental health”.

Concepts and Links Clarifications*

Population mental health, Mental health promotion

Difference between :

- Prevention and promotion,
- Mental illness and mental wellbeing,
- Mental health interventions (supporting the mentally ill) and mental health promotion interventions.

Links between:

- Public health and mental health,
- Mental health and physical health,
- Mental health and chronic diseases
- The social determinants of health and mental health and addictions,
- Substance abuse; mental health, and mental illness, etc.

Closed-ended: What activities would you identify as weaknesses with regards to mental health?*

Response	All N=182	HP N=157	Clinicians N=72	DecisionM N=37	Policy N=81
Lack of knowledge about mental health	44%	42%	47%	38%	41%
Lack of human and/or financial resources to promote mental health	73%	72%	89%	86%	73%
Lack of clear mandate / policy /strategy for mental health	75%	76%	74%	81%	78%
Other, please specify…	16%	18%	21%	16%	21%

Ranking of activities that could be developed by the National Collaborating Centres for Public Health (NCCPH)*

	ALL N=175	HP N=151	Clinical prov/pract. N=71	DecisionM N=36	Policy (N=78)
Definition and clarification of concepts related to population mental health	1	1	1	1	1
Putting evidence related to population mental health into practice and policy decisions	2	2	2	2	3
Measurements and indicators of positive mental health	3	3	4	4	4
Healthy public policies favoring mental health	4	4	5	5	2
Determinants of mental health	5	5	3	3	6
Inequalities and mental health	6	6	6	6	5
Aboriginal mental health	7	7	7	10	8
Links between physical health and mental health	8	8	8	7	7
Mental health and chronic diseases	9	9	9	9	9
Infectious diseases and mental health	10	10	10	8	11
Environmental health	11	11	11	11	10

Gaps in the Practice and what Practitioners Need to Improve their Work*

Developing Knowledge, Evaluation, Research, Facilitating its Use and Refining its Transfer.

- **Evidence-Informed Resources / Content specific**
- **Data and Indicators**
- **Research Resources**
- **Short and Practical Formats**

Evidence-Informed Resources*

- "We are looking for best practice as well as new and innovative solutions to promote mental health at the community level, but also to address SDOH at a structural level. The latter has the most capacity to influence population mental health, but so little is known about what or how to do this".
- "More on the practical applications - lessons learned, challenges overcome - different strategies used to overcome them, etc".

Ranking of activities that could be developed by the National Collaborating Centres for Public Health (NCCPH)*

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Infectious diseases and mental health	10	10	10	8	11
Environmental health	11	11	11	11	10

Evidence-informed Resources (2)*

Topics	Targets
Stigma, Seniors, Mental health and addictions, Schools and communities Workplace, New immigrants and refugees, Rural communities, Aboriginal communities, Transport and mental health, The built environment and mental health	General population Families and concerned significant others Physician and nurses

Gaps in the Practice and what Practitioners Need to Improve their Work*

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Infectious diseases and mental health	10	10	10	8	11
Environmental health	11	11	11	11	10

Assets	Needs
•Good working knowledge of mental health and illness. •Already involved in activities related to mental health. •Already know about and using guidance frameworks and material from key organizations. •Already using many tools, resources, available training, research material.	•Workforce Support. •Clarifying and strengthening working standards. •Developing knowledge, evaluation, research, facilitating its use and refining its transfer.

* All the results presented in this ppt. reflect the compilation on November 20 14, on English respondents only.

Guidance Frameworks (Links-Definitions-Distinctions)

MH literacy

Collaborations

Training
•Formats
•Topics
•Targets

Key messages

Communities of Practice

Language

Support PHC/CB practices

Responsibilities
Roles
Champions?

Best Practice Resources

•Topics
•Targets

Measurement /Indicators

* All the results presented in this ppt. reflect the compilation on November 20 14, on English respondents only.

"The **responsibility piece** for the work is a **huge one**, because we work in our silos; people want it to be a cleanly-cut matter of who's responsible for those? Who's going to take the lead on this, therefore, who's going to pay for it? Right? (…) And I think that again it gets some of that shared responsibility piece and I found with public health, working with colleagues in public health that its difficult when I say '**you folks are best positioned to be champions for this work'.** You don't have to necessarily pay for it; you don't necessarily have do it all yourselves; you just need to be the champions out there saying this is about the health and well being of the entire population. **Being in public health we have a vested interest in that. So therefore, we need to mobilize the troops around this one**. Maybe we can't pay for it, maybe we can't deliver the services that are required to do all of it but we could be champions" (…).

* All the results presented in this ppt. reflect the compilation on November 20 14, on English respondents only.

Thank you!

For comments or questions, please contact me at
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