Sharing Public Health Practitioners' Needs in Population Mental Health: Highlights and Avenues for Action

March 2015

Highlights

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

The burden of mental health problems and their associated social and economic costs are growing nationally and globally. Conversely, mental health, in its positive dimensions, is an indispensable resource for leading a productive, full, satisfying and healthy life. It is a resource that can be promoted at both the individual level and at the population level. As such, both the prevention of mental health problems and the promotion of mental health have entered the public health policy agenda. Public health practitioners at all levels of practice, therefore, seek to improve levels of mental health for all, including those living with a mental health problem, across the life course, while also reducing inequalities in mental health. A population mental health approach encompasses these objectives and involves policies and interventions that will impact the determinants of mental health (Mantoura, 2014a; 2014b).

Within this context, to support public health practitioners, the National Collaborating Centres for Public Health (NCCPH) have assessed public health practitioners' needs in the area of population mental health. In November 2014, the NCCPH held a workshop in Ottawa with collaborating partners to present preliminary results. This briefing note provides an overview of the assets and needs discussed during that workshop as well as other highlights from the gathering.

Surveying needs

The public health practitioners' needs presented in this document are derived from two types of needs assessment: direct encounters with practitioners and a web survey questionnaire.

Between April and July 2014, the National Collaborating Centre for Healthy Public Policy (NCCHPP) had the opportunity to assess practitioners' needs during two face-to-face encounters with public health actors. A first encounter was during a workshop at the Chronic Disease Prevention Alliance of Canada (CDPAC) Conference in Ottawa, in April. Another opportunity occurred in Vancouver in July during a workshop session organized with the collaboration of the Public Health Association of British Columbia.

Between June and mid-October 15, 2014, a total of 453 public health practitioners from across Canada participated in a web survey questionnaire. Of these, 335 responded in English and 118 in French. Individuals were invited to participate through the subscription lists of the NCCPH, of individual National Collaborating Centres (NCCs), or of other partners. In addition, the questionnaire was available on the NCCHPP's website at all times; therefore other interested practitioners could respond as well.

The questionnaire assessed public health practitioners' levels of knowledge in the areas of mental health and mental illness. It identified mental health-related activities within public health practices and surveyed the tools and resources most used by practitioners involved in mental health. Finally, it showed assets, gaps and needs surrounding public health practitioners' mental health-related practices. There were 3 open-ended questions and 13 closed-ended questions (i.e., having more structured response possibilities) in the questionnaire. The exploratory survey was conducted using FluidSurveys (http://fluidsurveys.com/) and the data was analyzed using that site's tools. To analyze and code practitioners' needs identified through open-ended questions, an open-ended coding procedure was initially used; it was then conceptually refined. A double coding procedure was applied once categories and codes were stabilized, which led to small modifications and corrections.

The analysis presented below is mainly a qualitative representation of practitioners' assets and needs. It suggests some ways forward by outlining avenues for further reflection which will

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potentially guide organizations and stakeholders to better support public health practitioners.

Ottawa workshop

The NCCPH support public health practitioners through knowledge sharing. Each NCC works from its unique area of expertise, and all work to identify public health practice needs and not duplicate the work of others. Since the beginning of the collaborative project on population mental health, in the autumn of 2013, the NCCHPP has been in close contact with federal and provincial actors involved in population mental health, namely the Public Health Agency of Canada, and partners involved in the 2013 report, "Connecting the dots: How Ontario Public Health Units are Addressing Child and Youth Mental Health" by the Centre for Addiction and Mental Health (**CAMH)- Health Promotion Resource Centre**; Public Health Ontario and Toronto Public Health.

The Ottawa workshop reunited all collaborating NCCs as well as the above mentioned partners. Regrettably the Mental Health Commission of Canada was unable to attend the meeting, but has however been kept informed of its content and outcomes. The objective of the workshop held in Ottawa on November 20, 2014 was to share experiences, discuss the respective actors' understandings of public health practitioners' needs in population mental health, and reflect upon activities that can address the identified needs. At the time of the meeting in Ottawa, only the English respondents' answers to the web survey questionnaire had been analyzed. Therefore, the results shared during the meeting were based on English respondents' answers only as well as analysis of face-to-face encounters.

Initial findings

The needs assessment provoked the emergence of a number of practice strengths in addition to needs. The strengths and needs which characterize public health practitioners' practices in mental health were discussed during the partners' meeting in Ottawa. They are summarized below.

1 STRENGTHS

1.1 Knowledge

About half of practitioners felt they had an intermediate level of knowledge of mental health and illness. The most common answer given by practitioners through open-ended answers was that they understood the link between mental health, physical health and the social determinants of health, and used this understanding to explain how their public health practice was associated with mental health.

1.2 Involvement in mental health

About half of all practitioners identified that their actual involvement in interventions related to mental health was a strength. Furthermore, open-ended questions showed that many practitioners believed that the types of setting in which they were already involved explained their link with mental health. They were for example involved in practice settings such as perinatal activities, early childhood and parenting, schools, addressing diverse determinants of mental health or working in clinical prevention and mental health promotion specifically.

1.3 Use and knowledge of guidance documents

An open-ended question showed that guidance documents are the most important source of support for practitioners' practices. These include for example guidance frameworks, strategic plans, and best practices guidelines issued by organizations and associations, or unique to certain sectors such as public health, nursing, or psychology.

1.4 Use and knowledge of resources, tools, and training

Practitioners are supporting their practices using a variety of available resources. These relate to:

- **General public health topics,** such as healthy public policy resources, policy toolkits, health evidence appraisal tools or systematic reviews;
- **Clinical and preventive primary health care interventions tools,** such as screening tools (postpartum depression, domestic violence, distress, risk assessment, substance abuse, parent-child interaction scales, etc.) and intervention tools (motivational interviewing, crisis management, brief solution therapy, parent-child interaction support, goal setting, etc.);

- **Best practices evidence** which is easily usable, practical or in the form of documents to share with intersectoral colleagues; and
- **Specific resources and training in mental health promotion,** such as examples of best practices, toolkits and training that are specifically linked to population mental health, or aimed at many clienteles and settings (for example; resources on resilience, best start resources, the Joint Consortium for School Health (JCSH) toolkits, positive mental health resources aimed at youth, students, teachers, families, community, maternal mental health, seniors, etc.).

1.5 Use and knowledge of a variety of knowledge-sharing (or KT) formats

Practitioners are sustaining their practices by remaining informed through many forms of knowledge and information resources. They use everything from papers, journals and books, to online resources such as webinars, online modules and web tools, and in-person training such as workshops, continuing education, presentations, etc. They particularly appreciate short, easy to use and transferable documents, applicable to intersectoral partners or to the general public or specific clienteles.

2 NEEDS

The discussion in Ottawa focused on the identification of several *buckets* of needs (the slide used to present this material is included in the appendix).These *buckets of needs* are presented below.

2.1 Training

Practitioners expressed the need to have **more accessible and affordable training** in mental health with a public health lens, in mental health promotion, as well as more awareness of learning opportunities. Suggestions for specific training **formats** include workshops, continuing education, online opportunities, and networking. In certain cases, training needs are expressed for specific **clienteles** such as public health nurses or decision makers; or **topics**, such as mental health with new immigrants, perinatal mood disorders, and mental health promotion models. Finally, practitioners expressed the need for training in certain underserved settings, such as the north.

2.2 Communities of practice

Practitioners expressed the need for **networks and communities of practice.** They need "Opportunity to network with others" and "to be paired with expertise that allows us to understand best practice and evaluate interventions." In some instances, specific topics for communities of practice were identified, such as Aboriginal health promotion, policy analysis, program evaluation, and advocacy.

2.3 Best practice resources

Practitioners expressed the need to put evidence into practice. More evidenced-informed practices and tools for population mental health interventions and program planning are needed, such as: "strategies and interventions directed to structural, community and individual levels, best practices as well as new and innovative solutions to promote mental health at the community level, but also to address determinants of health at a structural level," and "Simple documents that clearly show which programs/initiatives have greater effectiveness."

The need for **resources destined for particular clienteles and on specific topics** was also mentioned. It concerned resources for the general population, families and concerned significant others, seniors, physicians and nurses, decision makers, schools and communities, new immigrants and refugees, rural communities, and Aboriginal communities. It also concerned resources aimed at stigma, mental health and addictions, workplaces, as well as specific fields of public policy, such as the links between transport and mental health, and the built environment and mental health.

A "repository" or centralized area for these materials was also mentioned as a need, as well as the need to **facilitate use of research content in genera**l through easier access to journals, databases, websites and research updates. **Short and practical, easily usable KT** material is also specifically needed as well as **e-tools,** access to more **mobile apps** and easy access to mental health information through **listservs**.

2.4 Guidance frameworks: clear definitions, distinctions, links

Practitioners expressed the need for clear guidelines for a public health practice in mental health. This implies **clear definitions, clear distinctions between concepts** and **clear links** between

elements of population mental health and public health, all framed in guidance or policy documents.

Practitioners need **clear definitions** of many dimensions, such as the terms population mental health and mental health promotion. They need **clarification on the distinctions** between prevention and promotion, between mental illness and mental wellbeing, and between mental health interventions (supporting the mentally ill) and mental health promotion interventions. They need to better grasp **links** between public health and different constituents of population mental health, such as public health and mental health promotion, interventions on physical health and mental health, mental health and chronic diseases, the social determinants of health and addictions, mental health and addictions, etc.

They specifically need these definitions and links to be **enshrined in frameworks or guidance documents** which can establish working standards and serve for advocacy work. Comments included, for example:

> "Need of illustrative framework that depicts linkages, better guidelines," and "Clear mandate and guidance documents; connect public health work with mental health."

2.5 Support Primary health care and community-based practices

Practitioners expressed gaps in the capacity of first responders and system challenges. They identified needs for support in these two areas.

1) Training and resources specifically for first response purposes. Here practitioners desire access to training and resources for screening, identification, assessment, referral, treatment, and intervention;
2) Additional or reconfigured primary health care or community-based services and resources to better respond to unmet needs and particular clienteles. Here practitioners expressed a need for more universally-accessible services, better access to community partners, improved peer-to-peer support, and a one-stop type of resource in communities that would be able to orient practitioners with regards to available services.

2.6 Measurements and indicators

Practitioners **need access to measurements and indicators of positive mental health**. They expressed the need to access **data at many levels,** including general population-level data (such as prevalence and incidence of mental health by province, by gender, etc.), local-level data, as well as clinical-level data (such as anonymized patient data). They also mentioned **specific data** needs such as data on seniors, social climates in schools, mental health and the justice system, and data linking mental health and multiple chronic diseases.

2.7 Establishing collaborations (frontline/upstream)

Practitioners expressed **the need to have collaboration supported at two levels, frontline and upstream.**

For frontline support, practitioners identified coordination challenges and the need for improved links, specifically in terms of stronger and more formal connections and relationships between public health and mental health staff, agencies, fields, and approaches. For example:

> "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 centres, and health care practitioners"; "Connect public health work with mental health"; "Better connections between public health and mental health fields (frontline, etc)."

For upstream support, practitioners expressed the need for resources that can facilitate links with other sectors and with decision makers, and that can aid in advocacy work and support **mental health literacy**. Specifically,

> "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";

> "Given that any sort of disease/illness prevention and health/wellness promotion (including mental health) takes second place to acute care practices, any activities that can emphasize the cost savings of upstream prevention would be useful. Somehow we need to capture the attention of the fiscal decision makers to give more than simple lip service to the concept that 'an ounce of prevention is worth a pound of cure'."

This also implies the need for **key messages and resources** which pay attention to **language** to address mental health in the context of partnerships, both within the mental health sector or with outside partners. The need mentioned here was to avoid the obligation of a common language and opt rather for a language that is adapted and meaningful within the context of specific partnerships.

> "What I would say is that I found the stakeholders in mental health are particularly diverse. So certainly more time and energy I think is needed in to making sure you have the right stakeholders at the table and that you're speaking their language and you're on the same page in terms of language and those kinds of things." […] "But I think that there's so much mutual benefit for everyone to be working together and if you really frame it as this is a way for you to take credit for some of the things that you're already doing in a broader scope and influence that it can have rather than just saying we want you to come and help us do what we're trying to do over here, the conversation takes on a very different tone to them for sure." […] "So if we could move away from that and be more flexible about how we describe mental health in all of its dimensions, in all of its ways of being understood by stakeholders, I think we're far more well-positioned to do this work."

2.8 Mandates, resources, roles and responsibilities

Participants identified the lack of a clear mandate, a lack of understanding of public health's role in mental health, and a lack of resources to promote mental health. They expressed the need for a clear and fully-supported guideline for a public health practice in mental health. **It includes clear mandates, institutional/organizational support (human and financial resources), and clear roles for practitioners at different levels**. Support is required as well from other institutions such as academia to integrate mental health in public health curriculums.

The need for a **clear mandate** for public health practitioners to intervene in mental health and mental health promotion includes the need to see mental health as a priority in public health standards**.**

> "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 - Council needs to incorporate these into strategic plans."

The need to have more **support from institutions** concerns having more support from management and the prioritization of mental health promotion in resource allocation (financial, human, time), policy decisions and program orientation.

> "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."

A positive note was expressed, however, in one comment which reveals that although management may have little knowledge on the topic, practitioners noted that they are open to learning and including strategies that help to improve mental health. This was considered a strength for the practice**.**

The need for **a clear description of public health practitioners' roles in mental health** concerns local actors' needs to understand their own practices as well as a more general need for the field of public health to position itself on this topic:

> "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?"

Finally, it was suggested that public health practitioners may act as champions for population mental health, and may need to be supported in this role.

> "Resources are a huge challenge. Financial resources obviously, financial resources at the ministry level [...], in the health authority, you find the same tension when you're working you know in a not for profit organization, within a provincial agency that's affiliated with the health authority. It's a challenge right down the line, and again I think that the nice thing about this work is that in a lot of cases it actually doesn't require a lot of resources. It just requires us actually coming to the table and understanding we all have something to contribute to it. Exactly, a shared initiative is a shared initiative."

> "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 it's 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. So I think again if there are some tools along the lines of what people have been talking about around bringing multiple sectors to the table and helping to work more collaboratively together and you can kind of take a leadership role as champions in that context, that would be really helpful."

Conclusion

This needs assessment shows that public health practitioners have an understanding of the existence of links between public health and mental health and between physical health and mental health, whether or not they are formally involved in mental health activities. There is indeed a will to orient their practices towards mental health promotion, and they have expressed the need for help in operationalizing and legitimizing this will.

SUMMARIZING THE RESULTS OF THE NEEDS ASSESSMENTS

All *buckets of needs* presented are clearly linked to one another and represent different elements of a coherent ensemble to sustain mental health-oriented public health practice at many levels.

At policy and organizational levels there are the needs to clarify roles, responsibilities and mandates which are central. Clarified and institutionally-supported roles and mandates will facilitate public health practitioners' everyday practices, as it will legitimize and enable their work with the support of dedicated resources. It will also favour the establishment of essential partnerships both frontline and upstream, as practitioners and partners will better grasp what public health practitioners can do and are doing in population mental health.

As collaborations are an intrinsic and indispensable aspect of public health practice, the need for tools to support these collaborations is not surprising, both frontline, at the levels of primary health care and community-based services, and upstream, between public health actors, decision makers, and actors from various sectors whose interventions impact mental health.

Towards this end, requirements to increase mental health literacy were expressed, not only for the many practitioners involved at all stages of the mental health continuum, but for partners in other sectors, the population in general, and decision makers who can influence an adequate distribution of resources for mental health-related activities. Another suggestion was to develop key messages for different audiences with a particular attention to language that will be pertinent for varying settings and contexts. These messages would be useful for sustaining such collaborations and favouring the integration of the perspective that mental health is indeed everyone's business.

Very closely linked to the clarification of roles and responsibilities, are the needs for guidelines with clear definitions, discernible distinctions between concepts, and marked links between elements of a population mental health approach and public health practice.

Of course practitioners need direct, individual and practical support through communities of practice, easily accessible training on a variety of topics and for a range of clienteles, and through easily accessible best practices material to facilitate interventions in many fields of practice, settings, and life stages. Finally, there is a need to establish pertinent indicators that will support the monitoring of mental health-enhancing interventions. This represents the final link in that chain of interrelated

needs in favour of a population mental health approach in public health.

SUMMARIZING THE RESULTS OF THE EXCHANGES IN OTTAWA

Partners positively welcomed the opportunity to share experiences and data. The Ottawa meeting revealed that the *buckets of needs* were comprehensive and coherent with partners' respective understandings of public health practitioners' needs in this field. In addition, the pan-Canadian nature of the results made them quite pertinent for partners' strategic planning in population mental health.

Partners reiterated the need for indicators that "will tell us what we need to know" and that are disaggregated by province and territory. They also recognized that it is a challenge to integrate emerging knowledge into professional practices, even though integrating mental health does not necessarily involve changing actual practices very much, and that many practitioners are already working on mental health without formal recognition or support. They agreed that work is needed to formally integrate population mental health into public health practices, to implement population mental health concepts and strategies, and to develop and consolidate stronger relationships for population mental health. Partners also discussed the disconnection between provincial mental health strategies and public health units. On the one hand, strategies are broad, and public health units need to have them translated into more practical activities. On the other hand, public health practitioners have a heterogeneous understanding of strategies which translates into variations between settings, public health units and practices.

WHAT'S NEXT

Partners, including NCCPH, will be aiming at strengthening competencies, conducting online skills development, and making tools and resources accessible. A complete needs analysis report will be made available in the coming year. In addition, the NCCs will continue to disseminate public health practitioners' needs through various means, and will consider other waves of activities to further explore needs and sustain practices.

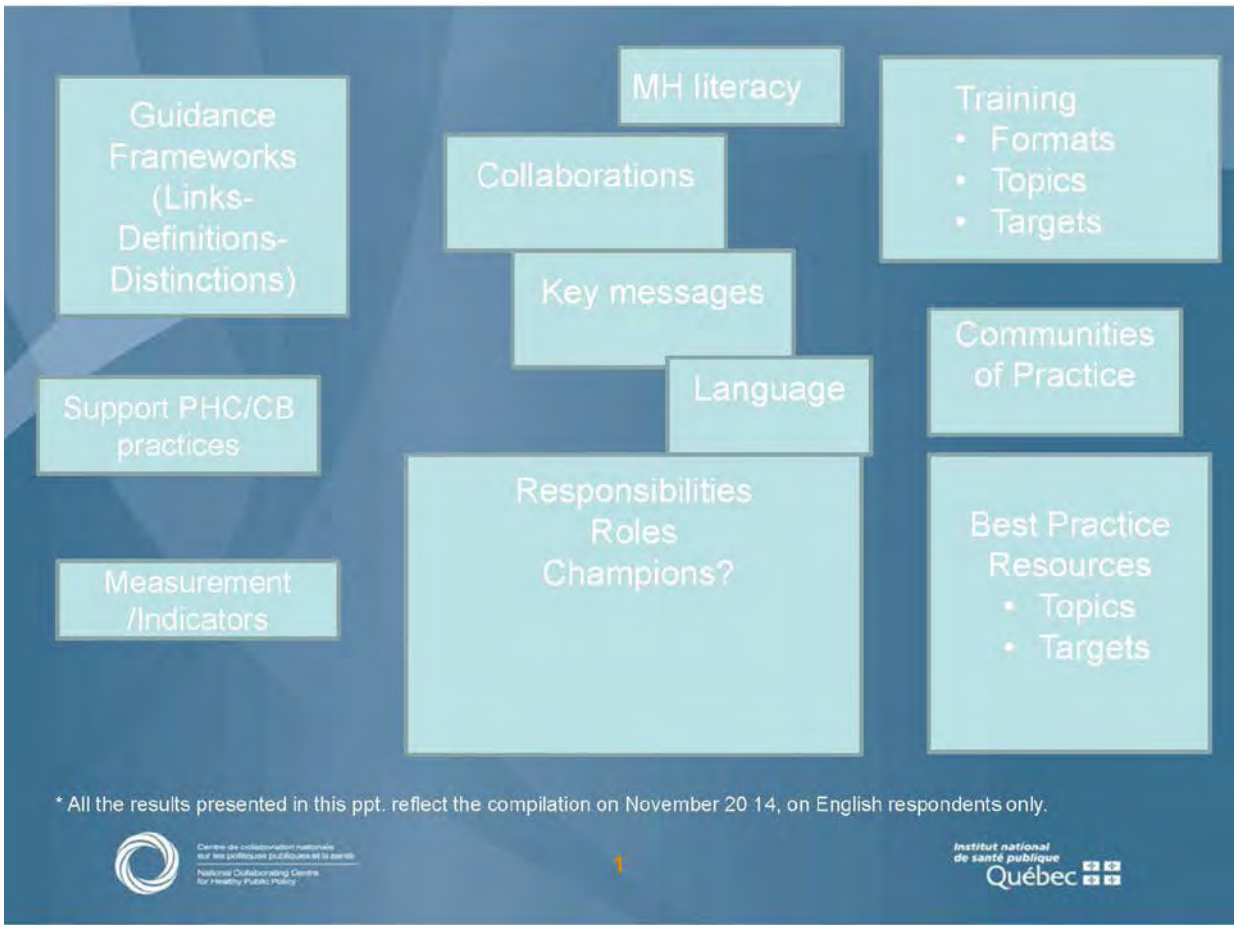
References

Centre for Addiction and Mental Health; Ontario Agency for Health Protection and Promotion (Public Health Ontario); Toronto Public Health. (2013). *Connecting the dots: how Ontario public health units are addressing child and youth mental health*. Toronto, ON: Centre for Addiction and Mental Health. Retrieved from: http://www.camh.ca/en/hospital/about_camh/provincial_systems_support_program/Documents/Connecting%20the%20Dots%20FINAL.pdf

Mantoura, P. (2014a). *Framework for healthy public policies favouring mental health*. Montréal, Québec: National Collaborating Centre for Healthy Public Policy. Retrieved from: http://www.ncchpp.ca/553/Publications.ccnpps?id_article=1203

Mantoura, P. (2014b). *Defining a population mental health framework for public health*. Montréal, Québec: National Collaborating Centre for Healthy Public Policy. Retrieved from: http://www.ncchpp.ca/553/publications.ccnpps?id_article=1268

APPENDIX MAIN BUCKETS OF NEEDS IDENTIFIED BY PUBLIC HEALTH PRACTITIONERS FOR POPULATION MENTAL HEALTH



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