The Role of Public Health in Mental Health Promotion: Informing the Development of a Mental Health Promotion Strategy

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Our mandate

– Support public health actors in their efforts to promote healthy public policies.

Our areas of expertise

– The effects of public policies on health
– Generating and using knowledge about policies
– Intersectoral actors and mechanisms
– Strategies to influence policy making
The National Collaborating Centres for Public Health

- National Collaborating Centre for Aboriginal Health
  - Centre de collaboration nationale de la santé autochtone
  - Prince George, B.C. | www.nccah.ca

- National Collaborating Centre for Infectious Diseases
  - Centre de collaboration nationale des maladies infectieuses
  - Winnipeg, MB | www.nccid.ca

- National Collaborating Centre for Determinants of Health
  - Centre de collaboration nationale des déterminants de la santé
  - Antigonish, N.S. | www.nccdh.ca

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  - Centre de collaboration nationale en santé environnementale
  - Vancouver, B.C. | www.ncceh.ca

- National Collaborating Centre for Methods and Tools
  - Centre de collaboration nationale des méthodes et outils
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- National Collaborating Centre for Healthy Public Policy
  - Centre de collaboration nationale sur les politiques publiques et la santé
  - Montréal-Québec, QC | www.ncchpp.ca
Outline of the Presentation

• WHY: Public Health and Population Mental Health
• WHAT: Key elements (MH, SDMH, MHP, Measurement, best practices)
• WHO: Perspectives on roles and needs of the public mental health workforce to support population mental health practice.
WHY?

Public Health and PMH...
“Illness” → “Wellness”
Social relationships have big impacts – not just on mental health and wellbeing but also ‘hard’ impacts like mortality

Meta analysis: comparative odds of decreased mortality

Holt-Lundstad et al., 2010
Momentum for change in mental health and public health

- Heavy and inequitable burden of mental disorders (1/5) and of poor mental health (languishing).
- Recognition that treating mental ill health alone will not improve mental health at population level.
- Improved understanding of (positive) mental health as a resource for life and health (5/5).
- Value of promoting (positive) mental health at population level: associated social, economic, and health outcomes (5/5).

WHAT?

Mental health?
Mental health promotion?
Social Determinants of Mental Health?
The specificity of MHP?
The evidence for MHP?
Mental Health
Mental Health / Mental Disorders Links

- Optimal mental health: “flourishing”
- Moderate mental health
- Poor mental health: “languishing”
- No mental disorder
- Mental disorder

(Keyes, 2007)

Optimal mental health and poor mental health are considered the extremes, with moderate mental health in between. No mental disorder is also considered a separate category.
What is Mental Health?

- Hedonic: “feeling good”
- Eudemonic: “functioning well”

**Emotional**
HOW WE FEEL
(coping style, mood, emotions..)

**Cognitive/Psychological**
HOW WE THINK
(knowledge, flexibility, creativity...)

**Social**
HOW WE INTERACT WITH OTHERS (listening, communicating, co operating, tolerance, ...)

**Meaning and Purpose**
HOW WE CONSIDER OUR PLACE IN THE WORLD (sense of coherence, goals, spirituality, beliefs...)

(H Barry, 2009; Friedli & Parsonage, 2007; Keyes, 2007; Diener et al., 2009).
First Nations Mental Wellness Continuum Framework:
Keyes’ MHC-SF

| Items 1-3 = Hedonic, Emotional Well-Being |
| Items 4-8 = Eudaimonic, Social Well-Being |
| Items 9-14 = Eudaimonic, Psychological Well-Being |

**Items 1-3 = Hedonic, Emotional Well-Being**
- 1. happy
- 2. interested in life
- 3. satisfied with life

**Items 4-8 = Eudaimonic, Social Well-Being**
- Item 4 = Social Contribution
- Item 5 = Social Integration
- Item 6 = Social Actualization (i.e., Social Growth)
- Item 7 = Social Acceptance
- Item 8 = Social Coherence (i.e., Social Interest)

**Items 9-14 = Eudaimonic, Psychological Well-Being**
- Item 9 = Self Acceptance
- Item 10 = Environmental Mastery
- Item 11 = Positive Relations with Others
- Item 12 = Personal Growth
- Item 13 = Autonomy
- Item 14 = Purpose in Life

Social Determinants of Mental Health and the specificity of MHP
Good mental health
Genetics, psychological make-up
Positive health practices
Good physical health
Positive cognitive functioning
Positive social functioning
Sense of purpose
Social networks, support, capital
Volunteering, social participation
Community interactions
Good/culturally anchored/safeaccessible housing, schools, work, neighbourhood, urban design, transport, health services, etc.
Good social protection policies, economic security, freedom from discrimination, social inclusion, public safety, social justice, low inequalities, cultural continuity and identity, etc.
SES and life circumstances (good level of education, income, etc.)
Good start in life, secure attachment, etc.
Parental skills, positive relationships, etc.
Family interactions
Individual
Social interactions (family & community)
Environmental & structural
Prenatal
Early childhood / childhood
Adolescence
Young adults
Adult life
Old age
Relative importance of material factors - housing, income, employment - and also consideration of psychosocial factors – self efficacy, control, mastery, resilience, relationships, social competency skills, social cohesion, participation…


The specificity of MHP

<table>
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<tr>
<th>Keleher and Armstrong (2005):</th>
<th>Social inclusion, freedom from discrimination and violence, access to economic resources.</th>
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<tbody>
<tr>
<td>Coggins, T., Cooke, A., Friedli et al. (2007)</td>
<td>Resilience and community assets, participation, control, inclusion</td>
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</table>

- Yes, there is no health without MH: MH is rooted within known health and PH models
- However, focus of PH mostly on physical health- insufficient consideration of psychosocial factors
- Also, even when intention is to look upstream: Possibility of lifestyle drift, with focus on health behaviours (smoking, exercise, alcohol, substance use)

Therefore, MHP is a reminder that **psychosocial factors** are deeply connected to health outcomes, to health inequalities, to how our societies function, and to everything that we are and are capable of doing.

- They need particular attention.

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Graph by Friedli presentation, 2011
Mental Health Promotion
Evidence for action
Improve the population’s mental health: reconciling two logics

- Optimal mental health "Flourishing"
- Prevent and treat mental disorder
- Produce mental health 5/5
- Poor mental health "Languishing"
- No mental disorder

(Mental disorder)

(Keyes, 2007)
Create Mentally healthy places: Resilient places and communities

Poor mental health “Languishing”

Support people

Reduce structural barriers to MH

Optimal mental health “Flourishing”

Policy responses that enhance connections, collectivity and financial security

Extent to which communities are able to exercise informal social controls or come together to tackle common problems” “mostly about the quality of human relationships

Psychological skills and attributes

Inspired by Friedli presentation, 2011
Promoting Mental Health for All
A Known Public Health Model

• Improve everyone’s mental health, including recovery for those with mental disorders
  - Associated to improvements in social, economic, health functioning for all throughout life trajectory (Herrman, Saxena, & Moodie, 2005; IUHPE, 2005; Herrman & Jané-Llopis, 2012; Friedli, 2009).

• Reduce the incidence and prevalence of certain common mental disorders.

Intervention and public policies to promote population mental health
Evidence Syntheses


- Barry, Clarke, Morreale, & Field (2017) Review of the evidence on the effects of community-based programs on young people’s social and emotional skills. *Adolescent Research Review*

« Best, Good, Promising Buys »

Settings and life stages with best evidence for cost effectiveness of interventions:

• Home: Parents & Early years (Individual skills and relationship building)
• Life long learning: universal SEL and whole school approaches across life trajectory and transitions (Individual skills, relationship building, inclusion and participation)
• Improving working lives: (Individual skills, relationship building, control, and participation)
• Mental health of older people: (promising) (relationships, participation and inclusion)

• Internet/Virtual settings: Promising evidence from the Internet and social media (youth, parents)
• Holistic health care settings: Lifestyle (diet, exercise, alcohol, sleep), SDMH, MH literacy (“all contacts count”)
• Community-based approaches (empowerment, opportunities to exercise control, to contribute and participate, to establish relationships, MH literacy)
• Policies: Alcohol and access to means of self harm regulations
  – AND favoring social inclusion, tolerance, freedom from discrimination and violence, cultural continuity and identity, access to essential resources and opportunities.

Scope of interventions for MHP

Interventions to promote mental health and wellbeing

Material resources and equity in distribution (Increasing equitable assets that support mental wellbeing: financial security, environments)

Relationships and respect: Family, relationships, support, networks, respect for people experiencing misfortune, anti discrimination, tolerance, inclusion

Meaningful activity: Opportunities to contribute (meaningful work, volunteering, community participation)

Inner resources Strengthening psychosocial life skills and resilience (behaviours, attitudes, feelings)

“Making every contact count”

Inspired by Friedli, presentation, 2011
Mental Health

Focus on cognitive and emotional skills & resources (self efficacy, control, mastery, resilience, ability to learn, work skills, social skills......)

Focus on community development, social relations (throughout life/settings), social support, cohesion, integration, belonging, capital, participation....

Focus on healthy family interactions (attachment, parenting,...)

Focus on settings (culturally anchored and supporting home, education neighbourhood, work, health services, etc.)

Structural & Environmental Factors

Social Interaction Factors

Individual Factors

Increase equity in SES and life circumstances

Public policies (alcohol, employment, poverty reduction, anti discrimination, culture, norms, values (tolerance, inclusion, cultural continuity...)
WHO?
The roles and needs of the population mental health workforce

Building system capacity
NCC survey on PMH needs of the PH workforce and Ontarian surveys of PH units addressing adult, child and youth mental health.
Synthesis of Needs (4 Canadian surveys)
NCCPH Collective activities on PMHP

**Mental Health (equated with positive mental health):**
- Necessary for a life that is healthy, fulfilling, and productive.
- More than the absence of mental illness.
- Begins before birth and continues through the lifespan.
- Shaped by life circumstances, life settings and the events throughout our lives.
- Can fluctuate throughout life from a state of languishing to a state of flourishing.
- Fluctuations in mental health affect the community as well as the individual's quality of life and general health.
- Modifiable by addressing risk and protective factors from individual to societal level.

**Who is involved? Everyone**
- Mental health is everybody’s business: It can only be achieved through an intersectoral approach, an all of government approach, as well as good engagement of the public through an all-of-society approach.
- Other sectors (education, housing, justice etc.) may not have mental health promotion as their core activity, yet their actions and interventions deeply impact population mental health and wellness.
- Public health actors are increasingly called upon to play a leading role – as a “specialist workforce” for PMHP as well as to establish partnerships with the overall workforce engaged in physical and mental health care, social services, community support and other sectors.

**How is PMHP done?**
By addressing the social determinants of mental health and wellness at societal, environmental, community, family and individual levels, throughout the life course.
- Access to essential resources and opportunities: social inclusion, tolerance, cultural diversity, continuity and identity; freedom from discrimination and violence are key.

Through multiple simultaneous strategies combining:
- Healthy public policies
- Creating supportive environments
- Strengthening community action
- Reinforcing personal skills
- Reorienting health services

**What is Population Mental Health and Wellness Promotion (PMHP)?**
Improve mental health and wellness for all and reduce inequalities in mental health and wellness

**Why is it important to promote mental health?**
- Improved mental health is associated with improvements in physical health, longevity, healthy behaviours, healthy child development, school readiness and success, productivity & employment, participation, social capital, social relations, community safety & efficacy, quality of life, recovery (mental illness and addictions), etc.
- These improvements affect everyone; those who are living with mental illnesses, and those who are not.
- Improved mental health is associated with reduced incidence and prevalence of mental illness, and can support reduced burden of substance use problems.
- Populations and systems benefit from mental health promotion.
- There is a return on investment for mental health promotion and mental illness prevention. A long term view is necessary.

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<tr>
<th>Building on expertise</th>
<th>To forge a specialised PH workforce for mental health and wellness promotion</th>
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<tr>
<td>Champion/Lead</td>
<td>Support and integrate shifts in paradigms about MH and communicate them effectively. Advocate for MHP, creation of MHWP standards, resources, addressing inequities, HPP favourable for MH, MH in all policies.</td>
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<tr>
<td>Evaluate Monitor Assess</td>
<td>Analyse community assets/needs and measure outcomes of programs and policies using indicators of positive mental/strength based indicators that are culturally relevant/participatory/community led processes.</td>
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<tr>
<td>Integrate Embed</td>
<td>Recognise what MHP is, analyse where it already exists in practices, and what gaps remain to be filled / Focus on holistic intervention-recognise links between physical and mental health. / Know and embed evidence-based interventions /Integrate Indigenous Frameworks and knowledge, multiple perspectives, types of evidence, processes. Recognize and integrate a wider workforce, including Indigenous Elders.</td>
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<tr>
<td>Mobilize knowledge</td>
<td>Share the message effectively: Make the economic case /Train the workforce/ Train the public / Recognise and use multiple languages</td>
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<td>Partner Convene</td>
<td>Build on existing partnerships, and develop others Work in partnership with communities/*community led initiatives Work with other sectors, health and mental health sectors Co-produce, Listen, self-reflect, adopt cultural humility. Recognise multiplicity of languages for a shared understanding and which enable vested partnerships.</td>
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The Public Mental Health Workforce involved in promoting MH- PHE (2015)

1. Leaders advocate for the mental health of citizens as a valuable resource for thriving communities and economies.

2. A public health specialist workforce that has expertise to lead mental health as a public health priority.

3. A local workforce working with communities to build healthy and resilient places.

4. Frontline staff are confident and competent in communicating with people about mental health and supporting them to improve it.

5. Frontline staff are confident and competent in recognizing signs of mental distress and supporting children, young people, parents and adults appropriately.

6. The health and social care workforce has the knowledge and skills to improve the health and wellbeing of people with a mental illness and reduce mental health inequalities.

Table 1. Core principles for public mental health practice

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<tr>
<th>Know</th>
<th>Believe</th>
<th>Act</th>
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<tbody>
<tr>
<td>1. Know the nature and dimensions of mental health and mental illness.</td>
<td>5. Understand your own mental health, what influences it, its impact on others and how you can improve it.</td>
<td>9. Communicate effectively with children, young people and adults about mental health.</td>
</tr>
<tr>
<td>2. Know the determinants at a structural, community and individual level.</td>
<td>6. Appreciate that there is no health without mental health and the mind and body work as one system.</td>
<td>10. Integrate mental health into your own area of work and address mental and physical health holistically.</td>
</tr>
<tr>
<td>3. Know how mental health is a positive asset and resource to society</td>
<td>7. Commitment to a life-course approach and investment in healthy early environments.</td>
<td>11. Consider social inequalities in your work and act to reduce them and empower others to.</td>
</tr>
</tbody>
</table>

Recognising/integrating/Implementing MHP

Focus on MH determinants, in particular:

- Inclusion, social connections, resilience, community assets, participation, freedom from discrimination/violence

- Adopt a strength-based approach across the life course with specific attention to early years

- Using socio ecological approach- Ottawa Charter
  - Support individuals, as well as (and in interaction with)
  - their families, early childhood/childhood/young adult learning environments, workplaces, communities (and other settings, i.e. virtual)
  - Link with community development approaches,
  - Support integrated holistic MH Promoting services (make every contact count),
  - champion for mentally healthy public policies in support of access to economic resources and opportunities (whole of government, whole of society approach)

- Approach with a culture and equity lens, using participatory and empowering processes

- Maintain and develop partnerships: Collaborate with and support other sectors (HPP-FMH / MHIA), primary care, contribute to breaking siloes, communities.

- Obtain the necessary support (engage political will, organisational support, knowledge, competency building (MHP/Cultural competence and humility), and mobilise a public demand for a mentally healthy society (media).

- Evaluate and monitor implementation process and outcomes

- Build capacity of the broad workforce (expand knowledge base and competencies in all sectors that are pertinent) and integrate a wider workforce (i.e. communities, elders)

- As part of a universal approach, be wary of your own mental health.
THANK YOU...and...

For questions, comments:
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• Centre for Addiction and Mental Health, Dalla Lana School of Public Health (University of Toronto), Toronto Public Health, 2010, 2012, 2014. Best Practice Guidelines for Mental Health Promotion Programs

• https://www.porticonetwork.ca/fr/web/camh-hprc/resources/best-practice-guidelines-for-mental-health-promotion-programs


References (2)


References (3)

References (4)


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References (6)

- World Health Organization (2004). Promoting mental health : concepts, emerging evidence, practice : summary report / a report from the World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation (VicHealth) and the University of Melbourne.