

# NCC Collaborative project : Population Mental Health Promotion for Children and Youth

Atlantic Summer Institute

August 17, 2016

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*Credit for original slides - Pascale Mantoura, National Collaborating Centre for Healthy Public Policy*



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**Strong evidence,  
stronger public health**

# Objectives

- Overview of Population Mental Health Project (PMHP)
- Rationale & key concepts
- Evidence search strategy
- Defining scope
  - Child & youth
  - Practitioner needs



Discussion





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# evidence

to address mental health needs of children & youth

**Where?**

**Type?**

**Who?**

**Source?**



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# Goals of the Population Mental Health Promotion (PMHP) Project

## Long-term

- Public health workforce competencies (knowledge, skills), organizational capacity and networks for public health to positively influence PMHP are clarified and enhanced.

## Short-term

- Improved PMHP knowledge and related abilities/skills (literacy) of public health actors in various programs, disciplines and settings.
- Improved awareness and knowledge of evidence/knowledge-informed PMHP roles and proven and promising practices of public health in various programs, disciplines and settings.
- Improved awareness of and access to tools, resources, methods/practices and related training to support integration of PMHP into public health programs, policies and practices.
- Improved awareness of and connectedness with key PMHP networks/organizations on the part of public health actors/organizations.



# NCCHPP/PH Population Mental Health Project

## 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 issues 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 diseases 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.

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

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

Briefing Note  
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## 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 (Bak, 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, Fritsch, Nichols, 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 Mink (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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www.ncchpp.ca

MAIN TYPES OF NEEDS  
OF THE PUBLIC HEALTH WORKFORCE FOR  
POPULATION MENTAL HEALTH

REPORT | MARCH 2016

Mantoura, P. (2014). Defining a population mental health framework for public health. Montréal, Québec: National Collaborating Centre for Healthy Public Policy. Retrieved from: [http://www.ncchpp.ca/docs/2014\\_Sante\\_Mentale\\_EN.pdf](http://www.ncchpp.ca/docs/2014_Sante_Mentale_EN.pdf)

Mantoura, P. (2014). Framework for healthy public policies favouring Mental Health. Montréal, Québec: National Collaborating Centre for Healthy Public Policy. Retrieved from: [http://www.ncchpp.ca/docs/PPFSM\\_EN\\_Gabarit.pdf](http://www.ncchpp.ca/docs/PPFSM_EN_Gabarit.pdf)

Mantoura, P. (2016). Main Types of Needs of the Public Health Workforce for Population Mental Health. Montréal, Québec: National Collaborating Centre for Healthy Public Policy. Retrieved from: [http://www.ncchpp.ca/553/Publications.ccnpps?id\\_article=1569](http://www.ncchpp.ca/553/Publications.ccnpps?id_article=1569)



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# National Collaborating Centres PMHP Project

Types of actors	Types of settings	
<p><b>Dedicated</b></p> <ul style="list-style-type: none"> <li>Public health managers/decision makers/program planners</li> <li>Various local public health actors</li> <li>Other public health actors</li> </ul>	<ul style="list-style-type: none"> <li>Community</li> <li>Home</li> <li>Day care</li> <li>School</li> <li>Built environment</li> <li>Colleges and universities</li> <li>Health care settings</li> <li>Internet</li> <li>Military base in Ottawa ?</li> </ul>	<p><b>Expand the knowledge, skills for PMHP</b></p> <ul style="list-style-type: none"> <li>• <b>Work towards a shared understanding of MH/PMHP across various sectors</b></li> <li>• <b>Includes a clear understanding of the links between physical and mental health</b></li> </ul> <p><b>Improved understanding of roles and promising practices across various sectors.</b></p> <p><b>Support /develop collaborations/ system integration to advance the PMHP agenda.</b></p>
<p><b>Broader</b></p> <ul style="list-style-type: none"> <li>Clinical, primary health care actors (physical health, mental health and social services)</li> <li>Community actors and volunteers</li> <li>Actors in other sectors</li> </ul>	<p><b>Types of populations</b></p> <p>C&amp;Y and transition ages:</p> <ul style="list-style-type: none"> <li>Indigenous</li> <li>LGBTTTIQ</li> <li>Boys/Girls</li> <li>New comers and refugees</li> <li>Street involved</li> <li>....</li> </ul>	<p><b>Identify/provide targeted/contextualised resources on MHP intervention, evaluation, collaboration mechanisms:</b></p> <ul style="list-style-type: none"> <li><b>Terminology/Key principles</b></li> <li><b>Best practices</b></li> <li><b>Support collaborations local and upstream (shared understanding, multiple languages)</b></li> <li><b>Training</b></li> <li><b>Communities of practice</b></li> </ul>



# Guiding/Framing document DH–HPP with other NCC inputs

Guiding/Framing document

What is PMHP

Defining C&Y

ages

transition periods

What is PMHP for C&Y

Key SDMH for C&Y

Lifecourse perspective

Key intervention areas

promoting MH

reducing inequalities in MH



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MH and ID

MH and AH

MH and EH

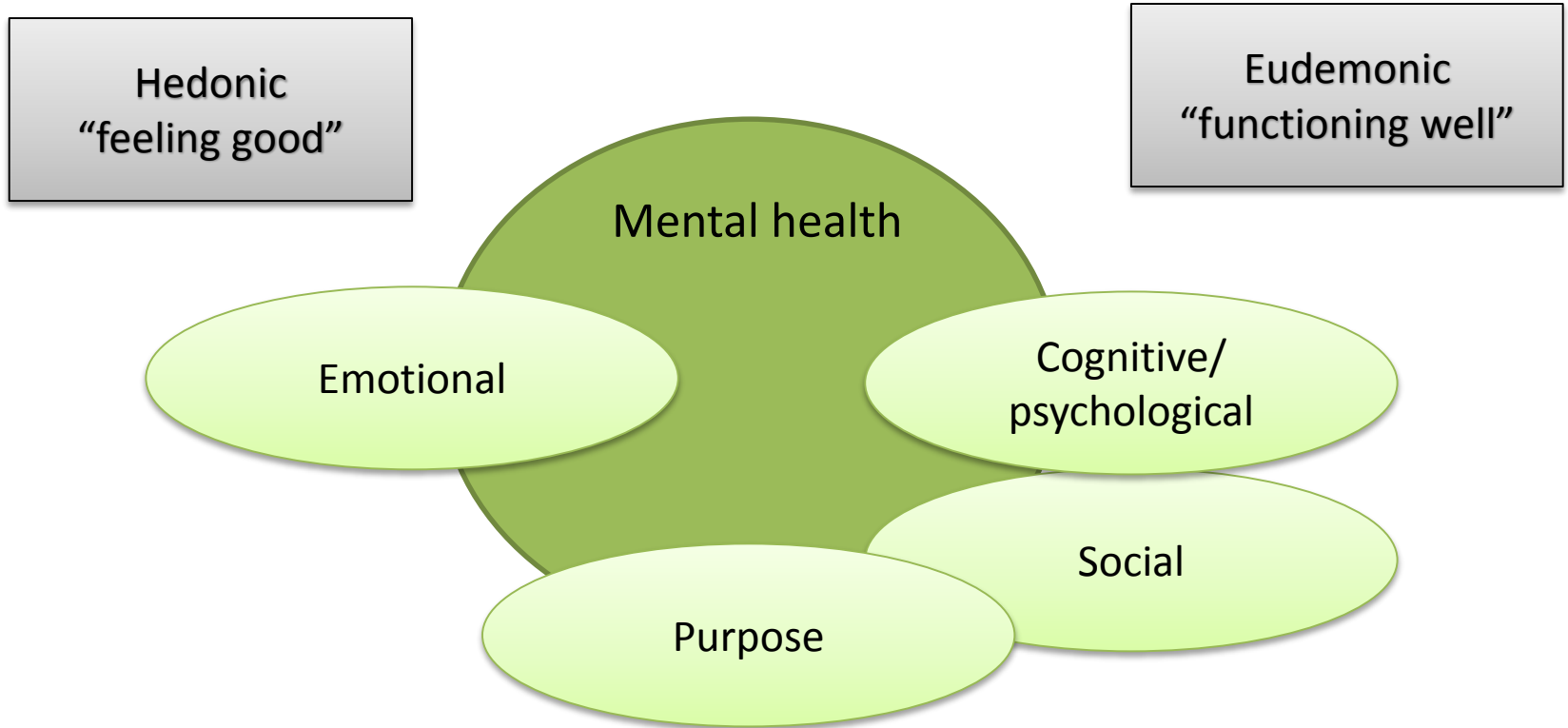
MH and HPP

MH and MT

- Key messages
- Importance of PMHP for C&Y in domain/field
- Main areas of focus in domain/field
- Equity
- Indigenous communities
- Gender issues
- Collaborations (who? and how?) - MH Literacy
- Examples of good practice for public health in this field
- Examples of PMHP roles of public health practitioners in this domain/field; across multiple settings;
- Facts
- Research Gaps
- Key organizations and networks (including communities of practice) (support/partner)
- Key resources (Guiding documents, Training, best practice, indicators/measurement- if possible by type of actor/setting)
- Further readings



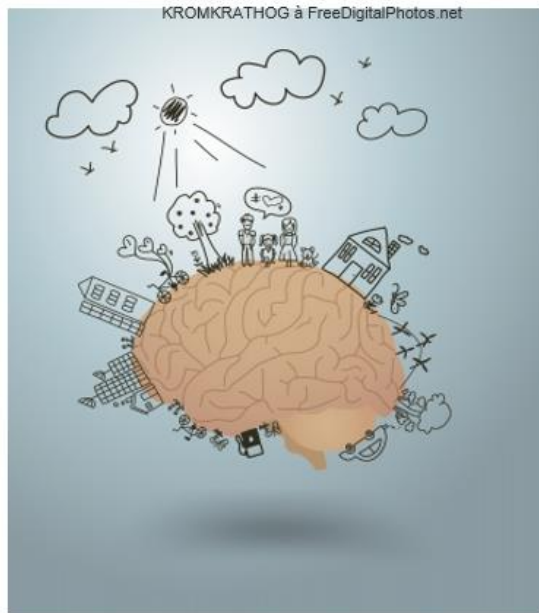
# What is Mental Health?



(Barry, 2009; Friedli & Parsonage, 2007; Keyes, 2007; Diener et al., 2009).



# Momentum for change in public health



- Heavy and inequitable burden of mental disorders and poor mental health.
- Improved understanding of (positive) mental health as a resource for life and health.

Murray, Vos, Lozano, Naghavi, Flaxman, Michaud, Ezzati, et al., 2010; Pickett & Wilkinson, 2010; Roberts & Grimes, 2011; Herrman, Saxena, & Moodie, 2005; Friedli, 2009.



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“Not merely the absence of disease or infirmity but the presence of a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (p.2)



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National Collaborating Centre  
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**Institut national  
de santé publique**  
**Québec** 

# Mental health promotion

“The process of enhancing the **capacity** of individuals and communities to **take control over their lives and improve their mental health**. Mental health promotion uses strategies that foster supportive environments and individual resilience, while showing respect for culture, **equity**, social justice, interconnections, and personal dignity”.

Joubert et al., 1996 in *Best practice guidelines for mental health promotion programs: Children (7–12) & youth (13–19)*

2014 CAMH



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# Population Mental Health

## Key dimensions

- Mental health and illness are on two separate continuums (more later.....)
- Action on determinants of mental health across the lifespan.
- Mental health and physical health are thoroughly intertwined and inseparable.
- Promoting mental health *for everyone*, including those who are mentally ill, *and reducing inequalities* in mental health.
- Public health practitioners at all levels are concerned by these interventions, as well as actors from broader sectors.



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“ **I**llness → **W**ellness ”

Jude Stansfield, Presentation, JASP 2015

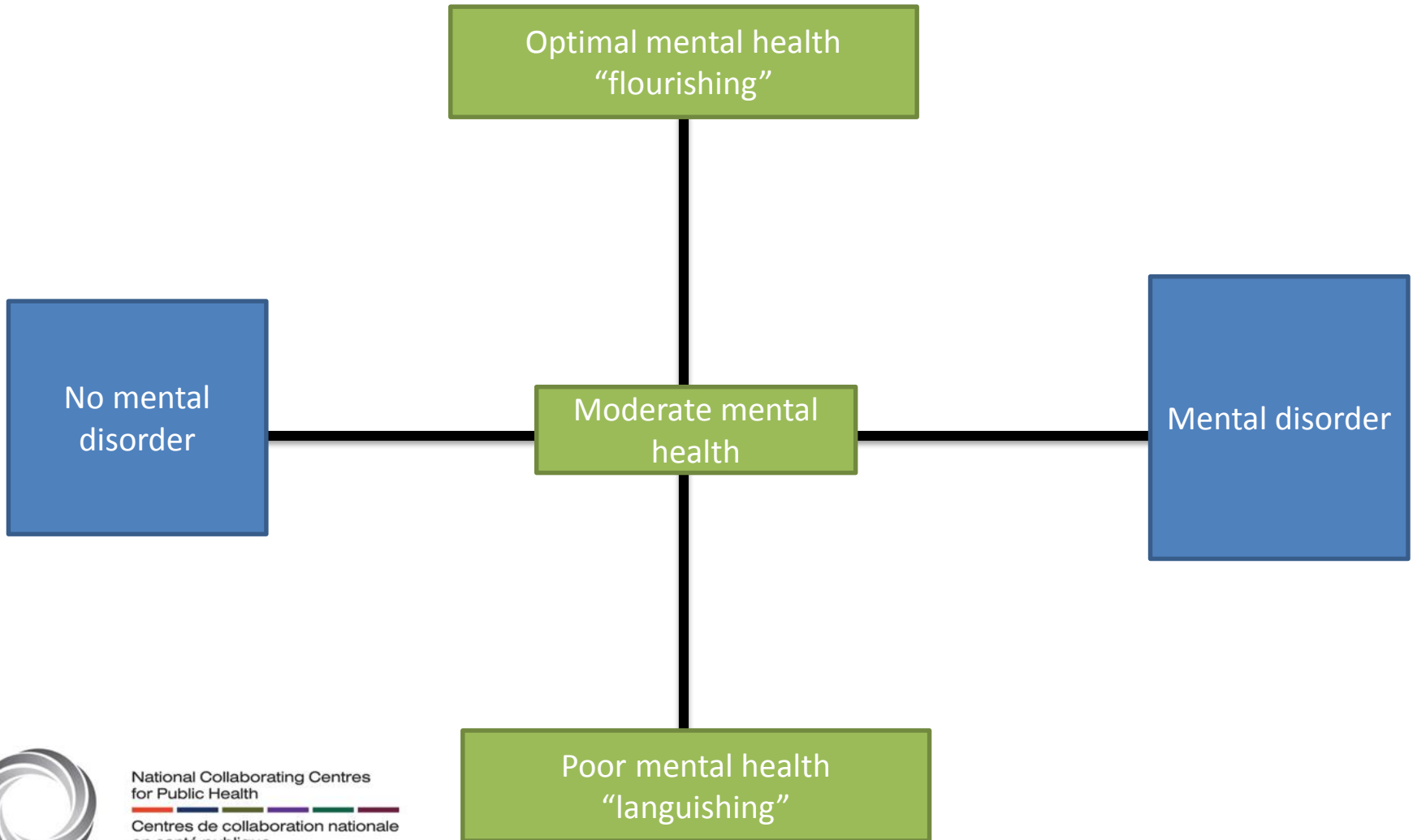


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# Mental Health / Mental Disorders Links



# What advantages to flourishing mental health?

Optimal mental health  
“Flourishing”

Better social, economic, health functioning (Keyes, 2002, Keyes & Grzywacz, 2005, department of Health, 2014; Herrman, Saxena, & Moodie, 2005).

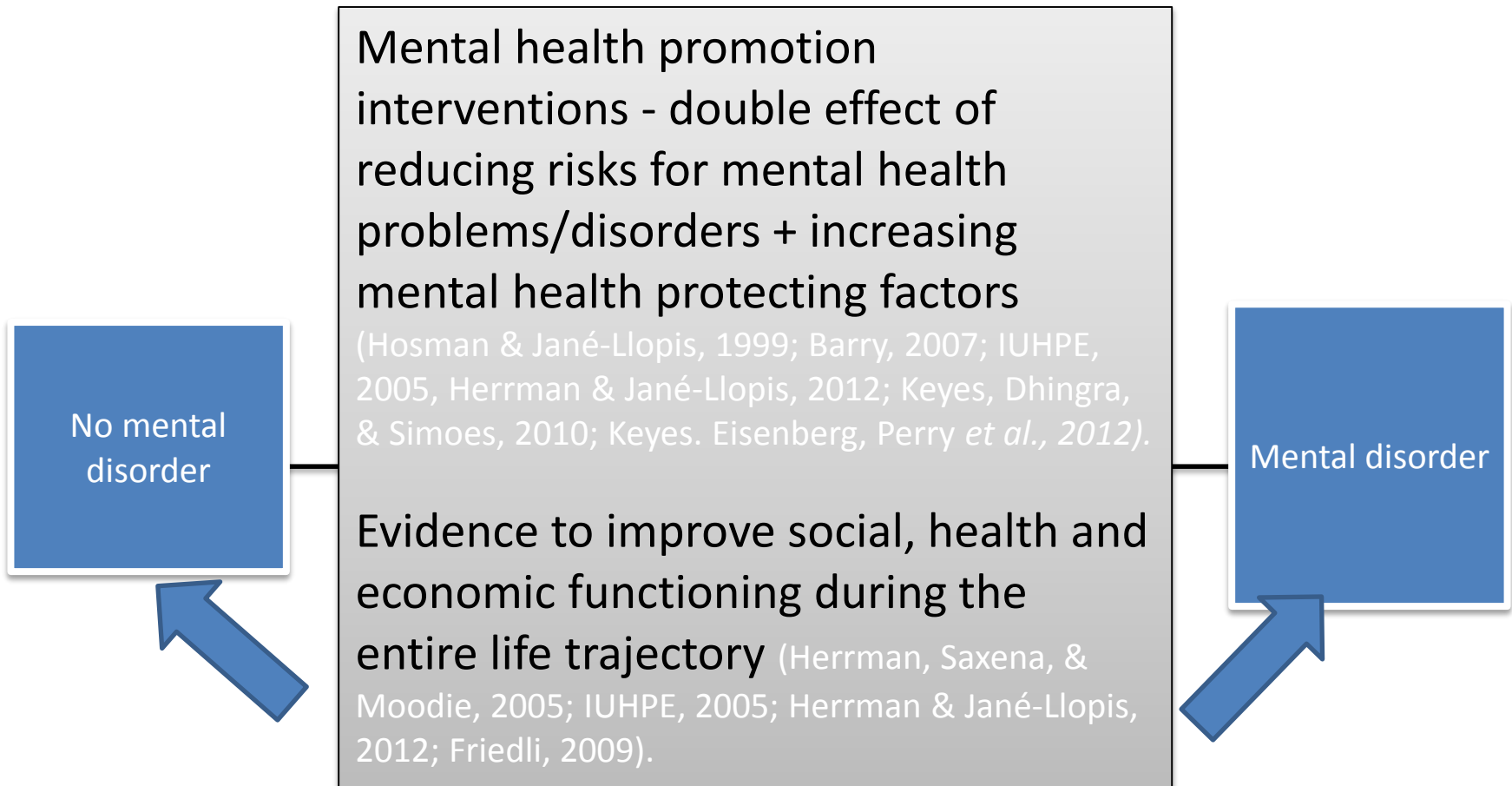
Diminished risks for developing a mental disorder (Keyes, Dhingra, & Simoes, 2010) and for suicide in post secondary students (Keyes, Eisenberg, Perry et al., 2012).

Lessened probability of all cause mortality (Keyes & Simoes, 2012); added years to life (Department of Health, 2014).

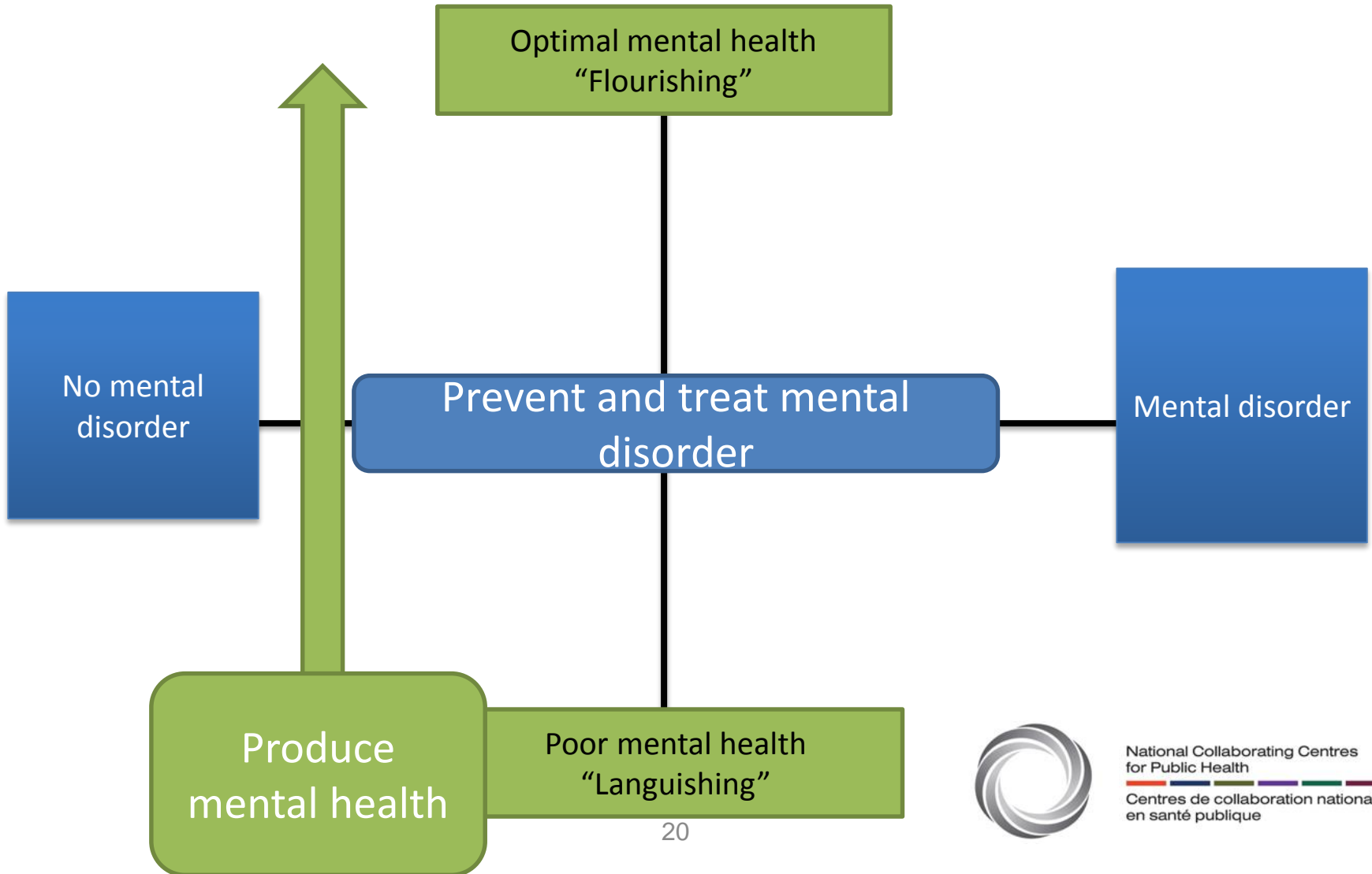
Poor mental health  
“Languishing”



# What evidence to support the promotion of mental health?



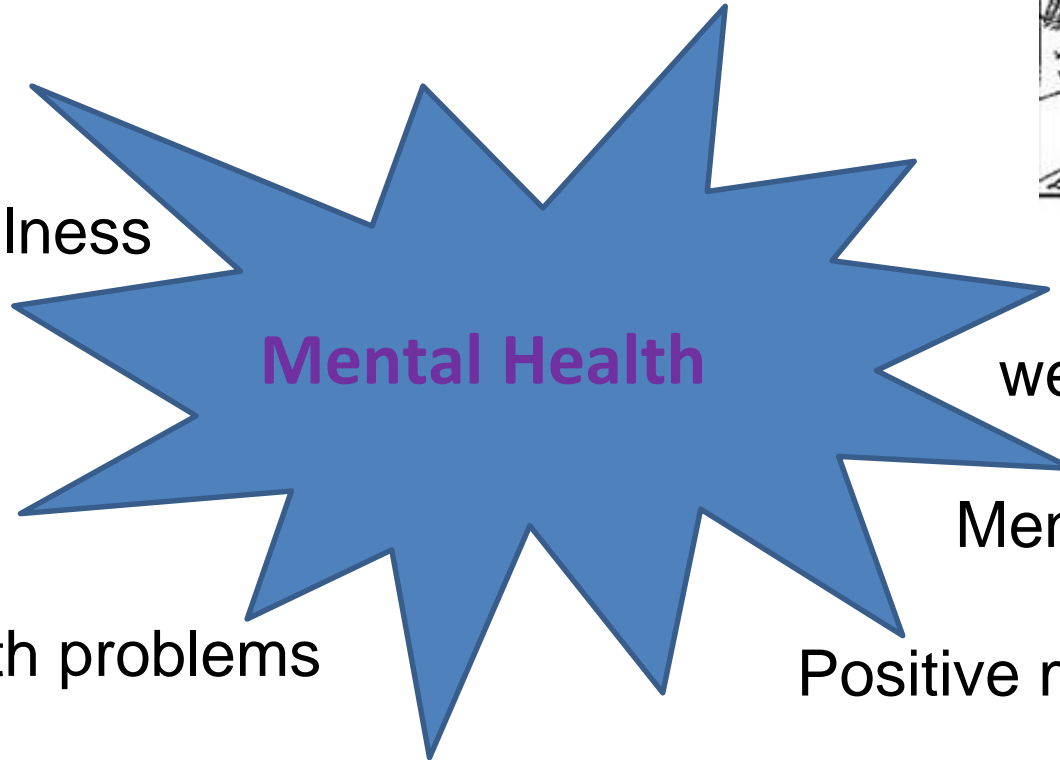
# Improve the population's mental health: reconciling two logics



# Terminology!



"Now! ... That should clear up a few things around here!"



Mental disorders

Psychiatric illness

wellness

Mental wellbeing

Positive mental health

Flourishing

Mental illness

Mental conditions

Mental health problems

Resilience

Psychiatric illness



# Mental health promotion

## Principles of practice

- Population as a whole in the context of every day life (not people at risk of specific mental disease)
- Competence enhancement approach addressing a range of protective and risk factors
- Socio ecological perspective: Complementary approaches and integrated strategies from the individual to socioenvironmental levels (Ottawa Charter)
- Intersectoral action extending beyond the health sector
- Address inequalities
- Based on public participation, engagement and empowerment.

Barry, M. (2007). Generic Principles of Effective Mental Health Promotion. *International Journal of Mental Health Promotion*, 9(2), PP.4-16.



Good social protection policies, economic security, freedom from discrimination, social inclusion, public safety, social justice, low inequalities, etc.

**Environmental & structural**

Good level of education, income, etc.

Good/safe/accessible housing, schools, work, neighbourhood, urban design, transport, health services, etc.

Good start in life, secure attachment

Parental skills, positive relationships

Family interactions

**Good mental health**

Good physical health

Positive health practices

Social networks, family & community

Volunteering, participation

Community interactions

**Social interactions**

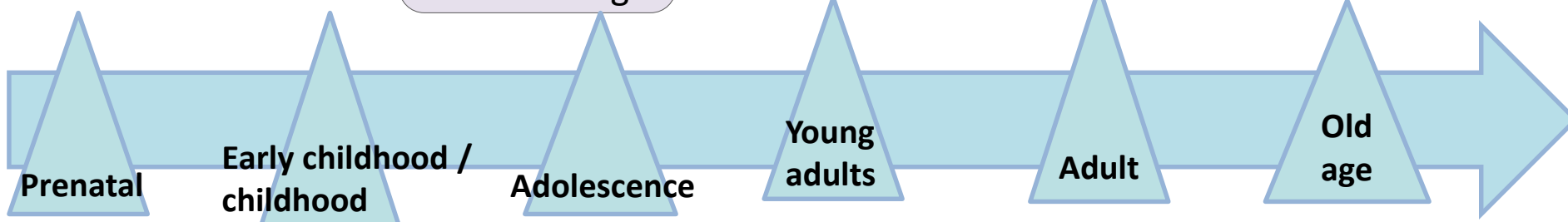
Individual

Positive emotional functioning

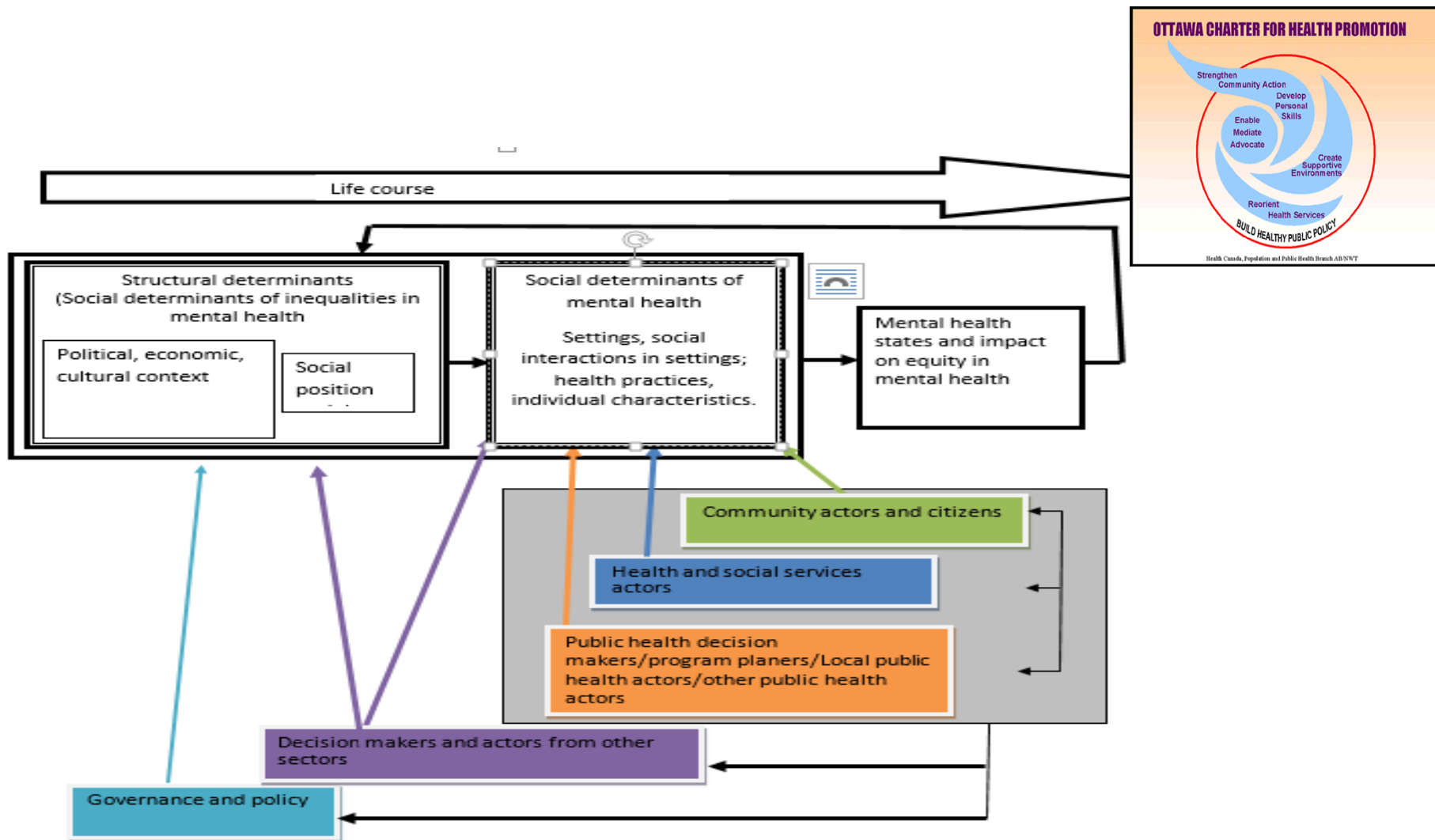
Positive cognitive functioning

Positive social functioning

Sense of purpose



# Everyone is part of Population Mental Health Promotion



Morrison, 2016; Mantoura 2014





# Evidence search strategy

Define:

- Population
- Topic
- Delivery
- Intervention



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# Define population

Age range

Racial & ethnic groups

Words that indicate:

- Child
- Preteen
- Teen
- Adolescent
- Minor
- Student
- Juvenile

Words that indicate:

- First Nations
- Aboriginal
- Metis
- Indigenous

And...

Or...

Not...



# Define topic

- Mental health
- Mental illness
- Emotional health
- Emotional stress
- Stress
- Psychological health
- Stress and development
- Child development
- Human development

And...

Or...

Not...



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# Define **delivery**

- Public health
- Primary health care
- Preventive medicine
- Public health professional
- Policy analyst
- Community health worker
- Health educator

And...

Or...

Not...



# Define **intervention**

- Health education
- Public policy
- Legislation
- Practice
- Advocacy
- Behaviour modification
- Social support
- Services
- Community supports

And...

Or...

Not...



# Child and youth: what ages, stages are we referring to?



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PHAC (in the PMHSIF, they define life course stages as):	Childhood (0-11), youth (12-17), adulthood (more than 18)
PHAC Stages of Childhood	Pregnancy and Prenatal Infancy (Birth-2 years) Childhood (3 –12 Years) Adolescence (13-19)
Centre for Addiction and Mental Health; the Dalla Lana School of Public Health, University of Toronto; and Toronto Public Health. Best practice guidelines for mental health promotion programs -Children and Youth.	Children (7–12) youth (13–19)
INSPQ. Avis scientifique sur les interventions efficaces en promotion de la santé mentale et en prévention des troubles mentaux.	Child (0-5) youth (6-17)
Department of health-UK	Starting well (pregnancy to 5) Developing well (6-11, and 11-19)
Improving school transitions for health equity. UCL Institute of health Equity	Pre-school, school, post school transitions
Frog Hollow Neighbourhood House (2011). Promoting positive MH among youth in transition: A literature review.	Youth in transition into and out of adolescence.
PHE	Early years (0-5) Early childhood (0-10) Adolescence: early (11-15) Mid-young people (16-18) Late young adults (18-24) And Young people (10-24)

# Influencing factors for child & youth mental wellbeing

- Individual: factors which are experienced by an individual rather than as part of a group.
- Family: influencing factors which relate to a child or young person's family and home environment.
- Learning environment: factors which influence how a child or young person learns, both within and outside of a formal learning environment.
- Community; elements of a child's wider social and geographic environment which influence their mental wellbeing.

CAMH, Dalla Lana, Toronto PH, Best practice guidelines for mental health promotion programs: Children (7–12) & youth (13–19); PHE. (2015). Measuring MW in children and Young People.



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# Influencing factors for children and young people's mental wellbeing

Youth who belong to groups that face social and economic exclusion tend to experience greater health and mental health difficulties than their counterparts.

- Aboriginal youth from First Nations, Métis and Inuit backgrounds
- Lesbian, gay, bisexual, transgender, transsexual, two-spirit, intersex and queer youth
- Newcomer youth
- Street-involved youth

CAMH, Dalla Lana, Toronto PH, Best practice guidelines for mental health promotion programs: Children (7–12) & youth (13–19);



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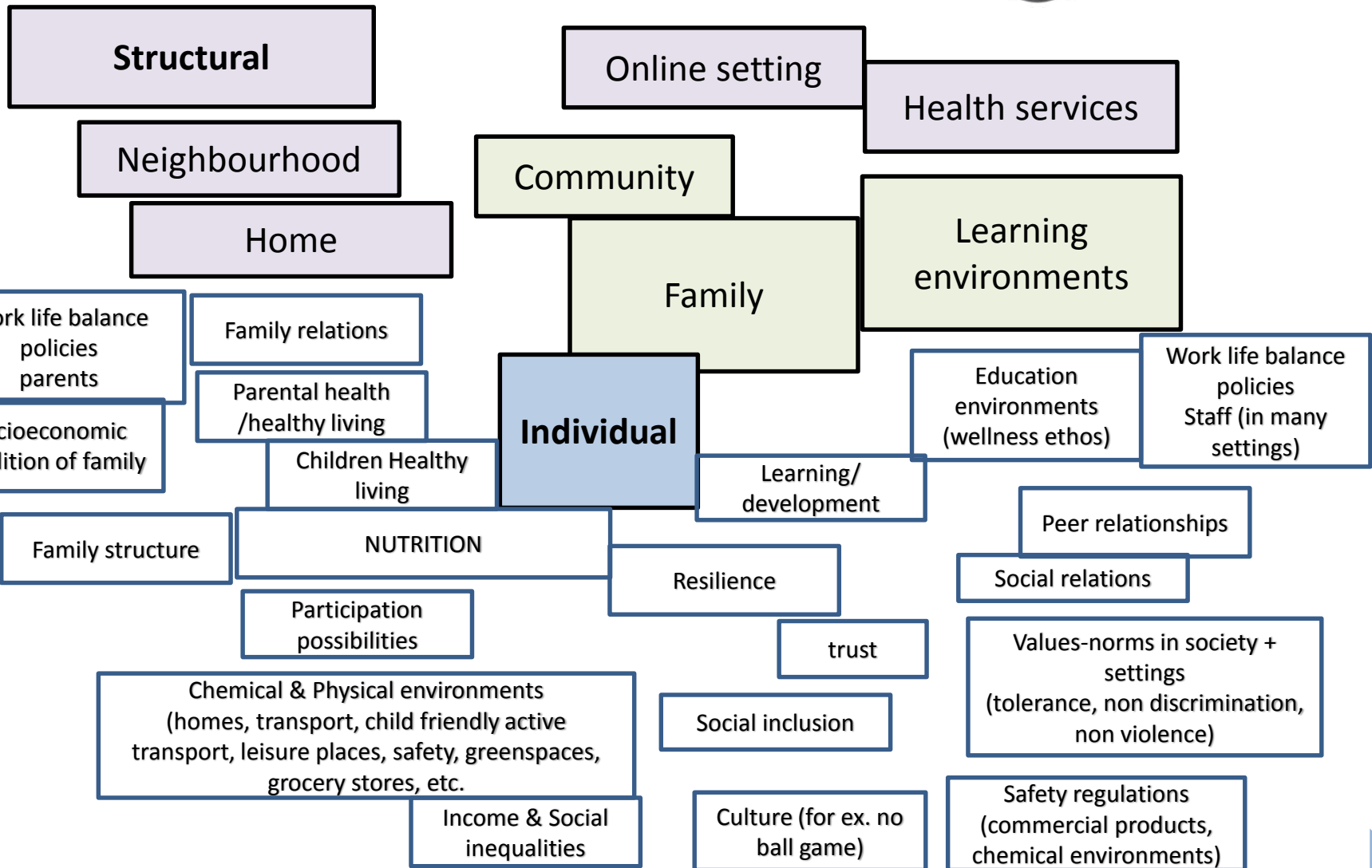
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# PMHP in C&Y



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Prior to conception   prenatal   infancy   early childhood   childhood   early adolescence   young adulthood

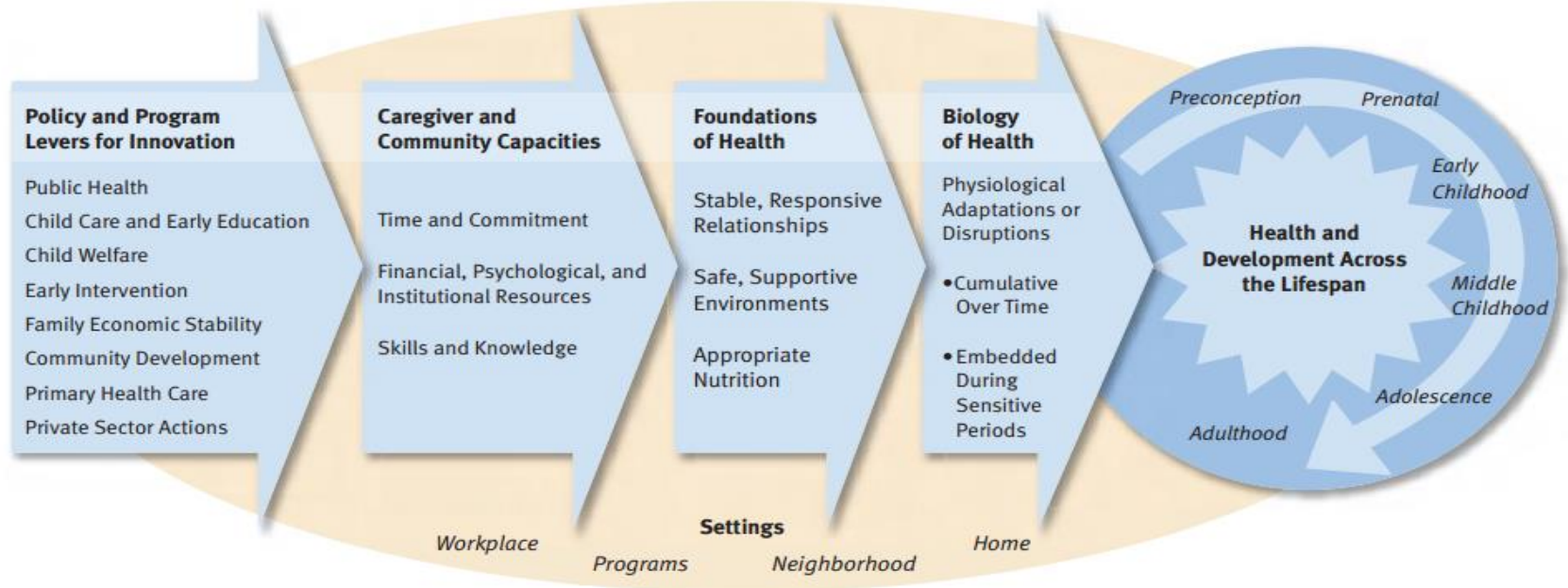
**transition**

**transition**

**transition**

# Early Childhood

## A Framework for Reconceptualizing Early Childhood Policies and Programs to Strengthen Lifelong Health



WWW.DEVELOPINGCHILD.HARVARD.EDU

Center on the Developing Child at Harvard University 3

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD. Center on the Developing Child at Harvard University. The Foundations of Lifelong Health Are Built in Early Childhood. Retrieved from:

<http://46y5eh11fhgw3ve3ytpwxt9r.wpengine.netdna-cdn.com/wp-content/uploads/2010/05/Foundations-of-Lifelong-Health.pdf>



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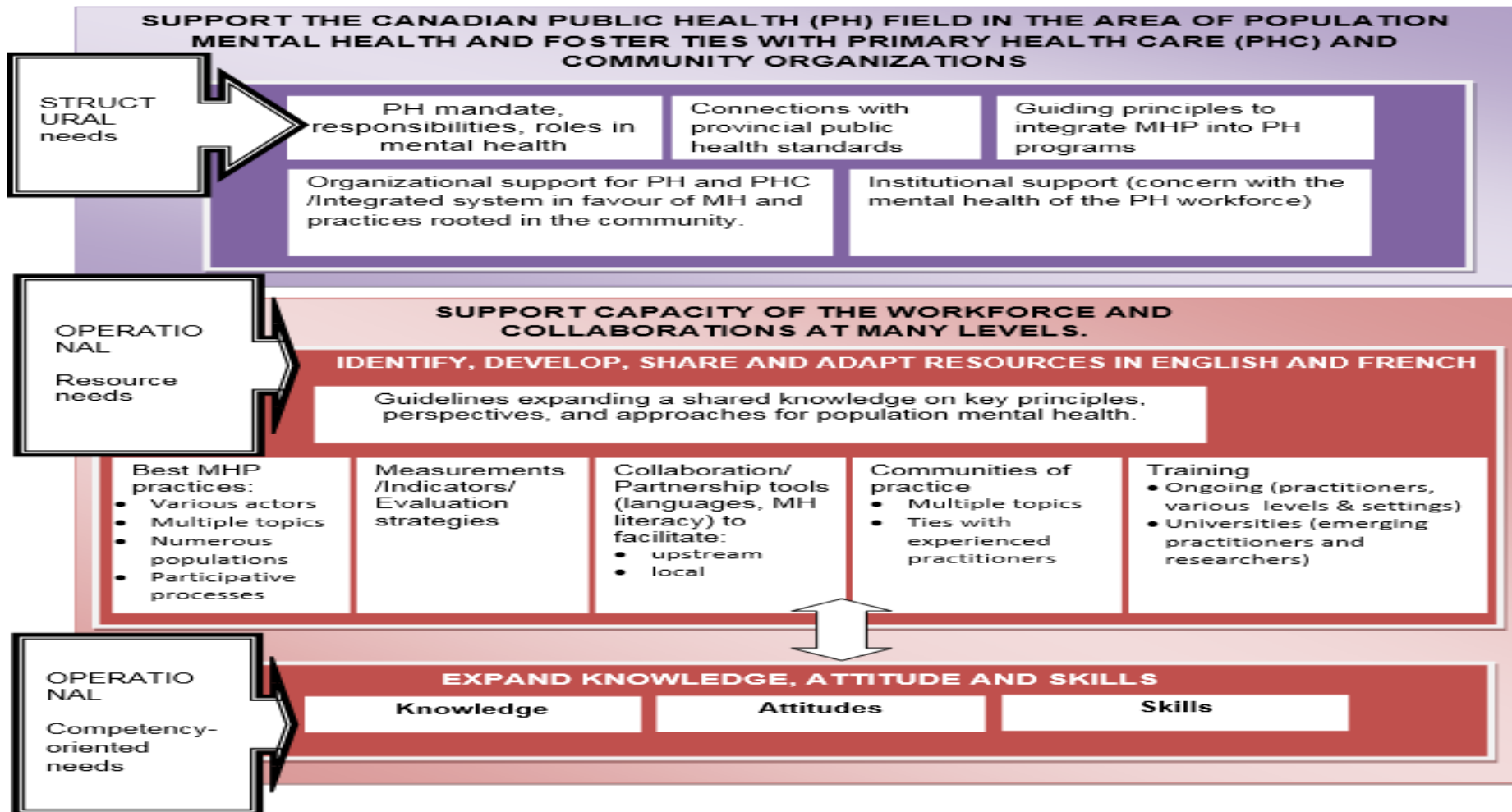
# Six principles to shape our thinking about young people's health (ages 10-24)



Public Health England. (2014). Improving young people's health and wellbeing. A framework for public health. Retrieved from: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/399391/20150128\\_YP\\_HW\\_Framework\\_FINAL\\_WP\\_3\\_.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/399391/20150128_YP_HW_Framework_FINAL_WP_3_.pdf)



# Synthesis of Needs



# Identifying Organizations/Networks/Communities of Practice relevant for MHP for C&Y (as appropriate for each NCC)

- Organizations (Canadian & int.) providing support (because of the resources that they provide) to:
  - community sector (MHP for general pop, etc.) for ex. Canadian mental health association)
  - clinical sector (MHP practices in clinical settings) for ex. WHO euro HP hospitals
  - PH management/decision makers
  - PH local and regional actors
  - ?
    - In various settings ( home, education (day care, school, college), community, neighbourhood)
- Organizations (Canadian) as PH partners:
  - Who are you partnering with?
  - Who would you want to be partnering with?
    - From other sectors
    - From the broader workforce (community milieu, health (physical and mental) and social services)



# Challenges for Public Health

- Integrate mental health promotion principles into already existing programs (holistic-parity of esteem)
- Develop interventions dedicated to promoting mental health
  - Throughout the life course
  - On multiple factors (Many determinants)
  - Using numerous strategies (Ottawa Charter)
  - With the community's participation.
- Collaborate with and support broader sectors
- Expand knowledge base and competencies across sectors
- Obtain the necessary support.
- Be wary of their own mental health.



# ***Thank you!***



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