

Atlantic
Summer
Institute
on Healthy
and Safe
Communities



l'Institut
d'été sur les
collectivités
sûres et en
santé au
Canada atlantique

ASI POLICY BRIEF



UPSTREAM INVESTMENT

Placing infant, child and youth
mental health promotion
at the forefront

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ASI Policy Brief

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March 9th, 2022

When we think of mental health, we often think of emotional difficulties and mental health problems and how we can resolve a crisis once it has occurred. This thinking demands an investment after the fact or “downstream.” Thinking “upstream” means that we view mental health as a resource for all that requires a whole-of-government and a whole-of-society approach.

ASI 2017 Keynote Speaker, Professor Margaret Barry, WHO Collaborating Centre for Health Promotion Research, National University of Ireland, Galway

Foreword

The Atlantic Summer Institute on Healthy and Safe Communities, Inc. (ASI) partnered with A Way Home Canada to produce this policy brief with the goal of enhancing capacity for intersectoral action and advancing upstream investment through policies that promote equity and mental health among infants, children and youth in Atlantic Canada and beyond.

This policy brief does not deal with access to services and immediate supports (however important these services are) but rather with policies that support children, youth, families and their communities. This document draws on current evidence that demonstrates how policy can promote protective factors; reduce adverse childhood experiences (ACEs); increase support; and therefore lead to more resilient, healthy children, youth, families and communities. It is worth noting that none of the frameworks or recommendations discussed in this brief are novel; they are all ideas that have been tested and evaluated in other contexts.

We are not calling for new investments at this time. We know that budgets are tight everywhere. We are talking about how current resources across governments and organizations could be organized differently to support Mental Health in All Policies.

While this policy brief is intended first and foremost for Atlantic provincial governments, we invite all interested parties to consider how they can support the recommendations, whether they are elected officials, policy-makers, academics or members of the community. Only together can we create and promote equity and mental health, achieving the positive long-term societal benefits we all desire.

Yours truly,

Malcolm Shookner

President, ASI Board of Directors

Acknowledgements

ASI partnered with A Way Home Canada to produce this policy brief. A Way Home Canada led the process with input from a policy brief working group as well as broad consultations with experts in the area. The ASI Board of Directors wishes to acknowledge the tremendous work of the ASI policy brief working group, advisor and reviewers. We are optimistic that together we will meet our objectives to facilitate community resilience and improve child and youth mental in Atlantic Canada.

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Executive Summary

Raising healthy children is the responsibility of all Canadians. Supporting and promoting infant, child and youth (hereafter “child and youth”) mental health is central to enabling them to become lifelong, positive contributors to their communities and society. Strengthening policies and programs that support positive mental health for children and youth is vital to creating a sustainable and inclusive Atlantic Canada.

During 2020–2021, the Atlantic Summer Institute on Healthy and Safe Communities (ASI) developed this policy brief, in partnership with A Way Home Canada and a policy brief working group, to promote investment in upstream policies and supportive actions for child and youth mental health. This work is based on the belief that with collective action we can shift the ways in which community and government drive policy and fund innovation.

While governance rests with federal, provincial, municipal and Indigenous leadership in each province, Atlantic Canada has characteristics and infrastructure that bond and unite us as a region, enabling unique knowledge-sharing and collaboration. Despite our strengths, the Atlantic provinces currently have an incomplete and disconnected patchwork of strategies, frameworks and programs intended to address mental health needs. This policy brief draws on current evidence with the goal of influencing policy in Atlantic Canada to promote the mental health of children and youth. This document aims to highlight and strengthen the great work already being done in Atlantic Canada.

We propose transformative change, calling for action on four broad priorities, which, if done in concert, can integrate efforts into a comprehensive approach that promotes and supports the mental health of children and youth, their families and communities. These priorities require the adoption of new approaches and are outlined here:

A “whole-of-government approach” by implementing a **Mental Health in All Policies Framework** by all sectors, building on the Health in All Policies Framework developed by the World Health Organization (WHO 2014).

A “whole-of-society approach” through development of a **Multistakeholder Platform** for the Atlantic region, where representatives from diverse communities, Indigenous organizations, academia, governments and the private sector share knowledge and codesign solutions for evidence-based policies and programs.

A “whole-of-community approach” through **Investment in Community Action**. Community groups and organizations are already doing the work to create supportive environments for their children and youth. Ensuring communities have the support necessary to do this work is vital.

A **Sustainable and Integrated Funding Model** that supports these comprehensive approaches to invest in and maximize social capital in our communities. The funding would consist of multisectoral contributions in each province; a single application from communities; multiyear sustainable funding; and a focus on the promotion of mental health through innovation, addressing the roots of mental health inequities, and evaluation.

Recommendations

Transformative change will require leaders (including provincial, federal, municipal, community and Indigenous leaders) to undertake fundamental changes in the way we build public policy. A focus on

Mental Health in All Policies will guide the creation of new structures and processes to support upstream investments that promote mental wellness. We recommend the following:

1. Atlantic provincial governments recognize that all policies affect the mental health of children and youth, and coordinate efforts to support existing and future commitments to upstream investments in this area, guided by a Mental Health in All Policies Framework.
2. Atlantic provincial governments build on existing Atlantic linkages and structures, such as the Council of Atlantic Premiers, to set an Atlantic regional direction for Mental Health in All Policies.
3. Governments work to develop relationships and strengthen collaboration with Indigenous Peoples in all settings to:
 - prioritize the development of mutually respectful relationships between settler and Indigenous communities;
 - strengthen provincial and Indigenous relationship-building and collaboration through codesign of policies and programs specific to Indigenous communities;
 - provide resources and supports for pre-existing and future Indigenous-led initiatives; and
 - draw on Indigenous knowledge for policy development for all of Atlantic Canada.
4. Governments support a regional Multistakeholder Platform to facilitate alignment of provincial and local child and youth mental health promotion efforts with shared goals, vision, values and strategies.
5. Governments recognize and support the role of community-based organizations as a focal point for upstream investment in child and youth mental health.
6. Governments review investments and funding frameworks and align more closely with the proposed Sustainable and Integrated Funding Model outlined in this policy brief.
7. Governments work to build capacity for child and youth mental health promotion, including professional development focused on social determinants of mental health inequities, policy development, knowledge mobilization and learning how to work collaboratively across sectors.
8. Governments work with diverse groups and communities to ensure equitable investment in child and youth mental health promotion.
9. All stakeholders in Atlantic Canada apply a Mental Health in All Policies lens in development and implementation of organizational and municipal policies.

This policy brief makes the case for a commitment to transformative change, challenging leaders (including provincial, federal, municipal and Indigenous elected officials) to undertake fundamental change in the way we build healthy public policy. A focus on Mental Health in All Policies will guide the creation of new structures and processes to support upstream investments that promote mental wellness. We would like to stress that these ideas are not new; this policy brief includes examples of communities, provincial departments and non-profits engaging in important work supporting child and youth mental health promotion. This work needs to be supported and invested in, and ASI and its partners are well positioned to play an active role.

A. Introduction

Raising healthy children is the responsibility of all Canadians. Supporting and promoting infant, child and youth (hereafter “child and youth”) mental health is central to enabling them to become lifelong, positive contributors to their communities and society. Strengthening policies and programs that support positive mental health for children and youth is vital to creating a sustainable and inclusive Atlantic Canada.

Children who are socially and emotionally aware engage in positive social behaviour and express hope and optimism for the future. They are more resilient in the face of everyday difficulties. Every young person deserves the chance to grow up in accepting and nurturing environments. Unfortunately, too many young lives are troubled, and the costs are high for those who suffer, their families and society. Child and youth well-being is interdependent on the well-being of the adults and communities that surround them. There are no healthy children without healthy adults and communities, given children’s dependence on adults and community for their care.

Targeted approaches, however well designed, are not enough to transform the lives of all children and youth, including the most distressed. While some are fortunate enough to connect with the right support or treatment at the right time, too few find the supports they need. The challenge is to transform our view of mental health from an illness and intervention-based understanding to a multidimensional understanding of well-being that evolves over time.

This policy brief draws on current evidence with the **goals of influencing policy in Atlantic Canada to promote the mental health of children and youth, and highlighting and strengthening the great work that is already underway.**

Initiated by the [Atlantic Summer Institute on Healthy and Safe Communities](#) (ASI) and led by [A Way Home Canada](#) with the input of the policy brief working group and broad consultation with representation from nine provinces, this brief makes policy recommendations for **upstream investment** across sectors to influence the factors that impact the mental health of children and youth (National Collaborating Centre for Determinants of Health [NCCDH] 2014, 3). Implementation of these policy recommendations will require increased understanding and engagement by policy-makers, elected officials, the private sector, civil society and communities to make policies that cut across sectors and invest in communities.

“**Upstream** interventions and strategies focus on improving fundamental social and economic structures in order to decrease barriers and improve supports that allow people to achieve their full health potential.

“**Downstream** interventions and strategies focus on providing equitable access to care and services to mitigate the negative impacts of disadvantage on health.”

(NCCDH 2014, 6).

Why take an Atlantic-wide approach? The identity of the Atlantic region is shaped by the connections and shared roots of its people. Travel between provinces to trade, share skills and celebrate is traditional with both Indigenous inhabitants and settlers. Somewhat separated from the rest of the country, Atlantic Canadians rely on a sense of community to survive. There is great pride in being Atlantic Canadian.

Through broad and robust engagement with interested parties across the Atlantic provinces, ASI has explored many levers for change. Examples of infrastructure for collaborative leadership exists in the

Council of Atlantic Premiers (“The Council of Atlantic Premiers” 2021); Atlantic Policy Congress of First Nations Chiefs Secretariat (“Welcome to the Atlantic Policy Congress of First Nations Chiefs Secretariat” 2021); Atlantic Regional Caucus of the Federation of Canadian Municipalities, which supports hundreds of small communities (“Atlantic Regional Caucus” 2021); and ASI itself, which provides an infrastructure for knowledge mobilization, convening civil society from all four provinces to share, learn and build policy together.

Atlantic Canada’s collaborative leadership and community response throughout COVID-19 illustrates how well placed the region is to lead Canada’s investment in pandemic recovery efforts.

Together we can build on our shared experience to show national leadership in the pandemic recovery and beyond. As we pivot during and following COVID-19, the critical work will be to learn from the pandemic experience; build on the skills, insights and relationships acquired; and take a proactive approach to rebuilding processes and communities by investing upstream in mental health and well-being promotion for children and youth.

It is possible to codesign such policies and build stronger connections and personal, community and societal resilience in our post-COVID-19 world by engaging in policy development that adheres to principles of:

- **Respect** – willingness to learn from one another.
- **Communication** – engaging in dialogue, listening and sharing information.
- **Colearning** – everyone is a teacher and a learner; in the process of learning we discover new levels of knowledge and promote innovative solutions.
- **Collaboration** – differing ways of knowing come together and create new ways to move forward.
- **Evidence informed** – evidence comes from many sources, that is, not privileging one form of knowledge over another.
- **Accountability** – commitment to values and beliefs are held to account in policy and practice, for example, mandate letters.

Our **vision** is mentally healthy, thriving Atlantic Canadian communities. This vision can be achieved through implementing policy focused on creating supportive environments and providing adequate resources for proven community approaches, such as prenatal care, positive parenting and social and emotional learning (SEL). This policy brief is built on, and advocates for the inclusion of, the following concepts in policy development: mental health promotion, upstream investment, health equity, social determinants of health, intersectoral action, Health in All Policies (HiAP), two-eyed seeing and resilient communities. These concepts are defined in the glossary at the end of the brief.

“There are in essence two key approaches [in creating mentally healthy communities]: First, creating supportive environments that protect people from known risk factors and provide a positive, mentally healthy situation. Second, providing resources and programs that enable people — especially children — to become resilient, with the skills they need to manage life’s ups and downs. In practice, these two approaches interact and need to complement each other.”

(Hancock 2017)

B. History and Context

B.1 Background

Since early 2011, provincial and federal governments have been calling for action on mental health promotion and mental illness prevention due to rising health care costs and unemployment, as well as media attention and public concern regarding bullying, lower scores on standardized testing, addictions and mental health issues among school children (Health Canada and the Public Health Agency of Canada [PHAC] 2015; Barry 2019).

National efforts to address these issues were initiated by establishment of PHAC's Innovation Fund and a call for proposals across the country for evidence-based projects to promote child and youth mental health. The Manitoba Summit held in 2012 convened Canadian policy-makers and practitioners, and representatives from the World Health Organization (WHO), resulting in several recommendations for action ("Manitoba Health Summit Proceedings Report" 2012). Many of these recommendations have yet to be resourced or implemented.

In Atlantic Canada, the Canadian Mental Health Association (CMHA), Nova Scotia Division was successful in its proposal to the PHAC Innovation Fund to implement the SEAK Project (Socially and Emotionally Aware Kids). Through 2011–2014, the project tested a SEL intervention in three provinces and engaged provincial departments of health and education in Atlantic Canada and the four provincial CMHA offices in developing a vision for scaling up mental health promotion in Atlantic Canada (Atlantic SEL Scale up Advisory Committee 2014). This vision was foundational for a subsequent SEAK project (2015–2018) to scale up SEL in the region — the only region in Canada to do so (Health Canada and the Public Health Agency of Canada 2015).

In 2014, CMHA Nova Scotia invited ASI to partner with researchers and practitioners to focus on issues relevant to child and youth mental health promotion. It was soon recognized that there needed to be a concerted, intersectoral effort to improve the mental health of children and youth in Atlantic Canada, and ASI was asked to provide a platform for sharing emerging evidence about the promotion of child and youth mental health for the next 3 years (Appendix A – ASI Profile).

By 2017, it was clear that most government and corporate resources were still focused on responding to mental health crises once they occurred (downstream), in spite of ample evidence and economic data on return on investment for investing upstream ("Manitoba Health Summit Proceedings Report" 2012). In response, ASI engaged participants and the wider community in developing a [Call to Action](#) (ASI 2017). Evidence to support the Call to Action is included in a background document outlining efforts in this century to address the rising societal concerns of child and youth mental health (Appendix B – ASI Background to ASI 2017 Call to Action).

The 2017 ASI Symposium on Child and Youth Mental Health coincided with a time of renewed hope for Canada and its many Indigenous Peoples. The report of the Truth and Reconciliation Commission, the ultimate call to action, challenged us to view our collective well-being in terms of cultural, spiritual, mental, social and economic self-determination (Truth and Reconciliation Commission of Canada 2015). The principles of the Truth and Reconciliation Commission are referenced in the ASI Call to Action (ASI 2017).

B.2 Current Context

Through the global COVID-19 pandemic, we have witnessed a heightened human need to reconnect with ourselves, our communities and our physical and natural environments. The ripple effects of COVID-19 have amplified the social, structural and systematic inequities that pre-existed the pandemic, resulting in dramatic negative effects on health and well-being for many. The importance of relationships and community to support positive health and wellness outcomes has never been clearer — community and connection matter (Liebenberg 2020)!

The COVID-19 crisis disproportionately affects populations who are low income, precariously housed, racialized, Indigenous, LGBTQ2S+, and/or disabled, and who live with socioeconomic and structural inequities. Recent conversations about anti-Indigenous racism, anti-Black racism, anti-Asian racism and Islamophobia in our communities have heightened our awareness of inequities experienced by many groups. The recent recovery of thousands of children’s graves at residential schools across the country has increased our awareness of the brutalities caused by systems of oppression imposed upon First Nations, Métis and Inuit Peoples from the time of contact, highlighting the urgent need for reconciliation with Indigenous Peoples in Canada.¹ These inequities are directly tied to poor mental health outcomes in children and youth and therefore must be addressed in order to equitably promote healthier communities (PHAC 2021, 16).

The COVID-19 pandemic has had a notable effect on the mental health of Canadians. A survey conducted in the spring of 2021 indicates that one out of every four Canadian adults screened positive for symptoms of anxiety, depression, and post traumatic stress disorder. This is significantly increased compared to a similar survey done in the fall of 2020, when that number was only twenty percent. (Statistics Canada 2021).

It is important to note that the trend of increasingly poor mental health began before the COVID-19 pandemic. In 2019, 67% of Canadians reported having good or excellent mental health, which was down significantly from 72% in 2015. (Statistics Canada 2020).

It is anticipated that the mental health of Canadians will be impacted long after the pandemic due to the death and chronic illness of loved ones, job loss, debt, social and physical isolation and family breakdown (PHAC 2021). Due to their stages of development and their dependency on families and communities so heavily impacted by the pandemic, **our children and youth will continue to experience unique impacts on their mental health that will in turn impact their future and the future of our region.** Moving forward, social connection and community support will be essential, as will investing in upstream conditions that promote mental health.

¹ Inuit, First Nations and Métis Peoples have participated in a number of national processes including, but not limited to, the [Report of the Royal Commission on Aboriginal Peoples 1996](#), [Final Report of the Truth and Reconciliation Commission 2015](#), [Final Report and Calls for Justice from the National Inquiry into Missing and Murdered Indigenous Women and Girls 2019](#) and, on June 21, 2021, Royal Assent of Bill C-15 [United Nations Declaration on the Rights of Indigenous Peoples Act](#). Of note, treaty rights are enshrined in law in Canada through the assent of C-15 and the Truth and Reconciliation Commission’s Call To Action #50, and internationally through the United Nations Declaration on the Rights of Indigenous Peoples.

Case Study 1: Healthy Communities Project – SOPEI

In October 2017, Special Olympics PEI (SOPEI) was selected to receive 3-year funding for a Healthy Communities project spanning 2018–2021. The vision of the project was to create communities where Special Olympics athletes and others with intellectual and developmental disabilities have the same access to health and wellness resources — and can attain the same level of good health — as all community members.

The Healthy Communities project is a community-based initiative that aims to address inequities for people diagnosed with intellectual and developmental disabilities worldwide. This is an example of a project doing on-the-ground work to foster health equity and mobilize upstream health promotion.

SOPEI hosted an exhibit at ASI 2021 to share information about the Healthy Communities project.

To learn more about the Healthy Communities initiative, visit:

<https://www.specialolympics.ca/pei/peilearnspecial-olympics-programs/healthy-communities>

Both pre-pandemic and currently, youth are more likely to report higher levels of anxiety and depression, and young people (ages 13–24) make up 20% of Canada’s homeless population (Schwan et al. 2017).

While the Atlantic region faces issues similar to those in other provinces, Atlantic Canadians are generally more likely to report feeling connected to the local community and, overall, life stress appears to be less common among Atlantic Canadians (PHAC 2012, 2015). However, there are characteristics of the Atlantic region that also increase risks for poor mental health (PHAC 2015). Compared with other parts of Canada, Atlantic Canada is more likely to face stresses related to financial security and employment, with lone-parent families more vulnerable to financial stressors and food insecurity (PHAC 2015). Rural residents of the Atlantic region experience difficulties related to changes in the economic environment and outmigration of young people (PHAC 2015). Heavy alcohol consumption, particularly among adolescents and youth, emerges as an important risk factor for the Atlantic region (PHAC 2015). More recently, climate change has emerged as a noteworthy cause for anxiety and depression, especially among youth (Consolo 2019).

C. Making the Case for Upstream Policies

C.1 Supportive Policy Concepts – World Health Organization (WHO)

As our understanding of the social determinants of health has increased, the WHO has been advocating for HiAP (WHO 2014). According to *Health in All Policies Framework (HiAP) for Country Action*, HiAP is founded on health-related rights and obligations, and contributes to strengthening the accountability of policy-makers for health impacts at all levels of policy-making (WHO 2014). It emphasizes the consequences of all public policies on health systems, social determinants of health and well-being.

As a concept, HiAP is in line with the Universal Declaration of Human Rights (United Nations 2015), United Nations Millennium Declaration (Office of the United Nations High Commissioner for Human Rights 2000) and accepted principles of good governance (UNDP 1997). The HiAP approach aligns closely with the Sustainable Development Goals as put forward by the United Nations in 2015. According to an

article published in the *Pan American Journal for Public Health*, “HiAP is a powerful approach” that “provides a tool for finding common ground between economic and social development, environmental sustainability, and human health” (Buss et al. 2016, 186).

Issues not traditionally linked to health, such as employment levels, the safety of communities and the national distribution of wealth, have a direct impact on health and vice versa (PHAC 2021). Routinely requiring a health impact assessment for new policies contemplated by non-health ministries may help emphasize the links between apparently disconnected public policies from disparate ministries — and clarify that the work of all sectors impact health and therefore resources must be shared.

“Health in All Policies (HiAP) is an approach that systematically considers the health and social implications of policies contemplated by all sectors of government — aiming for synergistic benefits and minimization of social and health-related harms. HiAP is a critical policy lever, because many of the drivers for health outcomes are beyond the reach of the health sector — and because initiatives that increase health and health equity often pay for themselves through better productivity and higher tax revenues” (Tonelli 2020, 238). Within a HiAP approach, we must distinguish the difference between “health and mental health being embedded in all policies” and the recognition that **“all policies can have an effect on health”** (WHO 2014).

C.2 Supportive Evidence

The benefits of investing in upstream conditions that support child and youth mental health are now supported by a growing body of research and policy outcomes (WHO 2021). Innovative upstream initiatives, regionally, nationally and globally, demonstrate how these approaches can improve mental health outcomes.

The Early Years Study “a series of reports that draw on academically rigorous studies about the impact of early experiences on lifelong learning, behaviour and health, and the public policies that influence these outcomes” (Early Years Study 2021). The Early Years Study demonstrates that investment in early childhood education and support can provide governments with a significant return on investment. According to this study, “although the payoffs are priceless, economists have done the math finding returns of up to \$6 for every dollar spent” on high-quality birth-to-5-years programs for disadvantaged children (Clinton 2020).

Social and emotional learning (SEL) is the process of acquiring and effectively applying the knowledge, attitudes and skills necessary to recognize and manage emotions, develop caring and concern for others, make reasonable decisions, establish positive relationships and handle challenging situations capably. Children, youth, parents, teachers, caregivers, schools, communities and society all benefit when there is a focus on enhancing SEL.

To learn more about SEL, visit:

<https://casel.org/fundamentals-of-sel/>

Adverse childhood experiences (ACEs) have a significant impact on health and general well-being in adults. ACEs include all potentially traumatic events and life circumstances that take place between the ages of 0 to 17. The existence of ACEs are deeply tied to adverse community environments, which can impact whether ACEs are present in the community. Community environments such as the absence or presence of intergenerational trauma, poverty, freedom from discrimination and violence, social inclusion and access to economic resources can be the roots of those experiential ACEs that cause ill health in the lifespan. Building strategies within communities to limit or avoid ACEs can lower the need

for health and social services and resultant costs, as well as lead to happier and more engaged members of society (Centers for Disease Control and Prevention 2019).

Studies show that, as early as kindergarten, ACEs can undermine prefrontal growth and lead to behavioural and social problems. Twenty percent of kindergarten children who have experienced early childhood adversity have clinically significant levels of behavioural problems, and 50% show delayed language and attention skills. The impacts of this childhood adversity are long lasting and directly tied to later life outcomes (Bierman 2020).

Fortunately, there are well-tested and documented strategies to combat the effects of ACEs. Social and emotional learning is one such strategy, which focuses on early childhood education (Bierman 2020).

The evidence outlined in the following table demonstrates how upstream investments are cost-effective and sustainable in improving population health and health inequities. With a focus on prevention, rather than intervention or crisis management, we can not only drive down costs associated with mental health and mental illness but also increase quality of life for many Atlantic Canadians. This conclusion was reached before the pandemic, and the need has only grown since the pandemic began. The time is now to move evidence to action. Priority areas are listed below to guide the path forward.

Adverse childhood experiences (ACEs) include abuse, neglect and household challenges like substance abuse and violence. These childhood experiences can increase the likelihood of health problems later in life, including depression, heart disease, obesity and certain cancers. According to the American Centers for Disease Control and Prevention, ACEs can also lead to social problems such as involvement in violence and crime, unemployment and financial difficulty. Notably, the negative consequences of having experienced ACEs can be passed down through families, leading to the next generation of children having a higher risk of experiencing ACEs and associated health problems.

To learn more about ACEs, visit:

<https://www.cdc.gov/violenceprevention/aces/index.html>

Priority Areas for Upstream Investments in Mental Health and Well-Being²

DELIVERY PLATFORM • Delivery channel	Core set of actions	Evaluation	Evidence from high-income countries (HIC), low- and middle- income countries (LMIC)
POPULATION			
• Legislation/regulation	<ul style="list-style-type: none"> Laws and regulation to reduce demand for alcohol use [taxes, restrictions to access, ad bans, enforcement of BAC limits] Laws to restrict access to means of self-harm/suicide Integrate mental health into occupational Health and Safety regulations 	<ul style="list-style-type: none"> Best practice Best practice Good practice 	<ul style="list-style-type: none"> Sufficient evidence from HIC and LMIC Sufficient evidence from HIC and LMIC Sufficient evidence from HIC and promising evidence from LMIC
• Information/awareness	<ul style="list-style-type: none"> Laws and regulation to reduce demand for alcohol use [taxes, restrictions to access, ad bans, enforcement of BAC limits] Laws to restrict access to means of self-harm/suicide Integrate mental health into occupational Health and Safety regulations 	<ul style="list-style-type: none"> Best practice Best practice Good practice 	<ul style="list-style-type: none"> Sufficient evidence from HIC and LMIC Sufficient evidence from HIC and LMIC Sufficient evidence from HIC and promising evidence from LMIC
COMMUNITY			
• Workplaces	<ul style="list-style-type: none"> Integrate mental health into workplace Health and Safety practices 	<ul style="list-style-type: none"> Good practice 	<ul style="list-style-type: none"> Sufficient evidence from HIC and promising evidence from LMIC
• Schools	<ul style="list-style-type: none"> Universal SEL programmes adopting whole school approaches Targeted interventions for vulnerable children 	<ul style="list-style-type: none"> Best practice Best practice 	<ul style="list-style-type: none"> Sufficient evidence from HIC and LMIC Sufficient evidence from HIC and LMIC
• Community	<ul style="list-style-type: none"> Preschool education and community-based parenting programmes Multi-component out-of-school youth empowerment programmes Economic and/or health empowerment programmes for families living in poverty Parenting and family strengthening for school-going children (3–16 years old) 	<ul style="list-style-type: none"> Good practice Good practice Good practice Good practice 	<ul style="list-style-type: none"> Sufficient evidence from HIC and promising evidence from LMIC Promising evidence from HIC and LMIC Promising evidence from LMIC Sufficient evidence from HIC and promising evidence from LMIC
HEALTH CARE			
• Primary Health Care (PHC) (including community outreach)	<ul style="list-style-type: none"> Promote infant and maternal mental health (including parenting skills) as part of routine antenatal and postnatal care and home visitation programmes Training PHC providers in opportunistic mental health promotion and prevention interventions for adults and older people 	<ul style="list-style-type: none"> Best practice Good practice 	<ul style="list-style-type: none"> Sufficient evidence from HIC and LMIC Sufficient evidence from HIC and promising evidence from LMIC

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C.3 Frameworks

The [Circle of Health](#) (PEI Health and Community Services Agency 1996) is a value-based health promotion tool that incorporates the Ottawa Charter and the Indigenous medicine wheel (Joseph 2020). The Circle of Health was developed in Prince Edward Island in 1996 and is used internationally. The principles and concepts that guide this policy brief are reflected in the Circle of Health. ASI uses the Circle of Health as its guiding framework and envisions it will more broadly guide policy and programs to achieve the Sustainable Development Goals. It is an integrated framework that is congruent with and supplements the First Nations Mental Wellness Continuum Framework, which was developed in 2015 as a collaboration the First Nations and Inuit Health Branch, the Assembly of First Nations, and other Indigenous mental health leaders (Health Canada 2015). Additional frameworks such as the Population

² BAC – Blood Alcohol Content; SEL – Social Emotional Learning

Mental Health Framework (Mantoura et al. 2018) and Determinants of Health (Dahlgren and Whitehead 1991) are foundational to visualizing linkages between systems and their impact on population health.

C.4 Leadership

Canada's response to the pandemic demonstrated that governments can effectively work across departments and jurisdictions to quickly respond to an emergency. Can that level of intersectoral collaboration continue? For the good of Canadian society, it must.

During the COVID-19 pandemic, Atlantic Canadian communities have shown resilience in coming together to provide social supports to each other and to their members, especially those who are vulnerable to health inequities. While collaboration between Atlantic provinces has, at times, been challenging, the Atlantic premiers continue to share information on a scheduled basis, showing effective leadership during difficult times. A critical piece of work for communities and all levels of government as we pivot during and following COVID-19 will be to invest upstream and support mental health promotion for children and youth through a whole-of-society approach. Together we can build on the collaborative relationships and processes that have developed in response to the pandemic and show national leadership in the pandemic recovery and beyond.

The Atlantic provinces provide an example of collaborative leadership, where knowledge- and resource-sharing enhances the opportunities of all governments involved. Positive examples of collaboration between the Atlantic provinces include the Council of Atlantic Premiers ("The Council of Atlantic Premiers" 2021) for policy direction, the Atlantic Policy Congress of First Nations Chiefs Secretariat ("Welcome to the Atlantic Policy Congress of First Nations Chiefs Secretariat" 2021) for policy development, and ASI for knowledge mobilization for government and civic society. Atlantic Canadians applaud and benefit from this strong collaborative action and need it to continue.

Working in partnership with First Nations, Inuit and Métis leaders in Atlantic Canada toward reconciliation is foundational to any upstream approaches to mental health. This begins with recognition of the distinct relationships that Indigenous Peoples have to their lands and territories; their unique laws and legal traditions; and their rights to determine the conditions necessary for physical and mental health in ways that are culturally, historically and spiritually significant. Only by centring and investing in Indigenous leadership and communities will we begin to address the generations of harm, meet our treaty obligations and respond to the many calls to justice and action. Many reports, inquiries, commissions and legislation along with independent Indigenous leadership, communities, advocacy and institutes have repeatedly laid out a set of solutions and steps toward those solutions for Canadian governments, systems, sectors and communities. Now is the time for governments to work with Indigenous leadership and communities to cocreate policy and programs that meet the needs of Indigenous Peoples and support those Indigenous-led programs that already exist.

Nationally and internationally there is increased recognition of the role of mental health in overall health and well-being (WHO 2021). While strategies to manage the COVID-19 pandemic focused on disease management, the impact of social isolation on mental health has opened the eyes of the entire world to this issue. Given these realities and the opportunity to reduce health care costs and increase social and economic prosperity, many federal, provincial and Indigenous representatives are seeking ways to best invest in children and youth through increased collaboration among communities and

government departments. The experience during the pandemic positions Atlantic Canada as a potential national and global leader in implementing Mental Health in All Policies (MHiAP).

D. Priority Areas for Action

Mobilizing these insights and experiences to create real change at the policy level has proven to be a difficult challenge but not one without solutions. Collective impact is an approach to community impact change with the goal of engaging system-level leaders in developing a common agenda and working collectively to drive change forward (Kania and Kramer 2011). The collective impact approach includes five core concepts: developing a common agenda, using shared measurement to understand progress, building on mutually reinforcing activities, engaging in continuous communications and providing a backbone to move the work forward (Collective Impact Forum) . Using a collective impact strategy, stakeholders in different contexts and with different backgrounds can come together to influence change. To learn more about the approach and outcomes of collective impact, or to see collective impact in action, visit the [Tamarack Institute website](#).

Implementing our vision of influencing policy in Atlantic Canada to promote the mental health of children and youth will require a collective impact approach based on the following four priorities: Mental Health in All Policies (MHiAP) Framework, Multistakeholder Platform, Investment in Community Action, and Sustainable and Integrated Funding Model.

Case Study 2: Working across departments and making connections with community in New Brunswick

In a panel discussion at the ASI 2021 Forum, Hon. Dorothy Shephard, New Brunswick Minister of Health, discussed the importance of government supporting community connection and working across departments. As Minister of Social Development in 2019, Minister Shephard created an interdepartmental deputy minister steering committee including seven different provincial departments on the topic of mental health. This steering committee worked across government silos and included resources from many departments to ensure that no one was left out of this important conversation.

Now as Minister of Health, Minister Shephard is committed to community-led, comprehensive mental health care. This includes the importance of intergenerational work, a focus on youth, and resiliency-building (Shephard 2021).

D.1 Mental Health in All Policies – A Whole-of-Government Approach

Policy frameworks are tools that guide decision-making, set future direction, identify important connections, support the alignment of policies and practices, and direct resources. In short, policy frameworks are blueprints for what we want to build or roadmaps for where we want to go.

A whole-of-government approach includes elected officials in all sectors in the decision-making process, working collaboratively to advance mental health for children and youth (ASI 2017). To achieve a whole-of-government approach, we should adopt a MHiAP Framework, which builds on the HiAP Framework (WHO 2014). A MHiAP Framework seeks to determine how all new and existing policies will affect population mental health and influence policy development for future generations.

Just as a person's health depends on every part of their body working in concert, public health requires whole governments, regardless of departmental division, to work together as a single body investing in its constituents' health and well-being. The division of government action into separate departments with restricted resources inhibits collaboration across sectors. This has left the public and communities with separate sectors that have little understanding of how they impact each other and of the potential synergistic nature of their efforts.

The Atlantic provinces currently have a patchwork of strategies, frameworks and programs intended to address mental health needs, improve access to services and support mental health promotion. The challenge is to combine efforts for positive population mental health outcomes into consistent, effective, measurable and coordinated actions by all levels of government that meet the needs of all people living in Atlantic Canada.

The MHiAP Framework should act as a vehicle or lens through which decisions are made and prioritized, with emphasis on five principles outlined by the policy brief working group:

- **Mutual Responsibility** – We all have a role to play in creating environments for positive change. Governments and communities have important roles in enabling and supporting conditions for individual and family success. For their part, individuals have a responsibility to take advantage of those opportunities.
- **Inclusion, Equity and Justice** – Upstream mental health approaches and investment must be deeply rooted in equity, inclusion and the pursuit of justice if they are to have lasting and positive impacts on communities. Diversity encompasses a range of human experiences, including age; gender; sexual orientation; culture; ethnicity; language; physical or mental ability; and socioeconomic, immigration and citizenship status. Inclusion promotes the full participation of all individuals in society regardless of their traits, identities or circumstances. When we act inclusively, we promote the full participation of all individuals in our society while acknowledging varying perspectives.
- **Proactive** – Proactive approaches work over the long term to prevent or address social problems before they start. They are often more cost-effective than reactive approaches. Proactive action acknowledges the interconnectedness of individuals, families, communities and their environments. It also reflects the interplay between economic, social and environmental policy. When we are proactive, we emphasize root causes, focus on creating conditions for success, and anticipate and adapt to changing and evolving needs.
- **Collaborative** – Our capacity to achieve social policy goals depends on our ability to work together. Individuals and organizations across all sectors and all parts of the region have the resources and expertise to contribute to resolving social challenges and achieving positive outcomes for Atlantic Canadians. When we act collaboratively, we are open to new and alternative ideas, perspectives and solutions. Our actions reflect that:
 - shared outcomes require shared action;
 - shared action requires shared ownership; and
 - shared ownership leads to shared results.
- **Accountability** means accepting responsibility for — and supporting efforts to achieve — better outcomes for all Atlantic Canadians. Ensuring accountability and acting in an accountable manner is the responsibility of governments, the non-profit and voluntary sector, service providers, businesses and individual citizens. When we are accountable, we strive to be innovative and provide the highest quality service possible. Transparency, citizen engagement

and decisions that are based on knowledge and evidence are key aspects of an accountable system. Accountability is an essential characteristic of the kind of system we want as well as a way of acting and operating as a system. Therefore, we have included it as an outcome and a principle to guide our actions in achieving it.

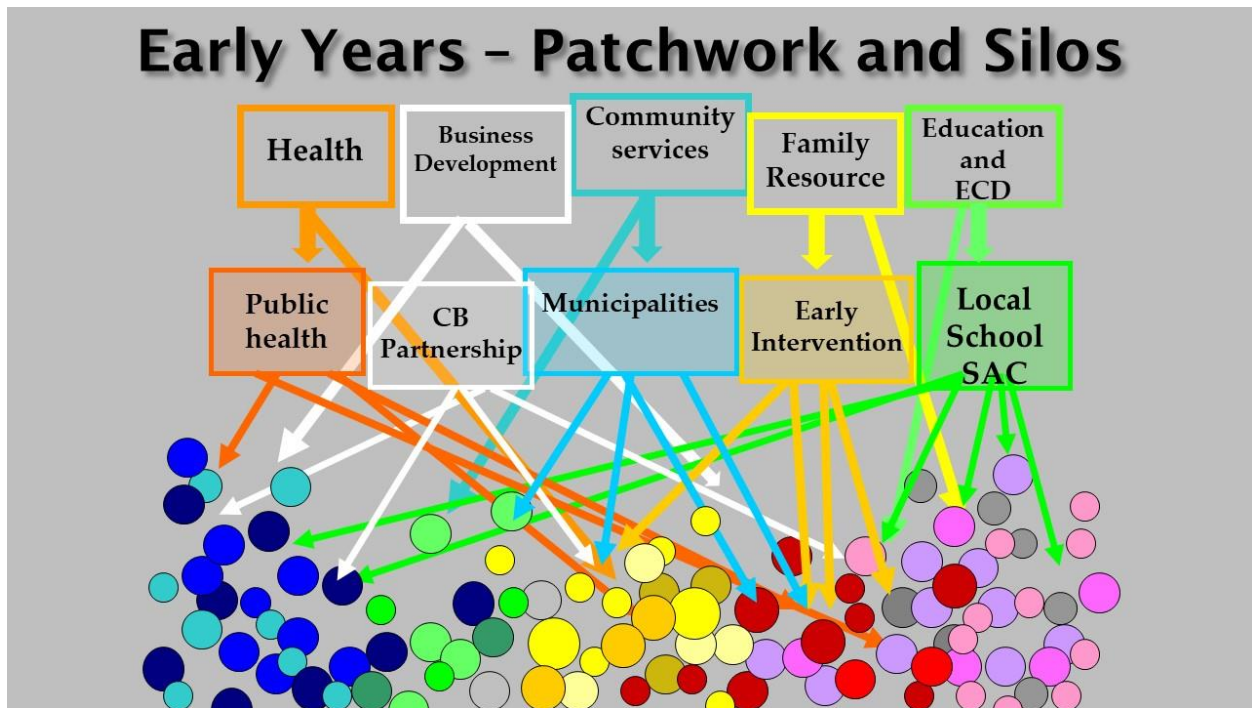
The MHiAP Framework we are proposing has five goals:

1. Assess how current policies affect population mental health.
2. Create coherent guidelines on how to assess new policies for their impact on population mental health, including demarcating the roles and responsibilities of various departments.
3. Ensure equity for Indigenous Peoples within upstream investments and policy by ensuring consistent and meaningful collaboration with Indigenous communities and support of Indigenous-led work.
4. Ensure policy alignment and consistency by coordinating activities within and between government departments.
5. Support the delivery of population-based programs for children, youth and families that foster an intersectional approach to mental health promotion.

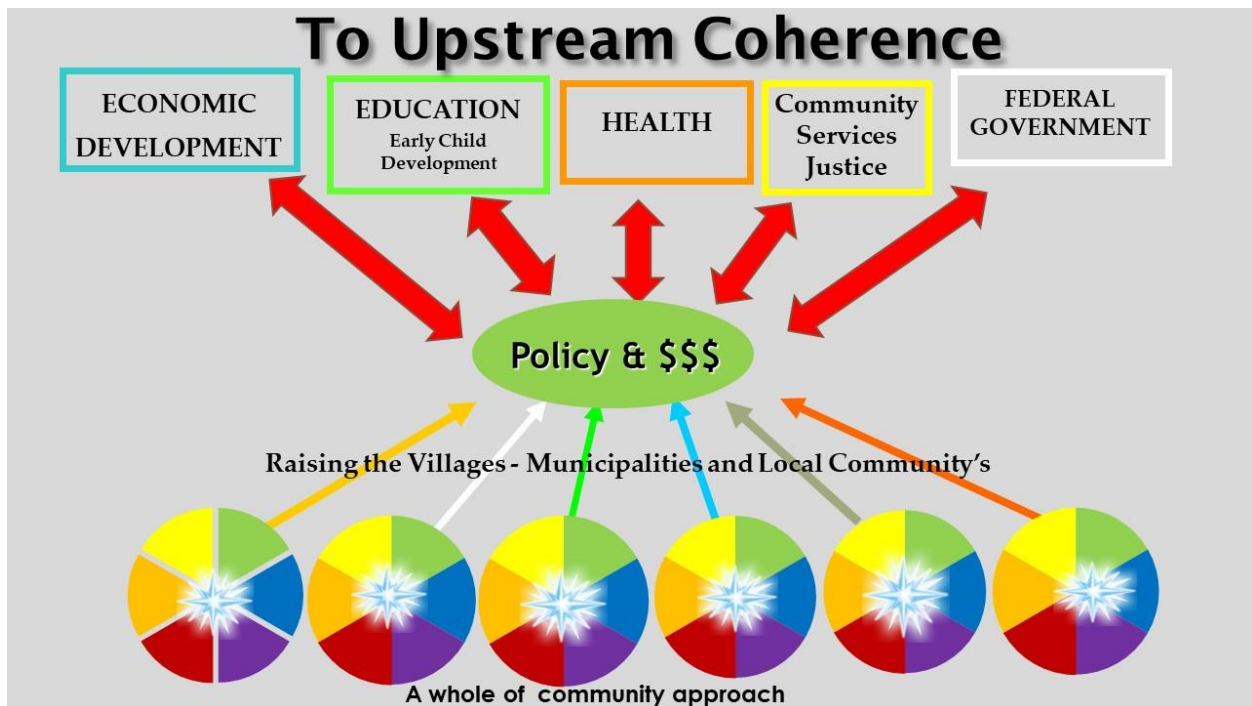
The following graphics demonstrate a community perspective, provided by courtesy of our community partner Raising the Villages and the Council for Early Childhood Development. To learn more about the Raising the Villages initiative, visit: <https://raisingthevillages.webs.com>.

These graphics illustrate the system that is currently in place versus how a more effective system might work.

Current system:³



Potential more effective system:



³ ECD – Early Childhood Development; CB – Cape Breton; SAC – School Advisory Council

D.2 Multistakeholder Action – A Whole-of-Society Approach

Multistakeholder⁴ action recognizes that the social and economic factors influencing the health of the population exist outside the health sector. As such, action within and between sectors and among diverse stakeholders, at the local, regional, provincial, national and global level, is needed to effectively influence the social and economic landscape that enables the health and well-being of the population (NCCDH 2015). This includes both government and non-government actors.

While a MHiAP approach synthesizes collaboration between all levels and sectors of government, a *multistakeholder approach* brings the private sector, civil society and communities into the conversation about child and youth mental health. These stakeholders all have valuable insights and experiences with which to codelop policies and programs.

One example of a multistakeholder platform is an interagency council. Because of the complexities of coordinating large-scale multistakeholder collaboration, an interagency council should be considered when thinking about the

realization of the goals outlined in this policy brief. An interagency council can be a focal point for how policy decisions and funding opportunities can be realized and prioritized through MHiAP. Representing governments and community organizations in each Atlantic province, an interagency council can

Case Study 3: The Atlantic Brain Builders Lab

“The Brain Story is about how early childhood experiences shape our brains to influence lifetime health. Part of that story describes how adverse childhood experiences (ACEs) can influence risk for later physical and mental illness, including addiction” (Connors 2020). The **Atlantic Brain Builders Lab** is an initiative launched by the Canadian Centre on Substance Use and Addiction. This group is intersectoral, with representatives from all four Atlantic provinces, including health, education, justice and social services. The stated aim of the hub is to “leverage connections, tools and successes across the region and across sectors, with a focus on service provider and community education and influencing policy and decision makers” (Connors 2020). The Atlantic Brain Builders Lab hosted an exhibit at ASI 2021 to share information about the initiative’s goals and history.

To learn more about the Atlantic Brain Builders, visit: <https://www.pacesconnection.com/g/Canadian-ACEs-and-TI-Network/blog/the-brain-builders-lab-2019-2021> or www.ccsa.ca/impact-videos-0

⁴ We are using the term *multistakeholder* here in reference to the 2014 WHO document *Health in All Policies (HiAP) Framework for Country Action*. This document defines multistakeholder as “referring to actors outside the government (such as non-governmental, private sector, professional, or faith-based organizations)” (2). We acknowledge that the term *stakeholder* is politically sensitive in the context of its colonial origins, when the term *stake* referred to a resource or land claim made by colonizers on Indigenous land. Now, stakeholder is more commonly understood as a party with a vested interest or concern in a given issue. We will continue to use the terms stakeholder and multistakeholder in alignment with the WHO framework, acknowledging their potentially sensitive nature. For a full definition, please see the glossary. To learn more, see: <https://www.rmdelaney.com/blog/da-news/words-are-important-they-can-wound-or-they-can-heal/> or <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5020149/>

showcase areas of alignment, partnership and policy and practice prioritization. This level of coordination can also be replicated at the local level, further mobilizing the goals of MHiAP.

Stakeholders representing community-based organizations, funders and government departments (Indigenous, provincial and municipal) should be invited to guide the direction of this work. Demonstrating a unified commitment to child and youth mental health would not only serve as a catalyst for change but also offer a bolder position for federal investment. The multistakeholder platform would:

- provide shared leadership for child and youth mental health through recommending priorities to meet the needs of communities;
- promote a strengthened systems approach through coordination between and among community partners, the non-profit sector and different levels of government, provincial, federal and municipal, whose programs and services serve the population;
- provide a platform for the codesign of policies, programs and funding models;
- support communities in their promotion of child and youth mental health and help increase public awareness through knowledge mobilization;
- promote community involvement in providing strategic advice to municipal, provincial, federal and Indigenous governments; and
- ensure that advice is evidence based and enhances outcomes-based reporting to demonstrate accountability.

This multistakeholder platform would be the ongoing community and government lens focusing on placing infant, child and youth mental health at the forefront, ensuring continued alignment with the MHiAP Framework and serving as a lens for existing and future policy decisions.

D.3 Investment in Community Action – A Whole-of-Community Approach

Community groups and organizations are already doing exceptional work to support child and youth mental health. Municipalities and communities support mental health through the provision of such things as recreation services, child care, housing, green space, environmental services and inclusive programs. Consultation and knowledge-sharing among communities to encourage best practice will be important as all these factors must be recognized as vital to raising healthy children.

Personal, community and societal resilience is essential to support the mental health of children and youth in a post-COVID world. Importantly, resilience isn't just "the capacity to absorb shocks and still maintain

Case Study 4: Raising the Villages Movement

Raising the Villages is an organization based in Inverness, Cape Breton. The Raising the Villages movement began in January 2017, with the goal to "address childhood poverty rates and represents communities across western Cape Breton. In 2016, childhood poverty had reached 26% across Cape Breton, and in Inverness County 32% of children entering school were assessed as vulnerable through the Early Development Instrument" (Raising the Villages)

Raising the Villages aims to positively affect outcomes in health and well-being for our youngest citizens and the seven generations to come and contribute to population health through active participation in regional coalitions and networks.

You can learn more about the Raising the Villages movement by visiting their website: <https://raisingthevillages.webs.com/>

function” — it is also about “the capacity for renewal, re-organization and development” (Folke 2006, 253).

Well-being is best supported by the relational and contextual resources embedded within and around communities. If we are to support well-being in the face of increased chronic challenges stemming from issues such as climate change, communities need to be supported by the larger political and economic forces in which they exist. Effective upstream investments at a community level require mapping existing assets to identify current community resources to build upon and enhance through strategic planning and coordination. This will promote positive child and youth mental health outcomes while also preventing mental illness and other psychosocial challenges.

D.4 Sustainable and Integrated Funding

Our current responses to child and youth mental health are littered with complexities that cause the systems and sectors to precariously respond to one of our most urgent social problems. Siloed and short-term funding is often project- and problem-oriented, which means programs or organizations cannot sustain their work over time or connect their work to the broader ecosystem. Funding bodies ask for outcomes, yet short-term funding doesn’t allow the time or resources to achieve them.

Demonstrating a return on investment with short-term funding is problematic. Measuring true prevention takes time and a holistic lens to other systems and supports that will reduce costs because of those efforts. Integrated funding and data related to those funding opportunities yield important results in telling the prevention story, leading to more comprehensive measures to ensure outcomes are met. Without governmental frameworks and mechanisms that are cross-sectoral to support cross-sectoral funding to improve social determinants of health, the siloed approach will remain.

We can shift and change the trajectory of child and youth mental health through the use of a MHiAP Framework, intersectoral collaboration and a more sustainable and integrated community funding model. The funding model should have the follow elements:

Case Study 5: Upstream Canada

“Upstream Canada is a response to the challenge and staggering reality that 35,000 – 45,000 youth in Canada experience homelessness each year. Much of our response to youth homelessness is reactive – that is, we wait until young people are homeless and street-involved before we offer help. This initiative is a preventive approach to the problem that works to offer supports to youth ages 12-18 who are at risk of homelessness and school disengagement through a universal screening tool called the Student Needs Assessment. This universal approach sets Upstream Canada apart from other interventions, as it identifies students who do not display outward signs of risk and experience barriers to accessing help. The confidential assessment is the critical initial step in a validation process that connects young people to coordinated supports before crisis hits. Upstream is currently being implemented in both St. John’s, Newfoundland and Labrador, and Kelowna, British Columbia.” (Sohn and Gaetz 2020)

For more information, you can visit:

<https://www.homelesshub.ca/sites/default/files/attachments/UPSTREAM%5BEarlyIntervention%5D2020.pdf>

Core/multiyear foundational funding – This would allow for flexible, multiyear contracts with clear expectations and parameters that would operate as core (i.e., operational) versus project-based funding. Core funding allows for foundational work to be done and provides the opportunity to leverage further funding.

Rigorous approach to innovation – Child and youth mental health is a complex problem that requires innovation and experimentation. Innovation starts in communities. With true innovation, communities can be flexible to meet evolving needs.

Focus on research and evaluation – Funders should require and pay for strong evaluation and research to further reinforce the evidence base for upstream mental health investments for children, youth and families. Without research and evaluation to build the foundation for further support, communities cannot continue to thrive.

Outcome-based focus – Positive outcomes should be central to a funder’s goal of not only meeting the needs of communities who live in vulnerable conditions but also making reporting and outcomes-based work more streamlined at the community level. Funders can align the results and information they require of communities within a MHiAP Framework.

Cross-departmental child and youth mental health fund – Funders should recognize that child and youth mental health does not fit neatly within any one sector or department. An integrated fund, which each department invests in for results that matter to their own department’s objectives, may help to break the logjam that blocks cross-system approaches. The fund should focus on promotion of positive conditions for mental health, prevention of problems for children at risk and early intervention when problems begin.

E. Conclusion

This policy brief makes the case for transformative change by challenging leaders (including provincial, federal and municipal elected officials and community and Indigenous leaders) to undertake fundamental change in the way we build healthy public policy. A focus on MHiAP will guide the creation of new structures and processes to support upstream investments that promote mental wellness. These ideas are not new; this policy brief includes examples of communities, provincial departments and non-profits engaging in important work supporting child and youth mental health promotion. This work needs to be recognized, supported and enhanced through increased investment.

We recognize that knowledge mobilization will be critical in engaging policy-makers, academics, communities and the private sector to advocate for change. Short-term outcomes of this approach include:

- wider engagement of the public and leaders in support of upstream investment and resource allocation;
- increased collaboration among interested parties in child and youth mental health from various sectors and communities;
- new policies progressing throughout communities and governments in Atlantic Canada; and
- initiating the development of a sustainable funding model.

ASI and its partners are well positioned to play an active role. The transformative change proposed in this brief requires a commitment from many levels if we are to advance upstream investment in policies that promote equity and mental health among children and youth in Atlantic Canada and beyond. With that commitment, we anticipate that we will see not only increased population mental well-being but

also overall population health. As is often quoted: “there is no health without mental health” (Kolappa et al. 2013, 3).

The long-term goal is to promote the mental health of children and youth through upstream policy in Atlantic Canada. Based on the premiers’ demonstrated ability to collaborate and act quickly on policy during the pandemic, we see the opportunity for governments to work across sectors to address the roots of positive mental health for the benefit of children, youth and ultimately society as a whole. This policy brief outlines how a MHiAP Framework can be used to engage with all of government and society to remove current structural and systemic barriers to mental health and well-being. Now is the time to focus on our children and youth and build long-term policy that will reduce the demand for costly crisis-oriented interventions.

F. Recommendations

To achieve our vision, all governments and sectors should focus on four priority areas:

A “whole-of-government approach” by implementing a **Mental Health in All Policies Framework**, building on the Health in All Policies Framework developed by the World Health Organization (WHO 2014).

A “whole-of-society approach” through development of a **Multistakeholder Platform** for the Atlantic region, where representatives from governments, communities, academia and the private sector can come together to share knowledge and codesign solutions for evidence-based policies and programs. This includes both Indigenous communities and governments.

A “whole-of-community approach” through **Investment in Community Action**. Community groups and organizations are already doing the work to create supportive environments for their children and youth. Ensuring that communities have the support necessary to do this important work is vital.

A **Sustainable and Integrated Funding Model** that supports a whole-of-society, whole-of-community approach, investing in and maximizing social capital in our communities, with multidepartment contributions in each province, a single application from communities, multiyear sustainable funding and a focus on innovation and evaluation.

To support our four priority areas, we recommend the following:

1. Atlantic provincial governments recognize that all policies affect the mental health of children and youth, and coordinate efforts to support existing and future commitments to upstream investments in this area, guided by a Mental Health in All Policies Framework.
2. Atlantic provincial governments build on existing Atlantic linkages and structures, such as the Council of Atlantic Premiers, to set an Atlantic regional direction for Mental Health in All Policies.
3. Governments work to develop relationships and strengthen collaboration with Indigenous Peoples in all settings to:
 - prioritize the development of mutually respectful relationships between settler and Indigenous communities;

- strengthen provincial and Indigenous relationship-building and collaboration through codesign of policies and programs specific to Indigenous communities;
 - provide resources and supports for pre-existing and future Indigenous-led initiatives; and
 - draw on Indigenous knowledge for policy development for all of Atlantic Canada.
4. Governments support a regional Multistakeholder Platform to facilitate alignment of provincial and local child and youth mental health promotion efforts with shared goals, vision, values and strategies.
 5. Governments recognize and support the role of community-based organizations as a focal point for upstream investment in child and youth mental health.
 6. Governments review investments and funding frameworks and align more closely with the proposed Sustainable and Integrated Funding Model outlined in this policy brief.
 7. Governments work to build capacity for child and youth mental health promotion, including professional development focused on social determinants of mental health inequities, policy development, knowledge mobilization and learning how to work collaboratively across sectors.
 8. Governments work with diverse groups and communities to ensure equitable investment in child and youth mental health promotion.
 9. All stakeholders in Atlantic Canada apply a Mental Health in All Policies lens in development and implementation of organizational and municipal policies.

Glossary

- **Civil society** – “Civil society organizations (non-government, non-profit) that foster asset-based practices, intersectoral collaboration, community development, participatory processes, and create spaces for all voices to be heard. They are also sources of innovation and advocacy for a holistic approach to health, and can hold governments and the private sector accountable for actions to promote mental health” (ASI 2017).
- **Collective impact** – A mechanism for community change including five core conditions: the development of a common agenda; using shared measurement to understand progress; building on mutually reinforcing activities; engaging in continuous communications and providing a backbone to move the work forward (Collective Impact Forum 2014).
- **Health equity** – The absence of unfair or unjust systemic and avoidable differences in health status or social determinants of health. A health equity approach seeks to reduce inequalities and increase access to opportunities and conditions conducive to health for all. Heightened efforts to address the needs of populations at higher risk for poor health outcomes can help reduce health inequities (PHAC 2018; NCCDH 2013; NCCDH 2015).
- **Health in All Policies** – A policy framework that places people at the centre of government work and ensures policies consider impacts on physical and mental health and the ripples one action can create across an entire governance ecosystem (WHO 2014).
- **Intersectoral action** – Actions undertaken by government sectors outside the health sector (e.g., early childhood, transportation, housing, food insecurity) — often in collaboration with the health sector — on outcomes that impact health and its determinants (WHO 2014).
- **Mental health promotion** – Strategies that enable people and communities to optimize well-being by influencing multiple determinants of mental health as outlined in the Ottawa Charter for Health Promotion (WHO 2012). Mental health promotion equitably improves the mental health of the entire population and reduces the likelihood of mental health deterioration throughout the life course by increasing protective factors and reducing risk factors (WHO 2004).
- **Multistakeholder** – Multistakeholder refers to “actors outside the government (such as non-governmental, private sector, professional, or faith-based organizations)” (WHO 2014, 2).
- **Resilient communities** – Resilient communities have the resources and drive to support all community members. Resilience isn’t just about “the capacity to absorb shocks and still maintain function” — it is also about “the capacity for renewal, re-organization and development” (Folke 2006, 253).
- **Social determinants of health** – “The social determinants of health are the interrelated social, political and economic factors that create the conditions in which people live, learn, work and play. The intersection of the social determinants of health causes these conditions to shift and change over time and across the life span, impacting the health of individuals, groups and communities in different ways” (NCCDH 2015, 3).

- **Two-eyed seeing** – Learning to see from one eye with the strengths of Indigenous knowledges and ways of knowing, and from the other eye with the strengths of Western knowledges and ways of knowing, and learning to use both (Marshall 2020).
- **Upstream investment** – Investments aimed at addressing the root causes of population health problems or benefits. Root causes are often identified by determining the most immediate and direct causes and working backward from individual risk factors to the social patterns and structures that shape people's chances to be healthy (PHAC 2018; NCCDH 2014).

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What is the Atlantic Summer Institute on Healthy & Safe Communities?

The Atlantic Summer Institute (ASI) is a bilingual, not-for-profit organization established in 2003, and incorporated in Prince Edward Island in 2008 with a mission to serve as a catalyst for social change, ultimately resulting in more inclusive and sustainable Atlantic Canadian communities. ASI is managed by a board of directors with representatives from the four Atlantic provinces.

How are we a catalyst?

Annually, ASI hosts events which bring together innovators and those organizations which strive for social change through public policy and community action. These events include full-scale learning institutes, symposiums, and regional workshops. The focus of these events is based on priority areas identified by our participants. Past priority areas have included: diversity and inclusion; gender and community leadership; democracy and social justice; and literacy.



We believe that public policy and programs can benefit from the application of three sources of evidence: **research, best practices and lived experience**. ASI brings innovative practitioners of these sources together with those who affect public policy and programs in a dynamic and accessible learning environment. All ASI programming reflects the diverse perspectives of communities and individuals who are engaged in strengthening Atlantic communities.

ASI is committed to mentoring the next generation of Atlantic Canadian change leaders. Each full-scale, bilingual, learning event includes a Youth Leadership Program component that focuses on skill development in the areas of social justice and community engagement. We also work closely with youth in the development of our learning events.



In conjunction with many of our learning events, a parallel Children's Program is included, which reduces barriers to participation for adult ASI attendees. It also provides our youngest change leaders with opportunities to learn, be creative, and engage with each other in a fun program designed to reflect the theme of the adult program. Drawing on the Circle of Health – a collaborative teaching tool that includes the Ottawa Charter on Health Promotion, the social determinants of health and the Aboriginal

Medicine Wheel – we bring practitioners, innovators, public servants, academics and community leaders together to learn and support each other to create a more sustainable and inclusive Atlantic Canada.

What is our current priority area?

In 2014, we heard from our networks that there was a great need to address the way public policy and programs support child and youth mental health. Since then, our programs have focused on this topic with ASI 2017 resulting in a Call to Action for investment upstream in child and youth mental health promotion. The Call was built on evidence from research, review of government and pan-government reports, and the voice of civil society at ASI 2017. It calls for action on 5 key areas of Policy, Programs, Practice, Research & Knowledge Exchange, and Networks.

Since 2018, ASI has been taking steps to mobilize this Call to Action and explore issues related to the social contexts that prevent and support mental health and wellbeing for children. This work has highlighted the importance of significant structural systems to support children, adolescents, families, and communities, especially their mental health. We soon found evidence that effective upstream investments at a community level will promote positive child and adolescent mental health outcomes, while also preventing mental illness and other psychosocial challenges. As a result, our focus from 2020-2021 has been the development of a policy brief Upstream Investment: Placing infant, child and youth mental health at the forefront.

Why is our work important?

The Atlantic Summer Institute is the only bilingual learning institute in Atlantic Canada that acts as an incubator for community groups, educators, health practitioners and researchers, government representatives, parents/caregivers, and youth to connect and collaborate on regional issues. We encourage intergenerational mentorship within our programs, and are committed to creating a culture of exchange and support between established and emerging community leaders.

Visit www.asi-iea.ca for more information.



www.asi-iea.ca



www.facebook.com/ASIHSC



[@ASI_HSC](https://twitter.com/ASI_HSC)

Testimonials about ASI

“The Forum program was exciting, informative, challenging and energizing! We did really well in this new virtual environment, with a lot of help from the ASI coordinating team.”

Participant, ASI 2020

“The Atlantic Summer Institute’s work is imperative in this region. It is opening up the space for intersectoral collaboration to share best practices in the Atlantic Region, as well as enabling connections to happen in order to propel our shared mission to create healthy communities. Every time I attend ASI I feel re-energized and reconnected in my own community.”

Arianne Melara, Project Manager, New Brunswick Multicultural Council; ASI Youth Leadership Program 2017-2019

“A holistic perspective shone. I thought bookending the ASI by tapping into heart and spirit was very effective, creating space for the mostly intellectual participation in the middle. Substance and tone (inclusive, respectful) were both attended to, & both strong.”

Participant, ASI 2020

“ASI is an opportunity for policy makers, community organizations, academics and practitioners to come together and explore new evidence and best practice. I am struck by the inter-sectoral and interdisciplinary collaborations that have resulted over the years and look forward to what will come from future Institutes.”

David Butler-Jones, Senior Medical Officer/Atlantic Region Medical Officer, First Nations & Inuit Health Branch - Health Canada, ASI 2018

“As a participant in ASI for a number of years, I return each year as ASI provides a chance to share our indigenous way of life with others, network to address our challenges, learn together and celebrate our shared humanity!”

Judy Clark, Elder in Residence, UPEI

“I highly recommend the ASI Youth Leadership Program to anyone who is able to attend; the knowledge you gain, the connections you make, and the opportunities given to you through this program are beyond anything I’ve ever experienced.”

Emily Laite, Youth Leadership Program participant, ASI 2019

“ASI has given me opportunities to connect with sectors and organizations that I didn't even know about. It brings an incredible mix of non-profit groups, researchers, educators, policymakers, businesses, and citizens. This diversity has made my professional relationships a lot more successful and brought a new level of partnership to my work. It has made it easier to work together with other groups to make our community stronger. ... I have been to ASI three times and it has been amazing to see how much progress has been made in our communities thanks to the partnerships and collective work we have created together at this event.”

Caitlyn Ayn, Research Assistant, Community Health & Epidemiology, Dalhousie University, ASI 2017-2019

“ASI was leading by example for strong youth leadership and participation.”

Participant, ASI 2020

ASI Board of Directors, 2021-2022:

Malcolm Shookner – President & Program Committee Chair
Retired Consultant, Nova Scotia

Robert Cahill
St. John's Homestead Inc., Newfoundland and Labrador

Karen Clarke
Department of Children, Seniors and Social Development with the Government of Newfoundland and Labrador (GNL)

Susan Hartley, PhD
Clinical psychologist, educator, human rights advocate, PEI

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Independent researcher, focusing on children and youth with complex needs

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Patsy Beattie-Huggan (ex-officio)
Principal Consultant, The Quaich Inc.; ASI Coordinator, PEI

**2ND SYMPOSIUM ON
PROMOTING CHILD &
YOUTH MENTAL HEALTH:
MOVING EVIDENCE TO ACTION**

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From Evidence-to-Action: ASI 2017 Backgrounder

August 2017

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Patsy Beattie-Huggan, Coordinator, 2017 Symposium and President, The Quaich Inc., PEI

From Evidence-to-Action: ASI 2017 Backgrounder

Context

Cultural knowledge about mental wellness does not narrowly focus on “deficits”. Rather, it is grounded in strengths and resilience. Culture is the foundation for a “good life”, and the knowledge contained within culture applies across the life span and addresses all aspects of life.

- First Nations Mental Wellness Continuum Framework (2015)

The 2017 Atlantic Summer Institute on Child and Youth Mental Health coincides with a time of renewed hope for Canada and its many Peoples. The Report of the Commission on Truth and Reconciliation, the ultimate call to action, challenges us to view our collective wellbeing in terms of cultural, spiritual, mental, social and economic self-determination. This year’s symposium builds on the strength of a number of multi-sectoral efforts to promote positive child and youth mental health in the Atlantic Provinces, and in other parts of Canada. Key initiatives are summarized below.

Challenge

It is time to treat child and youth mental health as part of a continuum of positive growth and development. Children who are self-aware engage in positive social behaviour and express hope and optimism for the future. They are more resilient in the face of everyday difficulties. Every young person deserves the chance to grow up in accepting and nurturing environments. Unfortunately, too many young lives are troubled, and the costs are high; for those who suffer, their families, and society.

The challenge before us is not simple. Piecemeal approaches, however well designed, are not enough to enable true transformation in the lives of our most distressed children and youth. Some are fortunate enough to connect with the right treatment at the right time, and emerge stronger and healthier. Too few find the supports they need. The challenge is to transform our view of mental health as a multidimensional state of well-being that shifts over time.ⁱ

“When we think of mental health we often think of emotional difficulties and mental health problems and how we can resolve a crisis once it has occurred. This thinking demands an investment after the fact or ‘downstream’.” Thinking ‘upstream’ means that we view mental health as a resource for all that requires a whole-of-government and a whole-of-society approach.

- ASI keynote speaker, Professor Margaret Barry, WHO Collaborating Centre for Health Promotion Research,
National University of Ireland, Galway

Vision

This is a call to **leadership** and **collective impact**. In the words of Dr. Margaret Barry:

Are you ready for the promotion revolution?

We invite symposium delegates to reflect on this overarching question. To guide us from ideas to action, from what is possible to what we *can do*, the following questions are also built into the program. They include:

- What are the implications for “upstream” policies and programs?
- What policies are needed to enable programs that promote child and youth mental health?
- What specific actions would you propose for Atlantic Canada (based on the evidence you have)?
- Who can lead the change?



Initiatives to Advance Positive Child and Youth Mental Health in (Atlantic) Canada

Please note: This list is not exhaustive. Links are provided where available.

1.0 Intervention Research

ACCESS Open Minds

The ACCESS Open Minds project is a five-year intervention research initiative aimed at developing, testing, and evaluating a new, evidence-informed framework for youth mental health care in Canada. Fourteen community-based safe spaces (sites) exist across Canada. Two Atlantic sites (Eskasoni, NS and Moncton, NB) are active. It is funded through a partnership between CIHR and the Graham Boeckh Foundation. <http://accessopenminds.ca/our-site/eskasoni-first-nation-ns/>

ACCESS-Mental Health

A CIHR funded five-year project that is examining how youth with any of the following mental health conditions access services in Atlantic Canada: autism spectrum disorder, conduct disorders, eating disorders, anxiety, and depression. A preliminary review suggests that the pathways for treatment for these conditions differ significantly across the four provinces. <http://access-mentalhealth.ca/>

The SEAK Project (Social and Emotionally Aware Kids)

Sponsored by the Canadian Mental Health Association-NS Division, SEAK is focused on scaling-up Social and Emotional Learning (SEL) in Atlantic Canada through: 1) working with school boards and schools to implement a SEL curriculum; 2) mobilizing provincial and regional partners to institutionalize SEL. Currently in Phase III (2015-2018), it is funded by the Public Health Agency of Canada (PHAC) Innovation Strategy and two philanthropic foundations. <http://seakproject.com/what-is-seak/>

2.0 Evidence-based Policy Reports, Frameworks, Blueprints

New Brunswick Provincial Mental Health Forum (2015)

The first of its kind held in the province, this event provided an opportunity for the Francophone, Anglophone and Aboriginal communities of New Brunswick to discuss and exchange ideas on the current state of knowledge about mental illnesses, and to identify best care practices in mental health. Key concepts from this gathering woven into the ASI program are: **access, equity, evidence-based implementation, resilience.**

http://www.albertcyr.com/wp-content/uploads/ProvincialMentalHealthForum_En.pdf

http://www.albertcyr.com/wp-content/uploads/ProvincialMentalHealthForum_FR.pdf

First Nations Mental Wellness Continuum Framework (2015)

The FNMWC was developed through collaboration between the Assembly of First Nations, Health Canada's First Nations and Inuit Health Branch, the National Native Addictions Partnership Foundation, the Native Mental Health Association, and other community mental health leaders. The Framework identifies ways to improve service delivery to First Nations and provide culturally-safe supports. Key themes from this framework woven into the ASI program are: leadership, cultural ways of knowing, resilience, strengths-based approach, across the life span.

<https://www.canada.ca/en/health-canada/services/first-nations-inuit-health/reports-publications/health-promotion/first-nations-mental-wellness-continuum-framework-summary-report.html>

<https://www.canada.ca/fr/sante-canada/services/sante-premieres-nations-inuits/rapports-publications/promotion-sante/cadre-continuum-mieux-etre-mental-premieres-nations-rapport-sommaire.html>

SEAK Project, Vision Document (2014)

Led by the Core Working Group of the PHAC-funded SEAK (Social and Emotional Learning for Kids) project, this document represents the input of a cross-section of leaders, decision-makers, and practitioners who share a commitment to social and emotional learning (SEL) programs across Atlantic Canada. Building on the PHAC Innovation Strategy's program design, the vision document offers a detailed strategy for inter-provincial collaboration to scale up SEL programs in Atlantic Canada. Key themes from this report woven into the ASI program are: leadership, scale up, whole school approach, strengths-based, equity, partnerships, teaching and learning.

http://www.asi-iea.ca/en/files/2015/08/ASI_Symposium_2015_Patsy_Beattie_Huggan_EN.pdf

Toward a Sustainable Prevention Infrastructure for Population Mental Health Promotion and Mental Illness Prevention in Canada (2014)

The final document to emerge as a result of the 2012 Mental Health Summit, this paper integrates key principles, elements and objectives highlighted by the Think Tank (2013) with core concepts, research and frameworks from the fields of mental health and implementation science. Key themes from this report woven into the ASI program are: life course approach, evidence-based implementation, proportionate universalism, equity.

Blueprint for Scale-Up of Mental Health Promotion and Mental Illness Prevention in Canada (2013)

This report is the result of a think tank initially planned to address an unmet objective of the 2012 Mental Health Summit: identify mechanisms for ongoing work/collaboration. However, it took the agenda a step further. The blueprint describes in detail elements for successful scale-up of mental health promotion / illness prevention innovation and best practices within and across jurisdictions and sectors, including key principles and desired outcomes. Key themes from this report woven into the ASI program are: scale up, life course approach, inclusion, equity.

Mental Health Summit (2012)

Led by Healthy Child Manitoba, the summit drew more than 300 delegates from across the country including service delivery, policy and research, as well as representatives from provincial, territorial, Indigenous, federal governments, and national organisations. The post-summit report proposes a “pan-Canadian framework for the collaboration, implementation, scale up and sustained commitment to evidence-based mental health promotion and mental illness prevention.” Key concepts and themes from this report woven into the ASI program are; life course approach, collective impact, evidence-based implementation, and equity. https://www.gov.mb.ca/healthychild/publications/maximizing_social_impacts.pdf

Changing Directions, Changing Lives (2012) - The Mental Health Strategy for Canada

Led by the Mental Health Commission of Canada, this ambitious strategy is the first for Canada. Among the 109 recommendations, two in particular are directly relevant to children and youth: increase comprehensive school health; remove barriers to successful transitions between child, youth, and adult mental health services. Key themes from this report woven into the ASI program are: promotion and prevention, disparities and diversity, leadership and coordination.

<http://strategy.mentalhealthcommission.ca/pdf/strategy-images-en.pdf>

<http://strategie.commissionsantementale.ca/pdf/strategie-text-fr.pdf>

Population Mental Health Promotion for Children and Youth – Topical papers and Resources (2017)

Published by the National Collaborating Centres for Public Health (NCCPH), this signature project addresses a need for resources to help clarify terms, concepts, roles and responsibilities related to population mental health promotion. Key concepts from this series woven into the ASI program are: **life course approach, health equity, Indigenous identity, diversity, population health promotion.**

http://nccph.ca/images/uploads/general/02_Foundations_MentalHealth_NCCPH_2017_EN.pdf

http://nccph.ca/images/uploads/general/02_Fondements_SanteMentale_CCNSP_2017_FR.pdf

Advancing the Mental Health Strategy for Canada – A Framework for Action (2017-2022)

Led by the Mental Health Commission of Canada, in partnership with a 36-member Citizens Reference Panel, this framework aims to facilitate direct action on the recommendations set forth in *Changing Directions, Changing Lives* (2012). This document will serve as a road map for the next five years. Key

concepts from this framework that are woven into the ASI program are: leadership, partnership, promotion and prevention, access and services, data and research.

<https://www.mentalhealthcommission.ca/English/media/3746>

<https://www.mentalhealthcommission.ca/Francais/media/3746>

3.0 Resources to Support Evidence-based Interventions

Pan-Canadian Joint Consortium for School Health – Positive Mental Health Toolkit, 2nd Ed. (2016)

The toolkit is comprised of five online modules that have been updated to reflect recent Canadian research, and to identify promising practices occurring in diverse contexts across the country. The PMH Toolkit also provides a means of measuring positive mental health practices. Key concepts from this toolkit woven into the ASI program are: strengths-based approach, social and emotional learning, resilience, and connectedness.

<http://www.icshpositivementalhealthtoolkit.com/>

<http://www.icsh-cces.ca/index.php/ressources/outils-et-trousses>

Teenmentalhealth.org

This site was created through the Sun Life Financial Chair in Adolescent Mental Health. The intent is to demystify mental illness and to ‘change the conversation’ in order to support teens and young adults to be mentally healthy during a time of immense personal growth. “Transitions” is a tool aimed at first-year university students and covers a broad spectrum of topics to empower youth to take charge of their mental health. <http://teenmentalhealth.org/product/transitions/>

Social and Emotional Learning Resource Finder

This ‘one-stop’ site hosts a collection of social and emotional learning (SEL) resources for educators and other adults who work with children and youth. Funded through The Edith Lando Charitable Foundation and hosted by the UBC Faculty of Education. <http://www.selresources.com/sel-resources/learn/>

4.0 Data Development

Positive Population Mental Health Surveillance Indicator Framework for Youth (2017)

Produced by the Public Health Agency of Canada, this comprehensive national framework captures high quality information about risk and protective factors affecting mental health outcomes for youth (12-17 years) across four related domains. The 26-indicator framework was developed in consultation with stakeholders working in mental health surveillance, programs and policy. It will continue to evolve as new data becomes available.

<http://www.phac-aspc.gc.ca/publicat/hpcdp-pspmc/37-4/assets/pdf/ar-04-eng.pdf>

<http://www.phac-aspc.gc.ca/publicat/hpcdp-pspmc/37-4/assets/pdf/ar-04-eng.pdf>

State of the Child Report 2016 - New Brunswick: The eighth annual report is the undertaking of the Office of the Child and Youth Advocate. It contains more than 200 data indicators, based on a child rights and well-being framework. The 2016 report focuses on children’s mental health. It is notable for its comprehensive look at factors that build **resilience**, while also examining persistent gaps and risk factors for positive mental health in children. It is a strong example of a good practice.

<http://leg-horizon.gnb.ca/cgi-bin/koha/opac-detail.pl?biblionumber=39384&language=en>

Glossary of Terms

Access - Refers to whether people can connect with existing health-promoting goods and services. Access includes factors such as cost (affordability), location, physical design (e.g., wheelchair access), timing (schedule), service climate, and acceptability (e.g., cultural, gender relevance).

Collective impact – Can occur when a group of [influential] actors from different sectors commits to a common agenda for solving a specific social problem.ⁱⁱ

Collaboration - A process that enables independent individuals and organisations to combine their human and material resources so they can accomplish objectives they are unable to bring about alone.ⁱⁱⁱ

Connectedness – (School) connectedness is the belief by students that adults and peers in the school care about their learning as well as about them as individuals.^{iv}

Cultural ways of knowing - Indigenous knowledge and culture is the starting point for understanding what is needed to support the mental well-being of Indigenous children, youth and their families.^v

Diversity – Respect for different ways of knowing, lived experience, perspectives, knowledge and skills, racial and cultural identity.

Dual pathway – An approach that focuses both on the mental health concerns of the individual and the environmental factors that can enhance psychological wellbeing.^{vi}

Evidence-based implementation – The act of bringing a proven practice or policy into effect, based on evidence generated from evaluations of experimental, quasi-experimental, or natural experiments.

Gender identity – Is an evolving concept that includes transgender, non-binary, genderqueer, two-spirited to express how a person thinks about oneself.

Health equity – Implies that all people can reach their full health potential and should not be disadvantaged from attaining it because of their race, ethnicity, religion, gender, sexual orientation, age, disability, social class, where they live, socioeconomic status or other socially determined circumstances.^{vii}

Health promotion – Is an approach that enabled people to increase control over - and to improve - their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions.

Inclusion – The act of valuing all persons, no matter their differences.

Indigenous – A collective noun for First Nations, Métis, and Inuit People.^{viii}

Innovation – Products, actions, services or relationships that have the potential to enhance health outcomes.^{ix}

Life course approach – Considers the links between childhood circumstances and adult outcomes, demonstrating pathways through which positive and negative effects on health accumulate.^x

Knowledge translation – The development of products and services to enhance the direct use of evidence in practice, policy, and decision making processes.

Leadership - The ability to help people achieve things they don't think are possible. Leaders inspire people through a shared vision and create an environment where people feel valued and fulfilled.^{xi}

Mental health – A state of well-being that allows a person to realise his or her abilities, cope with the normal stresses of life, work productively and fruitfully, and make a contribution to his or her community.^{xii}

Partnerships - Refers to when connections are established between a school, families and surrounding community organizations, and supportive working relationships are formed enabling health, education and other sectors to work together to advance school health.^{xiii}

Policy development - Involves the selection of choices about the most appropriate means to a desired end. A policy decision is the result of a method, which in theory at least, considers a range of options and the potential impact of each.^{xiv}

Population health approach - Aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health.^{xv}

Prevention (of illness, disease, injury) – Actions aimed at eradicating, eliminating, or minimizing the impact of disease and disability.^{xvi}

Proportionate universalism – This concept suggests that to reduce inequities in health, policies and actions should be inclusive and offered widely (universally), but with a scale and intensity proportionate to needs.^{xvii}

Resilience - Resilience is both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being and their capacity individually and collectively to negotiate for these resources to be provided in culturally meaningful ways.^{xviii}

Scale-up – The deliberate effort to increase the impact of successfully tested health innovations so as to benefit more people and to foster policy and programme development on a lasting basis.^{xix}

Social and Emotional Learning (SEL) - Social and emotional learning (SEL) is the process through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.^{xx}

Social innovation - New ideas that resolve existing social, cultural, economic and environmental challenges for the benefit of people and the planet.^{xxi}

Strengths-based approach - Moves the focus away from deficits of people with mental illnesses and focuses on their strengths and resources.^{xxii}

Teaching and Learning - Includes the resources, activities and provincial/territorial curricula where students gain individually-appropriate knowledge and experiences, helping to build the skills to improve their health and wellbeing.^{xxiii}

Two eyed seeing - A theoretical framework that embraces the contributions of both Indigenous and Western "ways of knowing" (world-views).^{xxiv}

Upstream intervention – Focuses on changing policies and structural (economic, social, etc.) conditions that produce adverse health outcomes.

Upstream thinking - Addresses the things that have the greatest influence on our health, including income, employment, education, early childhood development, housing, nutrition and the wider environment.^{xxv}

Whole school - An approach that includes four interrelated pillars: social and physical environment; teaching and learning; partnerships and services; and policy.^{xxvi}

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