



Public Mental Health Action Framework



**Public Health
Santé publique**
SUDBURY & DISTRICTS

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Public Mental Health Action Framework

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No Health Without Mental Health

That there is **no health without mental health** means that we value mental health equally with physical health. Like physical health, mental health and well-being are influenced by the social, economic, and physical environments in which people work, live, and play, and populations with socio-economic disadvantages are disproportionately affected by mental health problems and challenges.¹ Mental well-being is a growing concern with an increasing percentage of Ontarians who report their mental health as fair or poor, and who have experienced mental health problems or illnesses (see Appendix A).²

For many years, Ontario public health practitioners have called for a formal focus on mental health within public health practice. Strategies to support mental health promotion are incorporated into many public health initiatives; however, mental health has not been explicitly identified within the mandates of local boards of health. The *2018 Ontario Public Health Standards* (OPHS) now identify this mandate. Local public health must address mental health, focusing on mental health promotion, prevention, and early identification and referral. Per the OPHS, the role of public health *is to support and protect the physical and mental health and well-being, resiliency and social connectedness of the health unit population*³ . . . reaching all . . . *with a special focus on those with greater risk of poor health outcomes*.⁴

The Public Health Sudbury & Districts *Public Mental Health Action Framework* is the result of our reflection and systematic review of what this new formalized mandate means for our agency's local public health action in support of mental health.

The *Framework* is grounded in the *Mental Health Promotion Guideline* of the OPHS.⁵ It is action-oriented and provides the roadmap for interventions, articulating our commitment to concepts and investments to improve mental health opportunities for all throughout the Public Health Sudbury & Districts service area.



The *Public Mental Health Action Framework* incorporates the foundations of public health practice, including population health assessment, health equity, and effective public health practice. It addresses how local public health programming can embed mental health promotion strategies informed by situational assessments and using a proportionate universalism approach. The *Framework* considers life course perspectives for programming as well as the implementation of whole-population and community-based interventions, particularly for cross-cutting issues. Finally, our ongoing engagement and collaboration with multiple sectors is essential to our comprehensive public mental health approach.

The premise of the Public Health Sudbury & Districts *Public Mental Health Action Framework* is that there is no health without mental health.

The *Framework* is a milestone for our organization’s work in mental health promotion, mental illness prevention, and early identification and referral, providing the roadmap for our local public health commitment to ensure equal opportunities for mental health for all.



Public Mental Health Action Framework

Why public mental health?

The use of the term *public mental health* is intentional. It is used to redress the widespread misunderstanding that public health means public *physical* health. By labelling our *Framework* “**public mental health**”, we are drawing attention to the important contributions public health can make to opportunities for mental health for all. Public Health Sudbury & Districts supports the concept of *parity of esteem*, or equally valuing mental and physical health.⁶ We also support the assertion that our work in mental health will be more sustainable and effective if it is supported by organizational policies that acknowledge mental health as an explicit goal, in addition to goals for physical health and well-being.⁷ Naming this our *Public Mental Health Action Framework* is an important step in making explicit this goal.

Further, as defined by Public Health England, public mental health is a broader umbrella term that incorporates mental health promotion, mental illness and suicide prevention, and improving lives (recovery and inclusion), and it includes much more than access to health care services. It was chosen to underscore the need to emphasize the neglected element of mental health in public health practice and is built on the same principles as all areas of public health.⁸



✚ Figure 1: Public Mental Health: Sheffield Health and Wellbeing Board, Public Health England (2015)

Finally, the work of public health in supporting mental health cuts across all programs and disciplines in local public health settings. In our mandated work on mental health promotion, prevention, and early intervention and referral, all public health players have a role. For Public Health Sudbury & Districts, this means those working in all divisions (for instance, not just Health Promotion, but also Environmental Health, Clinical Services, Knowledge and Strategic Services, and Corporate Services).

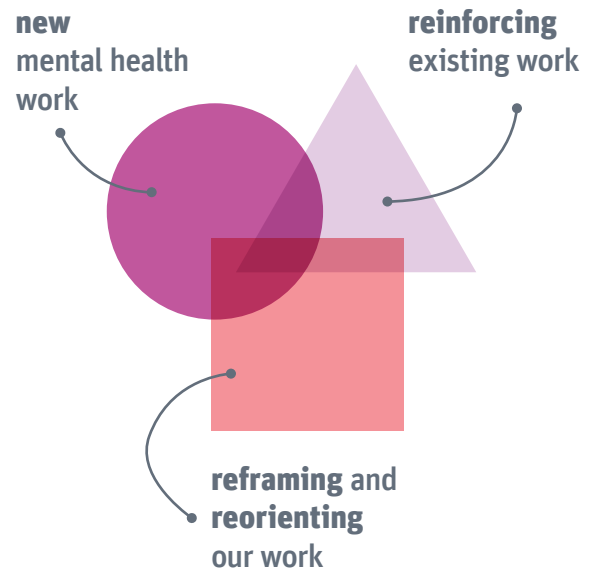
The *Public Mental Health Action Framework* signals that Public Health Sudbury & Districts is prepared to re-examine its work to consider how to reinforce, reorient, or build anew its public health programs and services to best support mental health opportunities for all.

Why a *Framework*?

In addition to signalling the importance of mental health to public health practice, are there any other reasons for a *Public Mental Health Action Framework*? Many have observed that public mental health is not fundamentally different or distinct from public health overall.⁹ Making public mental health explicit in our practice is a noteworthy signal about the importance of linking body and mind, but are there other benefits to mapping out a separate *Framework*?

Public Health Sudbury & Districts has considered this question and indeed has participated in previous provincial surveys designed to describe local Ontario public health mental and health promotion practice. Prior to the 2018 OPHS revisions that incorporate mental health, local public health agencies across the province reported many diverse activities in support of mental health (see Appendix C).^{10,11} So what are the new opportunities?

Public Health Sudbury & Districts has conceptualized the opportunities presented by the OPHS 2018 mental health mandate to include reinforcing our current practice, reorienting or reframing our work such that we change emphasis or focus, and developing new public health programs and services.



❖ Figure 2: Opportunities for Public Mental Health Work

The *Framework* will assist Public Health Sudbury & Districts with all three areas of work. The *Framework* will assist us in making our current work more explicit and in identifying how to further leverage what we are already doing. It will enable us to systematically identify new areas for public mental health initiatives (see Appendix B).

The *Framework* is an important tool in ensuring focus and appropriate staging of our public mental health work (for instance, timing and sequencing) as well as assisting us in identifying potential synergies of our work across the various areas of public health practice and among our diverse community collaborations. It is an important accountability tool as it calls for ongoing review of best and emerging practice evidence, evaluation, and iterative review and development.

Finally, the *Framework* localizes the OPHS and *Mental Health Promotion Guideline* (the *Guideline*) to our agency and community contexts. It requires us to systematically translate the OPHS and the *Guideline* requirements to our local settings.



What is the *Framework* based on?

The *Public Mental Health Action Framework* (Figure 4, p. 15) is based on the *Mental Health Promotion Guideline*, 2018, which is published pursuant to the OPHS mental health promotion requirements. Boards of health are accountable for implementing the OPHS including protocols and guidelines that are referenced in the OPHS. The *Mental Health Promotion Guideline* provides direction to boards of health about how mental health promotion requirements must be approached.

Roles

Per the *Guideline*¹², boards of health have three **roles** in their contributions to a comprehensive approach to population (public) mental health:

1. Promoting mental health
2. Preventing mental illness
3. Early identification and referral (with some reference to rare instances in which boards would be responsible for direct delivery of early intervention or treatment services for mental illness)

Foundational Standards

Boards of health are to consider the *application and implications* of the **cross-cutting Foundational Standards** to the topic of mental health promotion. These include:

1. Population health assessment
2. Health equity
3. Effective public health practice (including leadership, planning, workforce development, and mental health literacy)

Program Standards

Finally, boards are prescribed *required approaches* when implementing the **Program Standards** that call for consideration of mental health promotion.^a These approaches are as follows:

1. **Embed** mental health promotion strategies and approaches across programs and services considering the following (cross-cutting):
 - ✦ Focus on health promotion
 - ✦ Address social determinants of mental health
 - ✦ Address risk and protective factors for mental health and mental illness
 - ✦ Reduce stigma and increase mental health literacy (individual and community)
 - ✦ Embed trauma-awareness into public health practice
 - ✦ Focus on strengths
 - ✦ Engage with priority populations
2. Offer mental health promotion programs and services across the **life course**
3. Implement **whole-population and community-based** interventions (particularly for cross-cutting issues)
4. Engage in **multi-sectoral collaboration**

Concepts We Are Committed To

Whose mental health?

Mental health and mental illness are distinct but related concepts. The *Two Continua Model of Mental Health and Mental Illness* (Figure 3) depicts how these concepts intersect and co-exist in individuals and populations.¹³ Persons with serious mental illness or addiction can experience good mental health. Persons with no mental illness or addiction can experience poor mental health or difficulty coping.

Public Health Sudbury & Districts is committed to the two continua model. We understand this to mean that public mental health practice must be relevant for everyone, regardless of mental illness diagnoses, with appropriate adaptations. Whose mental health? Everybody's!

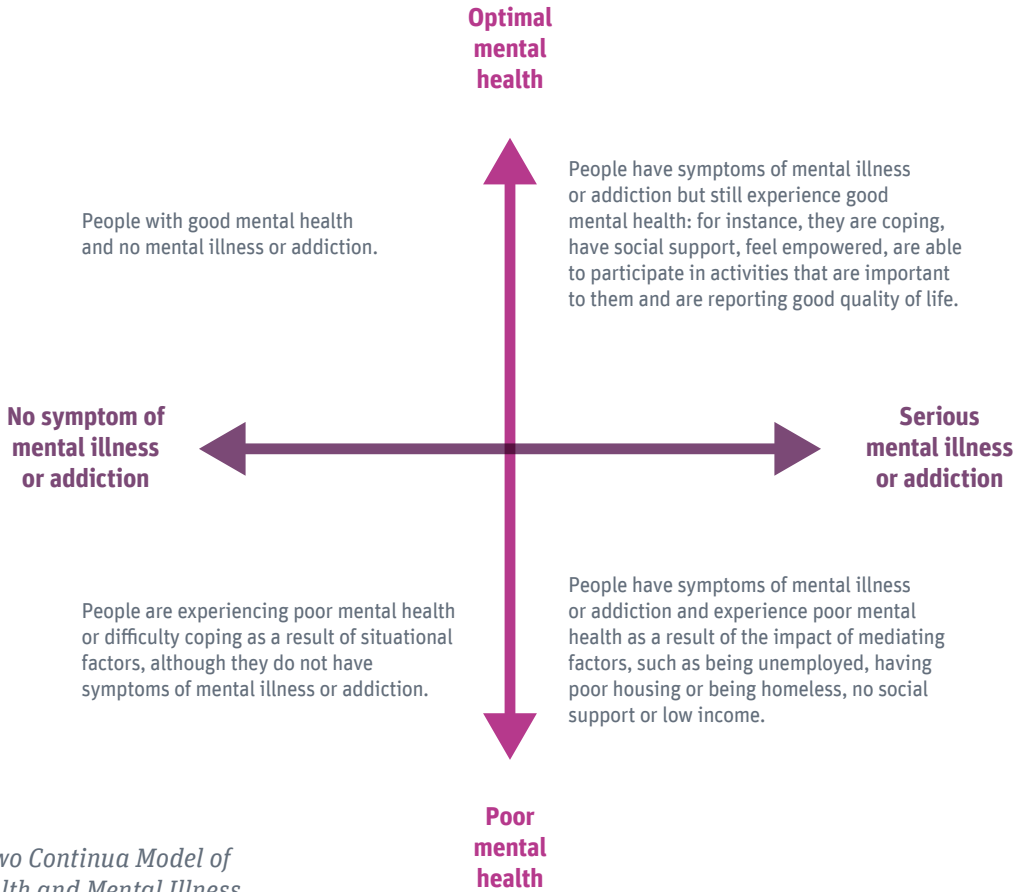


Figure 3: Two Continua Model of Mental Health and Mental Illness

What determines mental health?

Public Health Sudbury & Districts has a long history of working to improve health equity. We understand that not everyone has equal opportunities for health and that inequities result when differences in health are unnecessary and unavoidable and considered unfair and unjust.¹⁴

Similarly, Public Health Sudbury & Districts is committed to understanding mental health from a social determinants of health perspective and to working to improve equity in mental health.

The social determinants of mental health are understood to be the same as those determining physical health. They are the *causes of the causes* or the societal factors that underpin and drive individual-level risk and protective factors for disease.¹⁵

Notwithstanding the similarities, researchers have privileged the following for high-income countries as particularly important determinants of mental health, in addition to the determinants of physical health:

- ❖ **Social inclusion:** This refers to social and community connections, stable and supportive environments with a variety of social and physical activities, access to networks and supportive relationships, and a valued social position.
- ❖ **Freedom from discrimination and violence:** This involves valuing diversity, physical security, opportunity for self-determination, and control of one's life.
- ❖ **Access to economic resources:** This entails access to education, adequate housing, money and access to work, and meaningful engagement.¹⁶

Effective action on the social determinants of mental health means addressing individual level determinants (for example, social exclusion, trauma, racism, homophobia, transphobia) and important societal or political level determinants (for example, poverty and income inequalities, housing instability, food insecurity, built environment).¹⁷ This requires a focus on the psychosocial elements of people's lives within the context of how power and privilege, and intersectional areas of oppression interrelate to deepen the effects of mental unwellness.¹⁸





stigma and discrimination

Exposing the unexposed

Stigma and discrimination.



Public Health Sudbury & Districts is committed to understanding and shining a light on systemic and often hidden prejudice in support of opportunities for mental health for all.

The provincial strategy, *Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy* advocates that *every door will be the right door* for those seeking care for mental health and addictions challenges and problems.¹⁹

This assertion is necessary because it is an unmet aspiration for many for whom discrimination and stigma have stopped them from even seeking the door in the first place.

Many who live with mental health and addictions problems have reported experiencing discrimination at work, from family and friends, within imagery found in the media, while attempting to secure housing, within health services or the justice system.^{20,21} Living with mental health problems or addictions can be accompanied by self-stigma and shame that is further reinforced by societal reactions.

Those who experience mental health and addictions challenges often do not experience discrimination separately from other areas of societal oppression and inequality. Colonization, racism, homophobia, transphobia, sexism, ableism, ageism, trauma, and discrimination based on socio-economic status all work to shape and compound the experiences of discrimination faced by those living with mental health and addictions illnesses.^{22,23}

The *Public Mental Health Action Framework* incorporates these critical considerations and separately calls out this social determinant of mental health due to its significance and intransigence. Grounding our practice in a clear understanding of the weight of stigma and discrimination in people's lives and their mental health will more clearly focus our influence and potential for positive impact.

How do we view the voices of lived experience?

Public Health Sudbury & Districts is committed to privileging the voices of those with lived experiences and their families and carers.

1. **Collaboration with people with lived experience:** Knowledge from those who have lived with mental illness is vital to reshaping public mental health. We will work to understand these experiences and how our practice can be people-first, person-directed, and accountable to those who have the most to gain from improved opportunities for mental health for all.
2. **Connections with family and carers:** Family and carers are essential partners in our work to improve mental health opportunities for all.
3. **Transparent and accountable:** We will work to ensure accountability and transparency to our reporting bodies and also to the people and communities we serve.

In what currents are we swimming?

A strong theme emerges from our review of initiatives to improve mental health. The theme is about *thriving* and not only surviving. There is a current of hope, empowerment, and resilience.

Public Health Sudbury & Districts is committed to informing our public mental health practice with the aspiration to build hope, empowerment, and resilience in individuals and communities.

The currents of hope, belonging, meaning, and purpose draw us to understand and support mental health from a more holistic and community-based perspective. A perspective that considers mental wellness equally with physical, spiritual, and emotional wellness. *The First Nations Mental Wellness Continuum Framework* places the person at the centre of care, with connections to community, culture, family, and their personal journey, and recognizes the diversity of needs and assets.²⁴ This continuum urges us to keep in mind the way histories of colonialism and racism have worked to shape the lived experience of Indigenous communities, and to consider the Indigenous social determinants of health²⁵ when considering the mental wellness of Indigenous populations.



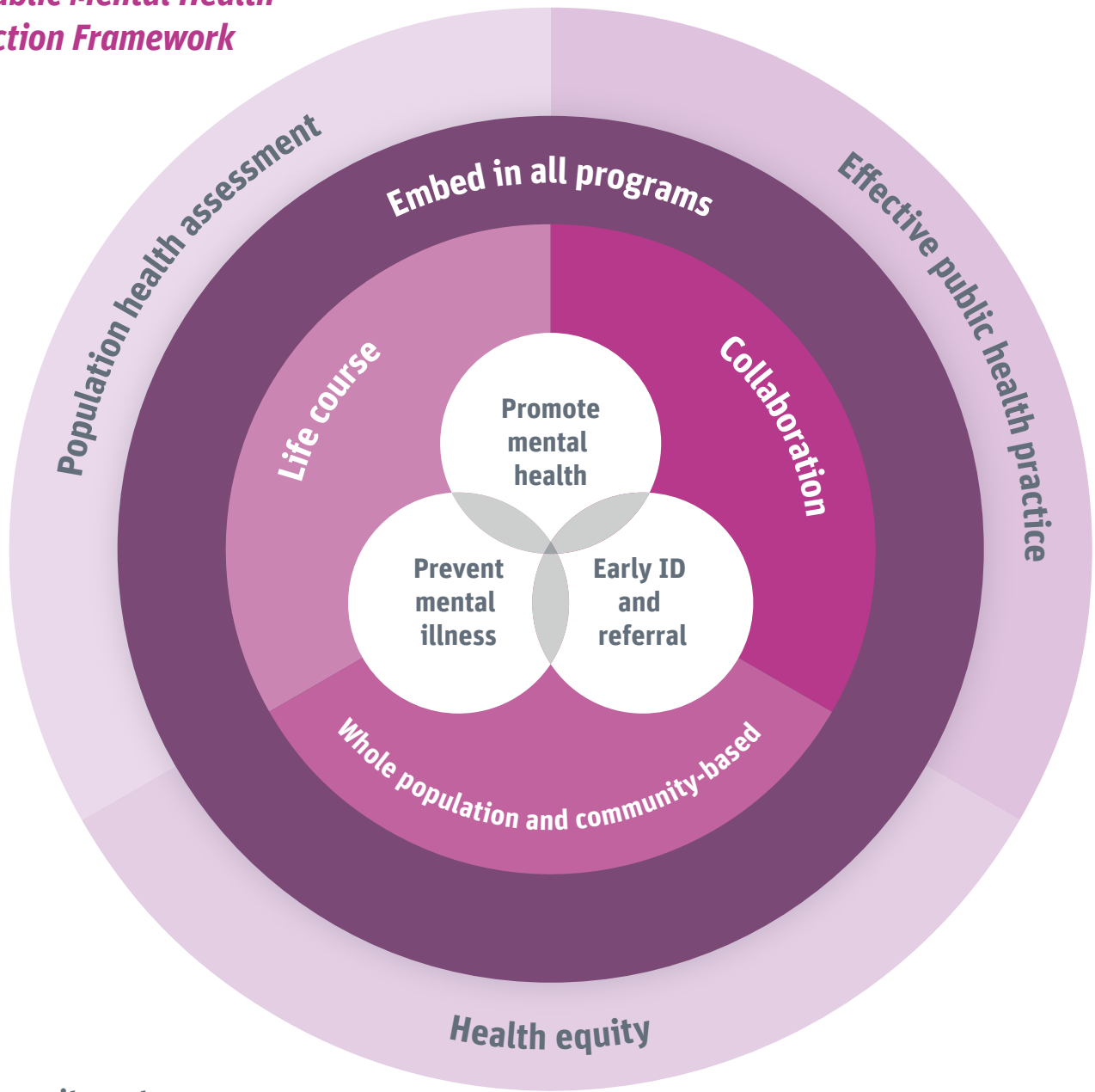
Pulling It All Together

Figure 4 is a visual depiction of the *Public Mental Health Action Framework*, which is grounded in the *Guideline*, action-oriented, and provides the roadmap for interventions. It articulates our commitment to concepts and investments to improve mental health opportunities for all throughout the Public Health Sudbury & Districts service area.



Figure 4

Public Mental Health Action Framework



Commitments



Mental Health for All



Social Determinants of Mental Health



Anti-stigma and Discrimination



Voices of People with Lived Experience



Hope, Belonging, Meaning, and Purpose



Following the roadmap for interventions

This section follows the roadmap provided by the *Public Mental Health Action Framework* and describes public mental health actions based on the *Framework*. Further detail on specific actions and related investments are the subject of more detailed work plans to be developed.

Opportunities for public mental health work:

- ▲ Reinforcing existing work
- Reframing and reorienting our work
- New mental health work

1

Foundational Standards

⌘ Effective public health practice

Leadership articulation and commitment (including governance)

We will strengthen effective leadership for mental health.

Public health leaders share responsibility for considering mental and physical health equally and holistically within public health planning and for developing and sustaining mental health promotion strategies, approaches, and interventions.

Outcomes

Strengthened effective leadership for mental health.

Indicators

Leadership, including the Executive Committee, identifies opportunities for developing and sustaining mental health promotion strategies, approaches, and interventions as a core feature of an integrated health system, across all programs and services, and across the lifespan.

Board of Health considers a public mental health motion that directs the organization to adopt a parity of esteem approach, in which mental and physical health are considered equally and holistically in public health planning.

Opportunities

- Reframing and reorienting our work
- New mental health work

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Foundational Standards

Effective public health practice

Mental health literacy of public health practitioners

We will support various mechanisms to increase public health workforce use of a lens of practice that focuses on the four components of mental health literacy, including understanding how to obtain and maintain positive mental health, understanding mental health problems and forms of treatment, decreasing stigma related to mental health problems, and enhancing help-seeking efficacy.

Outcomes

Increased awareness by public health practitioners about mental health literacy.

Indicators

Engagement in mental health literacy knowledge exchange and other activities with public health practitioners.

Opportunities

- New mental health work

3

Foundational Standards

Effective public health practice

Workforce competency development

We will enhance workforce competency to effectively consider mental health alongside physical health as an integral component of overall well-being by implementing strategies to develop core skills and capabilities within the public health workforce. This will deliver sustainable improvements in mental health promotion, mental illness prevention, and early identification and referral.

Outcomes

A competent public health workforce supported by adequate opportunity for workforce competency development.

Indicators

Workforce development programming that enhances skills and practical competencies to integrate mental health into public health practice.

Opportunities

- New mental health work





4

Foundational Standards

Effective public health practice

Support our own and personal mental well-being

We will ensure a caring workplace environment in which the mental health and well-being of all employees is supported. We will engage in initiatives and policies that protect and enhance the psychological health and wellness of employees, which will be encouraged across the agency.

Fostering positive mental health and well-being within the workplace ensures a more vibrant, productive, and healthy workforce, committed to our values of humility, trust, and respect.

Outcomes

A mentally healthy workforce.

Indicators

Psychological health and wellness policies implemented across the agency.

Opportunities

- ▲ Reinforcing existing work
- Reframing and reorienting our work

5

Foundational Standards

Effective public health practice

Planning – Mental health in all programs approach

We will embed and integrate mental health promotion strategies and approaches across public health programs and services.

Mental health planning in an *all-policy* approach informs programs of public health intervention and guides decision-making and prioritization about mental health promotion activities.

Outcomes

A comprehensive health promotion approach informs the development of proportionate universalism within programs and services that are specific to mental health promotion.

Indicators

Mental health promotion strategies and approaches across programs and services.

Quality indicators are developed.

Opportunities

- Reframing and reorienting our work
- New mental health work



6

Foundational Standards

Population health assessment

Community well-being indicators

We will develop and adopt community well-being indicators.

An assessment of local needs and existing programs and tools will be used to inform the development and adoption of community well-being indicators.

Measures of community well-being assist with understanding the whole population and the needs associated with attaining the highest possible quality of life.

Outcomes

Community well-being indicators are developed.

Indicators

Planning and delivery of local public health programs and services align with community well-being indicators.

Opportunities

- New mental health work

7

Foundational Standards

Population health assessment

Positive mental health indicators

We will identify a core set of indicators that include positive mental health outcomes at the individual, family, and community level.

Indicators will provide the necessary information to understand the mental health of the population.

Outcomes

Use of indicator data will influence and inform the development of local healthy public policy and its programs and services.

Indicators

A core set of mental health indicators is developed or identified for routine data collection and analysis.

Opportunities

- New mental health work





8

Foundational Standards

Population health assessment

Purposeful reporting on the social determinants of mental health

We will utilize surveillance data and analysis of mental health and the social determinants, which will be shared publicly and communicated with relevant audiences.

Outcomes

Surfacing the links between social determinants and mental health in our reporting will contribute to public health program planning, delivery, and management that levels up opportunities for mental health.

Indicators

Reports on mental health and the social determinants of mental health are released publicly and shared with relevant audiences.

Opportunities

- New mental health work

9

Foundational Standards

Health equity

Persons with lived experience as priority population

In connection with our partners, we will work to recognize persons with lived experience as a priority population in the work of public health.

People with lived experience of mental health or addictions challenges often have useful strategies to help bolster mental health.

Priority populations experience or are at increased risk of poor health outcomes.

Outcomes

Persons with lived experience are identified and meaningfully engaged in the planning of public health interventions.

Indicators

Persons with lived experience are included as priority populations when planning public health programs and services.

Opportunities

- Reframing and reorienting our work



10

Foundational Standards

» Health equity

Indigenous Peoples’ wellness

We will consider the unique mental health promotion needs of Indigenous Peoples and communities. We will do this by acknowledging the Indigenous social determinants of health, the historical processes of colonization and oppression, and the legacy of Indian Residential Schools as well as lingering, contemporary forces that continue to impact the mental health of Indigenous communities and Peoples.

Outcomes

The unique needs of Indigenous Peoples’ mental health are identified through collaborative processes, and meaningful engagement with communities will be strengthened.

Indicators

The unique experience of Indigenous Peoples’ mental health will be included as a priority when planning public health programs and services.

Opportunities

- New mental health work

11

Foundational Standards

» Health equity

Racial equity and anti-discrimination are foundational approaches in our work

We will embed racial equity and anti-discrimination in our public health practice.

Racism and oppression intersect with stigma and discrimination based on mental illness. Approaches that directly address these systemic realities will be interwoven throughout our work to address these barriers to health.

Outcomes

The health of those who experience systemic and intersectional discrimination, like racism and violence, as well as stigma related to mental illness, will be levelled up in our communities.

Partners and other stakeholders also address these systemic barriers within their practice.

Indicators

Public health practitioners have knowledge of anti-discrimination and racial equity, and how to mitigate this in their practice.

Opportunities

- Reframing and reorienting our work



12 Program Standards
‣ Embed in programs

Embed mental health promotion strategies and approaches across programs and services

We will ensure that opportunities for mental health promotion are considered in all of our programs and services. This includes using a population health approach, addressing the social determinants of mental health, considering risk and protective factors for mental health and mental illness, reducing stigma and increasing mental health literacy, ensuring trauma-awareness, focusing on strengths, and engaging with priority populations, communities, partners, and stakeholders.

Outcomes

Mental health promotion is integrated as appropriate into all programs and services across the agency.

Indicators

All staff can identify how their programs and services contribute to mental health promotion.

Opportunities

- ▲ Reinforcing existing work
- Reframing and reorienting our work
- New mental health work

13 Program Standards
‣ Embed in programs

Identify and implement public mental health initiatives that will address public health relevant levers for the social determinants of mental health

We will focus on raising awareness of the social determinants of mental health with various stakeholders, including policy makers.

Outcomes

The social determinants of mental health, including social inclusion and access to economic resources will be considered by policy makers in policy decisions.

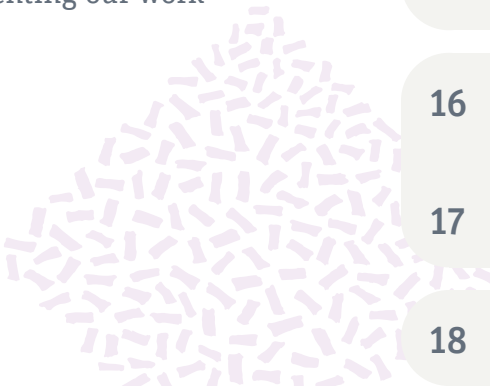
Indicators

Public health initiatives implemented to raise awareness of social determinants of mental health among community leaders and decision makers.

Community literacy of the social determinants of mental health will be increased, for instance, by supporting individuals to be securely housed.

Opportunities

- Reframing and reorienting our work



14

Program Standards

» Life course

Prioritize, disseminate, and role-model best practice or best buy investments in early years, families, school interventions in collaboration with relevant partners

We will focus attention on the early years of mental health and well-being, preconception, prenatal, attachment, and social connectedness, collaborating with families and schools to find the best approaches for our work.

Outcomes

Better health outcomes for infants and youth as we focus on early intervention around mental health, involving the perspective and input of families, school communities, and other partners.

Indicators

Best practices and strategies with strong return on investment are researched for implementation by public health and shared with relevant partners.

Opportunities

- ▲ Reinforcing existing work
- Reframing and reorienting our work

15

Program Standards

» Life course

Determine and grow competencies required for early identification and referral, as relevant

We will bolster capacity to identify mental health problems by learning from early psychosis programs, interventions for transitional-aged youth, as well as knowledge of cognitive behavioural therapy-based models.

Outcomes

Public health is connected to the continuum of care, moving individuals more seamlessly through the mental health system.

Indicators

Early identification skills and referral procedures are embedded throughout the agency.

Opportunities

- New mental health work

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Program Standards

⌘ Whole-population & community-based

Whole-system strategies

We will identify cross-cutting issues using the principles of need, impact, capacity, partnership, collaboration, and engagement (*Ontario Public Health Standards*) about which we will build whole-system strategies to address collectively. This may include for example, consideration of anti-stigma and discrimination, anti-bullying, life promotion, suicide risk and prevention, violence, and supportive built environments.

Outcomes

Effective whole-system responses to cross-cutting issues are developed.

Indicators

Identification of issues and partnerships is undertaken.

Opportunities

- New mental health work

Program Standards

⌘ Whole-population & community-based

Consider interventions for school community and carer community (families)

We will look at interventions that focus on whole school communities and carers to foster a more resilient and thriving community.

Outcomes

A more resilient and thriving school community, and more support for families and friends who provide care for those living with mental health challenges or problems.

Indicators

Broad-based interventions around mental health promotion, prevention, and early intervention or referrals have been implemented within the school community and also provided for carers.

Opportunities

- ▲ Reinforcing existing work
- Reframing and reorienting our work

18 Program Standards
» Collaboration

Commit to engaging with people with lived experience

We will make a radical commitment to collective approaches with partners and those with lived experience, working consciously as a network to rethink how resources are used to ensure we are able to act on opportunities and levers to maximize effectiveness.

To ensure commitment to amplifying the voices of those with lived experience, public health needs to engage meaningfully with those who have experience with the systems that shape mental health care.

This can include advisory councils, increased stakeholder engagements, and identifying people with lived experience as a priority population across divisions.

Outcomes

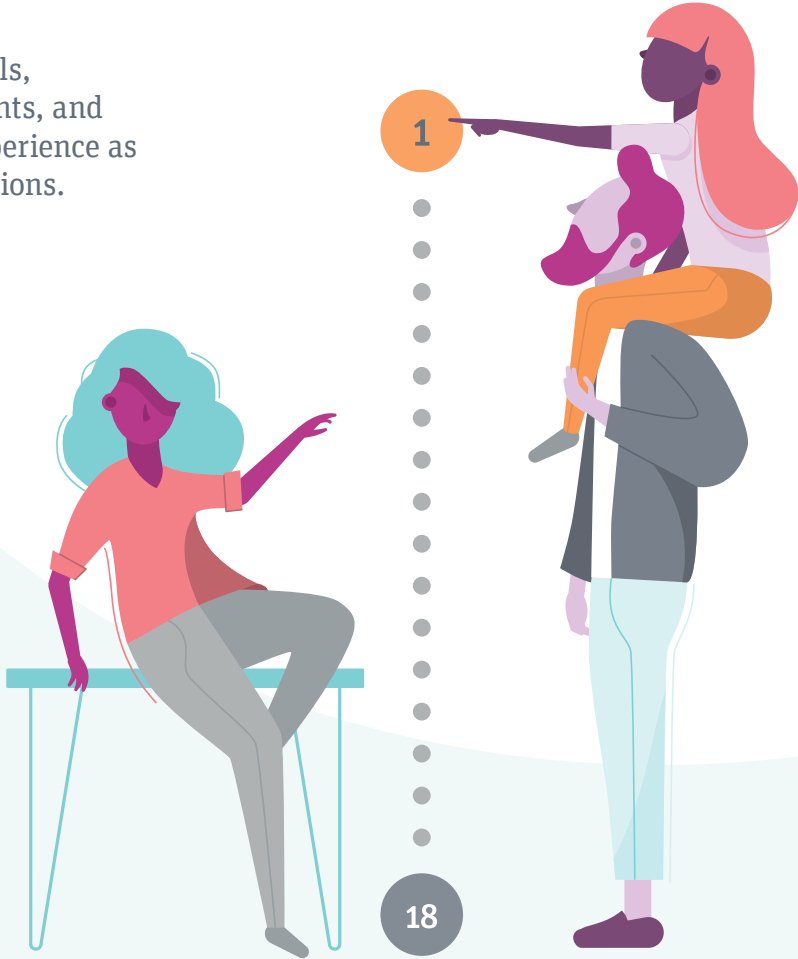
A more nuanced understanding of the mental health system, with clear and strong perspectives from those with lived experience.

Indicators

Engagement with people with lived experience is evident in our work.

Opportunities

- Reframing and reorienting our work
- New mental health work





Summary of Interventions

Opportunities for public mental health work:

- ▲ Reinforcing existing work
- Reframing and reorienting our work
- New mental health work



Foundational Standards

Effective public health practice

- 1 Leadership articulation and commitment (including governance) ■ ●
- 2 Mental health literacy of public health practitioners ●
- 3 Workforce competency development ●
- 4 Support our own and personal mental well-being ▲ ■
- 5 Planning – Mental health in all programs approach ■ ●

Population health assessment

- 6 Community well-being indicators ●
- 7 Positive mental health indicators ●
- 8 Purposeful reporting on the social determinants of mental health ●

Health equity

- 9 Persons with lived experience as priority population ■
- 10 Indigenous Peoples’ wellness ●
- 11 Racial equity and anti-discrimination are foundational approaches in our work ■



Summary of Interventions

Opportunities for public mental health work:

- ▲ Reinforcing existing work
- Reframing and reorienting our work
- New mental health work

Program Standards

Embed in programs

- 12 Embed mental health promotion strategies and approaches across programs and services ▲ ■ ●
- 13 Identify and implement public mental health initiatives that will address public health relevant levers for the social determinants of mental health ■

Life course

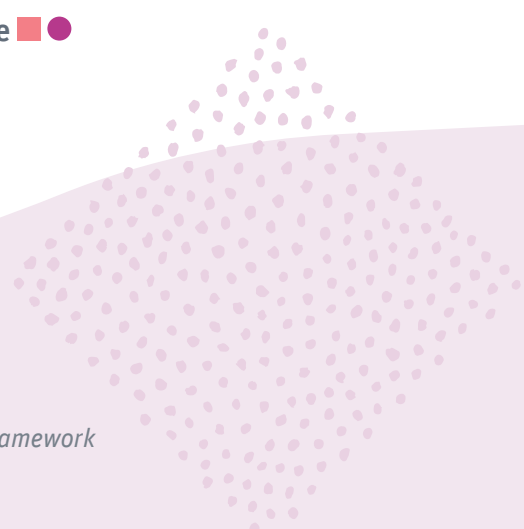
- 14 Prioritize, disseminate, and role-model best practice or best buy investments in early years, families, school interventions in collaboration with relevant partners ▲ ■
- 15 Determine and grow competencies required for early identification and referral, as relevant ●

Whole-population & community-based

- 16 Whole-system strategies ●
- 17 Consider interventions for school community and carer community (families) ▲ ■

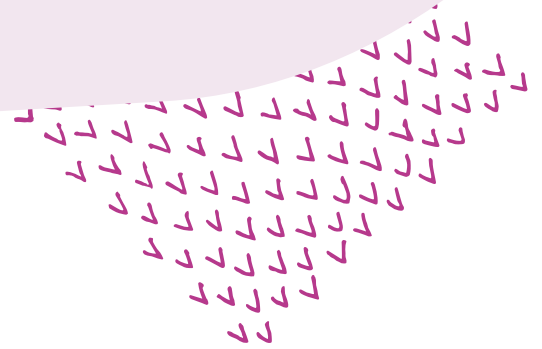
Collaboration

- 18 Commit to engaging with people with lived experience ■ ●





Next Steps in Creating Opportunities for Mental Health for All



There is no health without mental health.

The *Public Mental Health Action Framework* is a first for our organization. It provides a framework for a comprehensive public mental health approach within which we bring together existing work, work to be reoriented, and brand new work.

The *Framework* is the basis for the development of a work plan that will be led by Public Health Sudbury & Districts' Manager, Mental Health and Addictions, but is ultimately “owned” by all public health staff.

In actioning the next steps, we consider organizational structural and resource supports as well as the need for effective communication and engagement (internal and external to the organization). An important first step will be to establish public mental health committee structures including an internal steering committee and task-specific groups as well as developing a work plan. Resource implications will need to be mapped out as the work plan is developed. It will be critical to share and communicate the *Framework*, ensuring that all staff and relevant community partners are engaged and aware of its scope and expectations.

As we push our public health system forward, and truly embed public mental health throughout our scope of practice, we require explicit, ambitious, and even radically different approaches to our work.

The *Public Mental Health Action Framework* outlines this approach for Public Health Sudbury & Districts. It provides a roadmap for public health roles and practices that will more explicitly address mental health. It commits us to important concepts that are integral to our work, including focusing on everybody's mental health regardless of mental health or illness status, paying attention to the social determinants of mental health, addressing stigma and prejudice, privileging the voices of those with lived experience, and aspiring to build hope, empowerment, and resilience.

The *Public Mental Health Action Framework* positions Public Health Sudbury & Districts to work together to create opportunities for mental health for all.

Appendix A

Burden of illness

People with lived experience of mental illness and addictions are more likely to die prematurely than the general population. Mental illness can cut 10 to 20 years from a person's life expectancy. The disease burden of mental illness and addiction in Ontario is 1.5 times higher than all cancers put together and more than 7 times that of all infectious diseases. This includes years lived with less than full function and years lost to early death.

The economic burden of mental illness in Canada is estimated at \$51 billion per year. This includes health care costs, lost productivity, and reductions in health-related quality of life. In any given week, at least 500 000 employed Canadians are unable to work due to mental health problems. The cost of a disability leave for a mental illness is about double the cost of a leave due to a physical illness.

The burden of mental health problems is distributed unevenly across the Canadian population. For instance, residents of Northern Ontario face a greater burden of mental health challenges. Poorer health and greater health inequities in Northern Ontario are linked to, but are not limited to, access to income and education opportunities; discrimination related to gender, culture, race, and language;

and limited access to social supports. For example, inequities can be influenced by stigma related to sexual orientation, gender identity, and mental health and addictions. For Indigenous People, stigma and exclusion exist in a context of colonization, historical and current trauma, and systemic racism.

In our area, individuals living with the lowest income experienced higher rates of fair or poor mental health, as well as individuals with lower education levels. Individuals living with the lowest income also experienced higher rates of mood and anxiety disorders, and rates of anxiety disorders were shown to be increasing for individuals living with the lowest income.

In Northern Ontario, greater health inequities are experienced by several populations, including but not limited to Indigenous Peoples, Francophone populations, people living with low income, LGBT2SQ+ populations, racialized populations, newcomers, those living with disabilities, and those who experience poor mental health and addictions.



Appendix B



Reinforcing our existing work

Our work in public mental health can be seen in various programs already underway. For example:

- Support for school boards as they work within primary prevention and promotion
- Resiliency and mindfulness throughout the whole school community
- Infant mental health through parenting and family health
- Impact of food literacy on mental health
- Healthy public policy
- Mental health promotion in the workplace
- Support development of school community resiliency
- Health equity
- Evidence-informed programming
- Indigenous engagement strategies

The following are select examples of initiatives at Public Health Sudbury & Districts that support public mental health practice.

Foundational Standards

Health equity

The *You Can Create Change* campaign launched by Public Health Sudbury & Districts encourages people to take action to improve everyone's opportunities for health. The campaign aims to educate about the important social and economic factors that influence health and to describe concrete actions that we can take—as individuals, within our workplaces and as a community—to promote health for all, regardless of social and economic circumstances.

Population health assessment

Health is influenced by many factors—genetics, individual lifestyles and behaviours, and the physical, social, and economic environments in which we live. To help paint a clearer picture of health for the community, Public Health Sudbury & Districts looked at health outcomes in Greater Sudbury and their relationship with social and economic environments in a report titled *Opportunity for All: The Path to Health Equity*. Do we ALL have the same opportunity for health? The answer is no.



Effective public health practice

The mission of the Psychological Health and Wellness Committee (PHWC) of Public Health Sudbury & Districts is to support a comprehensive workplace health promotion approach that includes Occupational Health and Safety, Organizational Culture, and Personal Health and Lifestyle Practices. This approach will protect and enhance the health of employees by relying and building upon the efforts of the employer to create a supportive environment and the efforts of employees to care for their own well-being.

“To inspire and nurture resilience and well-being in every person in our workplace.”

Program Standards

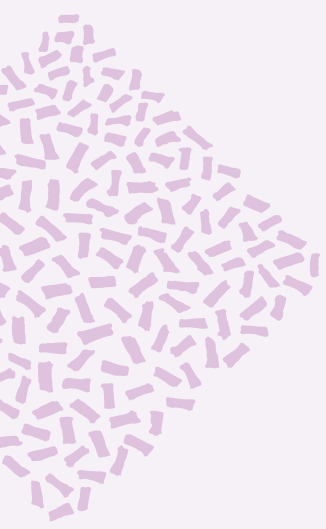
The following are more examples of programs of public health importance that centre and support public mental health.

Chronic disease prevention and well-being

Annually, Public Health Sudbury & Districts measures the cost of healthy eating using the **Nutritious Food Basket (NFB)** survey tool. Year after year, the local results of the NFB survey show that households with a limited income struggle to pay rent and bills, and to put healthy food on the table.

Weight bias refers to negative stereotypes toward individuals affected by excess weight or obesity, which often leads to prejudice and discrimination. Weight bias promotes blame and intolerance, which reduces the quality of life for people who are affected by excess weight and obesity. Public Health Sudbury & Districts provides training and support to stakeholders in an effort to place the focus on health and **wellness rather than weight**.

Public Health Sudbury & Districts has engaged in projects to increase access to physical activity and to co-create healthier children, youth, and adults by providing opportunities to encourage physical activity. Regular cardiovascular exercise substantially improves one’s ability to learn, one’s attention and mood, as well as decreases anxiety and depression.





School health

Public Health Sudbury & Districts conducted an innovative project that brought **mindfulness** training into the classroom. A 15-week program was delivered to Grade 7 and 8 students that combined a mix of knowledge and hands-on activities incorporating attentional skills, heartfulness skills, and social emotion regulation. Teachers supported each session by building on the weekly lessons, integrating activities and modelling the goals of the training.

Public Health Sudbury & Districts is working with the education sector to introduce **resiliency** as a resource to thrive. In partnership and collaboration with school communities, students are learning strength-based resiliency skills with a focus on internal strength, external strength, growth mindset, and relationships for the development of positive mental health, empowerment, and personal success.

Healthy growth and development

The Sudbury Perinatal Mental Health Forum acts as an interagency committee to further disseminate information and enhance services available to those people affected by perinatal mood disorders or anxiety and their families, as well as to the health and social service sector and the community at large.

The **Positive Parenting Program (Triple P)** is designed to help parents create and maintain positive and healthy relationships with their children and adolescents. Programming is based on improving communication and problem solving to promote a positive family dynamic. Public Health Sudbury & Districts provides coordination for and offers Triple P programming on an ongoing basis in collaboration with the local Triple P collaborative.

Substance use and injury prevention

Public Health Sudbury & Districts' work around **Life Promotion and Suicide Risk Prevention** centres a suicide-safer communities model. Working within 10 action pillars, we are focused on work that will build and sustain mental health and wellness promotion, supporting resiliency across the lifespan and fostering well-being. Other work includes suicide prevention awareness, identifying primary prevention actions that can help reduce risk factors and heighten awareness around suicide.



Reframing and reorienting our work

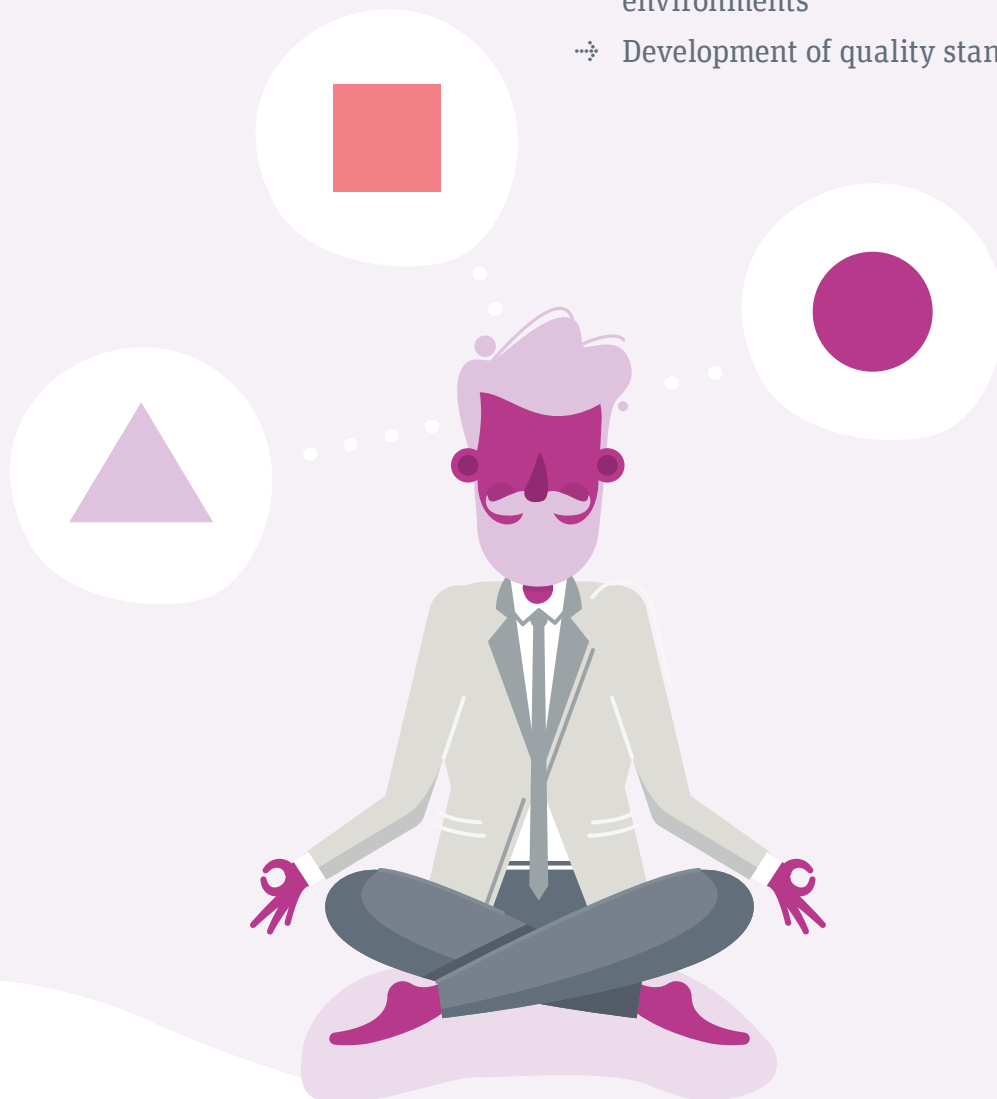
Some of our work will also need to be realigned to better “fit” the *Framework* and to rethink our commitment to the parity of esteem. We will need to modify existing programs, with a clear focus on the inclusion of mental health promotion:

- ❖ Align with new Ministry of Health and Long-Term Care requirements
- ❖ Strengthen protective factors
- ❖ Increase awareness of needed supports
- ❖ Ensure strength-based approaches
- ❖ Fully adopt proportionate universalism
- ❖ Evaluate impact

New mental health work

There will be new work that will need to be mobilized to effectively pursue our *Public Mental Health Action Framework*. New initiatives will build on developing and strengthening:

- ❖ Mental health literacy within our agency and within the community
- ❖ Workforce development and education
- ❖ Increased multi-sectoral partner collaboration
- ❖ Guiding principles
- ❖ Community action
- ❖ Our work to create supportive environments
- ❖ Development of quality standards



Appendix C

Pathways to Promoting Mental Health: A 2015 Survey of Ontario Public Health Units

This report is the result of a survey conducted among all of Ontario's 36 public health units (PHUs) in early 2015. The survey was a partnership between the Health Promotion Division of the Ministry of Health and Long-Term Care (MOHLTC) and the Centre for Addiction and Mental Health (CAMH) Health Promotion Resource Centre (HPRC).

For the purposes of the survey, mental health was defined as a positive concept: “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”.²⁶

For Mental Health Promotion (MHP), the survey used the Public Health Agency of Canada's (PHAC) definition as the “process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health”.²⁷

Key findings include:

MHP activities for adults were concentrated in these areas:

- Programs (56%, or 152 activities)
- Knowledge exchange (16%, or 43 activities)

There were fewer MHP activities in these areas:

- Planning (4%, or 11 activities)
- Surveillance (3%, or 8 activities)
- Research (0.4%, or 1 activity)

MHP activities for adults were concentrated in these standards of the OPHS:

- Family Health Standards (50%, or 136 activities)
- Chronic Disease and Injuries Prevention Standards (40%, or 108 activities)

Target populations: MHP activities for adults were concentrated in these populations:

- New parents or postnatal mothers (37%, or 101 activities)
- Parents or guardians of children and youth (36%, or 99 activities)
- Pregnant women (35%, or 96 activities)

There were fewer MHP activities in these populations:

- Young adults (23%, or 62 activities)
- Seniors (12%, or 32 activities)
- Newcomers, immigrants, or refugees (22%, or 59 activities)
- Lesbian, gay, bisexual, transgender, transsexual, two-spirit, intersex, queer (LGBTTTIQ) individuals (14%, or 39 activities)
- First Nations, Inuit, and Métis (FNIM) groups (1%, or 3 activities)

All survey respondents (100%) identified that the MHP work of their PHU aligns with universal MHP and mental illness prevention. Examples of universal sub-populations are youth, working adults, seniors, or women. These include those who are not necessarily considered at risk for mental health problems.



Twenty-five (25) of 36 PHUs (or 69%) identified that their activities align with targeted MHP and mental illness prevention, in addition to universal MHP which involves promoting mental health and preventing mental illness in populations with, or who are at risk of having, mental illness. The risk of mental illness can be due to specific factors such as experiences of violence, discrimination, social exclusion, or lack of access to resources. Examples of populations who would therefore be targeted in this tier are Indigenous Peoples, LGBTQTTIQ individuals, newcomers, people in contact with the justice system, and women who experience violence.

Almost a third of survey respondents (10 of 36, or 28%) identified that their activities align with targeted mental illness intervention, in addition to both universal and targeted MHP and mental illness prevention. Interventions in this area focus on the reduction of mental illness symptoms, the enhancement of protective factors and the reduction of risk factors to promote the positive mental health of individuals with mental illness.

All 36 PHUs (100%) reported addressing risk and protective factors. The top three priority categories are the same for risk and protective factors: individual, family, and social factors. The categories of life events and situations and community and cultural factors were ranked as having a lower priority by respondents from every PHU.

The survey results show that when prioritizing risk and protective factors for promoting mental health, public health units rank family factors and individual factors ahead of social factors, life events and situations, and community and cultural factors. This may suggest less of a focus on addressing the broader social determinants of health (SDOH) (for example, poverty and social inclusion),

which are connected more closely to the categories of social factors and community and cultural factors.

Research shows that a comprehensive MHP approach requires addressing risk and protective factors and SDOH at the structural and systemic level (for example, access to economic resources, freedom from violence and discrimination, social inclusion), in addition to the family and individual levels.²⁸ Overall, it may be possible to leverage the current work of PHUs on risk and protective factors to promote the broader SDOH.

Recommendations to identify mechanisms and opportunities to better integrate MHP as part of PHU practice:

1. Establish a common understanding of MHP to inform cohesive, consistent, and measurable strategies for promoting mental health across Ontario's PHUs, the public health sector, and other sectors.
2. Establish evidence-informed guiding principles for integrating MHP programming in public health and support the public health workforce to implement MHP at the PHU level, across the public health sector and other sectors.
3. Align current and new MHP activities with the existing *Ontario Public Health Standards* (2008) or as current to promote health equity and mental health.
4. Continue to leverage partnerships to strengthen MHP in the public health system and the mental health and addiction system.
5. Continue to improve and promote the sustainability of effective MHP programming with performance measurement and evaluation strategies.

References

- Assembly of First Nations. (2015). First Nations Mental Wellness Continuum Framework. Health Canada. Retrieved from https://thunderbirdpf.org/wp-content/uploads/2015/01/24-14-1273-FN-Mental-Wellness-Framework-EN05_low.pdf
- Bailey, S., Thorpe, L., Smith, G. (2013). Whole-person Care: From rhetoric to reality. Achieving Parity between Mental and Physical Health. (Occasional Paper OP88). Royal College of Psychiatrists.
- CAMH Health Promotion Resource Centre. (2015). Pathways to Promoting Mental Health: A 2015 Survey of Ontario Public Health Units. Toronto, ON: Centre for Addiction and Mental Health. Retrieved from https://www.porticonetwork.ca/documents/81358/0/Pathways_Report+1.pdf/71c9ac68-a70d-431e-800c-31a95bdcd175
- Canadian Institute for Health Information. (2007). Improving the health of Canadians: exploring positive mental health. Retrieved from https://www.cihi.ca/en/improving_health_canadians_en.pdf
- Centre for Addiction and Mental Health; Ontario Agency for Health Protection and Promotion (Public Health Ontario); Toronto Public Health. (2013). Connecting the dots: how Ontario public health units are addressing child and youth mental health. Toronto, ON: Centre for Addiction and Mental Health. Retrieved from https://www.publichealthontario.ca/fr/eRepository/Connecting_The_Dots_2013.pdf
- Chesney, E., Goodwin, G., M., Fazel, S. (2014). Risks of all-cause and suicide mortality in mental disorders: a meta-review. *World Psychiatry*. 13. Pp. 153-60.
- Dewa, C.S, Chau, N., Dermer, S. (2010). Examining the comparative incidence and costs of physical and mental health-related disabilities in an employed population. *Journal of Occupational and Environmental Medicine*. 52. Pp. 758-62. Number of disability cases calculated using Statistics Canada employment data. Retrieved from <https://www.camh.ca/en/driving-change/the-crisis-is-real/mental-health-statistics>
- Faculty of Public Health and Mental Health Foundation. (2016). Better Mental Health for All. A Public Health approach to mental health improvement. Retrieved from <https://www.fph.org.uk/media/1644/better-mental-health-for-all-final-low-res.pdf>
- Fritz, G.K., Kennedy, P.J. (2012). The long road ahead to mental health parity. *Journal of the American Academy of Child and Adolescent Psychiatry*. 51: Pp. 458–60.
- Health Quality Ontario. (2018). Northern Ontario Health Equity Strategy. Retrieved from <https://www.hqontario.ca/Portals/0/documents/health-quality/health-equity-strategy-report-en.pdf>
- Institute of Health Economics. (2007). Mental health economics statistics in your pocket. Edmonton: IHE. Number of absent workers calculated using Statistics Canada work absence rates. Retrieved from <http://www.statcan.gc.ca/pub/71-211-x/71-211-x2011000-eng.pdf>
- Keleher, H., Armstrong, R. (2005). Evidence-based mental health promotion resource. Report for the Department of Human Services and VicHealth, Melbourne. Retrieved from https://www.researchgate.net/publication/236672093_Evidence-Based_Mental_Health_Promotion_Resource
- Lim, K. L., Jacobs, P., Ohinmaa, A., Schopflocher, D., Dewa, C. S. (2008). A New Population-Based Measure of the Economic Burden of Mental Illness in Canada. *Chronic Diseases in Canada*. 28(3). Pp. 92-98.
- Mantoura, P., Roberge, M.C., Fournier, L. (2017). A Framework for Supporting Action in Population Mental Health. National Collaborating Centre for Healthy Public Policy. Retrieved from https://www.ncchpp.ca/docs/2017_SMP_PMH_ArticleSMQ_En.pdf
- Mental Health and Addictions Advisory Council. (2017). 5 in 5 Thrive. Action Framework for Mental Health Promotion, Prevention and Early Intervention in Ontario.
- Mental Health Commission of Canada. (2012). Changing directions, changing lives: the mental health strategy for Canada. Retrieved from <https://www.cpa.ca/docs/File/Practice/strategy-text-en.pdf>

- Mental Health Commission of Canada [MHCC]. (2016). The Case for Diversity: Building the Case to Improve Mental Health Services for Immigrant, Refugee, Ethno-cultural and Racialized Populations. Ottawa, ON: Mental Health Commission of Canada. Retrieved from https://www.mentalhealthcommission.ca/sites/default/files/2016-10/case_for_diversity_oct_2016_eng.pdf
- Minister of Public Works and Government Services Canada. (2006). The Human Face of Mental Health and Mental Illness in Canada. Retrieved from http://www.phac-aspc.gc.ca/publicat/human-humain06/pdf/human_face_e.pdf
- Ministry of Health and Long-Term Care. (2018). Protecting and Promoting the Health of Ontarians Ontario Public Health Standards: Requirements for Programs, Services, and Accountability 2018. Retrieved from http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2018_en.pdf
- Ministry of Health and Long-Term Care. (2018). Mental Health Promotion Guideline, 2018. Retrieved from http://health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Mental_Health_Promotion_Guideline_2018.pdf
- Ministry of Health and Long-Term Care. (2011). Open minds, healthy minds: Ontario's comprehensive mental health and addiction strategy. Retrieved from http://www.health.gov.on.ca/en/common/ministry/publications/reports/mental_health2011/mentalhealth_rep2011.pdf
- National Collaborating Centre for Healthy Public Policy. (2014). Defining a Population Mental Health Framework for Public Health. Retrieved from http://www.ncchpp.ca/docs/2014_SanteMentale_EN.pdf
- Zealand, New. (2002). Building on strength: a new approach to promoting mental health in New Zealand/Aotearoa. Ministry of Health. Retrieved from <https://www.health.govt.nz/system/files/documents/publications/buildingonstrength.pdf>
- Northern Policy Institute. (2015). Northern Ontario health care priorities: access to culturally appropriate care for physical and mental health. Retrieved from <http://www.northernpolicy.ca/healthpolicypriorities2>
- Ratnasingham, S., Cairney, J., Rehm, J., Manson, H., Kurdyak, P. (2012). Opening eyes, opening minds: The Ontario burden of mental illness and addictions. An Institute for Clinical Evaluative Sciences / Public Health Ontario report. Toronto: ICES.
- Sheffield Health and Wellbeing Board. (2015). The Public's Mental Health. Retrieved from <https://www.slideshare.net/SheffieldHWB/public-mental-health-and-wellbeing-june-2015>
- Shim, R., Koplan, C., Langheim, F. J., Manseau, M. W., Powers, R. A., Compton, M. T. (2014). The social determinants of mental health: An overview and call to action. *Psychiatric annals*. 44(1). Pp. 22-26.
- Analytica, R. (2011). The life and economic impact of major mental illnesses in Canada. Toronto: Mental Health Commission of Canada.
- Statistics Canada (2014). Canadian community health survey, CANSIM table 105-0501 and catalogue no. 82-221-X, Ottawa, Ontario. Retrieved from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310045101>
- Statistics Canada. (2018). Canadian Community Health Survey 2015 – 2016. Draft of Mental Health Chapter. Public Health Sudbury & Districts. Online Health Profile. Unpublished.
- Whitehead, M. (1991). The concepts and principles of equity and health. *Health Promotion International*, 6(3). Pp. 217-228. Retrieved from http://salud.ciee.flacso.org.ar/flacso/optativas/equity_and_health.pdf
- World Health Organization. (2001). Strengthening Mental Health Promotion. Geneva, World Health Organization. Fact sheet, No. 220. Retrieved from <http://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

Endnotes

1. National Collaborating Centre for Healthy Public Policy. (2014). Defining a population mental health framework for public health. Retrieved from http://www.ncchpp.ca/docs/2014_SanteMentale_EN.pdf
2. Statistics Canada (2014). Canadian community health survey, CANSIM table 105-0501 and catalogue no. 82-221-X, Ottawa, Ontario. Retrieved from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310045101>
3. Ministry of Health and Long-Term Care. (2018). Protecting and Promoting the Health of Ontarians Ontario Public Health Standards: Requirements for Programs, Services, and Accountability 2018. Retrieved from http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2018_en.pdf
4. Ministry of Health and Long-Term Care. (2018). Protecting and Promoting the Health of Ontarians Ontario Public Health Standards: Requirements for Programs, Services, and Accountability 2018. Retrieved from http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2018_en.pdf
5. Ministry of Health and Long-Term Care. (2018). Mental health promotion guideline, 2018. Retrieved from http://health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Mental_Health_Promotion_Guideline_2018.pdf
6. Fritz GK, Kennedy PJ. The long road ahead to mental health parity. *J Am Acad Child Adolesc Psychiatry* 2012; 51: 458–60.
7. Keleher, H., Armstrong, R. “Evidence-based mental health promotion resource.” Report for the Department of Human Services and VicHealth, Melbourne (2005). Retrieved from https://www.researchgate.net/publication/236672093_Evidence-Based_Mental_Health_Promotion_Resource
8. Faculty of Public Health and Mental Health Foundation. “Better Mental Health for All. A Public Health approach to mental health improvement.” (2016). Retrieved from <https://www.fph.org.uk/media/1644/better-mental-health-for-all-final-low-res.pdf>
9. Faculty of Public Health and Mental Health Foundation. “Better Mental Health for All. A Public Health approach to mental health improvement.” (2016). Retrieved from <https://www.fph.org.uk/media/1644/better-mental-health-for-all-final-low-res.pdf>
10. Centre for Addiction and Mental Health; Ontario Agency for Health Protection and Promotion (Public Health Ontario); Toronto Public Health. Connecting the dots: how Ontario public health units are addressing child and youth mental health. Toronto, ON: Centre for Addiction and Mental Health; 2013. Retrieved from https://www.publichealthontario.ca/fr/eRepository/Connecting_The_Dots_2013.pdf
11. CAMH Health Promotion Resource Centre. Pathways to Promoting Mental Health: A 2015 Survey of Ontario Public Health Units. Toronto, ON: Centre for Addiction and Mental Health; 2015. Retrieved from https://www.porticonetwork.ca/documents/81358/0/Pathways_Report+1.pdf/71c9ac68-a70d-431e-800c-31a95bdcd175
12. Ministry of Health and Long-Term Care. (2018). Mental health promotion guideline, 2018. Retrieved from http://health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Mental_Health_Promotion_Guideline_2018.pdf
13. Canadian Institute for Health Information. (2007). Improving the health of Canadians: exploring positive mental health. Retrieved from https://www.cihi.ca/en/improving_health_canadians_en.pdf
14. Whitehead, M. (1991). The concepts and principles of equity and health. *Health promotion international*, 6(3), 217-228. Retrieved from http://salud.ciee.flacso.org.ar/flacso/optativas/equity_and_health.pdf

15. Shim, R., Koplan, C., Langheim, F. J., Manseau, M. W., Powers, R. A., & Compton, M. T. (2014). The social determinants of mental health: An overview and call to action. *Psychiatric annals*, 44(1), 22-26.
16. Keleher, H., Armstrong, R. "Evidence-based mental health promotion resource." Report for the Department of Human Services and VicHealth, Melbourne (2005). Retrieved from https://www.researchgate.net/publication/236672093_Evidence-Based_Mental_Health_Promotion_Resource
17. Shim, R., Koplan, C., Langheim, F. J., Manseau, M. W., Powers, R. A., & Compton, M. T. (2014). The social determinants of mental health: An overview and call to action. *Psychiatric annals*, 44(1), 22-26
18. Mantoura, Pascale, Marie-Claude Roberge, and Louise Fournier. A Framework for Supporting Action in Population Mental Health. National Collaborating Centre for Healthy Public Policy, 2017. Retrieved from https://www.ncchpp.ca/docs/2017_SMP_PMH_ArticleSMQ_En.pdf
19. Ministry of Health and Long-Term Care. (2011). Open minds, healthy minds: Ontario's comprehensive mental health and addiction strategy. Retrieved from http://www.health.gov.on.ca/en/common/ministry/publications/reports/mental_health2011/mentalhealth_rep2011.pdf
20. Ministry of Health and Long-Term Care. (2011). Open minds, healthy minds: Ontario's comprehensive mental health and addiction strategy. Retrieved from http://www.health.gov.on.ca/en/common/ministry/publications/reports/mental_health2011/mentalhealth_rep2011.pdf
21. Faculty of Public Health and Mental Health Foundation. "Better Mental Health for All. A Public Health approach to mental health improvement." (2016). Retrieved from <https://www.fph.org.uk/media/1644/better-mental-health-for-all-final-low-res.pdf>
22. Ministry of Health and Long-Term Care. (2011). Open minds, healthy minds: Ontario's comprehensive mental health and addiction strategy. Retrieved from http://www.health.gov.on.ca/en/common/ministry/publications/reports/mental_health2011/mentalhealth_rep2011.pdf
23. Mental Health Commission of Canada [MHCC]. (2016). The Case for Diversity: Building the Case to Improve Mental Health Services for Immigrant, Refugee, Ethno-cultural and Racialized Populations, Ottawa, ON: Mental Health Commission of Canada. Retrieved from: https://www.mentalhealthcommission.ca/sites/default/files/2016-10/case_for_diversity_oct_2016_eng.pdf
24. Assembly of First Nations (2015). First Nations Mental Wellness Continuum Framework. Health Canada. Retrieved from https://thunderbirdpf.org/wp-content/uploads/2015/01/24-14-1273-FN-Mental-Wellness-Framework-EN05_low.pdf
25. Assembly of First Nations (2015). First Nations Mental Wellness Continuum Framework. Health Canada, 14. Retrieved from https://thunderbirdpf.org/wp-content/uploads/2015/01/24-14-1273-FN-Mental-Wellness-Framework-EN05_low.pdf
26. WHO (2001). Strengthening mental health promotion. Geneva, World Health Organization (Fact sheet, No. 220). Retrieved from <http://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
27. Minister of Public Works and Government Services Canada. (2006). The Human Face of Mental Health and Mental Illness in Canada. Retrieved from http://www.phac-aspc.gc.ca/publicat/human-humain06/pdf/human_face_e.pdf
28. Keleher, Helen, and Rebecca Armstrong. "Evidence-based mental health promotion resource." Report for the Department of Human Services and VicHealth, Melbourne (2005). Retrieved from https://www.researchgate.net/publication/236672093_Evidence-Based_Mental_Health_Promotion_Resource



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