DISCUSSION PAPER ON MENTAL HEALTH PROMOTION

by
Bonnie Pape

for
The Ontario Prevention Clearinghouse

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EXECUTIVE SUMMARY

CONCEPTS

Mental Health is….

- More than lack of mental illness
- About individual capacity and resilience
- Fundamental to health of individuals and society
- About a sense of control
- Multi-faceted

Mental Health Promotion….

- Aims to achieve positive mental health outcomes
- May focus on promoting the mental health of people with mental illness
- Enhances capacity to take control over life and improve mental health
- Helps people take charge of circumstances that affect mental health
- Focuses on assets rather than deficits; builds on foundation of empowerment
- Involves intersectoral linkages, participation in decisions about life and health, and collective action based on shared values
- Promotes well-being by enhancing access to mental health determinants, strengthening protective factors, and mitigating risk factors
- Requires respect for civil, political, economic, social and cultural rights

Mental health promotion action frameworks..

- Suggest the need for identifying population groups, actions, and settings.
- Consider risk and protective factors and determinants of health, and the development of intersectoral linkages

Evaluation of mental health promotion actions includes…

- Identifying desired outcomes
- Developing indicators to measure change such as improved quality of life, more equitable and participatory public policies, and more appropriate use of services
- Consideration of potential for sustainability

ACTION (using the five action areas of the Ottawa Charter for Health Promotion)

<u>1. Creating Supportive Environments</u>
- promoting community and organizational change to create healthy environments and access to social support.

Handle with Care (CMHA and Hincks-Dellcrest Institute, 2004 - present)

- guidebook for promoting mental health of young children in community-based child care settings with train the trainer program currently underway

Higher Education (CMHA National, 1993-2002)
- partnerships with six universities and colleges across Canada to identify "best practice accommodation strategies" for students with mental health problems, and the role of students, faculty, administration and the broader community, in making higher education fully accessible.

2. Building Individual Skills

Helping Skills (1996 - present***)***
- provides training to develop the capacity of people to help and support others.

Consumer Development Project *(CMHA, BC Division, current)*
- builds on consumer strengths for development of tools to train consumers for participation in mental health system planning.

3. Developing Healthy Public Policy

Developing healthy workplace policies

Good working conditions and promotion of well-being at work
A holistic system-level approach is recommended

Policies for direct provision of funding to consumer controlled organizations

- encourage development while supporting autonomy of self-help groups
- support consumer knowledge and skills development
- encourage involvement of consumers in planning, with commitment and financial support from all levels of government

Ontario Peer Development Initiative (OPDI, 1991 - present)
- All funded projects are consumer-run and operate under a democratically elected board of directors. All staff and board members are consumers.

4. Reorienting health services

- based on a view of health as a shared responsibility among individuals, community, professionals, institutions, and governments

Intervening early with an expectation of recovery

Protocols for early intervention for first episode psychosis include
- enhancing family and individual coping skills according to a recovery model
- strengthening the capacity of community (such as secondary schools) to understand and respond to first episode psychosi.

Taking a consumer-centred, strengths-based approach

- focus on connecting people to existing community resources, and promoting their capacities, autonomy, and choice

Promoting access to social determinants of health
Psychosocial rehabilitation services such as supported employment programs and supported housing are effective in promoting mental health. Housing supports include generic housing dispersed in the community, flexible individualized supports, consumer choice, assistance in locating and maintaining housing, unrestricted length of time a client can remain in the residence, and case management services wherever the client resides.

Salmon Arm Mental Health System Progress Report (CMHA BC Division, 1998)
- a community-based approach to mental health system monitoring with a consumer and community focus and a recognition of determinants of health

5. Strengthening Community Action/Advocating for Change
- involves empowerment of communities, and their ownership and control of their own endeavours and destinies.

Strengthening Family and Youth Voices (CMHA BC Division, 2005-present)
- strengthens family and youth involvement, networks of support, and collaborations with service providers to improve outcomes for children and youth in mental health services.

Inclusion in Community (CMHA National, 1993)
Brought together community partners to jointly identify and implement inclusion strategies for people with mental illness. Partners included business people, colleges, government, religious leaders, and recreation personnel.

POSSIBLE NEXT STEPS FOR OPC (suggested by interview responses)

- Start with OPC itself, its workplace and governance policies
- Take a provincial leadership role in putting mental health promotion on the agenda
- Build partnerships with other provincial organizations
- Develop resource materials
  - Supporting consultation e.g. research processes in other jurisdictions
  - Building on inclusion e.g. resource built on “Beyond the Label”
  - Creating healthier environments e.g. impact assessment tools
  - Evaluating our work e.g. mental health outcome checklists
  - Transferring the information e.g. building on community knowledge
  - Understanding Mental Health Promotion e.g. checklist; discussion guide

APPLICATIONS FOR COMMUNITY PRACTICE

- Steps to take: concept clarification, environmental scans, action planning
- Sample checklist: for moving from concepts to planning to action
- Some tricky FAQs: definitional issues that could arise in discussions

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INTRODUCTION

The background
In October 2006, the Ontario Prevention Clearinghouse (OPC) contracted with Bonnie Pape, an independent consultant, to conduct an environmental scan in relation to mental health promotion, based on the literature and the input of organizational representatives. The scan included interviews with key informants in the field of mental health promotion in Ontario and an analysis of two literature reviews on mental health promotion. One, by the Canadian Mental Health Association Ontario Division (CMHA Ontario Division, Pape, 2006), covers mental health promotion in general and the other, by the Centre for Addiction and Mental Health (CAMH, Willinsky and Anderson, 2003), looks at best practices according to population groups. We wish to acknowledge and thank CMHA Ontario Division and CAMH for permission to draw on these resources for this paper.

The purpose of the interviews was to determine organizational perspectives of current trends and promising practices, as well as issues, gaps, and thoughts about a potential role for OPC in filling these gaps, or otherwise supporting Ontario organizations in their mental health promotion work. The purpose of the scan of literature reviews was to identify themes of inclusion and determinants of health vis-à-vis mental health promotion. This discussion paper is a combined analysis of both processes.

The interview process
Informants interviewed were: Suzanne Jackson, Centre for Health Promotion (CHP); Michelle Gold, Canadian Mental Health Association, Ontario Division (CMHA); Martha Ocampo, Across Boundaries; and Marianne Kobus-Matthews, Centre for Addiction and Mental Health (CAMH).

The purpose of this paper
In the two components of this environmental scan, interviews and an analysis of two literature reviews for themes of inclusion and determinants of health, the information gained was very consistent. The purpose of this paper is to organize and analyze these findings in order to clarify the concept of mental health promotion, the key elements of practice, and the opportunities in the current environment for future action. The paper ends with some suggestions of ways that OPC might move forward and outlines for possible tools for working with local groups.

CONCEPTS

Introduction

One key theme that ran through the interview responses is the need for clearer concepts and a common language. It is notable that respondents tended to discuss mental health promotion in terms of approaches to practice rather than particular programs, and understood it as operationalized throughout many kinds of activities not currently identified as mental health promotion. Hence one can infer that, while explicit mental health promotion programs or staffing may not be recognizable in a particular organization, mental health promotion could still be an overarching principle that guides the organization's approaches and activities.

This may mean that mental health promotion is in fact more widespread and accepted than previously understood, but it also underscores the challenge of achieving conceptual clarity about the concept of mental health promotion. We may describe program and practice examples quite specifically, but the implicit elements of a way of working, or a guiding set of values or principles, are not as easy to delineate. This paper will attempt to explore both theory and practice by drawing on the literature and interview results. It will end with some suggestions and tools to help OPC might move forward on mental health promotion, based on the lessons learned from this scan to date.

Conceptual issues

Interview respondents identified a number of conceptual confusions that exacerbate the challenge of developing clarity around mental health promotion. Mental health promotion is commonly seen as public education, a polar opposite program to service delivery to people with mental illness. However, this polarization excludes the many vibrant mental health promotion approaches for people with mental illness. A similar confusion exists between mental illness and mental health; many people tend to use the term "health" when they mean "illness", and to think more commonly of illness than of health. Mental health promotion can be a difficult paradigm to grasp, and can be too easily dismissed. The current challenge is to develop a common understanding of mental health promotion, and to find a way to practically apply it.

In addition, a recurring theme in the interviews points to the way MHP activities are often not identified as mental health promotion. Mental health promotion is seen to "bubble up" in a variety of guises in organizations: clinical practice and research, policy development, employment and housing programs, even the organization's own approach to its workplace practices, but these different faces of mental health promotion are not often labeled or formally recognized as such. It is difficult to bring legitimacy to the mental health promotion enterprise when so much of it seems submerged like the proverbial iceberg.

Finally, findings from a recent project from CMHA National Office reinforce both the need to get explicit mental health promotion and its relationship to the

determinants of health, and the opportunity to find allies in this endeavour. CMHA's "Citizens for Mental Health" project, funded by the Voluntary Sector Initiative and completed in 2005, found that a wide variety of health and social groups and organizations across the country all consider housing, income, employment, and justice as mental health issues for the communities they work with. If diverse organizations outside the mental health sector are this unified about the determinants of health and their link to mental health, it presents a significant opportunity for joint action. (See box on page 17.)

The literature can shed light on some key concepts of mental health, health promotion, and mental health promotion, on which there appears to be general agreement. Many of these are indicative of links from promotion of mental health to determinants of health and inclusion (indicated in bold italics).

Mental Health is….

More than just lack of mental illness (Health and Welfare Canada, 1988)

- A person can experience mental well-being in spite of mental illness, or be free of a diagnosed mental illness but still be experiencing mental distress.
- Mental health promotion principles can apply to those with mental illness

About individual capacity and resilience (Health Canada, 1997)

- Capacity to enjoy life, use our mental abilities, cope with the normal stresses of life; bounce back from adversity, and achieve goals

Fundamental to health of individuals and society (Jane-Liopis et. al., 2005)

- An integral part of overall health and well-being; a value in its own right (there is no health without mental health)
- The foundation for individual/community well-being; effective functioning
- Affects productivity, contributes to social, human and economic capital of society, and influences (and is influenced by) spiritual life.

About a sense of control (WHO, 2002-2004)

- Involves realization of potential, sense of mastery or influence over social environment, and autonomy (in North American culture)

Multi-faceted (Tudor, 1996; Keyes, 2002)

- State of emotional, spiritual, and mental well-being that respects culture, equity, social justice, interconnections and personal dignity
- Connected with physical health and behaviour, cognitive functioning, self-esteem, social and problem solving skills
- Contributes to quality of life: i.e. satisfaction with social, environmental, psychological, spiritual, and health status
- A state of balance including self, others, and the environment

Determined by socioeconomic and environmental factors (WHO, 2004)

- Can be enhanced by polices in housing, education, child care

Health Promotion is…

- A process for gaining control over determinants of health to improve health
- Oriented to reducing inequities in health, preventing disease, and enhancing the capacity to cope with chronic disease and disability
- About quality of life
- Implemented through collaborative actions using the following strategies: developing healthy public policy, reorienting health services, building individual skills, creating supportive environments, and strengthening community action
- Inclusive of mental health promotion

(WHO 2002, 2004; Health Canada, 1987; Raeburn and Rootman, 1998)

Mental Health Promotion….

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- Focuses on assets rather than deficits; builds on foundation of empowerment
- Involves intersectoral linkages, participation in decisions about life and health, and collective action based on shared values
- Promotes well-being by ***enhancing access to mental health determinants***, strengthening protective factors, and mitigating risk factors
- Requires respect for civil, political, economic, social and cultural rights

(Centre for Health Promotion 1997; Willinsky and Pape, 2002; Willinsky and Anderson, 2003; Jackson and Stevens-Lavigne, 2005)

Related Concepts

Population Health Approach

This approach is characterized by ***collaborative strategies that address the range of factors that determine health for the entire population***, focusing on health determinants such as Income/Social Status; Social Support Networks; Education; Employment /Working Conditions; Physical/Social Environments; Biology/Genetics; Personal Health Practices/Coping Skills; Healthy Child Development; and Health Services. (Health Canada, 1998)

Sense of Coherence

This is a feeling of confidence that one's environment is predictable, and that things will work out as well as can reasonably be expected has been found to be correlated with positive health. ***A sense of coherence is bolstered by "Resistance Resources" that include income and social support, i.e. determinants of health*****.** (Antonovsky, 1979, 1987)

The CMHA Framework for Support model's Community Resource Base argues that peers, family/ friends, and generic community groups are as important as formal services for promoting the mental health of a person with mental illness. ***The potential for recovery and a fulfilling life is enhanced by opportunities for active participation in community, and access to "elements of citizenship", or determinants of health (work, housing, education, and income).*** (Trainor, Pomeroy, and Pape. 2004).

Empowerment Strategies

These build on and reinforce *authentic participation,* ensuring autonomy in decision-making, sense of community and local bonding, and psychological empowerment of community members (World Health Organization, 2006)

Recovery from Mental Illness

In the context of mental illness, recovery is understood in terms of control over life and the illness rather than complete remission of symptoms. It is seen by many people with mental illness to be fostered by ***community inclusion and health determinants such as social support, good housing, meaningful work or other activity*** as well as medication. (CMHA, 2006; Anthony, 2000)

ACTION

Introduction

Once the concepts of mental health promotion are clearly understood, then frameworks for practice can fall into place. Practice frameworks that emerged through the interviews are consistent with the literature, and both sources offer themes of inclusion and determinants of health. They are presented below, with references to inclusion and determinants of health highlighted in italics.

1. Planning for Action: Mental Health Promotion Action Frameworks

All the mental health promotion action frameworks examined suggest the need for identifying population groups, actions, and settings. Other key elements are the consideration of risk and protective factors and ***determinants of health***, and the development of intersectoral linkages

Stevens-Lavigne and Jackson (unpublished, 2005)

This is a simple action model consisting of three main components. These are *actions*, which deal with *mediating factors*, leading to *mental health outcomes*. Determining mental health promotion actions involves identifying the appropriate strategies, settings, and groups. Mediating factors, such as risk and protective factors and ***determinants of health***, will need to be addressed in order for the

actions to have maximum impact. The desired result will be mental health outcomes for the identified individuals or populations.

The World Health Organization (WHO, 2004)
WHO has identified three levels for mental health promotion action to reduce health inequalities: strengthening individuals, strengthening communities, and ***reducing structural barriers to mental health***. In their conceptual framework for mental health promotion action, there is a need to

- ***focus on social and economic determinants of mental health***
- involve the full range of health promotion methodologies at society, community and individual levels, and
- engage those working across sectors and settings

Components of an intersectoral approach identified by WHO include

- adoption of a unifying language
- partnership approach to allocation and sharing of resources
- strengthening of capacity across individual, organizational and community dimensions, and
- ***focus on social inclusion, freedom from discrimination and violence, and economic participation as determinants of mental health.***

CMHA Ontario Action Framework (unpublished, 2006)

Focus:	Populations, Issues, and Settings
Mediating Factors:	Risk factors, Protective factors, ***Determinants of Health***
Strategies:	Strengthen Personal Skills, Create Supportive Environments, Strengthen Community Action, Reorient Health Services, Develop Healthy Public Policy
Outcomes:	Resiliency, Sense of Control, Coping, ***Inclusion/ Participation***, Empowerment, Meaningful Relationships, Quality of Life.

2. Ensuring Accountability

The challenge of accountability is an issue that emerged from the interviews. Interviewees observed that, in this current culture of accountability, it is necessary to demonstrate tangible outcomes of mental health promotion activities, but this can be difficult in an area where the results are often long term.

The literature agrees that evaluating mental health promotion activities is an important component of any MHP framework (Willinsky and Pape 2002. Evaluation entails a number of steps, including the need to identify desired outcomes and developing indicators to measure change (such as improved

quality of life, more equitable and participatory public policies, more appropriate use of services, and potential for sustainability).

Identifying positive mental health outcomes
Some of the action frameworks described above identify the need for mental health outcomes, and CMHA Ontario's Framework provides some examples. In addition, the literature suggests a number of desired outcomes, with ***safe, supportive inclusive environments*** included in the short-intermediate term category. (Willinsky and Pape, 2002 and WHO, 2004)

Short-Intermediate term

In the short and intermediate term, improved mental health at the individual level can be characterized by resiliency (increased ability to deal with life's challenges), empowerment (feeling of control over life, self-determination), coping (cognitive and physical skills and resources to deal with problems, stresses and strains of daily living or life events causing stress) and improved sense of self (increased sense of belonging and self-esteem).

At the organizational and community level, desired outcomes can be identified in the development of accessible/responsive organizations and ***safe, supportive, inclusive environments*.** And at the societal level, outcomes will facilitate the development of integrated/supported public policy/programs, legislative platforms, and appropriate and adequate resource allocation.

Longer term

Long-term benefits sought by mental health promotion actions can also be determined. In general, evidence shows long-lasting positive effects of mental health promotion on multiple areas of functioning leading to improved mental health, reduced risks of mental disorders, and social/economic benefits. At the individual level there will be less anxiety, depression, and substance misuse, and improved physical health. At the organizational and community levels there will be improved productivity at work, home, and school, and less violence or crime; and at the societal level there will be reduced health inequalities and improved quality of life and life expectancy.

Measuring potential for sustainability
The literature provides other useful pointers that can assist in evaluation. First of all, it identifies some key features associated with sustainability, which is closely linked with a program's effectiveness. These include:

- consumers/funders/decision makers involved in its development, and high potential to generate additional funds
- host organization provides support from the outset, is stable, and has a history of innovation
- program and host organization have compatible missions, with program's policies, procedures and responsibilities integrated into the organization
- program has few rival providers that would benefit from its disbanding

- community champions; good fit of value and mission of the program with the broader community
- other organizations are copying innovations of the program
- evidence that the program is effective (WHO, 2004)

Characteristics of successful interventions
In general, interventions that are demonstrated to be effective have certain characteristics in common. Effective mental health promotion interventions:
- aim to modify known risk and protective factors, and have clearly stated outcome targets
- are often multi-component initiatives that:
    - influence a combination of risk and protective factors;
    - involve relevant parts of social network of the target group such as parents, teachers or family;
    - intervene a number of times over an extended time period;
    - use a combination of intervention methods (e.g. social support and parenting skills)
- demonstrate a long-term investment in program development, involving needs assessment, pilot studies and formative evaluations that lead to modifications and improvements in the approach
- are generally administered at a particular developmental stage (e.g. students in grades 7 & 8). As yet there is little high-level evidence to support mental health promotion programs that can be universally applied across all ages and developmental stages. (Willinsky and Anderson, 2003)

3. Action Areas with Examples

While every effort was made to focus practice examples on determinants of health and social inclusion for this review, these were not readily apparent. The CAMH literature review of effective practice focusing on different population groups (Willinsky and Anderson, 2003) as well as materials by Jane-Liopis for the World Health Organization (2005) offered very few such examples. The only notable exception is a small section in the CAMH document on self-help approaches for people with severe mental illness (which can lessen feelings of isolation, and hence, one can infer, combat social exclusion).

Otherwise, the best source of program examples focusing on inclusion and/or determinants of health came from CMHA national office and provincial divisions. These have been documented in Pape and Galipeault (2002) as well as an environmental scan on mental health promotion for CMHA Ontario Division (2006), and are described below. Additional examples are included from the key informant interviews and CMHA National current programs.

The five interrelated action areas of the Ottawa Charter for Health Promotion (World Health Organization, 1986) are serving as the organizing principle for this

section. For each area there are descriptions of effective action strategies in community health promotion, particularly in regard to determinants of health and inclusion, and some selected Canadian program examples set out in boxes.

1. Creating Supportive Environments

This category involves promoting community and organizational change to create healthy environments and access to social support.

Creating healthy school environments

A coordinated whole school approach that combines the following features, rather than topic-based approaches, is likely to be the most effective:
changes to the school culture, staff morale and environment; family/community involvement; peer education/peer led; and problem solving, negotiating and social skills

Program examples
Best practice guidelines for children and youth (CAMH and CHP, 2006)
- based on mental health promotion principles

Handle with Care *(CMHA and Hincks-Dellcrest Institute, 2004 - present)*
- guidebook for promoting mental health of young children in community-based child care settings with train the trainer program currently underway

Creating better housing conditions

Improvement of housing conditions has been found to lead to positive mental health outcomes, including social and community participation.

Reducing strain of unemployment

A counseling/job search training program for low-income unemployed groups can have positive effects on re-employment, jobs obtained, and reduction of distress.

Enhancing social support

There is evidence that friendship positively affects the well-being of older people, especially women, by offering companionship, support in stressful situations, identity and meaning. One befriending program, to increase social support and reduce loneliness and depression, consists of group sessions for older women.

Reducing stigma and tapping community resources

Supportive environments can be promoted through advocacy and public education programs to reduce stigma. They can also be created by building on mediating structures such as service clubs or interest groups to promote inclusion and combat stigma, and refocusing services and policy to tap natural social resources already existing in community such as mainstream employment and education (with accommodations), clubs, organizations, and housing.

Program Example: Higher Education (CMHA National, 1993-2002)
CMHA identified the problems consumers face in higher education, and then illustrated actual experiences of consumers in higher education, with descriptions of success stories, examples of accommodations, and the role of informal and formal supports in contributing to a successful educational experience. Next, partnerships with six universities and colleges across Canada allowed CMHA to identify "best practice accommodation strategies" for students with mental health problems, and the role of various constituencies: students, faculty, administration and the broader community, in making higher education fully accessible.

2. Building Individual Skills

Enhancing resilience and promoting social competence in children and youth
Mental health clubs for youth in schools focus on the young person as a family facilitator to promote self-awareness, positive relationships, and positive attitudes toward mental health and mental illness.

Improving access to education for adults
Adult literacy programs can promote mental health by acting as catalysts for social change, providing sense of pride, self-worth and purpose, greater confidence in expressing one's rights, and reduction of barriers to opportunities.

Dealing with stress
Lay people can be trained to help their peers identify areas where professional intervention is needed, making sure not to duplicate existing professional structures or approaches and guarding against compromising others' confidence in their own natural abilities.

Program example: Helping Skills *(1996 - present)*
Helping Skills, a program originating in Newfoundland, provides training to develop the capacity of people to help and support others. Developed initially to help communities cope with the stressful effects of the cod moratorium, the program is delivered at two levels. The first is a "train-the-trainer" program, an intensive 7 day training for facilitators; at the second level, facilitators who have received the training deliver 14 weekly sessions on the skills of helping to people in their community, social service agency, church, school or voluntary organization.

Addressing negative impact of unemployment
A program that enhances job search skills, self-esteem, sense of control, self-efficacy and inoculation against setbacks, has been especially beneficial to participants at high risk of depression. Benefits of this program include improved confidence, self-efficacy and re-employment.

Skills training for participation by consumers in the mental health system
Skills training by professionals or peers for managing time, requesting accommodations, or socializing with peers as well as manuals, buddy systems, and support groups for consumers, all enhance skills and confidence needed for

participating in the mental health system and community at large. Ensuring the existence of a base of organized consumer initiatives provides needed support for any kind of community involvement.

Program examples
Consumer Development Project *(CMHA, BC Division, current)*
Project builds on consumer strengths for development of tools to train consumers for participation in mental health system planning.

Mental Health Consumers In Action (National Network for Mental Health and Self-Help Connection, Nova Scotia, 2000)
This project developed mechanisms for enhancing leadership, capacity, and advocacy skills of consumers. Consumer staff provide training in self-help; leadership; participation in community; maintaining mental health; advocacy; and policy development, with accompanying resource guides. The training *addresses determinants of health*, individual capacity, public policy change, and has led to decreased reliance on services.

3. Developing Healthy Public Policy

Developing healthy workplace policies
Good working conditions and promotion of well-being at work help combat stress and depression-related problems. A holistic system-level approach is recommended and can be implemented by incorporating mental health into workplace health agendas, putting mental health promotion on agendas of workplace health and safety committees; shifting the emphasis from responding to distress (EAPs) to a more proactive approach (changing workplace environment to be more participatory, empowering).

Policies for direct provision of funding to consumer controlled organizations
These policies are powerful tools for promoting the mental health of this population. They should:

- encourage development while supporting autonomy of self-help groups
- provide funding that will balance empowerment and self-determination principles while allowing for flexibility and maintaining accountability
- support consumer knowledge and skills development
- encourage involvement of consumers in planning, with commitment and financial support from all levels of government

Program Example: Ontario Peer Development Initiative (OPDI) *(1991 - present)*
OPDI was established to offer Ontario consumers alternative methods to maintaining their mental health beyond medical/clinical approaches. All funded projects are consumer-run and operate under a democratically elected board of directors. All staff and board members are consumers.

4. Reorienting health services

This action area is based on a view of health as a shared responsibility among individuals, community, professionals, institutions, and governments.

Intervening early in psychosis with an expectation of recovery

Early intervention for young people with first episode psychosis uses a variety of strategies combining treatment and health promotion approaches. Its protocols include not only anti-psychotic medications at low doses and small increments, but also enhancing family and adolescent coping skills according to a recovery model, and strengthening the capacity of community (such as secondary schools) to understand and respond to first episode psychosis. (UK Department of Health, 2001; Edwards and McGorry, 2002)

Taking a consumer-centred, strengths-based approach

Formal mental health services can promote the mental health of people with mental illness by focusing on connecting them to existing community resources, and promoting their capacities, autonomy, and choice. It is important to encourage service models that support independent living, enhance participation in community life, and link to generic supports such as religious institutions and interest groups. Planning across services should be guided by consumer outcomes, and evaluation based on a recovery standard. (Anthony, 2000).

Promoting access to social determinants of health

Psychosocial rehabilitation services such as supported employment programs and supported housing are effective in promoting mental health. Housing supports that promote mental health include generic housing dispersed widely in the community, flexible individualized supports which vary in type and intensity, consumer choice, assistance in locating and maintaining housing, unrestricted length of time a client can remain in the residence, and case management services that are available regardless of whether the client moves or is hospitalized. (Clarke Institute, 1997):

Program Example: Salmon Arm, Adult Mental Health System Progress Report
(CMHA, BC Division, 1998)

This is a community-based approach to mental health system monitoring with a consumer and community focus and recognition of determinants of health. It seeks information about the mental health system from consumers, families, service providers and external groups such as family doctors, RCMP, income assistance workers and other government and not for profit organizations within the community. It asks:

- How well does the mental health system work as a discrete system? How well do the services and supports within the system work together?
- How well does the system as a whole interact with other key parts of the community (e.g. family doctors, police, drug/alcohol counselors)?
- How well does the system support people with mental illness and their families to optimize their recovery?

5. Strengthening Community Action/Advocating for Change

This action area involves empowerment of communities, and their ownership and control of their own endeavours and destinies.

Program Example: Strengthening Family and Youth Voices *(CMHA BC Division, 2005-present)*
This project in sites across BC explores how strengthening family and youth involvement, networks of support, and collaborations with service providers will improve outcomes for children and youth who use the mental health system.

Building collaborations between school and community

A successful community intervention to prevent drug abuse in at-risk youth consists of a multi-faceted community-based program including a school-based component, parent education, community organization and training, mass media and local policy change. In another program, communities were activated to implement violence and aggression prevention systems by developing action at several levels: community (media, policy), school (management or teaching practices), family (parent training) and individual (social competence).

Taking a multi-faceted approach to substance abuse

A partnership of community groups against substance dependence took a participatory approach to research on the burden of alcohol problems, education and awareness building, advocacy, and "mass oaths" for abstinence.

Using media campaigns for enhancing knowledge

Mass media interventions if supported by local community action can impact understanding, stigma, and knowledge as well as mental health literacy at community level. But evidence suggests that media should be used as one component of a comprehensive multi-strategic approach to achieve attitudinal and behavioural change.

Promoting social support and community empowerment for older adults

Programs involve income generation and links with younger people to provide physical care; and visiting neighbours for social support and practical help.

Program Example: Inclusion in Community (CMHA National, 1993)
This project aimed to foster integration into regular community life by making generic services and groups more accessible to people with mental illness. The approach was to bring together a range of community partners to jointly identify and implement inclusion strategies. Partners, besides those from the mental health sector, included business people, colleges, government, religious leaders, and recreation personnel. Approaches included:

- Community theatre troupe illustrating mental health issues of concern
- Mainstream employment initiatives and consumer-run businesses
- Consumer outreach to peers in hospital to connect them to community
- Expanding volunteer opportunities for consumers in voluntary organizations
- Expanding consumers' access to recreational services at the YMCA

A story about mental health promotion and determinants of health

Between 2002 and 2004, the Canadian Mental Health Association, National Office (CMHA's) Citizens for Mental Health project, funded by Health Canada through the Voluntary Sector Initiative, implemented a broad-based consultation process with over 400 voluntary sector stakeholders from within the mental health sector and beyond. These stakeholders represented a wide range of health and social organizations and groups, different cultures, and all regions of Canada. Yet their responses to the questions of "What are the significant mental health issues for the communities you deal with, and what actions should the federal government take on these?" were remarkably consistent.

To the surprise of CMHA, the different groups at different levels and from different regions of the country all raised the same themes. In particular, they independently but similarly identified health determinants such as housing, income, employment, and justice as mental health policy issues. This previously hidden consensus can have significant implications on the potential for future joint initiatives.

POSSIBLE NEXT STEPS FOR OPC (suggested by interview responses)

Start with OPC itself

OPC could start to support mental health promotion with an initiative focused internally on OPC itself. It might develop a process for developing consensus on a definition of mental health promotion and those current OPC activities that fit the definition. If, as the interview responses suggest, we understand mental health promotion as a process rather than just programs, an approach rather than just activities, then OPC, as well as the communities it works with, is most likely implementing mental health promotion practices in ways that are not currently being articulated. An internal review exercise might entail re-labelling some of those activities in mental health promotion terms. In addition, the process could identify mental health promotion objectives (for example, an initiative on exploring how OPC is or could be an example of a mentally healthy workplace) and creating a plan to meet those objectives.

Take a provincial leadership role

The interview responses pointed clearly to a possible leadership role for OPC that builds on partnerships with other provincial organizations. The question of organizational roles seemed to tap a nascent interest among the respondents to pursue a mental health promotion agenda with like-minded partners; the eagerness of every respondent to work with OPC on this was overwhelmingly positive.

At present there is no clear process, exchange, or public dialogue in Ontario about what is needed in the area of mental health promotion. Policy priorities

need to be developed in consultation, but right now, when government does consult, it tends to speak with one organization at a time, risking a fragmented result. A summit or consensus conference is needed for the various relevant organizations to work with government in order to identify some key priorities.

CMHA in particular called for OPC to take the lead in mobilizing other organizations in support of a stronger commitment to mental health promotion at the Ontario provincial level. With mental health promotion now on international agendas, and a new Ministry of Health Promotion in Ontario with mental health as one of its priority issues, the time is right for a provincial-level consultation process on mental health promotion. It is seen as appropriate for OPC to lead the way, beginning with organizing a mental health promotion summit.

Build partnerships

Provincial Level: joining together for joint action

All the organizations contacted expressed enthusiasm for the notion of partnering with the OPC on mental health promotion. The Centre for Health Promotion, for example, framed this as a potential opportunity for joint initiatives between the various organizations and OPC. There is now an opportunity to explore possible partnerships for joint strategic action, and start moving forward together. Conversation cafes and a community of practice approach are a good way to continue some of the conversations we have now started with this project, but it is critical to ensure that the conversation leads to action. We must be clear about our common objectives, what the focus should be, and what needs to be achieved in Ontario.

Local Levels: Drawing on the wisdom in communities

OPC is very knowledgeable about building on the expertise that exists in communities, and the value of this approach emerged in the interviews. The respondents provided a reminder of a principle the OPC knows well: that professional consultants are not the experts with all the knowledge; there needs to be an equal exchange with community members. For example, the Aboriginal holistic approach to health is consistent with MHP and inclusion, and hence there is a potential for Aboriginal communities to take the lead in concept development.

Develop resource materials

The interviews suggested a number of avenues where resource materials are needed, and where OPC might fill the gap.

Supporting consultation

A first step in any major initiative to move mental health promotion forward provincially or locally must be to determine what we know and what we still need to find out. A needs assessment can answer the question of where to start, and can support a subsequent provincial consultation process. For example, there is a UK unit on social inclusion in mental health with clear objectives and mental

health priorities. We should try to learn about processes the UK and other countries engaged in to generate a MHP agenda, and their strategic thinking about what needs to take place. How did they rally people?

Building on inclusion

Acknowledging that OPC is known for its work on inclusion, the CHP and CAMH suggested building on the inclusion angle with new materials. For example, OPC could adapt CAMH's Beyond the Label to focus on inclusion/exclusion/self-esteem and MHP as well as determinants of health. In addition, OPC might re-connect with the communities it works with to pilot existing or new materials in development from CHP and CAMH, such as best practice guides.

Creating healthier environments

CMHA believes that environmental impact assessment tools that provide criteria for measuring and assessing factors such as stress in the workplace, and addressing barriers such as stigma, are needed. Such resources could suggest multiple strategies that support people to take action and promote their own mental health.

Evaluating our work

With evaluation identified in the interviews as a gap in mental health promotion practice, there is a need for tools such as a checklist for evaluating mental health promotion. To inform the development of these tools, OPC could turn to information from the literature found on pages 9 and 10 of this paper, build on resources produced by CAMH and CHP, and seize the current opportunity for new partnerships with the organizations surveyed.

Attending to process when transferring information

In order to reach the widest audiences for the resource materials, it is necessary to consider diverse languages, populations, degrees of literacy, and different ways of communicating besides the Internet, such as print, other media, and word of mouth. A good place to start would be with those diverse communities that are already doing health promotion work, and explore how they are doing it.

Understanding Mental Health Promotion

Although this was not an explicit suggestion in the interviews, their emphasis on developing conceptual clarity suggests that tools for this task would be well appreciated. OPC could develop a concrete checklist to help groups identify elements of mental health promotion to include in their program planning. An example of the type of content in the checklist is found in the following section. In addition, a discussion guide to help groups explore the five action areas from the Ottawa Charter would be a useful resource tool. It could walk groups through an environmental scan for each area, identification of gaps, opportunities, and potential partners, and culminate in a strategic plan for moving forward.

APPLICATIONS OF THESE FINDINGS TO COMMUNITY PRACTICE

The interview responses suggest that there are probably many mental health promotion activities already being carried out under different labels. The first question about incorporating mental health promotion into our work, then, would not be "what should we do?", but rather, "what are we already doing that could be understood as mental health promotion?" In this way groups can approach mental health promotion work from their own strengths, by building on existing examples of work that is already asset-based, beyond mere lifestyle change, and perhaps focused on mental health outcomes. Besides starting with the positive, this can help identify gaps, leading to action needed and partnerships that need to be developed.

Suggested Steps for Community Groups

Step One: Concept clarification

- presentations and discussions about mental health promotion concepts
- plenty of time for dialogue, disagreement, processing, and applying concepts to organization's particular context
- POSSIBLE TOOLS FROM OPC:
    - a Discussion Guide on the Ottawa Charter Action Areas to help groups through a brainstorming process to develop a full understanding of the intent, potential, and mental health implications of each of these directions;
    - a guide to a consensus building exercise on mental health promotion definition and action framework that is relevant to the organization

Step Two: Internal and external environmental scans

- what current initiatives could be understood as mental health promotion
- what are the gaps
- what are the challenges and opportunities in the external environment

Step Three: Action planning

- partnerships needed
- issues and strategies identified
- POSSIBLE TOOL FROM OPC:
    - a checklist, with information similar to the sample provided below, as a guide to help groups move from concept clarification through planning to action. It would be presented with the understanding that groups would focus on those points that are relevant to their own context and stage of development in mental health promotion.

Checklist Sample Questions

- Do we have organizational consensus on the key elements of mental health promotion? Is our language clear and consistent? Do we clearly differentiate between mental illness and mental health? Do we all share a common understanding of what we mean by mental health and mental health promotion?

- Have we determined which of the key elements of mental health promotion and mental health promotion practice frameworks work best for our organization? Have we fashioned these into a definition for mental health promotion and a practice framework that fit our own context?

- Based on our own definition and practice framework, and the guidelines in the box below, have we identified our organization's current or recent mental health promotion approaches and/or initiatives? Are we explicitly labeling them as mental health promotion? Have we taken a moment to celebrate any of these as a strong positive base for moving forward?

General guidelines for determining if a practice is consistent with mental health promotion

- Does it fit any of the mental health promotion frameworks in the literature? Are populations, settings, mediating factors, and one (or more) of the five Ottawa Charter action areas defined?
- Are there identified mental health outcomes?
- Is it building on capacities and assets of population served?
- Does it promote participation of the population served in defining the problem, determining the strategy, and implementing and evaluating the activities?
- Are intersectoral partnerships involved?
- Does it strengthen protective factors and/or minimize risk factors, and/or act on determinants of health?

- Have we had internal discussions about our organization's mental health promoting activities in our own workplace and governance? Is our organization a mentally healthy organization and workplace?

- Have we considered any current related programming in health promotion or community development and any principles from this work that we can apply to mental health promotion?

- Have we scanned the external environment for mental health needs, gaps or opportunities in mental health promotion activities: e.g. populations, settings, health determinants?

- Have we used the five health promotion action areas in the Ottawa Charter to explore possible directions for our organization to take in future mental health promotion work? Have we given consideration to interventions focused on recovery with and for people with mental illness?

- Have we identified any potential partner organizations for mental health promotion work? Have we reached outside the sector to consider non-mental health organizations that share some of our mental health promotion interests, such as housing, poverty, multicultural, seniors' groups for example? Have we begun a collaborative process of determining issues and possible strategies? Have we identified the population group and desired mental health outcomes?

- Do we have a plan in place for exchanging information about our activities, and for evaluating them both in process (throughout the project) and for outcomes (at the end)? Do we have a plan for sustainability?

<u>To keep in mind for discussion with groups: Some tricky FAQs</u>

How do we fit mental health promotion into our practices if health promotion or action on social issues is not consistent with our mandate and funding criteria?
Many groups deal with this significant challenge. It cannot be minimized, but mental health promotion approaches can slip into many aspects of work that may already be in your mandate. Mental health promotion may also be implemented directly by finding alternative funding sources such as foundations, different levels of government such as federal level, and creative partnerships with other groups that do have a mandate for social issues. There are also ways to tap resources other than financial ones for mental health promotion work. CMHA's Mental Health Promotion Tool Kit explores some of these.

Health promotion or not:

Housing?

It depends on how the program is delivered. Even though we're talking about a determinant of health, if a person with mental illness is placed in a boarding home without any consultation, where they have to share a room against their wishes, this is clearly not a mental health promoting approach. On the other hand, CAMH has implemented a program where people, while still in hospital, met with an architect to design their own housing. The result was a building with separate units but a common area in accordance with the residents' wishes, and supports available as needed. Mental health promotion in action.

Public education?

Public education can be a component of creating healthy environments, which is a health promoting strategy identified in the Ottawa Charter. But public education initiatives such as anti-stigma campaigns are generally not found to be effective on their own, and should be delivered as a part of a more comprehensive set of approaches. For the general public, public education could be approached as a first step in an overall change strategy for creating a more mentally healthy environment such as school or workplace.

How does the concept of recovery fit with mental health promotion?
Mental health promotion for people with mental illness must be built on a foundation of recovery principles, which include a sense of control over the environment and hope for the future. According to the Framework for Support's "Personal Resource Base", the tools people with mental illness need in order to recover and maintain their mental health are not very different from the resources anyone needs for positive mental health: purpose and meaning in life; a sense of inclusion and belonging; an understanding of their personal mental health strengths and challenges; and a positive sense of self. These tools are fostered by links to resources in the community, including self-help, mental health and community services, family support, and determinants of health: housing, income, education, and employment.

What is the difference between mental health promotion and prevention? Mental health promotion and health promotion?
The distinction between promotion and prevention is one of emphasis, sometimes illustrated by a driving metaphor. Prevention is putting on the brakes, stopping mental health problems or mental illness from taking hold or getting worse, usually in populations at risk. Promotion is putting on the gas: taking positive steps to maximize people's strengths and capacities in order to optimize their mental health. However, the two approaches are tightly linked, since initiatives to promote mental health may well be helping to prevent problems or disorder as well.

Mental health promotion is a component of health promotion. It shares all the key elements of health promotion, with the added emphasis on mental health outcomes and strategies aimed at people with mental illness.

Conclusion

The two components of the environmental scan that informs this discussion paper -- the interviews and the literature -- combine to suggest both challenges and opportunities. The concept of mental health promotion is unclear and often ambiguous; but there are some specific elements that are common across a number of sources. Mental health promotion practices often go unrecognized and unidentified; but there are some excellent documented and even evaluated practice examples to draw on. There has been little focused joint action to date; but there are a number of organizations that are enthusiastic about joining together to move the mental health promotion agenda forward at the provincial level.

We are poised for some exciting times in this field, if we can just seize the opportunities at hand. It is likely to be an iterative, long-term process, but the rewards will be well worth the effort.

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