

## Program/Service Information Report

# Mental Health Promotion – Assessment of Current State

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**To:** Board of Health

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## Key Points

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- Mental health is an important component of overall health.<sup>1,2,3,4</sup> A mental health promotion working group was formed at Wellington-Dufferin-Guelph Public Health (WDGPH) to develop a comprehensive mental health promotion strategy to align work at WDGPH.
- The mental health promotion working group conducted a situational assessment, consisting of: an inventory of current programs/services; examining local data and completing stakeholder interviews to identify gaps in programs/services available in the community and potential areas of action to address them.
- The Wellington, Dufferin, Guelph (WDG) Youth Survey reveals that female youth experience poorer mental health outcomes than male youth.
- Mental health literacy was consistently identified by community stakeholders as an area of action for WDGPH mental health promotion intervention.

## Strategic Directions & Goals

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Building Healthy Communities - We will work with communities to support the health and well-being of everyone.

Health Equity - We will provide programs and services that integrate equity principles to reduce or eliminate health differences between population groups.

## Operational Plan Objectives

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To develop a 5-year mental health promotion strategy.

## Summary of OPHS Program Requirements

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### OPHS Standard: Chronic Disease Prevention and Well-Being

#### Goals:

- To reduce the burden of chronic diseases of public health importance and improve well-being.

#### Requirements:

- The board of health shall collect and analyze relevant data to monitor trends over time, emerging trends, priorities, and health inequities related to chronic diseases and report and disseminate the data and information in accordance with the Population Health Assessment and Surveillance Protocol, 2018 (or as current).
- The board of health shall develop and implement a program of public health interventions using a comprehensive health promotion approach that addresses chronic disease risk and protective factors to reduce the burden of illness from chronic diseases in the health unit population.

#### Accountability Indicators:

- N/A

#### Performance variance or discrepancy identified:

- No

## Highlights

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In January of 2018, The Ministry of Health and Long-Term Care (MOHLTC) released new Ontario Public Health Standards that explicitly outlined Mental Health Promotion as one of the topics for consideration under the *Chronic Disease Prevention and Well-Being* standard. An accompanying *Mental Health Promotion Guideline, 2018* was subsequently released in April to provide more information on the requirements of public health units.

The *Mental Health Promotion Guideline, 2018* outlines the following requirements:<sup>5</sup>

### Required Approaches for Program Standards

- Embed mental health promotion strategies and approaches across programs and services;
- Offer mental health promotion programs and services across the life course;
- Implement whole-population and community-based interventions; and
- Engage in multi-sectoral collaboration.

In response, WDGPH created a mental health promotion working group consisting of managers, health promotion specialists and public health nurses who address mental health in their work. The aim of the working group is to develop a mental health promotion strategy for WDGPH. The development of a mental health promotion strategy will ensure mental health work across WDGPH is coordinated, comprehensive and evidence-based.<sup>6</sup> The mental health promotion strategy will build upon existing work done by the Healthy Living Division (formerly the Family Health Division) and the Community Health Division and align recommendations with the new standards and guideline.

This report outlines the findings from a situational assessment that was conducted to inform the development of the mental health promotion strategy.

### Mental Health Promotion Strategy Development

As part of the strategy development process, the WDGPH mental health promotion working group engaged in a situational assessment that included: an inventory of all mental health promotion programs and services currently offered by WDGPH; an

examination of local mental health data; and interviews with community organizations involved in mental health promotion work.

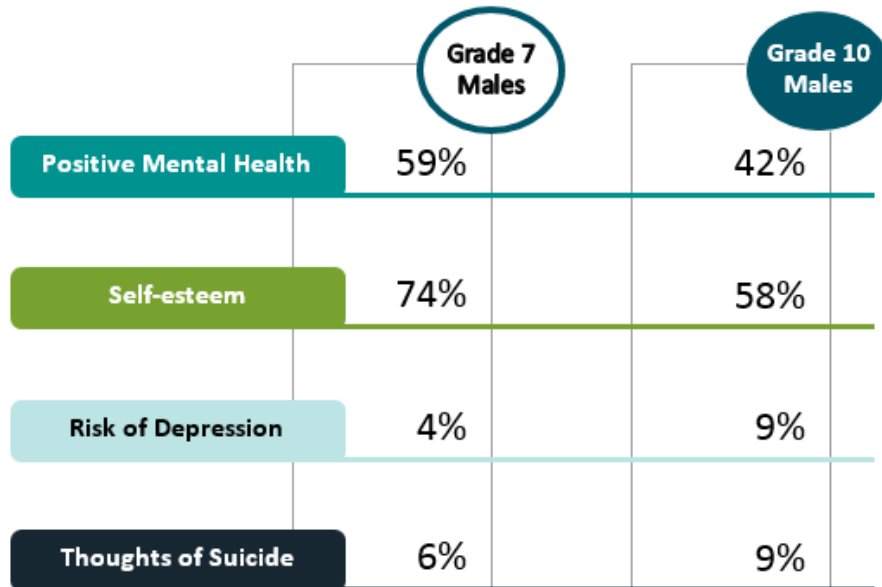
### **WDGPH Mental Health Promotion Program Inventory**

The *Mental Health Promotion Guideline, 2018*, defines **mental health promotion** as, “the process of enhancing the capacity of individuals and communities to increase control over their lives and improve their mental health.”<sup>5</sup> A review of current WDGPH programming was undertaken and, based on this definition, mental health promotion principles were already embedded in ten (10) public health programs and services (see Appendix “A”). For example, one (1) of the mental health promotion programs WDGPH is involved in is a pilot project in partnership with grade seven (7) teachers from the Upper Grand District School Board. The purpose of this program, called *Stress Lessons*, is to provide skill-building opportunities for youth to develop effective coping strategies for handling stress and becoming more resilient.

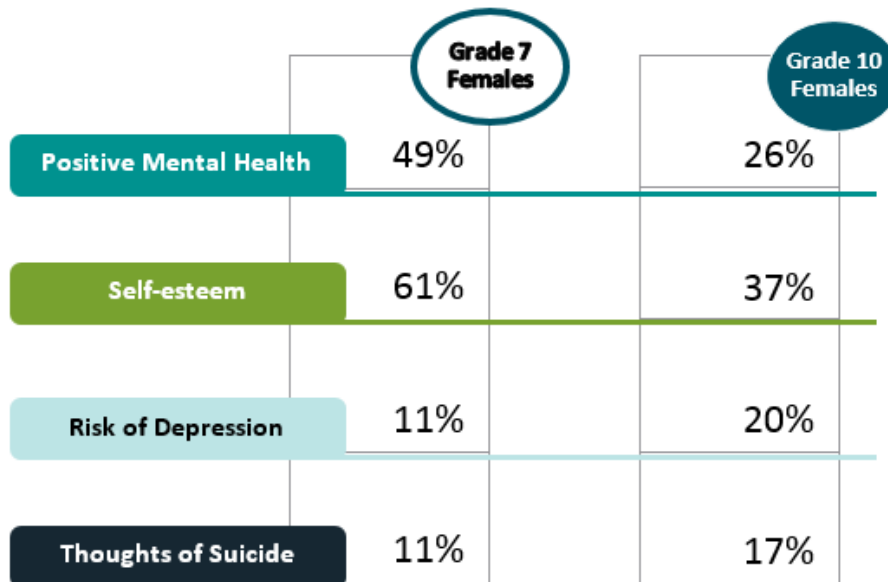
### **Mental Health Data in Wellington-Dufferin-Guelph**

Seven (7) key mental health indicators were identified to inform the mental health promotion strategy. These indicators come from two (2) main data sources, the WDG Youth Survey and the Canadian Community Health Survey (CCHS). From the WDG Youth Survey, four (4) measures were explored, including: **positive mental health**; **self-esteem**; **risk for depression**; and **thoughts of suicide** (see Figures 1 and 2). From the CCHS, three (3) measures were examined, including: **positive mental health**; **life satisfaction**; and **social well-being** (see Figures 3 and 4).

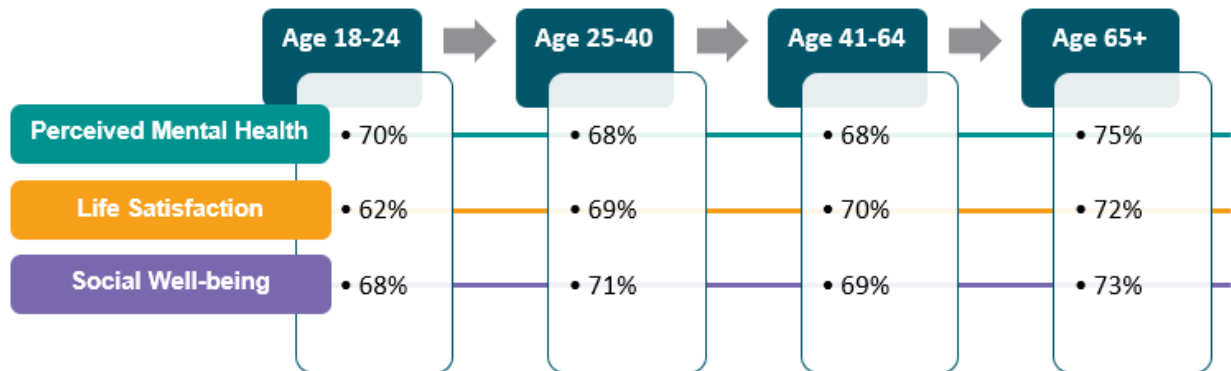
**Figure 1.**  
**Percentage of male grade 7 and 10 students' self-reported mental health indicators. WDG Youth Survey results 2017-2018.**



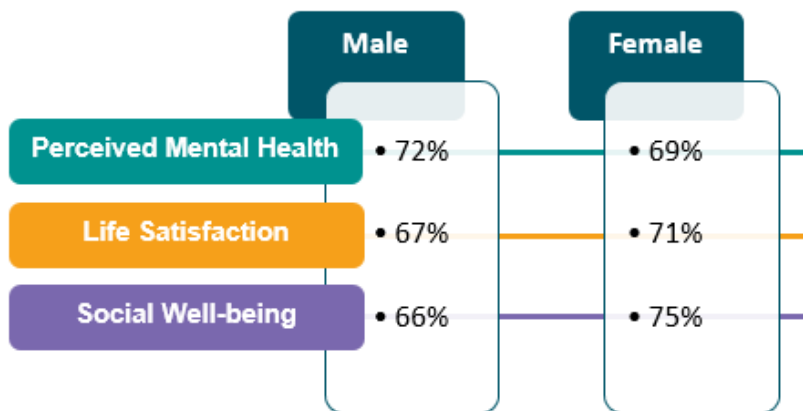
**Figure 2.**  
**Percentage of female grade 7 and 10 students' self-reported mental health indicators. WDG Youth Survey results 2017-2018.**



**Figure 3.**  
**Percentage of population in WDG self-reported mental health indicators by age cohort. Canadian Community Health Survey, 2015-2016.**



**Figure 4.**  
**Percentage of population in WDG self-reported mental health indicators by gender. Canadian Community Health Survey, 2015-2016.**



Overall, an examination of the WDG Youth Survey data shows there are consistently poorer outcomes for grade ten (10) female students across all four (4) mental health indicators (i.e., positive mental health, self-esteem, risk of depression and thoughts of suicide). CCHS data show that there is less discrepancy in adult male and female positive mental health outcomes in comparison to youth data. In addition, a greater percentage of individuals 65+ report more positive mental health compared to other younger cohorts.

## Stakeholder Interviews with Community Organizations

Between September and November of 2018, members of the WDGPH mental health promotion working group conducted interviews with community partners and service providers across the WDG region. In total, 36 interviews were conducted across various sectors including: education; childcare; mental health services; municipalities; family health teams; first responders; social services and peer support groups. The purpose of the stakeholder interviews was to better understand the current state of mental health promotion activities in our community. More specifically, these interviews were intended to identify:

- Gaps in mental health promotion programs and services in WDG;
- Partner perceptions of the role public health could play in addressing mental health promotion; and
- Areas of opportunity for strengthening partnerships and encouraging a more collaborative community approach to mental health promotion.

The main action areas identified to address the current gaps specifically related to mental health promotion were:

1. Explore avenues to increase mental health literacy within WDG community to address persistent stigma and lack of help-seeking behaviour.
2. Consider more upstream approaches to mental health as efforts have been predominantly response-based thus far within the community.
3. Encourage mental health promotion work in under-supported populations (i.e., seniors, middle adulthood, rural communities).

Overall, it was evident that community organizations were looking to WDGPH for credible information (i.e., data and best practices) to inform their own programming and service delivery. In addition, several community partners encouraged WDGPH to use its respected stance in the community as a platform to advocate for mental health promotion and encourage collaboration amongst other community stakeholders.

## Next Steps

The WDGPH mental health promotion working group is in the beginning stages of developing the mental health promotion strategy, utilizing a results-based accountability process. The results of the situational assessment, the preliminary work generated by the Community Health and Healthy Living Divisions and population mental health frameworks will all inform the development of WDGPH's comprehensive mental health

promotion strategy. The working group will share the completed strategy with the Board of Health and community partners in the Fall of 2019.

## Related Reports

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N/A.

## References

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1. Mental Health Commission of Canada. *Making the case for inclusivity in mental health in Canada*. Ottawa, ON: 2013. Available from: [https://www.mentalhealthcommission.ca/sites/default/files/2016-06/Investing\\_in\\_Mental\\_Health\\_FINAL\\_Version\\_ENG.pdf](https://www.mentalhealthcommission.ca/sites/default/files/2016-06/Investing_in_Mental_Health_FINAL_Version_ENG.pdf)
2. Whiteford HA, DEgenhardt L, Rehm J, Baxter AJ, Ferrari AJ, Erskine HE. Global burden of disease attributable to mental and substance use disorders: Findings from the Global Burden of Disease Study 2010. *Lancet*. 2013; 382(9904): 1575-86. Available from: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)61611-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)61611-6/fulltext)
3. Herman H, Jané-Llopis E. The status of mental health promotion. *Public Health Rev*. 2013; 34(2): 1-21. Available from: <https://link.springer.com/article/10.1007/BF03391674>
4. Keyes CLM, Simoes EJ. To flourish or not: Positive mental health and all-cause mortality. *Am J Public Health*. 2012; 102(11): 2164-72. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3477942/>
5. Ministry of Health and Long-Term Care. Mental Health Promotion Guideline, 2018.
6. Ontario Public Health Standards. Ministry of Health and Long-term care; 2018

## Appendices





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Appendix “A” – Mental Health Promotion (MHP) Programming at WDGPH.



# Appendix “A”

## Mental Health Promotion (MHP) Programming at WDGPH (only programs with MHP as their primary focus)

				
Focus of Program	<b>Pregnancy and Parenting (0-3 years)</b>	<b>Children and Youth (4-18 years)</b>	<b>Adults (18-64 years)</b> <small>(Other than programs with a parenting focus)</small>	<b>Older adults (65+ years)</b>
Direct interaction with clients	<ul style="list-style-type: none"> <li>PMD Peer Support Group</li> </ul>	<ul style="list-style-type: none"> <li>Stress Lessons Pilot Project with UGDSB</li> <li>WCDSB secondary schools MHP intervention</li> </ul>		
Population based	<ul style="list-style-type: none"> <li>Perinatal Mental Health Toolkit</li> <li>Dufferin Basics</li> </ul>	<ul style="list-style-type: none"> <li>School MHP resource support</li> <li>UGDSB MH Week Campaign</li> </ul>		<ul style="list-style-type: none"> <li><i>AfterWhys</i> Project with Suicide Awareness Council Wellington-Dufferin</li> </ul>
Research			<ul style="list-style-type: none"> <li>ACEs Survey</li> </ul>	<ul style="list-style-type: none"> <li>Interactive report on MH of older adults</li> </ul>
<b>Total</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>2</b>